

Latin America in the global exchange of the German Hygiene Museum in Dresden (1919-1930)

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Abstract

In 1912, Karl Lingner created the German Hygiene Museum Dresden profiting from the Dresden International Hygiene Exhibition 1911. Lingner aimed to build a permanent building for the museum, but due to the Great War and post-war economic crisis in Germany, the permanent building was not opened until 1930. In the Weimar Republic, the museum circulated internationally through traveling exhibitions and the sale and donation of collections and exhibits. This circulation comprised a global exchange promoting health education that included Latin America. In keeping with German foreign cultural policy of the period, the German Hygiene Museum played an active role in the transatlantic cultural relations and the German-Latin American exchange, functioning as "a cultural propaganda institute". In this article, we explore the transnational circulation of objects and collections between Dresden and Latin America which was also associated with international efforts to promote public health.

Keywords: Public Health; Health Education; Cultural Propaganda; German-Latin American Relations; Transnational and Global History.

A América Latina no intercâmbio global do Museu Alemão de Higiene em Dresden (1919-1930)

Resumo

Em 1912, Karl Lingner criou o Museu Alemão de Higiene de Dresden com o lucro da Exposição Internacional de Higiene de Dresden de 1911. Lingner pretendia construir um edifício permanente para o museu, mas, devido à Grande Guerra e a crise econômica na Alemanha do pós-guerra, o edifício permanente só foi inaugurado em 1930. Na República de Weimar, o museu circulou internacionalmente por meio de exposições itinerantes e da venda e doação de coleções e exposições. Essa circulação compreendeu um intercâmbio global de promoção da educação em saúde que incluiu a América Latina. Em consonância com a política cultural externa da Alemanha do período, o Museu de Alemão de Higiene desempenhou um papel ativo nas relações culturais transatlânticas e no intercâmbio germano-latino-americano, funcionando como "um instituto de propaganda cultural". Neste artigo, a circulação transnacional de objetos e coleções entre Dresden e a América Latina também foi associada aos esforços internacionais de promoção da saúde pública.

Palavras-chave: Saúde Pública; Educação Sanitária; Propaganda Cultural; Relações Germano-Latino-Americanas; História Global e Transnacional.

Introduction

This article studies the global exchange of the German Hygiene Museum in Dresden (Deutsches Hygiene-Museum Dresden, hereafter DHMD) through the relations between Germany and Latin America in the field of public health during the first half of the 20th century. Since the late 19th century, hygienist movements focused on Health education (*Gesundheitsaufklärung*) and organized hygiene exhibitions that were not only places of pedagogy (Büchi, 2011; Stelller, 2015). Behind the discourse of displaying progress and neutral universal science, hygiene exhibitions and museums can be seen as spaces of political and cultural propaganda, where a *Weltanschauung* was displayed: utopias, racism, eugenics, values of social class, aesthetic ideals and conceptions of sex, gender, and on the human body itself (Hau, 2003). Knowledge and values contained in circulating museum objects cannot be understood by the simple logic of copying or consuming. They provoke debate and, as in the process of intellectual transfer, touch on specific needs and cultural particularities, as well as translations, mediations, and adaptive efforts (Charle, 2004, p. 197).

The hygienic culture displayed in museums and hygiene exhibitions thus reflected a biopolitical agenda that went beyond national borders and took on new dimensions after the First World War. And because of the Great War, transatlantic relations were altered (Compagnon, 2014; Rinke 2017). On the Latin American side of the Atlantic, new ideas of solidarity, modernism, and nationalism animated intellectuals in the search for the affirmation of local identities and the international importance of their countries. Public health, hygienic education, eugenics, and scientific racism were part of the intense debates on the socioeconomic backwardness, epidemics, tropical climate and local miscegenated populations (Stepan, 2005).

On the German side, the war stimulated a reorganization of diplomacy and impacted upon DHMD's development. Therefore, we also seek to understand the cooperation of the DHMD with the German Ministry of Foreign Affairs and thus with German-Latin American relations during the Weimar Republic (1918-1933). Our hypothesis is that the effects of World War I compelled the worldwide intersection of DHMD and its transatlantic exchange. In this context, German

scientists contributed to the country's foreign cultural policy (*auswärtige Kulturpolitik*) (Rinke, 1996; Wulf, 1994) and DHMD developed global networks that included the exchange of knowledge and exhibitions, objects, and collections to Latin American countries. This connection has not been sufficiently addressed in historiography so far.

In this article, we aim to delve deeper into some of these issues, contributing to the vast historiography of DHMD (Eisoldt, 2019; Canadelli, 2016; Steller, 2014; Nikolow, 2015; Stein, 2013; Schulte, 2001; Vogel, 2003) in particular, to transnational historical museum studies. According to Meyer and Savoy (2013), the history of museums often focuses on national contexts and the role of these institutions for the concept of the nation and nationalism. So, they are often presented as "observations on the museum culture of individual countries" that "will follow directly from each other without any connection". Meyer and Savoy (2013, p. 03-06) state some recent studies seek to fill such gaps by adopting "a transnational perspective in museum history research". However, "such a perspective has so far been more characteristic of studies conducted on contemporary art and the current art scene."

