As part of Colombia’s project of nation-building in the late nineteenth century, two types of discourse emerged around the ordering and guiding of national subjects. Grammar and hygiene sought to produce a certain kind of nationalized body (as both body politic and individual subject), disciplining its behavior, refining its habits, cleansing its language, and articulating its movements. Both discourses were promoted within a national project of bodily purification that should impede degeneration and its moral, social and political consequences. Such regulation would allow the subjects to be guided toward the ideals of order and progress of all “civilized nations”. The grammar and then the hygienic discourse would constitute the very bases of the new social order that would emerge through the renovation of the national subject as citizen.

The Colombian Academy of Language (Academia Colombiana de la Lengua), established in 1871, operated as a kind of incubator for some of the key intellectuals of the Regeneración, such as one of its vice-presidents, the politician, philologist and grammatician Miguel Antonio Caro. The actions of the Academy of Language set favorable conditions of the regeneration of language, by establishing norms for the use of language and publishing usage manuals and grammar treatises. Even before the Regeneración, the Spanish language was recognized as the linguistic instrument of national unity. Within the new regime, language confirmed the relationship between “hispanidad, catolicidad y patria” (hispanity, Catholicism and nationhood), thus promoting Hispanic unification and, implicitly.

Eventually, the hegemony of grammar as an effective modeling force of productive Colombian citizens began to lose ground. Although it continued to be a crucial element of government policy, it gradually gave way to the emergence of a new sense of biologism occupied with the health status of the social body. The Central Board of Hygiene (Junta Central de Higiene) was created in 1887, and exerted a tremendous social force throughout the remaining decade of political “regeneration.” It put forward a discourse that promoted State control over the conditions of the human. Thus, by monitoring the way people talked and promoting the idea of healthy bodies, the State eventually classified the population, reinforcing existent class differences and inequalities. Such attempt of modeling the body was an integral part of a power relations web where certain institutions became crucial for the overall success of the political project. Paradoxically the success of this political project was base in its failure. The classification of the citizens by the State had the purpose to confirm the social distance between the elite and the rest of the country’s population; and, in doing so, it confirmed the privileges of an elite class.

The language of regeneration that emerged through the discourse of grammar soon came to be transformed and contaminated by a discourse of hygiene that consolidated not so much around national language as the national body. Hygienic and grammatical discourses had always infused and even confirmed the strength of each other. Regulation of the body and regulation of language were two ways of maintaining the cohesion of the nation, but this pretension also worked as a way of establishing differences. If the rhetorical anchor of the discourse of grammar was grounded in the idea of cleansing tongues, then the favored metaphor of the discourse of hygiene would be the body. Understanding society as a body (a national body)—or in terms of Spencerian positivism, an organism—the state took

1 The debate about race was prominent during the first part of XX century. In the last two decades some of the authors that have been studying this debate are: Holguín, Helg, Sáenz, Saldarriaga, Osipina, Pedraza, Camargo, Calvo, Saade, y Noguera.
on the responsibility of purifying that body through the cleansing of the physical bodies of national subjects.

The political discourse of the time was influenced by Positivism, the ideas of Spencer and social Darwinism. The understanding of the national body as a social organism which health has to be protected and conserve was crucial. The national health was an utopia that needed certain laws that the government had to apply, at the same time certain institutions had to be in charge of this fundamental responsibility.

As early as 1833, the governor of the province of Bogotá, Rufino Cuervo, published two hygiene pamphlets for early primary education.² Later in the century, the Spanish writer and doctor Pedro Felipe Monlau would have an immense influence on Colombian doctors and politicians with his Higiene of marriage (1853) (Higiene del matrimonio) and manuals of hygiene for the early years of girls’ schools. However, the institutional event that ordained the discursive hegemony of hygiene was the installment of the Central Board of Hygiene in 1887.

At the end of nineteenth century and mostly in the first part of twentieth century medicine begins to overlap with the priorities promoted through language politics and little by little became hegemonic before the end of the century, emerging as the type of knowledge privileged in the drive to modernize the country. Hygiene was a discourse based in the idea of transforming a subjectivity recognized as unproductive in a productive subjectivity (this means producing the worker). Zandra Pedraza sustains that this policies were based in the control and government of the body in the context of an industrial society that was emerging. It was crucial to increase the corporal vitality of the population, the acquisition of physical and mental skills to function in the industrial society.³ Is the duty of the state to protect the physical health of the labor class. After all, unhealthy people means people unable to work.

Witness the proliferation of medical schools, organizations and associations that would mark the period and contribute to the role of hygienic discourse: the still-prestigious School of Medicine and Natural Sciences at the Universidad Nacional de Colombia in 1867, followed by the University of Antioquia in 1872; the foundation of the Society of Medicine and Natural Sciences of Bogotá in 1873 (that in 1891 became National Academy of Medicine, that was an official consultative institution for the state on questions of public health); the foundation of the Academy of Medicine in Medellín in 1887; and the foundation of the Hospital of Miseria in 1897 and the National Medical Review Board in the same year. Through these institutions, medicine eventually became an organized profession, and doctors gained power over the population by dealing with the proliferation of epidemics and diseases that were considered a threat to the public health.

The change of regime from the radical liberal government (1863-1880) to the conservative regime of the Regeneration marked a transformation in the approach to public health. With the constitution of 1886 (a reaction against Liberal anticlericalism) that confirm the relations with the Church, the public health became an issue related to charity in the spirit of Catholicism. Authored by men of letters steeped in the discourse of grammar, the Constitution of 1886 confirmed the discursive hinge that signals the rising power of a new organization of the true: it explicitly proclaimed that it was the responsibility of the state to care for the health of its citizens. “Since most of the public health problems of the Colombian population were due to poverty, charity played and important role as a means of redistributing wealth. Following the example of countries like France in the 1830’s, and England and the United States in the second half of the nineteenth century, in 1886 the Colombian government ordered the creation of Juntas de Higiene (Boards of Hygiene)” (Obregón 137). These Boards were installed in each of the capitals of the departments.

The Central Board of Hygiene corresponds to the new political structure of the country, that changed from a federal regime during the liberal government to a centralize regime through the government of Regeneration. The Central Board of Hygiene was originally created to replace the Health Board (Junta de Sanidad) of the extinguished State of Cundinamarca. This Central

2 Rufino Cuervo (1801-1853) was a landowner and lawyer at various times Rector of the National University, Supreme Court justice, Vice-President of the republic, and one of Bogotá’s leaders in the literature and culture sphere.

3 The Central Board for Hygiene pays strict attention to health regulations for the slaughterhouses to increase productive work. They believe that the consumption of meat was essential for the wealthy, progress and power of the nations. They believe that the lack of meat will cause alcoholism since the workers will feel weak (55-56).
The Law 30 of the 1886 Constitution was the one that establish the origin of the Central Board of Hygiene. The doctors Nicolás Osorio, Aureliano Posada, Carlos Michelsen and Gabriel Durán Borda were the founders of the Board. The responsibilities of the Junta were very diverse: at the level of rhetoric, it was a state attempt to control the public and the private sphere through the subjugation and control of the body; at the level of discourse, it was an attempt to confirm a social differentiation. Excluding the problematic bodies (dirty, sick, contagious, degenerate, weak) meant their inclusion in treatises of hygiene, special regulations, or sending them to lazarettos and special hospitals. With the intention of erasing the obstacles to progress and economic development, one of the first activities of the Central Board “was the establishment of quarantines in city ports to comply with international conventions. Sanitation in sea ports was vital to the development of the Colombian export economy in agriculture” (Obregón 137), especially in times when the coffee economy was starting to consolidate.

On March 28, 1887, the Junta was divided into four committees. The first committee functioned as a medical and pharmaceutical police to control the quality of food (meat), beverages (milk, in particular), medicines and drinking water supply. The second committee was in charge of the environmental contamination, health regulations of cities, sewage systems, pavements, cemeteries, slaughterhouses, schools, factories, hospitals, public buildings, prisons, barracks, the sanitary conditions of the farmers and peasant populations, “proposing policies to make them better”. Every place where people got together and had a life in common became a target of the Board’s regulations: “[It] is convenient to watch their health, to immediately separate, isolate and apply the necessary treatment to the sick people” (Central Board of Hygiene 113). The third committee had the responsibility to monitor the sanitary conditions in factories and the health of their employees, monitor the spread of animal diseases, promoting health strategies such as vaccination campaigns and the organization of medical assistance for sick homeless populations. Finally, the fourth committee was in charge of managing epidemics and endemic illnesses.

This committee also established the quarantine periods at lazarettos, health care for the newborn and their nannies, and the guidelines for research on mortality and their causes, migration, medical topography and medical statistics (Central Board of Hygiene 235-236).

Through this organization doctors diagnosed venereal diseases, which justified the creation of a special unit in the San Juan de Dios Hospital. The Journal of Hygiene (Revista de Higiene) published statistics for August and October 1888 and, in both cases, syphilis had the biggest percentage of diagnosed cases (209, 232). For that reason, prostitution was one of the topics that were intensely discussed at committee meetings, which established that “any woman who fits the description of “public woman” (mujer pública) was obligated to undergo a full medical exam. Otherwise, a penalty of 30 days in jail would be imposed (222-223).

The Board even had a direct impact over economic decision-making processes such as the railroad planning, a means of transportation that will revolutionize the economical and political future of the country. The director of the Railroad Company, Carlos Tanco, wrote to the Board: “Before making any final decision about the place where the Station should be built, the city’s Railroad Company would like to know the opinion of the honorable Board [on such matter]” (230). The answer of the Junta was that the “hygienic space to build the Station is on Street 21” (231). Indeed, this was the space where the railroad was eventually built. What is more, the Board later proposed a group of policies to control de hygiene of the public transportation.

Evidently, the intervention of the Board reached both the public and private spheres. The creation of the Junta was a sign of the discourse of hygiene’s rising hegemony within state policy, aimed at ensuring the health of the citizens. This understanding of health reveals the function of the State as the administrator of the bodies of all citizens. So, hygiene had to do not only with the conditioning of individual bodies but also with the distribution of such bodies in space. I am referring here to the distribution of the bodies as a way to include them by excluding them, by separating them.

On February 17, 1887, the Junta held its first session and established its regulations. The first article of this
regulations described its purpose: to present the executive power the necessary scientific data to solve those issues related with public health. By doing so, it became the Junta’s social, moral and political duty to diagnose the problems of Colombian society in terms of health and hygiene during a time of rapid social transformation. As a result of the economic growth triggered by tobacco exports and the expansion of coffee cultivation, urbanization picked up and the population of Bogotá more than doubled between 1870 and 1895, from 40,883 habitants to 95,813 (Organización Panamericana de la Salud). Most of the new residents of Bogotá were people that came from the rural areas, and their arrival to the city naturally generated an increase in poverty.

The article 10 was one of the most crucial articles of the regulations. It established that the Board has the power to issue public health policies, which would have the status of binding official acts. The propagation of epidemics and diseases were one of the biggest concerns for the Board: malaria, leprosy, smallpox, whooping cough, typhoid fever, alcoholism, ulcers, hepatitis, pneumonia, gonorrhea, dysentery and rheumatism, were among the main concerns.

The description of the society in terms of the diseases that were dominant does not correspond to a pure biological reality; they were attached to metaphors of moral decay. As Diana Obregón points out, the concept of disease is a socially constructed one. In the case of leprosy, for example, this “is certainly a disease with deep cultural and social implications which often evokes anxieties coming from a distant past” (11). In her research “Struggling Against Leprosy: Physicians, Medicine, and Society in Colombia, 1880-1940,” Obregón explains that leprosy “possesses the unique characteristic of having become the universal reference as the worst of all diseases” (12). In the case of Colombia, at the end of the nineteenth century, the State supported the emergence of charitable institutions aimed at providing assistance to the lepers. This attitude corresponds to the ideology of the conservative government of the Regeneration that reestablishes the broken relations with the church. The preoccupation for the lepers was an action that refers to the Catholic obligation of caring for the poor. The medicalization of the society had thus a political function. The approach that the doctors had to diseases was a way to produce and promote a particular perspective of what a citizen should be.

The hygienic discourse thus became useful for the state in two ways. First, at the level of rhetoric, it pretends to control, monitor, separate and clean the physical bodies of the national subjects and at the same time purify the national body as a whole. Medicine was considered an essential element for the construction of the nation. Second, the hygienic discourse continues the grammatical project by further enabling the production of differently marked bodies: barbarous, subjugated, citizen and others.

Hygiene was thus promoted as a national project of bodily purification that should have impeded degeneration and its moral, social and political consequences. Such regulation would allow the body to be guided toward the ideals of order and progress of all civilized nations. Through the generalized medicalization of the national subject, the hygienic discourse was mobilized toward the production of physically, socially and morally “cleansed” bodies. They would constitute the very basis of the new social order that would emerge through the renovation of the population. Hygiene offered at this time an interpretive frame through which the improvement of individuals and the cultivation of citizens could be theorized.

Through the discourse of hygiene, the language of regeneration moved toward an ideal of cleansing of the bodies of the population and at the same time provided the rhetorical support needed to name a huge sector of the population as barbarous, degenerate, uncivilized and by this action exclude them strategically. It is not that the discourse of hygiene fails to irradiate the entire national population. Rather, its real success is that it allows the state to re-establish the limits of citizenship at a foggy hygienic border and at the same time produce and reproduce the barbarian, legitimating

5 “Gussow and Tracy refute the interpretation according to which the stigma of leprosy has been perpetual from Antiquity through the Middle Ages to our times. For them the current stigma is a construction of nineteenth-century imperialism. According to Gussow and Tracy, leprosy was “retained” when the imperialist notions “rediscovered” this disease as endemic in poor regions of the world they were colonizing. Leprosy then came to be seen as an illness of “inferior” and uncivilized people” (Obregón 15).

6 “Colombian physicians also wanted to participate in the civilizing project of the elites. Their most important objective at the time was to form a national medicine which would embrace the study of local diseases and their relationship to the diverse regions, climates, altitudes, food, and people’s habits” (Obregón 138).
the containment of restive communities. The state, as the modern context and object of political activity, is restrictive in its avenues to political participation and has no interest in making its norms universally accessible. In that sense the discourse of hygiene produced impure bodies through its rhetoric of purification. It could be said that hygiene became the grammar of the national body, at once producing the citizen body and abandoning another body: the barbarous body.

Hygiene would take over grammar’s task of rhetorically “purifying” the national population. Grammar and hygiene together established, with varying intensity at the end of nineteenth century, the rules of the true: the conditions for the production of an idea of what a nation should be.

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