

PROFILE OF PATIENTS DIAGNOSED WITH SEXUALLY TRANSMITTED DISEASES ASSISTED AT THE SANTA CASA DE GUAXUPÉ – MG, BETWEEN 1923 AND 1932

PERFIL DOS PACIENTES DIAGNOSTICADOS COM DOENÇAS SEXUALMENTE TRANSMISSÍVEIS ASSISTIDOS NA SANTA CASA DE GUAXUPÉ – MG NO PERÍODO DE 1923 A 1932

PERFIL DE LOS PACIENTES DIAGNOSTICADOS CON ENFERMEDADES DE TRANSMISIÓN SEXUAL ATENDIDOS EN LA SANTA CASA DE GUAXUPÉ-MG ENTRE 1923 Y 1932

Maria Regina Guimarães Silva ¹
Maria Cristina Sanna ²

¹ RN. PhD student. Federal University of São Paulo – UNIFESP, Studies and Research on Health Administration and Nursing Management Study Group – GEPAG. São Paulo, SP – Brazil.
² RN. PhD in Nursing. Independent Researcher. UNIFESP, GEPAG. São Paulo, SP – Brazil.

Corresponding author: Maria Regina Guimarães Silva. E-mail: reginagsilva@uol.com.br
Submitted on: 2016/02/24 Approved on: 2016/12/30

ABSTRACT

This was a historical-documental research that described the characteristics of patients diagnosed with sexually transmitted diseases and admitted at the Santa Casa de Guaxupé between January of 1923 and December of 1932. The First Book of Patient Records of the Santa Casa de Guaxupé, which contained information on patients admitted in that period, was used as the direct source of data. Indirect sources included papers on national sanitary education and sexually transmitted diseases (STDs). In the period between January of 1923 and December of 1932, 2,826 patients received care; 471 were diagnosed with STDs such as syphilis and gonorrhoea. From this total, 278 (59%) were men and 193 (41%) were women. It was concluded that the Santa Casa de Guaxupé mostly provided care for male workers, of whom, 17% carried sexually transmitted diseases (STDs).

Keywords: History of Nursing; Sexually Transmitted Disease; Hospital Records.

RESUMO

Pesquisa histórico-documental cujo objetivo foi descrever as características dos pacientes diagnosticados com doenças sexualmente transmissíveis internados na Santa Casa de Guaxupé, no período de janeiro de 1923 a dezembro de 1932. Utilizou-se, como fonte direta, o Primeiro Livro dos Enfermos da Santa Casa de Guaxupé, que contém registros de pacientes internados nesse período. Como fontes indiretas, foram selecionados artigos que tratam da educação sanitária no país e os que se referem às doenças sexualmente transmissíveis (DSTs). No recorte temporal de janeiro de 1923 a dezembro de 1932, foram assistidos 2.826 enfermos, dos quais 471 foram diagnosticados com DSTs como sífilis e blenorragia. Destes, 278 (59%) eram do sexo masculino e 193 (41%) do sexo feminino. Concluiu-se que a Santa Casa de Misericórdia de Guaxupé atendia principalmente trabalhadores do sexo masculino, dos quais 17% tinham doenças sexualmente transmissíveis (DSTs).

Palavras-chave: História da Enfermagem; Doenças Sexualmente Transmissíveis; Registros Hospitalares.

RESUMEN

Investigación histórico documental con el objetivo de describir las características de los pacientes con enfermedades transmitidas sexualmente internados en la Santa Casa de Guaxupé entre enero de 1923 y diciembre de 1932. Como fuente directa se utilizó el Primer Libro de los Enfermos de la Santa Casa de Guaxupé que contiene los expedientes de pacientes internados durante dicho período. Como fuentes indirectas se seleccionaron algunos artículos relacionados con educación para la salud en el país y otros que se referían a las enfermedades transmitidas sexualmente (ETS). Entre enero de 1923 y diciembre de 1932 se contaron 2.826 enfermos, 471 de los cuales fueron diagnosticados con ETS, como sífilis y gonorrea, siendo 278 (59%) varones y 193 mujeres (41%). Se llegó a la conclusión que la Santa Casa de Misericordia de Guaxupé atendía principalmente a trabajadores varones entre los cuales aproximadamente el 17% tenía alguna enfermedad de transmisión sexual (ETS).

Palabras clave: Historia de la Enfermería; Enfermedades de Transmisión Sexual; Registros de Hospitales.

How to cite this article:

Silva MRG, Sanna MC. Profile of patients diagnosed with sexually transmitted diseases assisted at the Santa Casa de Guaxupé – MG, between 1923 and 1932. REME – Rev Min Enferm. 2016[cited _____];20:e990. Available from: _____ DOI: 10.5935/1415-2762.20160060

INTRODUCTION

The term syphilis originated from a poem with 1,300 verses written in 1530 by the physician and poet Girolamo Fracastoro in his book entitled "*Syphilis Sive Morbus Gallicus*" ("Syphilis or the gallic evil"). In the book, he tells the story of *Syphilus*, a pastor who cursed the god Apollo and was punished with what would be the syphilis disease. In 1546, Fracastoro raised the hypothesis that the disease was transmitted through sexual intercourse by small seeds, which he called "*seminaria contagionum*." At that time, this idea was not taken into account, and it was given credit only in the late nineteenth century through the works of Louis Pasteur.¹

There are records of sexually transmitted diseases (STDs), such as syphilis and gonorrhea, dating back to the fifteenth century, when they were viewed as the disease of libertines and prostitutes, caused by excessive sexual intercourse and immoral demeanor, condemned by society, in addition to being considered a divine punishment.²

Syphilis or lues maligna is a chronic venereal disease with a systemic infection caused by *Treponema pallidum* that penetrates intact or broken skin in the mucous membranes of external genitalia; it develops in successive phases - primary, secondary, and tertiary and can be confused with gonorrhea due to the similarity in signs and symptoms at the onset of infection.³

Blennorrhoea, also called gonorrhea, dripping, or morning gout is a disease caused by *Neisseria gonorrhoeae*, which is transmitted by sexual contact through the penetration of gonococci into the epithelium of the urogenital apparatus and through anus-genital and oral-genital contacts.⁴ In 1837, Phillipe Ricord differentiated syphilis from gonorrhea based on the experimental-pathological principle, which relied on clinical observations and experiments with the inoculation of the syphilitic virus in humans.²

Albert Neisser, a German bacteriologist, discovered the specific causative agent of gonorrhea, the bacterium *Neisseria gonorrhoeae*, in 1879. The bacterium *Treponema pallidum*, the causal agent of syphilis, was identified in 1905 by Fritz Richard Schaudinn, a German zoologist, definitively sealing the separation between the two known venereal diseases.²

Diseases like syphilis have plagued the world for centuries, exhibiting resistance to numerous chemical elements employed in its treatment, such as mercury, arsenic, bismuth, and iodides. The proven cure was achieved only after the discovery of penicillin in 1928 by the Scottish physician and bacteriologist Alexander Fleming. This means of curing syphilis was made available in the early 1940s.⁵

Promiscuity and lack of specific protection favored the spread of sexually transmitted diseases in the national territory. This subject was little discussed in the first decades of 1900, when talking about sex was almost forbidden because it

caused shame and embarrassment to people, although there had already been many cases of these diseases.

The first male condom manufactured in Brazil dates back to 1936. The first public health campaign for its use began only in 1973 with an educational focus⁶ and addressing condoms as the most effective method to prevent STDs and to avoid unplanned pregnancies.⁷

One of the first initiatives of health education in Brazil in the first decades of the twentieth century assumed that ignorance was the main cause of illness; therefore, it was necessary to educate the population about the importance of hygienic habits.^{8,9}

In this perspective, it is considered that the creation of the Institute of Hygiene in 1918 was the pillar of sanitary education in São Paulo in agreement with the principles of the Rockefeller Foundation with the proposal to develop strategies to guide hygiene habits among the population by means of propaganda and training of health educators.⁹

According to the national tendency, health education in Minas Gerais was also propagated through newspapers and radio. However, it was more emphasized from the 1930s and 1940s such as the dissemination of guidelines on schistosomiasis, malaria, and tuberculosis as well as instructions on the prophylaxis of syphilis, a disease defined as immoral, and attention to the social problems caused by alcoholism.⁹

In the city of Guaxupé, in southern Minas Gerais, the first recorded governmental initiative of sanitary education was the Municipal Law No. 172, of January 28, 1926, which tried to instill hygiene habits and prevent injuries to the health of the population. Ill people sought care in the Santa Casa de Misericórdia, founded in 1908, however, effectively functioning as of February of 1911 and in which files the First Book of Patient Records was found. In this document, there are records of several diseases as the reasons for hospitalization, with a predominance of sexually transmitted diseases such as syphilis and gonorrhea, which are the object of this study. This document, dated from 1923 to 1932, allowed to a certain extent to know the STDs nosological profiles of the city at the time.

Considering that sexually transmitted diseases date from antiquity and that there are still current efforts of public health policies to eradicate them, it is interesting to describe the trajectory of these health problems in the studied period and that, according to estimates by the World Organization Health - a specialized agency of the United Nations designated as the coordinating authority on international health work - approximately 12 million individuals are affected worldwide each year. In Brazil, the Ministry of Health currently records about 937,000 cases of syphilis and 1,541,800 cases of gonorrhea¹⁰ annually. This leads to inquiring about the permanence of these diseases, even with the possibility of prevention and cure, and about the characteristics of the patients from the first records of their distribution in the city of Guaxupé, in the state of Minas Gerais.

In this perspective, the objective of this study was to describe the characteristics of patients diagnosed with sexually transmitted diseases listed in the First Book of Patient Records from the Santa Casa de Guaxupé.

METHOD

This study was a historical-documentary analysis conducted from the reading of the First Book of Patient Records of the Santa Casa de Guaxupé, which contains records of hospitalized patients from January of 1923 to December of 1932.

Texts that deal with health education in the country and those referring to sexually transmitted diseases, consultation at sites such as the Ministry of Health and Brazilian Institute of Geography and Statistics (IBGE), and research at the *Scielo* and *BDENF* databases were selected as indirect sources for data collection.

After the repeated reading of these sources, the data were collected and stored in a spreadsheet; the following variables were selected to categorize the results: gender, profession, age range, and clinical evolution. Simple and relative frequencies and measures of central tendency of the studied variables were calculated in the analysis. The findings were discussed based on the scientific literature on the subject.

Data collection was carried out from June of 2013 to January of 2014, directly from the source. This study was approved by the Ethics Committee of the Santa Casa de Guaxupé and the Ethics Committee of the Federal University of São Paulo (UNIFESP) under Opinion No. 354.873.

RESULTS

The First Book of Patient Records of Santa Casa de Guaxupé is archived in the institution's collection, it contains 200 pages with 40 lines each, weighs 12 kilograms and measures 1.20 m in length when open. Seventy-two pages with 18 columns were used for the purpose of recording hospitalizations with the following records: doctor's name, date of entry, patient's name, color, gender, age, naturalization, marital status, nationality, profession, origin, situation in the hospital, bed number, diagnosis, surgeries, treatment results, date of discharge, and observations.

Regarding the conservation of this document, it should be noted that the sheets are yellowish and some have been partially destroyed by insects, however, they are legible. It is noticed that different people recorded patient entries because of the different handwriting. There are errors of the mother tongue in these records, especially regarding the spelling of clinical diagnoses, even considering the orthographic rules in force at the time.

Until the early 1920s, Brazilian hospitals did not have specific forms to record the medical histories of hospitalized patients. The first initiative was assigned to the General Hospi-

tal of the School of Medicine of the University of São Paulo (USP) in 1943, which implemented the Medical and Statistical Archive Service (SAME) with the assistance of Dr. Lourdes de Freitas Carvalho, who studied Classification of medical observations in the United States. This service served as a model for other Brazilian hospitals, such as the Santa Casa de Santos and the Public Servants Hospital in the State of Rio de Janeiro.¹¹ Probably, records were limited to control patients' entry and exit at the time addressed in this study, which was performed in books as the one studied in this study.

According to the records consulted in the First Book of Patient Records, from January of 1923 to December of 1932, 2,826 patients were assisted, of which 471 were diagnosed with STDs such as syphilis, ducrey canker, condyloma, and gonorrhea. Of these recorded patients, 278 (59%) were males and 193 (41%) females.

Syphilis spread throughout the country and affected numerous Brazilians and immigrants. President Epitácio Pessoa created the National Department of Public Health (DNSP) in 1919 with the objective of coordinating public health actions in the country in addition to opening new possibilities for combating venereal diseases. Eduardo Rabello, a syphilograph doctor and professor, was appointed head of the Prophylaxis Inspection of Leprosy and Venereal Diseases, an institution linked to the newly created Department and headquartered in the federal capital, to take care of this matter; however, the challenge was quite great given the country's dimensions.¹²

Guaxupé was considered a central point in the railroad network and an area rich in the coffee importation and exportation business; it was a town with a considerable number of travelers and had a remarkable nightlife at the time studied. Cabarets were open until two o'clock in the morning, with approximately 100 prostitutes distributed in these houses, contributing to the spread of venereal diseases because the use of condoms was not common. These establishments also favored alcohol consumption. Settlers were the most adept of this practice, who weekly went shopping in the city and used the occasion to drink alcoholic beverages in great proportions, making the return to work in the farms difficult. Other drinks were also available at these bars such as beer and "cocktails"; besides the alcoholic sugar cane drink, whiskey was offered in these cabarets.

The municipality of Guaxupé was considered essentially agricultural; therefore, it counted on an expressive number of settlers. Coffee was the main wealth of the region, and 2,896 tons of this grain were produced in 1919. It was imported and exported through the railroad to the port of Santos. Other sources of income at the time were the farming of asinine cattle, mules, sheep, goats, and pigs.

With the arrival of the railroad, many immigrants came to the promising city, which was already in the process of transformation. The city received them by employing them in var-

ious occupations and commercial segments. Many of them, with no family ties and free nights, frequented the cabarets and were contaminated with syphilis or other sexually transmitted diseases.

The federal census of 1920 registered a population of 8,427 men and 8,274 women, totaling 16,701 inhabitants in Guaxupé. The city's population increase was registered in 1924 with 19,200 inhabitants and in 1930 with 24,000 inhabitants, of which some citizens occupied beds in the Santa Casa and were diagnosed with sexually transmitted diseases.

Notably, Guaxupé had an expressive number of patients with venereal diseases, a condition similar to that of other Brazilian states, in which public authorities also expressed concern about their health situation that was not favorable to a growing country. With the increase in the number of cases of venereal diseases, the governor of Bahia, Francisco Marques de Góes Calmon, created the Sub-Secretary of Health and Public Assistance in 1925 with the proposal of adopting technical measures that could avoid or reduce the causes of diseases and deaths as well as improving the population's health conditions, regulating syphilis prophylaxis, and opening new stations for the treatment of sexually transmitted diseases.¹⁴

In that same year, the Institute of Hygiene and Sanitary Service of São Paulo, in common agreement, organized a campaign of prophylaxis and treatment of syphilis and contagious diseases by installing several health centers in the most diverse neighborhoods in the city and informing people on the causes and consequences of these diseases, thus providing means to promote health education for the population.¹⁵

There was no governmental initiative in Guaxupé aimed at suggesting prophylactic measures of venereal diseases. According to the consulted records of patients, the predominant occupation of patients with these diseases in the male gender was farming with 177 hospitalized, followed by 34 military personnel. In addition, there were five carpenters, five woodworkers, five bricklayers, four carriage drivers, four blacksmiths, two dentists, two electricians, one nurse, and one sacristan as well as 23 others with less frequent occupations, mainly in the service sector, such as butchers, artists, barbers, clerks, chauffeurs, tradesmen, administrative assistants, cooks, employees in commercial activities, employees in the Light and Power Companies, farmers, railroad workers, hoteliers, drivers, dealers, factory workers, potters, watchmakers, cobblers, construction workers, saddle makers, and sawyer workers, and 15 patients with no records on occupation. The marital status of these patients is presented in Figure 1.

A preponderance of single patients was observed, however, STDs were also frequent among married patients. At the time, prenuptial health checks were not common, nor were health control at regular intervals, which also contributed to the delayed diagnosis and therapy of these illnesses.

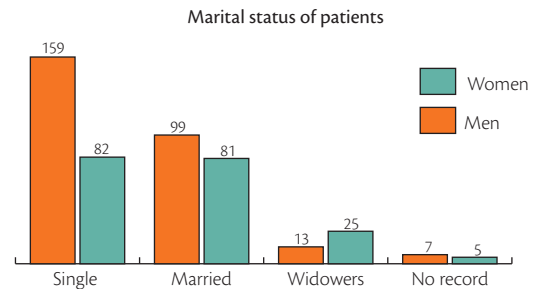


Figure 1 - Marital Status of Patients Hospitalized in the Santa Casa de Guaxupé between 1923 and 1932.

There were 163 hospitalizations of domestic workers (it was not clear if the nomenclature was referring to housewives or workers in other households), nine maids (with unknown location), eight prostitutes, four cooks, one artist, and one server; the registration of occupation was absent for seven female patients.

Prostitutes were repudiated by society because they disturbed public tranquility and attacked morale as well as threatened the social and family life of the new bourgeoisie because they spread syphilis and other contagious diseases. Thus, the means of facilitating police action was keeping prostitutes on certain streets where large circulation of people considered "honest" was not required. Another social problem, besides prostitution, was alcoholism, seen as "the cause of the demoralization of children and loss of family discipline". The alcoholic father would lose his moral strength, become apathetic or violent, and ceased to be the defender of the family honor because this addiction fostered moral disrepair and the loss of patriarchal power.¹⁶

Judging by the occupations of these patients, it can be assumed that most of them had low education and many might not even master writing and reading, which also limited their access to written health care information.

It should be noted that during the study period, syphilis affected men and women of different age groups regardless of their financial condition and occupation; however, the individuals hospitalized in the Santa Casa de Guaxupé were mostly of low-income economic classes. As was customary at the time, the richest, when ill, were assisted by doctors in their own homes, and probably, because these diseases had a negative stigma in society, their occurrence was kept as a secret.

The records of patients diagnosed with syphilis described in the First Book of Patient Records of the Santa Casa did not specify the stage of the disease, however, based on the time of permanence in the institution it can be inferred that the disease could be in the early stages as well as in more advanced stages because a total of 323 patients were hospitalized for a period of one to 30 days; 108 patients remained in the institution between 31 and 60 days; 24 patients were hospitalized between 61 and 90 days; 15 patients occupied beds between 91 and 365 days; and one patient remained hospitalized for 648

days, that is, one year and nine months. It is important to mention that during the hospitalization period, 446 patients occupied the wards and only 25 occupied private rooms.

Guaxupé received many immigrants in the early 1920s; 452 were Brazilian, five were Italian, five were Portuguese, four were Spanish, three were of Syrian-Lebanese descent, one was French, and one had no determined origin.

Figure 2 shows that patients diagnosed with other sexually transmitted diseases were also hospitalized in this institution, however, to a lesser extent.

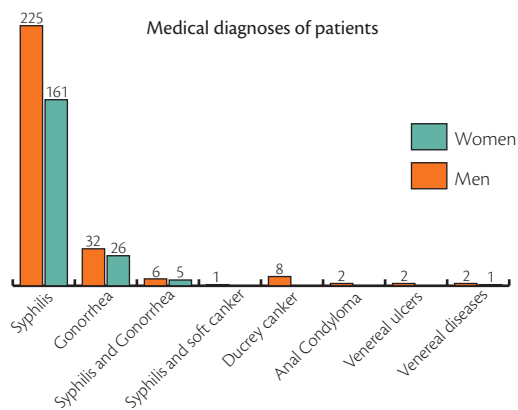


Figure 2 - Medical Diagnosis of Patients Hospitalized in the Santa Casa de Guaxupé between 1923 and 1932.

In the context of anti-venereal therapy, the former treatments to control communicable diseases were based on elements such as mercury, bismuth, iodides, and arsenic. The former was widely used; it induced the organism to eliminate the venom through intense diarrhea, salivation, and sweating, which were caused by mercurial intoxication. Subsequently, arsenic salt, a highly toxic element to the organism, was used as the formulation known worldwide by Salvarsan, the first chemotherapeutic in the history of the pharmaceutical industry. It was believed that when this element was introduced into the organism, it had the power to locate and destroy treponemas. Because Salvarsan was very toxic, a new drug was developed years later with the same active principle but less toxic to the organism; it was called Neosalvarsan. Both drugs were used on the basis of intravenous injections in long series and for several years. With the use of this therapy since 1909, it was found that arseno-benzol did not always cure, although they rapidly healed contagious lesions.²

According to Avelleira⁵, the treatment used to combat syphilis based on these elements showed low efficacy, toxicity, and operational difficulties. Another treatment option was to increase body temperature by physical means such as hot steam baths, which would eliminate treponemas.

The treatments listed in the First Book of Patient Records had the following outcomes: patients were discharged on re-

quest (69), cured (316), deceased (7), escaped (4), improved (70), transferred to São Paulo, and transferred to Belo Horizonte (3) (Figure 3).

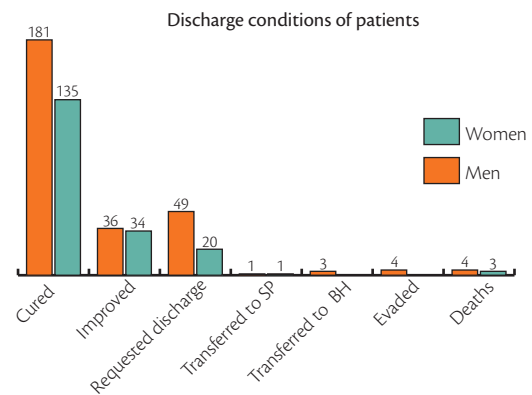


Figure 3 - Discharge Conditions of Patients Hospitalized in the Santa Casa de Guaxupé between 1923 and 1932.

The age range of patients diagnosed with STDs was distributed as 17 children aged between two and 12 years old, nine boys and eight girls; it was not known whether they were cases of congenital or sexually acquired syphilis. A total of 132 patients were hospitalized in the age range between 13 and 20 years, of which 54 were men and 78 were women. The highest number of hospitalizations was observed in the age range from 21 to 58 years, totaling 304, of which 205 were men and 99 were women. Seven patients between 60 and 75 years old were hospitalized, being six men and one woman. Out of 11 patients with no records of age, seven were women and four were men, indicating that transmissible diseases affected people of any age group at that time.

Considering the perspective of the discharging conditions of patients with sexually transmitted diseases, especially the syphilitics hospitalized in the Santa Casa de Guaxupé, a significant number of patients were recorded as cured and with improved health in the First Book of Patient Records. This may mean a spontaneous cure or the latency phase of the disease itself because specific treatment with penicillin was only advocated in the 1940s, and therefore, was not used at that time. Months later, the signs and symptoms reappeared, which characterized the absence of cure and disease relapse, which already compromised the organism because it was in a more advanced stage, usually between the secondary and tertiary disease phase.

The considerable number of patients who requested to be discharged also drew attention; they probably had to return to work to provide for their family's livelihood. Moreover, being hospitalized with an STD at the time meant to take the practice in immoral acts and living a reprehensible lifestyle. Therefore, it was more convenient to be treated at home, hiding and avoiding being exposed to recrimination.

With rare public initiatives aimed at the prophylaxis of venereal diseases, the Guaxupean population sought to receive care in the Santa Casa for the treatment of these diseases, which had a strong negative stigma under the eyes of the local society. The First Book of Patient Records allowed us to appreciate how this happened in that locality.

CONCLUSION

The Santa Casa de Misericórdia de Guaxupé served workers of both genders, including those diagnosed with sexually transmitted diseases (STDs). Among these (with STDs), those with syphilis and gonorrhea were those who first sought care in the institution and had occupations in the rural segment working as farmers. Secondly, the beds were occupied by military patients. Most of the patients belonged to the same socioeconomic class and, considering their occupations, were hospitalized in the institution's wards; most of the men and women were single, however, an expressive part of married people was also in this group.

The information in the First Book of Patient Records reveal, as a result of treatment, cure in most patients without the use of antibiotic therapy; However, there were also a considerable number of patients who left the Santa Casa after requesting their own discharge.

As for limitations of this study and its possibilities for further contribution, it is important to mention that it addressed one single group of diseases; therefore, further research needs to be conducted and/or expanded to explore the book of records because it contains many findings that may still be unveiled. In this study, only patients diagnosed with STD were selected, however, there are possibilities to investigate other health problems that affected the rural and urban population of Guaxupé in the 1920s and 1930s.

REFERENCES

1. Ministério da Saúde (BR). Secretaria de Vigilância em Saúde. Departamento de DST, Aids e Hepatites Virais. Sífilis: estratégias para diagnóstico no Brasil. Brasília: Ministério da Saúde; 2010. [cited 2016 Feb 10]. Available from: http://www.aids.gov.br/sites/default/files/anexos/page/2012/50768/manual_sifilis_miolo_pdf_53444.pdf
2. Carrara S. Tributo a Vênus: a luta contra a sífilis no Brasil, da passagem do século aos anos 40. Rio de Janeiro: Editora Fiocruz; 1996. [cited 2016 Feb 10]. Available from: <http://static.scielo.org/scielobooks/q6qbq/pdf/carrara-9788575412817.pdf>
3. Robbins SL, Cotran RS. Patologia: bases patológicas das doenças. 7ª ed. Rio de Janeiro: Elsevier; 2005.
4. Souza M. Assistência de enfermagem em infectologia. São Paulo: Atheneu; 2006.
5. Avelleira JC, Bottino G. Sífilis: diagnóstico, tratamento e controle. An Bras Dermatol. 2006[cited 2016 Feb 10];81(2):111-26. Available from: <http://www.scielo.br/pdf/abd/v81n2/v81n2a02.pdf>
6. Brisighelli Neto A, Araújo AC, Doherty MP, Haddad MA. Revisão sobre a eficácia do preservativo em relação à proteção contra doenças sexualmente transmissíveis e gestação. Diagn Trat. 2009[cited 2016 Feb 10];14(3):123-5. Available from: <http://files.bvs.br/upload/S/1413-9979/2009/v14n3/a011.pdf>
7. Ministério da Saúde (BR). Portal da Saúde. Aids pergunta/resposta: como se prevenir da Aids? Brasília: Ministério da Saúde; 2016.
8. Hochman G. Logo ali, no final da avenida: os sertões redefinidos pelo movimento sanitário da Primeira República. Hist Cienc Saude Manguinhos. 1998[cited 2016 Feb 10];5:217-35. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-59701998000400012&nrm=iso
9. Abreu JL. Educação sanitária e saúde pública em Minas Gerais na primeira metade do século XX. Hist Cienc Saude Manguinhos. 2010[cited 2016 Feb 10];17(1):203-9. Available from: <http://www.scielo.br/pdf/hcsm/v17n1/13.pdf>
10. Ministério da Saúde (BR). Bol Epidemiol Aids DST. 2005[cited 2016 Feb 10];2(1):1-42. Available from: <http://www.aids.gov.br/sites/default/files/BOLETIM.pdf>
11. Possari JF. Prontuário do paciente e os registros de enfermagem. São Paulo: látria; 2005.
12. Sanglard G, Costa RGR. Direções e traçados da assistência hospitalar no Rio de Janeiro (1923-31). Hist Cienc Saude Manguinhos. 2004[cited 2016 Feb 10];11(1):107-41. Available from: <http://www.scielo.br/pdf/hcsm/v11n1/06.pdf>
13. Valle JR, Valle GR. Guaxupé: memória histórica a terra e a gente. 2ª ed. Guaxupé: Gráfica Nossa Senhora de Fátima; 2004.
14. Mota A, Marinho MC, Bertolli Filho C, organizadores. As enfermidades e suas metáforas: epidemias, vacinação e produção de conhecimento. São Paulo: Universidade de São Paulo, Faculdade de Medicina; 2015.
15. Faria LR. A Fundação Rockefeller e os serviços de saúde em São Paulo (1920-30): perspectivas históricas. Hist Cienc Saude Manguinhos. 2002[cited 2016 Feb 10];9(3):561-90. Available from: <http://www.scielo.br/pdf/hcsm/v9n3/14073.pdf>
16. Mazzeiro JB. Sexualidade criminalizada: prostituição, lenocínio e outros delitos - São Paulo 1870/1920. Rev Bras Hist. 1998[cited 2016 Feb 10];18(35):247-85. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-01881998000100012&nrm=iso