Miriam Sepúlveda dos Santos (2004) also identified numerous Latin American studies that relate museums and the formation of national identities, including cases in which museological institutions are aimed at the broad public and have the potential "to order, civilize, and discipline large sectors of the population." Santos also cites the case of the more academic and encyclopedic museums. In Latin America, museums in Spanish-speaking countries were associated with efforts of "radical rupture with the old metropolis" and "national narratives constituted from power regimes that unequally intertwined former metropolises and their colonies". Furthermore, "in countries with pre-Columbian archaeological heritage", archaeological museums were the most important. In Brazil, the Imperial State (1822-1889) "did not seek a radical break with Portugal" – which would explain the late entry of nationalism into the country's museological institutions. The ten Brazilian museums of the nineteenth century followed a strategy towards "classificatory practices of elements found in nature" and towards "natural history" (Santos, 2004, p. 55-56).

In the history of scientific relations between Europe and Latin America in the twentieth century, research and analysis on museums have focused on Latin American institutions with a more academic character, such as museums of archaeology, anthropology, ethnology, and natural history. In such cases, there was an intensive transatlantic exchange and constant circulation of knowledge and intellectuals. In Brazil, this historiography includes, for example, the cases of Edgard Roquette-Pinto (1884-1954) and the *Museu Nacional*, Emílio Goeldi (1859-1917) and the *Museu Paraense*, as well as Hermann von Ihering (1850-1930) and the *Museu Paulista* (Souza, 2017; Sanjad, 2009; Lopes e Figuerôa, 2003). In Argentina, it is essential to mention the case of the Museum of La Plata, directed by the German anthropologist Robert Lehman-Nitsche (1872-1938) – who was one of the delegates of the Ibero-American Institute of Hamburg in South America (Ballesterro and Sardi, 2016).¹ Another similar case is that of the German archaeologist Max Uhle (1856-1944), who was in Chile, Peru, Bolivia, and Ecuador, working in the natural history museums of these countries (Kutscher, 1975). Through the first half of the 20th century, many German biologists and anthropologists made scientific expeditions in South America and collected scientific objects.

In the case of hygiene and health museums, the history of transnational relations is usually more diffuse. Some hypotheses may help us explain why. Unlike the case of the German Museum of Hygiene in Dresden, Latin American counterparts were small museums and many of them were not long-lived. Secondly, hygiene museums were often housed in biomedical institutions and medical faculties, and they did not necessarily aim at the wide public. Thirdly, unlike the Dresden case, many hygiene exhibitions had a temporary character without forming a museum afterward.² Except for Almeida's (2004 and 2006) research on the Latin American Medical Congresses and hygiene exhibitions, the historiography used to focus on national contexts. This is the case with some important studies on sanitary education like Oliva (2006), Souza (2012), Cejudo (2016) and Santos (2016).³

¹ Letter from Bernhard Schädcl to Robert Lehman-Nitsche, Hamburg 31/03/1916. Archiv of the Ibero-American Institute, N-0070 b 1086 (Nachlass Lehmann-Nitsche).

² On the distinction between museums, exhibitions and collections see Heesen (2018).

³ In a recent book edited by Ecar, Batista and Mota (2022), there are studies in transnational perspective.

In dialogue with transnational and global history, this article aims to contribute to new theoretical tendencies of museum historiography, analysing the DHMD's exchanges with Latin America after World War I until the Second International Hygiene Exhibition in Dresden (1930).⁴ Transnational and global history investigates the circulation, cultural exchange, cooperation networks, multiple interactions, and the transit of people, objects, and ideas, reconnecting to the worldwide spaces previously excluded by traditional history (Clavin, 2005; Budde, Conrad and Janz, 2010; Conrad, 2016; Osterhammel and Petersson, 2019, 20-31). Although there are differences among them, they "share the objective of transcending containers of thinking" and "both seek to go beyond what is essentially internalist analysis", studying the phenomenon of crossing national borders and reframing the national, spaces and times (Conrad, 2016, p. 44-45). Osterhammel and Petersson (2019) also stressed that global and globalization history followed the impulse of postcolonial studies and its critique of Eurocentrism. This approach is crucial for our objective to reconnect Latin American science and health museums to the global networks of the DHMD.

In the history of science, traditional approaches with a positivist nature and the thesis of the centrality of the European West to the birth of modern science birth were common. This historiography includes the universalism of science, the concept of science as truth/rationality, evolution and progress, and the spread of European civilization. In turn, the recent history of science makes a radical critique of diffusionism and Eurocentrism, questioning the role of science in the imperial/colonial relations. Through the global turn of the history of science, historians focus on the local knowledge production, its specificities and contingencies, and the conditions of science circulation through national, regional, and global networks, understanding knowledge in transit as a form of communication. Moreover, these approaches underscore the agency to all actors, without leaving aside asymmetries and relations of power, resistance, negotiation, and the reconfiguration of knowledge (Raj, 2015; Fa-ti Fan, 2012, Secord, 2004).

⁴ The exchange with Latin America continued even after the Weimar Republic. See for example Braghini (2018).

The new approaches of exhibitions and museums history can be easily linked to transnational and global analysis. The current literature emphasizes that museum objects carry a material culture and forms of cultural diversity (Pearce, 1993; Heesen, 2018). The collector gives value to an object by selecting it. Moreover, museum's objects can be also created. These different stages have a history: that of the collector, of the act of collection/creation, of circulation, exchange, and sale, as well as of the transit to the exhibition or museum (Pearce, 1993; Alberti, 2005). The curator and the event /institution team interpret the object, sort, and reorganize in the exhibition (the second selection process), before the display and interaction with the public can set in. Finally, this article understands the History of DHMD's global exchange as a chapter of the global efforts to integrate actions in the field of Public Health. Therefore, we associated it with the history of global health (Cueto, 2015). As Rosen (1994, p. 306) highlighted, the DHMD was the most successful case and had, directly or indirectly, a worldwide impact.

1. Hygiene discourses and Public Health in Europe and Latin America

The word hygiene has Greek origin, *hygeinos* (healthy) and *hygeia* (Greek goddess of health), the meaning of cleanliness emerged in the passage from the 18th to 19th century. In Antiquity, hygiene meant diet, sobriety, and self-care, and during the Modern Era, the concept referred to temperance, cultivation of morality, and extension of life in the. In both cases, hygiene's concept meant individual hygiene (Mantovani and Marques, 2018). Joel Birman (2007) emphasizes how human beings changed their relationship with death; medieval and modern Christians sought salvation in the afterlife while contemporary men aspire to the cure in their lifetime relying on modern medicine.

Under capitalism, the population became a relevant variable to the modern economy (Foucault, 2008). Politics, demography, and statistics played an essential role in managing bodies and their productive potential. It was necessary to control the health of the subjects and solve the problem of population decline. Therefore, governments were concerned with maintaining birth and morbidity rates, promoting the idea that social happiness would be achieved through

education and health. In this context of capitalism and Nation-State birth, hygiene became an instrument of the governments. In the history of hygiene movements, the French case was a pioneer. First, the actions of public hygiene focused on urban reforms with the goals of cleanliness and sanitation, combating slaughterhouses, miasmas, and fetid fumes (Mantovani and Marques, 2018), which Alain Corbin (1987) called "olfactory revolution": control of excreta and garbage, improvement in sewage's system, and use of deodorants. The concern with dirt became a personal and collective task.

About the birth of social medicine and public hygiene, Michel Foucault highlighted a process of medicalization of hospitals (to become healing machines), of medical practices (they were also the target of sanitation), of urban reforms, and control of population as a workforce (Foucault, 2006). A milestone in this history is the emergence of the microscope and the bacteriological revolution with the postulates of Louis Pasteur (1822-1895) and Robert Koch (1843-1910). In other words, the fight against microbes made social hygiene focus on preventive medicine. Thus, hygiene came to mean cleanliness and prevention (Cueto and Palmer, 2016, p. 80).

In Latin America as elsewhere, hygiene movements combined social Darwinism, evolutionism, and positivism. A series of archetypes and moralizing ideas were propagated about the healthy body, lifestyle, poverty, popular habits, and the racial issue (Cueto and Palmer, 2016, p. 80-81). As in Europe, hygiene movements boosted urban reforms and the constitution of sanitary codes. In addition to controlling epidemics, there was a concern with prostitution, venereal diseases, neonatal and maternity guidelines, and the establishment of bacteriology laboratories. Many Latin American physicians sought training in Europe, especially in France and Germany. In other cases, Latin American governments hired foreign physicians, such as the Austrian Rudolf Kraus (1861-1945), who worked in Argentina, Brazil, and Chile, and the Italian scientist Giuseppe Sanarelli (1865-1940) hired by Uruguay. Both carried out their training at the Pasteur Institute⁵ (Cueto e Palmer, 2016).

⁵ About the Pasteur Institute, see Moulin (1995).

In the history of public health, physicians and scientists had intense debates about the causes of illness and their transmission process. Even after discovering microbes, divergences remained in many areas of medical science. In the 19th century, humoral theory, miasmas, contagionism, and anticontagionism were in the vanguard of the medical field. The official medicine also needed to compete with popular healing practices of African and indigenous origins such as the use of medicinal plants through a magical-religion interpretation of illness⁶, alternative medicine (movements of life reform; homeopathy; natural healings; nudist movements), and quackery on both sides of the Atlantic. This history refers to the institutionalization of medicine and the constitution of public health departments in the 19th and 20th centuries (Rosen, 1994; Hau, 2003; Almeida, 2006; Cueto and Palmer, 2016). After the dissemination of Louis Pasteur's and Robert Koch's postulates and the elucidation of the vectors' role in the transmission process of diseases,⁷ the struggle against the germs for health promotion included health education for health professionals and the broader public and the development of international cooperation. Hygiene became a synthesis of public health.

Since the second pandemic of cholera (1827), different governments needed to discuss sanitary norms to regulate international maritime commerce and protect the economic health of cities and countries (Cueto, 2015). Throughout the 19th century, International Sanitary Conferences aimed to establish the quarantine rules and consensus about the sanitary control for the regular international commerce and the prevention of epidemics in the context of the mundialization of industrial capitalism (Harrison, 2006). The same discussion took place at the Pan American and Latin American Medical Congresses. The number of medical associations grew globally and in Latin America in the late 19th century and early 20th century. The international scientific congresses became places to interchange ideas and improve individual careers (Almeida, 2006). In this new era, the circulation of people and goods and the dissemination of diseases increased.

⁶ About Latin American case, Cueto and Palmer (2016) stressed the syncretic practices (including the incorporation of medical approaches) and fusion between African, Catholic, and even spiritualism conception. See for example, *candomblé* in Brazil and *santería* in Cuba.

⁷ Cunningham (1992) stressed the microscopy revolution did not change automatically the medical theory and practices. Many physicians remained for a while not convinced about the bacteriological findings.

If imperialism contributed to the spread of germs, tropical medicine tried to elucidate illnesses of tropical climates and discover vectors, contributing to the colonial domination (Worboys, 1997).

Like yellow fever, some diseases were endemic in Latin America. Cuban history is a crucial example. Since 1898 the United States dominated this Caribbean island and invested in a campaign against yellow fever. The Cuban physician Carlos Finlay (1833–1915) defended the hypothesis of a mosquito as a vector, and the medical researchers of the US-army, Walter Reed (1851–1902) and William Gorgas (1854–1920), responsible for confirming it and developing actions to larvae and adult mosquito control. The Cuban model was replied worldwide, e.g. by Oswaldo Cruz (1872–1917) in Brazil during the sanitary and urban reform of Rio de Janeiro (1903–1906) (Cueto and Palmer, 2016).

All these efforts were part of the history of international health (today called global health) and the internationalism of science (Cueto, 2015). On the one hand, we can identify many initiatives of cooperation, such as the creation of international and supranational institutions in the field of health since the 20th century, the International Office of Public Hygiene (1907–1946), the League of Nations Health Organization (LNHO) created in 1920, and the Pan American Health Organization, created in 1902 as Pan American Sanitary Bureau (Pasb) (Weindling, 1995; Cueto, 2015). On the other hand, the history of public health was an example of nationalism in science. Imperial domination and soft power can also be found in the history of institutions as the Rockefeller Foundation.

The Rockefeller Foundation, created in the USA in the 1910s, financed several scientific institutions worldwide and had agents in several countries, particularly Latin America (Cueto, 1996).⁸ Its model was distinct from the Pasteur Institute and its branches. The Rockefeller Foundation acted strongly in the campaigns to eradicate hookworm, yellow fever, and malaria, with a health project similar to British medical imperialism, fighting against pathogens without altering the social conditions of local populations. In addition, funding was limited,

⁸ The Rockefeller Foundation was in Brazil, Colombia, Paraguay, Guyanas, Panama, Caribbean, El Salvador, Costa Rica, and Nicaragua (Cueto, 1996; Palmer, 2004). One of Rockefeller agents, Fred L. Soper (1893–1977) worked for a long time in Latin America (Cueto, 2015). See also Magalhães (2016).

and governments also brought in their funds. Conflicts in Latin America with Rockefeller employees were frequently difficult to solve. Finally, Rockefeller's sanitary campaigns had an authoritarian nature, without dialogue and sustainable investment in programs to educate the local population (Cueto, 1996 and 2015; Palmer, 2004; Cueto and Palmer, 2016).

According to Rosen (1994), health education in Europe was not standardized as in the United States, where health educators were in public health departments across the country. They worked in schools (promoting health and nutrition), organized courses and lectures with the community, distributed leaflets, showed films, and published advertising materials in order to raise awareness about hygiene practices and health care. At the beginning of the 20th century, some North American universities offered graduate courses in health education (Rosen, 1994, p. 300-304). In Europe, except for the Soviet Union, there was no equal engagement of official health agencies.

In Germany, health education was present in the 1908 German Union for Public Hygiene (*Deutscher Verein für Volkshygiene*), in the State Commissions for the People's Hygienic Instruction (*Landesausschüsse für hygienische Volksbelehrung*) of 1919, gathered in the Reich Committee of 1920. The institution's first seat was Dresden before being transferred to Berlin. But, in practice, health education depended on private and voluntary organizations. In France, health education was recognized by the country's authorities. Nevertheless, it was also the private organizations that invested the most in it. There were very few full-time health educators. Among the institutions in the country, one can highlight the *Office National d'Hygiène Sociale* (1924-1935) and the *Centre National d'Éducation Sanitaire, Démographique et Sociale*, Ministry of Health agency. Among the voluntary organizations, there was the *Comité National d'Éducation Sanitaire Populaire*. In England, health education was organized by the Central Council for Health Education, founded in 1927, without legal powers. It provided guidance and training for sanitarians, and it published the *Journal of Public Health Education*. However, the results were more uncoordinated in Europe, where health museums had large posters and constitutions. For Rosen, the DHMD was the best example of this kind of Museum (Rosen, 1994, p. 305-307).

This museum was founded in 1912, after Dresden's International Hygiene Exhibition (*Internationale Hygiene-Ausstellung*, hereafter IHA) in 1911. The businessman and philanthropist Karl August Lingner (1861-1916) was its creator and president (Büchi, 2011; Vogel, 2003). According to Funke (2014, p. 13-15), Lingner founded the *Dresdner Chemisches Laboratorium Lingner* in October 1892. It was an office (*Werkstatt*) to sell chemical, cosmetic, and pharmaceutical products in partnership with the factory Heyden-Radebul. After learning about bacteriology, Lingner joined in a partnership with Prof. Dr. Richard Seifert (1861-1919) and invested in chemical preparations for hygienic purposes. From this partnership, the antiseptic Odol emerged in 1892, which gave Lingner fortune and international fame.⁹

After the release of Odol, Lingner became an activist in the hygiene movement in Germany, spurred on by Robert Koch's work in Berlin and the impacts of the Hamburg cholera epidemic of 1892.¹⁰ In 1903, Lingner participated in the German City Exhibition of Dresden (*Deutsche Städteausstellung Dresden*), organizing an exhibition called "Popular Diseases and Their Control" (*Volkkrankheiten und ihre Bekämpfung*). In 1903, he demonstrated his project of seeking to give visibility to popular diseases and the theory of germs. Brecht and Nikolow (2000) stressed that representing the invisible was no simple task; to materialize his efforts to popularize science, Lingner launched innovative actions at the exhibition of 1903: pedagogical and communication strategies, use of visual evidence (images and statistics from different countries), displaying preparations under microscopes (representation of bacteria). In short, Lingner saw himself as an enlightener who invested in health education, seeking to *embody* knowledge of museum objects. Such efforts are part of the utopias about health and body aesthetics of the period of Kaiser Wilhelm II, involving both orthodox and alternative medicine (Hau, 2003).¹¹

⁹ Odol has become a mass consumer product, sold not only in Europe. Before long, the widespread antibacterial effects were questioned. However, Lingner spared no effort to fight opinions and critics (Funke, 2014; Büchi, 2011).

¹⁰ Vogel (2003, p. 14) highlights that, around 1850, typhus claimed 200 to 300 Munich residents annually.

¹¹ Büchi (2011) relates Lingner's trajectory to the utopia of the end of disease. About the aesthetics behind this utopia, Brecht e Nikolow (2000) draw attention to a statue of Hercules struggling a hydra in the hall where microscopes were displayed at the 1903 Dresden exhibition.

Although hygienism was heterogeneous in theory and practice¹² and therefore marked by controversies and local specificities, there were elements such as public health education shared internationally. In the 20th century, hygiene education relied on new industrial materials and innovative techniques that produced museum artifacts full of visual and aesthetic effects, presenting a spectacle of technology and aesthetics to a lay public. Unlike other science museums, hygiene exhibits generally featured manufactured rather than collected objects (Canadelli, 2016).

2. Brief History of the health education at the DHMD

The DHMD developed unprecedented pedagogical resources, creating three-dimensional museum objects with modern design offering interaction with visitors. They produced visual and aesthetic effects that provoked ecstasy in public. The transparency and preparation methods created by anatomist Werner Spalteholz (1861-1940) give us one of the reasons why the German Museum of Hygiene became a global success, as noticed by the Brazilian newspaper *Correio da Manhã*:

"The Hygiene Museum has up to now been a **walking museum**. [...] The Dresden Museum has also made its working methods and technical discoveries known to foreign audiences, among which the most important and remarkable is undoubtedly the preparation process invented by Professor Spalteholz for making the tissues and bones of the human body transparent. The 'transparent man'¹³ prepared in the laboratories of the Museum of Hygiene toured triumphantly through the cities of Europe and was one of the main attractions of the Sanity, Social Hygiene and Physical Cultural Exhibition held a year ago in Düsseldorf". (SCHWARZ, 1928, p. 5)

The new techniques and materials used by DHMD, such as cellon (synthetic plastic), were fundamental to produce a model of the human body and

¹² This universe includes the so-called mental hygiene, a movement founded by Clifford W. Beers (1876-1943) in the United States, but which quickly became international through the creation of national mental hygiene leagues. For more information, see Thomson (1995).

¹³ The transparent man (*Gläserner Mensch* in German) was created by Franz Tschackert (1887-1958) and its origin is the collection transparent man (*Durchsichtige Mensch*) of Spalteholz. The source refers to the *Durchsichtige Mensch. About this collection see Nikolow (2015, p. 19) and Vogel (1999). The Spalteholz's methods were for the first time in 1913. Vertrag zwischen Dr. K. A. Lingner und Herrn Prof. Dr. med. Spalteholz. Dresden, den 10. Juli 1913. Leipzig Universitätsarchiv (UAL). UAL_PA_01617, p. 73-78.*

make the etiology of diseases understandable to a broad public (Canadelli, 2016; Nikolow, 2015). In the interwar period, the DHMD became a global museum, inspiring the creation of similar institutions across the Atlantic – such as the American Museum of Hygiene (Canadelli, 2016). Its collections circulated throughout the Americas from north to south.

The first step in Lingner's project was the exhibition of 1903, which produced the section "The Human Being" (in German, *Der Mensch*), the main attraction at the IHA in Dresden 1911, together with the "Historical Section" by Karl Sudhoff (1853-1938) (Vogel, 2003; Stein, 2013). At that exhibition, Brazil counted among the nations with their pavilions (Moraes, 2015). By the end of the event, more than five million visitors were at the show in Dresden, allowing Lingner to accumulate one million *Goldmark* as profit (Lienert, 2009). On 16 April 1912, the Dresden city council decided to support Lingner's project to build a permanent building for the museum. The land was acquired for 1,800,000 *Goldmark*. Disagreements with the Saxon Ministry of Finance and land-related issues delayed the start of construction. With the outbreak of the Great War, Lingner's death in 1916, and the devaluation of the institution's finances, the project to construct the museum building became unfeasible (Schulte, 2001, p. 73; Vogel, 2003). As a result, the DHMD continued to operate in a temporary structure after the war:

"At the end of 1923, the factory rooms rented in Dresden-Neustadt, Großenhainer Str. 9, for the accommodation of the studios, workshops, and storage of the stocks had to be returned. Thanks to the cooperation of the Saxon state, the museum was provided with rooms in the former veterinary college, Zirkusstr. 38/40, which also enabled the establishment of a lecture hall, a course room, and some collection rooms. Thanks also to the understanding help of Dresden's major industrialist, Consul General Dr. h.c. Kaufmann, who contributed the largest part of the moving and furnishing costs, the move and the new furnishings were possible." (SEIRING, 1925, p. 10)

With the end of European belligerency, world's fairs, and universal and thematic exhibitions (such as hygiene exhibitions) were again organized, achieving equal or even more success than previous events. According to Mark Mazower, the 1926 Ge-So-Lei exhibition in Düsseldorf alone attracted 7 million visitors (Mazower, 2001, p. 93; Hau, 2003, p. 135-139). Physicians and government

authorities on both sides of the Atlantic increasingly invested in hygiene education for adults and children, spurring the organization of hygiene exhibitions and museums in Europe and Latin America aimed at health professionals and the lay public.

Throughout the 1920s, the DHMD diversified its actions, organizing a series of publications called "Life and Health" (*Leben und Gesundheit*) and the periodical *Hygienischer Wegweiser*. The existence of the *Hygiene-Akademie* linked to the DHMD, which used to give courses, attracting foreign physicians, also stands out (Steller, 2015). The cooperation with physicians and scientists who participated in the 1911 event, such as Karl Sudhoff and Alfred Grotjahn (1869-1931), continued. In this period, Georg Seiring, the new president of DHMD, initiated a campaign to construct the museum's permanent building. The economic difficulties in the country led Seiring to bet on holding traveling exhibitions inside and outside Germany, with the strategy of increasing the prestige of the museum and generating the necessary profit for the new building (Steller, 2015).

After years of discussion and capital accumulation through the sale of objects, collections, and teaching materials, Seiring finally inaugurated the building that would permanently house the DHMD. With the financial support of the German and Saxon governments and the city of Dresden, the DHMD held a groundbreaking ceremony in October 1927, attended by the architect Prof. Wilhelm Kreis (1873-1955), who was responsible for the execution of the project. The inauguration of the building took place in May 1930 (Schulte, 2001; Lienert, 2009), with the presence and speeches of various authorities.¹⁴ At the same time, the Second International Exhibition of Dresden was organized. The Transparent Man (*Gläserner Mensch*) by Franz Tschackert was exhibited for the first time – a translucent, interactive artifact whose aesthetic representation evokes the perfection of the human body in the tradition of Greek statues (Vogel, 1999; Canadelli, 2016).

As we have seen, one of DHMD's strategies was the organization of traveling exhibitions. Through these, Seiring and his DHMD collaborators

¹⁴ Sächsisches Staatsarchiv, Hauptstaatsarchiv Dresden (Sächs. HStA Dresden), 10719/Nr. 1044 Teil 2.

developed cultural propaganda efforts to further the country's foreign policy interests.¹⁵ Secondly, Seiring carried out cultural work of popular enlightenment (*Volksaufklärung*) to contribute to national and international hygiene education and public health efforts, whether in the care of the body or in the prevention of illness and the fight against epidemics. In Germany, this work was not limited to the circulation of traveling exhibitions displayed in large cities. DHMD developed a car with portable exhibits which circulated through small towns and rural areas (Canadelli, 2016).¹⁶ In addition to traveling exhibitions, DHMD was responsible for sending (through sale or donation) various objects, collections, and complete exhibitions abroad. The DHMD also turned to school education and the training of German and foreign health professionals through the production of visual and teaching materials (*Lehr- und Anschauungsmittel*). Therefore, it was a museum in constant circulation and a singularly relevant case for transnational and global history.

3. *Auswärtige Kulturpolitik* and cultural propaganda in the History of DHMD

DHMD's first traveling exhibition took place in 1920 in the Netherlands. After initial skepticism on the part of the Dutch, the exhibition was a success. During the 1920s, the German Museum of Hygiene activities were incorporated into *Auswärtige Kulturpolitik* and official German propaganda abroad. On DHMD's cultural activities abroad, Seiring stated:

"The Museum's activities abroad consisted not only of organizing exhibitions but also of setting up museums, supplying teaching aids and other illustrative and instructional materials for popular education and the training of doctors. The first suggestion for foreign activity of the museum came from Amsterdam. In 1920, a committee had come together in Amsterdam to organize an International Hygiene Exhibition. [...] The committee in Holland was composed of 'pro-Germans', 'anti-Germans' and people who at that time were completely 'neutral' towards the German people." (SEIRING, 1933, p. 02)

¹⁵ Das Deutsche Hygiene-Museum und die Internationale Hygiene-Museum Dresden 1930. Dresden: Verlag von Wolfgang Jess, 1930. p. 17. Staatsbibliothek zu Berlin (SBB). SBB, 4 KR 1992.

¹⁶ *Internationale Hygiene-Ausstellung Dresden Mai/Okt. 1930: Offizielle Ausstellungszeitung*, n. 10, p. 05, 15 Aug. 1930

Once the initial doubts had been overcome, this first successful activity abroad led to the transfer of an exhibition of *Der Mensch* to the Netherlands in 1921, initiating the international circulation of the German Hygiene Museum's collections around the world (Vogel, 2003; Steller, 2015). One of Seiring's collaborators provides another account of the German Hygiene Museum's activities abroad. According to the *Geh. Regierungsrat* Dr. Carl Hamel, President of the *Reichsgesundheitsamt*:

"[...] But the work of the museum has also benefited almost all countries of the world. For nowhere in the world is there a second such reloading point for all the means of presentation and exhibition techniques of propaganda and methodology necessary for implementing this idea as the German Hygiene Museum. Be it the Far East, Japan or China, or be it the South American states [...]." (HAMMEL, 1927).

Hamel's statement shows that the international relations of the DHMD were not just about Seiring's interest in profit-making for the institution. Seiring also had the ambition to make the DHMD a global institution, promoting public health, health education, German cultural propaganda abroad, and reaching out to German immigrants even in distant countries. His institutional project combined internationalism and nationalism. In Seiring's own words:

"In the work abroad, the work for the German culture and our German brothers and sisters abroad has been done first, and consciously. The Germans who have been cut off from the German Empire should again hear something of their own fatherland and receive greetings from the German homeland with the enlightening exhibition. In addition, however, the purpose of the foreign activities of the Deutsches Hygiene-Museum was to carry out **German cultural propaganda** at the same time as public health education and public enlightenment. [...] The museum's work abroad also served the German economy. [...] From all that has been said, however, it is also clear that it is urgently necessary to make this institute usable for German cultural propaganda in the future [sic] as well, and to do so in such a way that the work itself does not bear the stamp of officiality, but does correspond to the wishes and plans of the German official authorities." (SEIRING, 1933, p. 17-18)

Notably, the 1920 Amsterdam exhibition was an unofficial initiative - that is, without the support of German diplomacy. For Seiring, "any cultural agenda

abroad that gives the impression of being organized by the state will never be as successful – as Dutch experiences have already shown – like that of a company that has created recognition and friends through its achievements" (SEIRING, 1933, p. 04). On the role of the DHDM for the German economy, another museum collaborator points out that

"The serious situation of the German economy after the war, which is characterized by an almost uninterrupted series of crisis phenomena, has recently repeatedly prompted leading men of the economy [...] to seek new ways [...]. In this connection, it has recently been unanimously pointed out from this side that – following the example of the economy of foreign states – one should prepare the way for German export to a much greater extent than it has been done so far by means of cultural propaganda, and that German cultural institutes, especially those with a distinctive character, should have proved their right to exist by the successes they have achieved [...]. The *Deutsches Hygiene-Museum* is one of these cultural institutes, and in view of its relations spanning almost the entire globe, it is certainly particularly suitable for the solution of such tasks."¹⁷ (SCH., 1929, p. 244)

The History of German politics towards Latin America shows that companies lost some of their business in Latin America and could not recover the losses themselves. The makers of German foreign policy used cultural and political means to promote Germany in Latin America with *Deutschtum* and German scientific and cultural institutions (Rinke, 1997). The DHMD contributed to these actions, not only in Europe but also in Latin America. Seiring's main aim in the 1933 report was to present the importance and success of these activities to national authorities. He aimed to prove the relevance of his institution for German foreign policy in the context of the Weimar Republic, offering new perspectives for Third Reich diplomacy – bearing in mind that it was written in October 1933, when the Nazis were already in power.

4. The German Museum of Hygiene and its Relations with Latin America

Since the beginning of the 20th century, the scientific world has experienced a process of approximation through international congresses and

¹⁷ The article was published by "Dr. Sch." - probably an abbreviation of a German last name.

international institutions. There was an atmosphere of internationalism and exaltation of universal science, as in the case of the Nobel Prize foundation (Crawford, 1988). However, behind this internationalism, several forms of nationalism were hidden even among the scientists themselves (Crawford, 1988). They were a product of their time (Anderson, 2008) – an aggressive cultural context full of alibis for violence, driven by new biological theories, such as social Darwinism (Gay, 2001).

If thanks to the Industrial Revolutions, transatlantic distances were reduced and interactions between scientists intensified, the First World War exacerbated the nationalism among scientists – as in the boycott against German science in the post-war period (Silva, 2018). Moreover, this war further aggravated Europe's social, economic, and psychological situation of the local population, which was widely traumatized (Mazower, 2001). Indeed, public health and eugenics have increasingly entered government agendas on both sides of the Atlantic. In the case of Latin America, intellectuals intensified the debates about national modernization and population regeneration – a theme of division between the sanitary and eugenic defenders, even though such borders were fluid. Seeking answers to national problems, many Latin American scientists focused on the theme of race, women, and childhood, driven by biological theories and authoritarian solutions that were gaining more space (Stepan, 2005).

Undoubtedly, the war gave rise to nationalism in Latin America (Compagnon, 2014; Rinke 2017). Reforms in the health apparatus and the cities were carried out, aiming at an improvement of sanitation, and combating endemics, epidemics, and pandemics. Health institutions (public and private) focused on health education and the establishment of health museums. Public investments in health had increased in some Latin American countries, as had cooperation with foreign institutions, including the DHMD, as we will now see.

4.1. Brazil

According to Miriam Sepúlveda dos Santos, during Brazil's Empire period (1822-1889), Brazilian museums "were more focused on research than on the general public". Inequality of income and education are essential factors in

considering the differences between the history of museums in Europe and Latin America. In the tropics, "museums remain geared towards a more select public of interested parties". For Santos, Brazilian museums "could hardly" be "associated with the imposition of disciplinary practices on broad sectors of the population" since "great scale visitations do not seem to have been a feature to be highlighted in museums". In 1922, with Gustavo Barroso and the *Museu Histórico Nacional*, there was a process of convergence between museums and national identity policies, characterized by elitist narratives but without "popular participation" (Santos, 2004, p. 56).

In the first half of the twentieth century, hygiene exhibitions and museums became frequent. They were often part of world fairs and international medical congresses, such as the Latin American Medical Congresses, held in Chile in 1901. According to Marta de Almeida, from then on, hygiene museums multiplied in medical institutions or universities. In this context, three great international hygiene exhibitions were organized: Uruguay (1906), Brazil (1909), and Cuba (1922). The international hygiene exhibitions offered broad audience entertainment activities to attract visitors (Almeida, 2004 and 2006). Although the statement of Santos (2004) is well supported by historiography, the case of hygiene museums has its particularities. They were aimed not only at health professionals but also at the public because the rate of illiteracy was not as high as in Europe. The popular classes were indeed part of the target audience of hygienic actions, and the museums tried to reach them to discipline the less well-off. Thus, in 1925 the *Correio de Manhã* reported:

The day before yesterday, [...] the Museum of Popular Hygiene in Niterói [...], whose practical aspect puts within reach of all good teachings, the prophylactic means employed for the combat of the great physical illnesses that devastate our population, notably tuberculosis, syphilis, and malaria, achieved great success in the capital of Rio de Janeiro, where some 12,000 people visited during the three months that the exhibition was set up there (FOI ENCERRADA ..., 1925, p. 05).

On the other side of the Atlantic, the DHMD accumulated much more significant numbers, even without having a permanent headquarters until 1930. In the 1920s, as we have seen, it operated through temporary and itinerant

exhibitions that circulated within and outside Europe. In addition, another strategy adopted by the DHDM was the sale of collections. Already between 1921 and 1922, negotiations between the German Museum of Hygiene and Brazil began. In 1921, the physician and professor Eduardo Rabello (1876-1940) received the task "from the director [of the National Department] of Public Health to organize an exhibition of this type for the Centennial, guided by the Dresden model (*A Noite*, 05/07/1921, p. 04). Representatives of the Brazilian government negotiated with the DHDM the purchase of collections for the International Exhibition of the Centenary of Independence of 1922.¹⁸ Although the exact results of the negotiations are not known, a hygiene exhibition of the National Public Health Service was soon displayed to the Brazilian public. One of the key organizers was the eugenicist Renato Kehl (1889-1974).

In the 1920s, more physicians from Brazil visited the German Museum of Hygiene in Dresden with similar exchange objectives. In 1927, Geraldo Horácio de Paula Souza, director of the Institute of Hygiene of São Paulo, was in Dresden "to receive material from the German Museum of Hygiene for its collections."¹⁹ According to Faria (2005, p. 1012), Paula Souza directed the institution between 1922 and 1951, whose history was linked to the Rockefeller Foundation.²⁰ The institution, created in 1918, was idealized as a hygiene chair at the Faculty of Medicine and Surgery of São Paulo but soon became an autonomous institute. It "played a fundamental role in the formulation of São Paulo state health policy, adopted from 1925 onwards, when health education became the cornerstone of public health policy" (Faria, 2005, p. 1013). André Mota and Lilia Schraiber (2013) highlighted not only the role played by Paula Souza to the sanitary education and public health actions in São Paulo, but also the relation of these efforts to the development of the eugenic agenda in this Brazilian state, under the discursive context of the preventive medicine. According to the authors, another key

¹⁸ Sächs. HStA Dresden, 10719/Nr. 1042.

¹⁹ *Ausländischer Besuch im Deutschen Hygiene-Museum, Hygienischer Wegweiser: Zentralblatt für Technik u. Methodik der hygienischen Volksbelehrung*, vol. 2, n. 12, p. 344, Dec. 1927.

²⁰ Faria (2015) stressed that Paula Souza played an important role for international cooperation in the field of public health. He attended to conference of United Nations' foundation and together with Szeming Sze, from China, proposed the creation of international health agency (Cueto, 2015, p. 29).

physician of the local eugenics movement was Antonio Carlos Pacheco e Silva (1898-1988).

In 1928, Renato Kehl visited the DHMD during his trip to Germany, as laboratory chief and medical director of the "Chimica Industrial Bayer Meister Lucius" in Rio de Janeiro (Wegner and Souza, 2013, p. 266; Rolim and Sá, 2013, p. 175). In 1930, the scientific director of DHMD, Martin Vogel, answered a letter from Kehl:

Have many thanks for the kind mediation with the Departamento Nacional de Saúde Pública. We have already received a large shipment of magazines, posters, etc., which are a valuable addition to our library. We will be very grateful if you will continue to give us your kind support in the future. For the addition of which I thank you, the note will appear in the number of the 'Hygienic Guide' coming out in mid-November. ²¹ (VOGEL, 1930, p. 01)

The letter demonstrates that Renato Kehl successfully established an exchange between the Dresden Museum of Hygiene and Brazil. Publications by the National Department of Public Health went to Dresden, and the periodical of the Dresden museum *Hygienischer Wegweiser* published an article with the title "Eugenics Propaganda in Brazil" (*Eugenische Propaganda in Brasilien*).²² In 1933, