



The fight against polio: a social-medical alliance, Buenos Aires, 1943

La lucha contra la poliomielitis: una alianza médico-social, Buenos Aires, 1943

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ABSTRACT The present article analyzes the emergence of a volunteer-based social assistance organization that played an active role in the health care provided for poliomyelitis in Argentina: *Asociación para la Lucha contra la Parálisis Infantil* [Association for the Fight against Child Paralysis]. This institution was created in Buenos Aires in 1943 by a group of women from upper and middle class social sectors. In a context of biomedical uncertainty, the organization mobilized material and symbolic resources to respond to the need for rehabilitation of the permanent physical conditions the disease provoked in its victims. Using as a source the institutional reports of the organization, the article demonstrates how doctors and philanthropists formed a social-medical alliance and developed a fundamental interest in practicing a form of treatment sustained in a framework that united Christian ideas with medical and rehabilitative innovations.

KEY WORDS Poliomyelitis; Physicians; Social Assistance; Beneficence; Rehabilitation.

RESUMEN El presente artículo analiza el surgimiento de una de las organizaciones voluntarias de asistencia social que tuvo una activa participación en la atención sanitaria de la poliomielitis en Argentina: la Asociación para la Lucha contra la Parálisis Infantil. Esta institución fue conformada en la ciudad de Buenos Aires, en 1943, por un grupo de mujeres de sectores sociales altos y medios. En un contexto de incertidumbre biomédica la entidad movilizó recursos materiales y simbólicos para dar respuesta al problema de la rehabilitación de las afecciones físicas permanentes que la enfermedad provocaba en sus víctimas. Utilizando como fuente las memorias institucionales de la organización, se muestra cómo médicos y filántropas constituyeron una alianza médico-social y desarrollaron el interés fundamental de practicar una modalidad de tratamiento -en un contexto donde todo estaba por hacerse- sostenidos en un andamiaje que amalgamaba ideas cristianas con innovaciones de la medicina y la rehabilitación.

PALABRAS CLAVES Poliomielitis; Médicos; Asistencia Social; Beneficencia; Rehabilitación.

INTRODUCTION

Poliomyelitis is an infectious disease which affected a large number of people throughout the first half of the twentieth century during the onset of worldwide epidemics. Successive and severe outbreaks marked a change in the disease's behavior and in its status as a sporadic and endemic disease, and thus poliomyelitis came to be perceived as a relevant public health problem. Therefore, despite its prior existence, it was during this period that poliomyelitis came to be regarded as a concern and a reason for States to take public health measures. This changing approach towards poliomyelitis was due not only to the increase in the number of cases and the high death rates in severe cases, but also to the number of survivors suffering residual effects and significant physical disabilities (1-3).

Three etiologic agents of poliovirus serotypes have been identified; all three are highly virulent and produce the same disease symptoms. Human beings are the only reservoir and the infection is spread through person-to-person contact via the fecal-oral route. There is no specific treatment for this disease and lifesaving measures to preserve vital functions are the only way of providing medical assistance in the acute phase.

For centuries poliomyelitis was an important cause of disability and death during childhood, until the advent of the vaccine in the mid-1950s. Presently, preventive measures center on vaccination. Other measures include increasing awareness, the opportune detection of cases, and the education of the community on disease transmission and the appropriate completion of the vaccination schedule. Control measures consist of mandatory notification to the relevant health authorities as well as compliance with the regular vaccination schedule. Diagnostic confirmation is based on clinical, epidemiological and laboratory information.

In the Americas, the International Commission for the Certification of Poliomyelitis Eradication certified the interruption of wild poliovirus in the year 1994. The total mortality caused by paralytic poliomyelitis in times when no advanced technological resources were available for assisted breathing (such as pulmotors and rocking beds) ranged from 5% to 10%. While this percentage cannot be considered to be very high, what was

of concern was the number of children suffering the residual effects of the disease and the resulting disorders. In addition, long-term treatments for patient recovery were expensive due to the necessity of using special equipment (leg braces, crutches, wheelchairs, respirators).

Although poliomyelitis outbreaks have existed in Argentina since 1906, it was not until 1936 that this disease began to be regarded as an epidemic. In that year, the pediatrician Juan Garahan (4) confirmed the existence of an outbreak in the city of Buenos Aires, a judgment that was shared by other of his contemporaries (3). As a consequence of that acknowledgement, it was also in 1936 that the first step towards the control and prevention of the transmission of the disease was taken, with the enactment of Law 12317. Under this law, it became mandatory to report contagious infectious diseases to official authorities. Thus, the first statistical records were elaborated and empirical data for the study of the disease in Argentina could be collected. Based on the incidence rates of poliomyelitis per thousand inhabitants, the three epidemic outbreaks of greatest importance in Argentina occurred in 1936 (with an incidence rate of 10 cases per thousand inhabitants), 1953 (14 per thousand) and 1956 (33 per thousand).

In Argentina, this disease affected both high and low social classes in Buenos Aires and challenged medical capacity as well as the prevention capacity of hygienic measures. The existence of chronic patients, the image of the "legion of disabled children" (a) (5 p.22) and the social burden that these issues would mean in the future led to threatening anxieties heavy in the urban atmosphere of those days, anxieties that needed immediate solutions (5,6).

Daily actions carried out in order to prevent the transmission of the disease, which still remain in the memories of Buenos Aires residents, included the use of camphor in clothes; the cleaning of sidewalks and streets, carried out by the residents themselves; the whitening of trees and curbs with lime; air fumigations using gamexane; and the relocation of healthy children from the city to the country. These were signs of the fear and restlessness existing due to a disease against which there were still neither effective nor definite solutions.

Within a context of biomedical uncertainty, which would continue until the discovery of the antipolio vaccine in 1954 (6,7), and given the effects of this disease that did not cause death but left irreversible degrees of disability, a group of women inspired by philanthropic ideas created, in 1943 in the city of Buenos Aires, the Association for the Fight against Child Paralysis (ALPI) [*Asociación para la Lucha contra la Parálisis Infantil*]. This entity concentrated its efforts on the need to find solutions to the residual effects of poliomyelitis.

With the organization as a base, this group of women got actively and publicly involved in the problem of polio and their social interventions gradually took on greater complexity, variety and scope. These activities included a set of measures of a social-medical nature, aimed at facilitating and putting into practice medical advances in the field of poliomyelitis. To this end, they not only established an institutional structure for care but also directed efforts towards the continued training of the professional team and their involvement in scientific exchanges. The granting of training scholarships, the continuous involvement of the Association's members in both international and national scientific events, the promotion of educational and prevention material related to disease transmission aimed at the whole population, all demonstrate the Association's interest in supporting the development of knowledge within this area and in becoming a reference in the field of poliomyelitis (8 p.5).

As Donna Guy highlights, in Argentina, women from the Charity Society [*Sociedad de Beneficencia*] as well as from various other organizations of women had a wide range of motivations for and ideas regarding charity which made valuable contributions to forthcoming social policies (9 p.99-101).

The ALPI women first gathered together motivated by a religious-based sensitivity to the situations provoked by a disease which, in some cases, had directly touched the heart of their own families. In the 1940s, the possibility of controlling the transmission of the disease was still uncertain. Additionally, it became necessary to implement the onerous and prolonged rehabilitation treatments among families from the lowest social classes.

Nevertheless, over the course of time, their commitment and specialization in the fields of

disability and rehabilitation went beyond those problems related to poliomyelitis. By 1957, the public health authorities, concerned with the high costs of importing a vaccine, called upon ALPI for the First Pro-Vaccination Funding Campaign [*Primera Campaña de Recaudación Pro Vacunación*]. The aim of this campaign was to raise funds from the community so as to reduce the financial impact that a large-scale immunization process would mean for the government. In mid-1959, ALPI recognized vaccination to be one of its most important social activities. With the cooperation of a large number of volunteers, the Association vaccinated free of charge all those who could not afford it otherwise. However, the impact of the massive application of the vaccine, as a tool with proven efficacy to stop the spread of poliomyelitis, put into question the specific goals of the Association. Therefore, in 1961, the organization was obligated to reshape its mission and objectives in order to have continued relevance, after twenty years of work and strong connections with both the community and the government in the changing scenarios occurring over that period of time. For ALPI, this involved redefining its aims and the challenge of adapting its technical and administrative capacity in accordance with new structures and professional profiles related to other problems and types of disabilities: a necessary effort in order for the organization to survive poliomyelitis without itself experiencing residual effects.

Thus, by means of a medical-social alliance, ALPI created a model for health care that would combine public intervention, philanthropy based in religious sentiments, and science, in a way that kept with the long historical continuity associating the State and private entities in the distribution of responsibilities related to the care of children, the poor and the sick (9).

This institution carried out multiple activities in different places and moments. The first actions performed by ALPI consisted of helping patients who attended hospitals in the City of Buenos Aires by providing them with orthopedic devices, money for transportation, clothing and medicine. In summary, scientific training, the development and promotion of treatment methodologies, and the accessibility of orthopedic devices represented three of the topics to which resources were allocated. The fundraising strategies were

based on collections in the community, donations and endowments, and social and cultural benefit events. In that respect, the methods of the National Foundation for Infantile Paralysis in the US, which funded a large part of the initiatives for rehabilitation treatments and research, were an example to follow (10,11). The names and even the photographs of the sponsors who made significant donations appeared in press publications, institutional reports and leaflets, demonstrating a concept of philanthropy not only as a useful gesture or a type of social action but also as an expression of social prestige.

THE CHRONICLE OF A BEGINNING

In this review, we will use as a starting point the institutional reports of ALPI (Figure 1 and Figure 2) – in particular, the report from its first year of existence – in order to analyze some aspects of the Association's creation. The focus will be placed on two people on either side of this social-medical alliance that led the organization's activities from 1943 until 1950: the social worker Marta Ezcurra and the orthopedic surgeon Marcelo Fitte.

Analyzing these documents additionally provides an opportunity to reconstruct some of the attitudes and concrete responses of the community given the shock of the polio epidemics, and is an invitation to think about the relationship between the resources mobilized by civil society and the consolidation of the problem of rehabilitation as a matter of public interest worth being taken into account by the centers of power. Thus, the hypothesis is that, in order to develop a fundamental interest in carrying out a treatment approach that still needed to be proved, physicians and women created a social-medical alliance based in a framework of scientific and Christian ideas, which legitimized their interventions in the community and in the bodies of patients, the target of their efforts and practices.

Marta Ezcurra: Traces of social Catholicism?

The first meetings that inspired the creation of the Association were held in 1943 in the residence

of Juan Bernardo Sullivan and Juana Berthet, located in a well-off neighborhood of the city of Buenos Aires. Here the bases of the Association were laid and the first meeting of the founding members was held.

Mr. and Mrs. Sullivan, who had "felt the suffering of the disease first hand" (8 p.3), helped to finance the Association not only through continuous individual donations, but also through the financial support of Forestal Argentina S.A., a company which, at that time, was presided over by Juan Bernardo Sullivan (12). The couple paid all the expenses related to the first months of rent in the first headquarters of the Association, located at Av. Paseo Colón 221, 2nd floor. This same space was then granted by Forestal Argentina S.A. until 1962, when the Association moved into its own administrative headquarters elsewhere (b).

Marta Ezcurra was alternatively President and Vice President during the first six terms (1943-1950) and was associated with the organization during the entire period under study. She brought with her professional resources and political connections that, in conjunction with those of the ladies who made up the Executive Committee (Figure 1) – many of them coming from prominent families – and the donations given by the Fitte and Sullivan families, established the bases of the Association's original capital.

When she took office, Marta already had a solid and active experience in the Catholic Action movement, a non-clerical ecclesiastic organization devoted to evangelization and the promotion of Christian values. Her first social service work was in 1915 when, after graduating from the Sacred Heart School of Almagro, she entered into the Congregation of the Daughters of Mary. She took part in study meetings as well as social-apostolic training in the congregation of the Sisters of the Assumption. In 1925 she began to work in El Centavo, an association aimed at assisting women in need through direct provision of food and of sewing workshops as a means of earning a living. She would afterward form part of its Board of Directors.

In 1930 she was admitted into the recently founded School of Social Services of the Museo Social Argentino – the first school of its kind to exist in Argentina and Latin America – where she obtained her Social Work degree in 1933.

1ª COMISION DIRECTIVA	
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MARTA EZCURRA	
Vicepresidenta:	
SOFIA LEANES DE ABERG COBO	
Secretaria:	
ADELA GIRARD DE BERTHET	
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MARIA ELENA LURO R. DE ARANA	
JOVITA GARCIA MANSILLA DE BEMBERG	
ELISA LOBOS DE CLUSELLAS	
MARTA ALDAO DE DEL CARRIL	
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CATALINA MAC. MILLAN DE VAN DEURS	
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Dr. MARCELO J. FITTE	
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Figure 1. First Executive Committee and Honorary Advisory Committee of Physicians of the Association for the Fight against Child Paralysis.

Source: Association for the Fight against Child Paralysis (8).

In 1931 she was appointed President of the First Congress of Catholic Action Youth [*Primer Congreso Superior de las Jóvenes de la Acción Católica*] by archbishop Santiago Copello. The following year she traveled to Europe, where she had a private meeting with Pope Pius XI on behalf of the recently created Association of Catholic Action Youth. It was during this trip that she made

connections with members of the International Red Cross and entered into contact with European social assistance programs that maintained that offering employment was better than offering money, and that doing so also dignified the human condition. This idea was in alignment with those of Monsignor Miguel de Andrea, who denounced the exploitation of working women. In

MEMORIA

La Comisión Directiva, en cumplimiento de lo dispuesto por el artículo 15º de los Estatutos Sociales, ha convocado a esta Primera Asamblea General Ordinaria, para dar cuenta de la constitución definitiva de la Asociación, el día 17 de Diciembre de 1943, de la labor desarrollada hasta el 30 de Junio de 1944 y de la marcha de sus gestiones.

Como es sabido, la Asociación nació del dolor cristianamente sobrellevado. Dos jóvenes señoras que sentían los sufrimientos de la enfermedad en carne propia, porque lo sentían en sus hijos, decidieron ocuparse de las familias pobres en las mismas dolorosas circunstancias.

Queda, pues, constancia de los nombres de las señoras de Berthet y Lenhardtson y de dos amigas que apoyaron esta obra y juntas comenzaron la campaña: son ellas las señoras de Budd y Mattaldi.

Constituida, como decía, el 17 de Diciembre, esta Comisión Directiva designó por aclamación al doctor Marcelo J. Fitte como Asesor Técnico, dedicando sus primeras gestiones a obtener la inscripción en el Registro Nacional de Asistencia Social, donde quedó registrado bajo el N° 3.244.

Estudió luego un proyecto de Estatutos y una vez llenadas todas las formalidades ante la Inspección General de Justicia, el Poder Ejecutivo de la Nación, concedió por decreto N° 9.282/44 de fecha 13 de Abril de 1944 la Personalidad Jurídica. Vaya nuestro agradecimiento al doctor Benjamín García Victorica por la redacción de los Estatutos y al doctor Guillermo Peña por tramitar ante el Ministerio del Interior.

A partir de aquella fecha, la Asociación se encuentra legalmente capacitada para desenvolver sus actividades.

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The Executive Committee, in compliance with Article 15 of the Association Bylaws, called for this First Regular General Assembly in order to establish a record of the definitive constitution of the Association on December 17, 1943, of the work performed until June 30, 1944, and of the course of its management.

As it is known, the Association was born of pain endured with Christian faith. Two young women, who felt the suffering wrought by this disease first hand, because they experienced it with their children, decided to assist the poor families going through the same painful circumstances.

Let the record show that Mrs. Berthet and Mrs. Lenhardtson and two friends that supported this work together started the campaign; these friends were Mrs. Budd and Mrs. Mattaldi.

As mentioned above, this Executive Committee was created on December 17 and unanimously appointed Doctor Marcelo J. Fitte as Technical Advisor. He devoted his first activities to obtaining registration within the National Registry of Social Assistance and received registration under the number 3244.

He subsequently studied a Bylaws project and once all the legal formalities were fulfilled before the Superintendence of Corporations, the Association was ascribed its juridical personality under Executive Order 9282/44 dated April 13, 1944. Therefore, we would like to express our gratitude to Doctor Benjamín García Victorica for drafting the Bylaws and to Doctor Guillermo Peña for carrying out the relevant proceedings before the Ministry of Home Affairs.

Starting from that date, the Association has been legally authorized to conduct its activities.

Figure 2. Report of the First Regular General Assembly of the Association for the Fight against Child Paralysis, 1944.

Source: Association for the Fight against Child Paralysis (8).

Una medida de singular importancia fué la de invitar a los señores Médicos cuya actuación profesional se halla relacionada con el problema de la Parálisis Infantil a cooperar en nuestra obra y nos satisface destacar que respondieron con toda solicitud a nuestro requerimiento. Quedó así constituida la Comisión Honoraria Consultiva de Médicos, cuya nómina inicial se hallará al comienzo de esta Memoria.

Posteriormente se ofreció a todos ellos el apoyo para sus enfermos de Parálisis, cuyas condiciones económicas así lo justificaran.

Dentro de los recursos iniciales de la Asociación, la Comisión Directiva ha iniciado ya la prestación de su ayuda a tales enfermos, algunos de los cuales se asisten en establecimientos hospitalarios de esta Capital, proveyendo los aparatos ortopédicos prescriptos.

Se cuenta con los servicios de una Visitadora de Higiene, cuya misión es de verificar en los domicilios de los enfermos, las condiciones en que se llevan a efecto las prescripciones médicas y las posibilidades económicas de los familiares. La Sub-comisión de Asistencia Social compuesta por las señoras Juana del Carril de Eyzaguirre, Lucrecia Salas de Peña, Adela Girard de Berthet, María Magdalena de Saint Genis de Budd, Marta Herrán Witcomb de Mattaldi, María Rosa Fitte de Fitte y María Luisa Noetinger de Peluffo Alemán complementa personalmente las visitas domiciliarias para realizar además acción educativa y moral. En virtud de estas visitas, la Sub-comisión de Señoras aconsejó la donación de aparatos ortopédicos para 10 niños, llenándose las órdenes por un valor de \$ 2.000 m/n.

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Como resultara indispensable encarar un plan de difusión y propaganda para dar a conocer al público la constitución de la Asociación y organizar una colecta que permitiera reunir los fondos necesarios para la ejecución de sus fines, la Comisión Directiva designó dos Sub-comisiones especiales: la de Prensa y Propaganda y la de Colecta.

La Sub-comisión de Prensa y Propaganda, integrada por las señoras Lucrecia Salas de Peña, María Rosa Fitte de Fitte, Adela Girard de Berthet, y los señores Alberto R. Olguín y Enrique Diosdado, presentó un amplio plan de publicidad y recaudación de fondos. Dado el momento nacional se aprueba solamente un plan mínimo, el cual comprende:

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A measure of singular importance was to invite the honorable Physicians, whose professional work and experience are related to the problem of Child Paralysis, to cooperate with our work. We are pleased to report that they emphatically accepted our request. Therefore, the Honorary Advisory Committee of Physicians was created; the names of its members are listed at the beginning of this Report.

All of these physicians were offered financial support for their paralysis patients whose economic condition showed sufficient grounds for receiving such aid.

With the initial resources of the Association, the Executive Committee has already begun to offer support to such patients, some of whom are treated at hospitals in the City of Buenos Aires, providing them with the prescribed orthopedic devices.

The Association disposes of the services of a Health Visitor, whose mission is to control, at the patients' homes, the conditions in which medical prescriptions are carried out and the economic possibilities of the patients' relatives. The Sub-Committee of Social Assistance – made up by Juana del Carril de Eyzaguirre, Lucrecia Salas de Peña, Adela Girard de Berthet, María Magdalena de Saint Genis de Budd, Marta Herrán Witcomb de Mattaldi, María Rosa Fitte de Fitte and María Luisa Noetinger de Peluffo Alemán – personally complements the home visits in order to perform educational and moral activities. After carrying out these visits, the Sub-Committee of Women suggested the donation of orthopedic devices to ten children, amounting to \$2,000 in local currency.

It was essential to carry out a plan for spreading information and propaganda in order to inform the public of the creation of the Association, and to organize a fundraising campaign that would permit the Association to raise the necessary funds for the fulfillment of its goals. Therefore, the Executive Committee created two special Sub-Committees: the Press and Propaganda Sub-Committee and the Fundraising Sub-Committee.

The Press and Propaganda Sub-Committee, made up of Lucrecia Salas de Peña, María Rosa Fitte de Fitte, Adela Girard de Berthet, Alberto R. Olguín and Enrique Diosdado, proposed a wide propaganda and fundraising plan. Given the current situation of the country, only a minimum plan was approved, which includes:

Figure 2. Continued.

Source: Association for the Fight against Child Paralysis (8).

- a) La organización de un Concurso de "affiches" con el lema "Levántate y Anda", sugestiva frase evangélica.
- b) Una campaña financiera, a realizarse en la primera quincena de Septiembre próximo.

Para efectuar esta campaña se constituyó la Sub-comisión de Colecta bajo la Presidencia de la señora Juana del Carril de Eyzaguirre ayudada por las señoras Elena Torino de Lenhardtson, María Rosa Devoto de Green, Marta Herrán Witcomb de Mattaldi, María Rosa Fitte de Fitte, Elisa Lobos de Clusellas, Lucrecia Salas de Peña, María Magdalena de Saint Genis de Budd, Catalina Mac. Millan de Van Deurs, Carmen Sastre de Pueyrredón, Adela Girard de Berthet, Jovita García Mansilla de Bemberg y Maud d'Alkaine de Rodríguez Larreta.

Los "affiches" han llegado en número de 74 y serán exhibidos en la casa Gath & Chaves Ltda., en un salón cedido gentilmente al efecto.

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La Comisión Directiva ha encarado también el problema relativo a las reeducaciones y actualmente tiene en estudio un proyecto para contribuir a la preparación de este personal en la Capital y en el Interior, propendiendo orgánicamente a la obra de reeducación funcional de los enfermos.

Consistirá en costear 10 becas para que enfermeras de las provincias puedan beneficiarse con los cursos especializados que el doctor Marcelo J. Fitte ha de dictar en el Hospital de Niños.

Coincidentemente con dicho propósito se ha creado la Bolsa de Trabajo, en la cual se inscriben los enfermos cuya aptitud permite emplearlos en distintas ocupaciones accesibles a sus medios. La Asociación procura proveerlos de trabajos adecuados, auspiciándose además la obra que realiza la Sociedad "Amigos de la Escuela ambulante" y que consiste en la enseñanza a domicilio de los niños inválidos.

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La Comisión Directiva se hace un deber en dejar constancia del apoyo unánime que ha recibido de todos los colaboradores que de un modo u otro han prestado su eficaz y desinteresado

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- a) The organization of a "poster" contest with the slogan "Rise up and Walk," a suggestive Evangelical phrase.
- b) A fundraising campaign to be carried out during the first two weeks of next September.

In order to mount this campaign, the Fundraising Sub-Committee was created under the leadership of Juana del Carril de Eyzaguirre with the cooperation of Elena Torino de Lenhardtson, María Rosa Devoto de Green, Marta Herrán Witcomb de Mattaldi, María Rosa Fitte de Fitte, Elisa Lobos de Clusellas, Lucrecia Salas de Peña, María Magdalena de Saint Genis de Budd, Catalina Mac. Millan de Van Deurs, Carmen Sastre de Pueyrredón, Adela Girard de Berthet, Jovita García Mansilla de Bemberg and Maud d'Alkaine de Rodríguez Larreta.

Seventy-four "posters" have arrived, which will be shown at Gath & Chaves Ltda., in a room graciously offered at no cost for this purpose.

The Executive Committee has also taken on the problem of re-education and is currently planning a project aimed at training staff in the City of Buenos Aires and in the Interior of the country, thus contributing organically to the work of functional re-education of patients.

This project will consist of granting 10 scholarships to nurses from the provinces so that they can benefit from the specialized courses that will be given by Dr. Marcelo J. Fitte at the Children's Hospital.

With this same purpose, the Job Placement Service was also created, where patients are registered to be employed for different posts according to their physical conditions. The Association aims at providing them with suitable job opportunities, additionally supporting the work carried out by the association Friends of the Traveling School [*Amigos de la Escuela Ambulante*], which consists of providing education to disabled children in their homes.

The Executive Committee must also mention in this report the unanimous support received by all those collaborators who have in one way or another provided their effective and selfless...

Figure 2. Continued.

Source: Association for the Fight against Child Paralysis (8).

concurso para lograr la constitución, organización y funcionamiento de la Asociación, debiendo mencionar: las facilidades que fueron otorgadas por la Dirección de Salud Pública y por el Registro Nacional de Asistencia Social; el apoyo de la prensa de todo el país, por el generoso espacio que dedicara a nuestra Asociación; la Sociedad de Beneficencia de la Capital, por los cursos de especialización para enfermeras, en su Servicio de Parálisis Infantil del Hospital de Niños; el señor Max Von Buch, por su proyecto de organizar una Exposición de Arte Gótico y Renacimiento a fin de año.

Debe asimismo esta Comisión Directiva destacar con gratitud el decidido apoyo que prestaron el señor Juan Bernardo Sullivan y Señora desde el momento mismo de gestarse la idea de la creación de esta entidad. Facilitaron gentilmente su residencia en la Av. Alvear 3762 donde se sentaron las bases de la entidad y tuvo lugar la primera reunión de los Socios Fundadores; y costean, además, el alquiler actual de la sede.

La Comisión Directiva, confía en que dado el resultado del primer llamado para formar esta Asociación, inspirada en propósitos de bien común, y la franca acogida que ha recibido de núcleos calificados de personas, de las autoridades oficiales y del público en general, podrá afianzarse en lo futuro, para cumplir dentro de sus limitados medios humanos, pero con verdadero fervor, la inspiración de la frase evangélica: "Levántate y Anda".

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...cooperation in order to achieve the creation, organization and functioning of the Association. It is necessary to mention the help provided by the Office of Public Health and the National Registry for Social Assistance; the support given by the press throughout the country and the generous coverage that our Association has received; the Charity Society of the City of Buenos Aires for the specialized courses given to nurses in the Service for Child Paralysis at the Children's Hospital; and Max Von Buch, for his project to mount an exhibition of Gothic and Renaissance Art at the end of this year.

This Executive Committee would also like to express its gratitude for the committed support given by Juan Bernard Sullivan and his wife from the moment the idea to create this organization arose. They graciously provided their residence at Alvear 3762, where the foundations of the Association were laid and the first meeting of the founding members was held, and they also currently finance the rental of the Association's headquarters.

The Executive Committee strongly believes that this Association will only grow stronger in the future, given the results of this first call to create such an organization inspired in the purpose of the common good and the frank acceptance that this Association has received from qualified groups of people, official authorities and the society as a whole. In its strengthening, it will seek to fulfill, within its limited human means but with true fervor, the inspiration contained in the Evangelical phrase: "Rise up and walk."

Figure 2. Continued.

Source: Association for the Fight against Child Paralysis (8).

addition, she actively worked in promoting the coordination of private works, which were self-defined as neutral and confessional. In 1952 she took part in the United Nations, fulfilling roles in Latin American countries, and in 1955 she was appointed Director of Comprehensive Care in the Ministry of Social Assistance and Public Health by the de facto government (13-15).

When she came into contact with ALPI, Ezcurra had previously traveled to the United States with other Catholic leaders from Latin America, where she visited the dress workers unions of Chicago and New York as well as the labor courts and the salary committees. She was also director of the School of Social Service of the Instituto de Cultura Religiosa Superior, founded by the cardinal Luis Copello, where she gave classes on Catholic Social Doctrine. She was head of the Argentine chapter of the International Catholic Union for Social Service, one of the most significant organizations representative of conservative Catholicism. Undoubtedly, Marta Ezcurra had succeeded in achieving an important position in the field of social Catholicism due to her active involvement in multiple arenas.

We should recall, as Omar Acha describes, that starting in the 1930s, not only were upper-class Catholic women involved in these activities, but also other groups of women that included the middle class among its members, and different strategies were applied based in a worldview protective of the ideals of the Catholic family (16 p.199). Additionally, the fragmentary characteristics of the centralization process of health care policies starting in the 1940s allowed for the existence of other types of civil organizations, lay or religious, which responded to different health and social situations (17). Among them, ALPI, far from interested in seeing the State take over its activities, developed activities that were concurrent with and complementary to the State's health policies, especially regarding vaccination. This kind of shared management on the one hand favored the expansion and strengthening of ALPI, giving the Association autonomy and prestige in its areas of influence, and on the other hand, lightened the State's burden in dealing with the outbreaks and the treatment of patients affecting by the disease (18).

Therefore, within this context, it can be regarded as a feature *natural* during that time that

the women making up ALPI – which served as an example of the female Catholic figure *par excellence* and was traditionally represented by women in good economic position – entrusted the guidance and counsel given in the first steps of the organization to an outstanding example of female thought in social Catholicism and called for the involvement of middle-class women in the activities of the Association.

Ezcurra had dealt with such topics as social-economic issues, Catholic ministry, the family, the State, justice, charity, the Church, and social action, using language directed at the comprehension of the general public. Her teaching and advice reflected the context of crisis of liberal legitimacy and were in compliance with the discourse of ecclesiastical authorities, whose aim was to impose a particular vision of the world in all aspects of life, both public and private. Marta Ezcurra's professional trajectory as well as her political and social positions gave testament to such ideas and would explain her presumed and potential interest in supporting ALPI's creation as a possibility for expanding her influence in civil society, within a framework that allowed for different methods and strategies in managing social assistance.

Marcelo Fitte and the role of women in "flexible and social medicine" (c)

The role played by orthopedic surgeon Marcelo Fitte had an impact not only on the history of the first years of the Association but also on the ideas that took precedence at that time regarding the treatment for poliomyelitis. Fitte found in ALPI the conditions for developing his therapy, a context more favorable than perhaps he found in the Children's Hospital where he was also the director of the Poliomyelitis Ward. Recognized as a mentor to and founder of ALPI, Dr. Marcelo Fitte had a formed opinion about the role of women as mediators between the world of the patients and the medical world through home visits and re-education. He understood re-education to be the transmission and supervision on the part of the re-educators of certain specific care that patients would need to receive during the different stages of their treatments, as well as the gathering of information regarding the needs of patients' families

that could be an obstacle to the therapy. In 1938, in his idea of creating a poliomyelitis service, he recognized the importance of women's physical and spiritual qualities for the success of a modern health care project similar to others in the world:

In the current state of things, it is sometimes extraordinary what an agreeable physical appearance and good manners can produce. It is perhaps due to this fact that women have proven to have better qualities than men, and this role of reeducating is, almost everywhere in the world, placed in women's hands. (19 p.140) [Own translation]

In 1929, the Charity Society designated Fitte as doctor in the Surgery Service of the Children's Hospital. In 1939 he created the Child Paralysis Service (Tamini pavilion) of the hospital. The previous year he had been appointed Associate Professor of the Orthopedics Chair at the Faculty of Medical Sciences at the Universidad de Buenos Aires, where he had begun his work as Assistant Professor in 1924 (20).

Despite his professional and academic background, the ideas concerning early orthopedic treatment that Fitte was trying to apply in the Tamini pavilion of the Children's Hospital were not shared by some of his colleagues, who preferred the application of electrostimulation techniques and physical therapy once the patient had passed the acute and sub-acute stage of the disease, rather than the early interventions that Fitte was proposing.

By 1942, Fitte had brought teachers into the hospitals in order to give classes to in-patient children with crippling residual effects who remained hospitalized for years (19).

Fitte considered that early orthopedic treatment was the most effective and appropriate resource to treat the disease and that the indisputable role of leadership was centered on the orthopedic surgeon. This treatment was based on the early intervention of the orthopedist starting in the acute phase, utilizing orthopedic devices, corrective surgeries, muscle re-education, massages (on-table or in water), the constant vigilance of appropriate body posture, and the monitoring of the evolution of the patient, which would be performed in the patient's home. He proposed special

techniques of manipulation and correction of the affected bodies in order to avoid and prevent deformities (19,21,22).

Fitte highlighted the necessity of creating truly flexible hospital services, capable of responding to epidemics of differing magnitude. This flexibility corresponded to the possibility of rapidly increasing the number of hospital beds and of monitoring patients in their own homes, a task to be performed by the home visitors.

... help [will be] provided by the home visitors, who will ensure that the patients are kept in the appropriate positions and that their treatment devices continue to function as they are meant to function, as well as determine whether for any reason it is necessary for the patient to seek medical assistance at the hospital [...] thus creating a true external service, which will monitor the child as if he or she were hospitalized, without incurring the costs of hospitalization. (21 p.2347) [Own translation]

Medicine should have social relevance, therefore we must remember that curing or improving the conditions of these patients is not enough: our action must go further. This work for the social good is not performed in our country with due seriousness, which is why we highlight this existing deficiency here. (22 p.92) [Own translation]

It can be seen in his words that *flexibility* was not the only desired feature to be materialized through home visits; the *social* scope of medicine, which went beyond curing or improving the patients' conditions, was another feature resting in the women who traversed homes and hospitals as mediators between patients and the health institution they represented. Indeed, Fitte was not only proposing a medical treatment but also a social and healthcare organization that could support such treatment. It is in that respect that his association with the women at ALPI gained significance.

Five years after Fitte would have applied his project at the Children's Hospital, ALPI began to carry out activities in accordance with the medical guidelines established by this orthopedic surgeon. On this occasion it was therefore the group

of women making up the Sub-Committee of Social Assistance, based on a certain self-perception that defined them as those most indicated for ensuring moral and educational actions in the private sphere of the home, who carried out the home visits.

Although the adoption of home re-education as an institutionalized practice involved its gradual recognition as a health practice that required a command of knowledge and precise practices for handling and monitoring the patients' bodies – which in turn justified its gradual professionalization – this did not mean that the moral and educational terms with which it had been established would be abandoned.

Such moral concepts were based in an idea of the disabled child as an object of charity and assistance: a child belonging to low-income families would be under greater observation, studied and rehabilitated whenever possible.

Indeed, the practice of home re-education played a key role in Fitte and ALPI's health project: not only should it be effective as a health and educational intervention that guaranteed compliance with medical instructions, but also its moral bias would perhaps be strengthened by legitimizing through practice a health care model that placed part of the weight of deficiencies within the confines of the family unit and of individual responsibility.

Rise up and walk! Towards a rehabilitation model?

The suggestive Evangelical phrase was included in ALPI's first report to refer to the challenge of strengthening itself in the future in order to "fulfill, within its limited human means but with true fervor, the inspiration" that such an expression suggests (8 p.8). This expression was also the slogan of a poster contest held in 1943, from which the emblem of the Association emerged, selected from 74 pieces of work that were exhibited at Gath and Chaves Ltda. in a room offered for that purpose.

From a Catholic point of view, the maternal role accepts and justifies all sacrifice and offers total dedication. It is therefore this idea of mother, capable of bearing all misfortune, and through her society as a whole, to whom the phrase "Rise up and walk!" is directed. There is no one better than

another mother to encourage and help overcome the paralysis and helplessness provoked not only by the virus but also by the fear of transmission.

The moral content of these actions highlighted the individual qualities and will of the patient which, combined with the responsibility and the dedication shown by the family in each case, would bear its fruits in the positive results obtained in the rehabilitation process.

The ALPI awards for effort and persistence are an example of such moral content. The recognized values were, consequently, the efforts made to individually overcome difficulty, the social prospects achieved by this effort and the solidary contributions made to the community. The awards were given in moving ceremonies, in which those chosen received public recognition for their efforts and expressed their gratitude, highlighting the abnegation and womanly dedication of the ALPI representatives.

Those selected were considered to be completely recovered from their disease and useful to society, having obtained tertiary or university degrees or showing remarkable talent in sports or in the arts. They were people who proved through their personal trajectories – and in accordance with the values of that period – the possible efficacy and reach of rehabilitation (d).

The feminine condition and maternity, in addition to the power naturally assigned to women for control over children and the sick, formed the base that authorized these women to assume such responsibilities. Its class perspective, the gendered nature of the functions it adopted and its personal and family connections were part of the symbolic and material resources the institution employed in the carrying out of its activities. This can be illustrated by the countless social and cultural events organized in order to raise funds but that, at the same time, widened the Association's social circles, class proximity, and expected social recognition. The ladies' gatherings for tea and card games, the sophisticated ethnic lunches, the cocktails, the elegant fashion shows and the art auctions were carried out in individual homes or at selective establishments in the city of Buenos Aires. This display of wealth, luxury and social distinction was legitimized by values based in Christian charity and the common good.

In the search for the human resources necessary to carry out their fight against polio, they recruited other women from the middle and lower social classes that participated as volunteers, fulfilling different roles as caregivers and direct assistance providers (24-26) (e).

The administration of the Association and its course of action were in the hands of the Executive Committee, composed exclusively of female members. The different areas of involvement offered to other women meant establishing a two-fold connection. Firstly, it meant a connection to the committee members themselves as representatives of the ruling class. Secondly, it meant a connection to medicine as a professional discipline with a high degree of autonomy and knowledge recognized as scientific and legitimate, which would improve the natural female ability to provide care through training in rehabilitation techniques (massages, movements, fomentations) (f). The gradual professionalization of these healthcare functions – as also occurred in the case of social workers and nurses – allowed women to enter the world of work and education based on their natural and subordinated feminine condition (26 p.120).

It is worth mentioning that some of the women who got involved in the first executive committees of ALPI and were trained in specific techniques to treat the effects of poliomyelitis (massages, fomentations, movements and muscle re-education) were the wives and daughters of physicians who had specialized in the treatment of the disease. Although they held positions of importance organized around those activities, their role continued to be a subordinated one determined by the value given to those activities, which were regarded as activities of inferior professional and academic rank. The decision to take on a certain occupation in order to accompany the professional career of one's husband or father showed the values of that time, which placed women in a secondary role with respect to men (24 p.34). Moreover, these first training courses established a demand and set the precedent for the future creation of training centers for certain professions regarded as contributors to medicine.

FINAL WORDS

ALPI recognized that the ideas regarding the organization and treatment suggested by the orthopedist Fitte and his followers were a necessary source of scientific and technical legitimacy, which the association could not guarantee on its own. In turn, the group of physicians found in ALPI the possibility to get involved in the private sector in order to strengthen and develop a treatment approach that was being reproduced in a parallel and supplementary way in the public sector. At the same time, orthopedics as a medical specialty was involved in a dispute of sorts for hegemony in the field of disabling diseases.

Throughout its history, ALPI gained scientific legitimacy within the field of physical disabilities and demonstrated sufficient capacity to mobilize resources not only in the city of Buenos Aires and Greater Buenos Aires, but also in other large cities of the country, such as Tucumán, Córdoba, Santa Fe, Jujuy and localities in the province of Buenos Aires. This association offered institutional viability in order to apply novel and varied techniques coming from abroad and was a precursor to the emergence of new professions and specializations. Thus, courses of studies in occupational therapy and physical therapy and technical degrees in orthopedics and prostheses were created.

In this way, ALPI primarily contributed to relieving inherent tensions generated by the social problem of childhood paralysis, providing tools whose efficacy had already been proved. These tools were also then taken into account in the subsequent implementation of public policies from 1956 onward (27).

Consequently, the activities carried out by ALPI offer an indication of how ideas based in philanthropy and those based in medical science, ideas based in Catholic charity and those based in secular solidarity, were translated into practice. In this ambiguous connection, scientific conceptions and notions of charity and philanthropy were also mixed with certain ideas related to the recognition of the rights of disabled people (especially those related to education and work) on the part of official authorities (28-30). Thus, as Perelmiter argues in relation to social workers, this case is an example of a "process of syncretism among spheres of

value" combining science, religion and the State (15 p.43). It is a social-medical alliance based in a convergence of different rationalities providing different conceptions within a context of uncertainty and with particular ways of working, which required new and immediate answers to face the problems of disabled children.

ALPI's strategies of social and medical assistance implied, at least in the first stage analyzed in this article, the tasks of assisting, protecting and integrating socially the children who were affected by the residual effects of poliomyelitis. The Association created characteristics that were particular and distinctive, such as: its institutional presence,

achieved within society through fundraising campaigns carried out with collection boxes and elegant events; the ALPI awards; and the capacity to spread its influence to the provinces of the country and to take part in varied scientific and social arenas in other countries. Some of these features offered new conceptions of ways to carry out philanthropy that, through a social-medical alliance and campaigns carried out in joint management with the State, mapped out methods that set precedents and established viability for the subsequent rehabilitation model which would be put in practice in Argentina starting from the 1960s.

ENDNOTES

a. This expression was taken from the speech given by Dr. Félix Liceaga (5) in defense of a bill to create a children's hospital for infectious diseases and a Heine-Medin institute in the City of Buenos Aires, submitted before Argentina's Chamber of Deputies on August 21, 1946.

b. La Forestal was an Argentine company of English origin founded in Argentina in 1872 after a loan given by the Murrieta Company of London. It exploited 1,500,000 hectares of quebracho trees in the province of Chaco in order to export tannins, posts and sleepers for the railway. The company left Argentina in 1966 due to the fall of international wood and tannin prices. Its presence in the region over almost 90 years left disastrous economic, ecological and social consequences. The company exhausted the forest resources, but gained a distinguished place in Argentina's history of exploitation, repression, death and corruption. See Virasoro (12).

c. This was Marcelo Fitte's characterization of how services treating poliomyelitis should be (20).

d. ALPI still maintains these awards through the Concurso Bienal Nacional de ALPI, a national competition held every two years. The candidates are nominated by organizations or individuals aware of the personal and social merits of each candidate.

e. The idea of amplifying the social bases of the charity system belongs to Eduardo Ciafardo (25).

f. The fomentations consisted of applying hot cloths on the paralyzed limbs of the body. For this purpose, special cloths were heated up with hot water and then wringed through a device with rollers. Fomentations were indicated in the acute stage of the disease and were complemented by the passive movement of the affected limbs. Their purpose was to reduce spasticity and the consequent joint and muscle deformation.

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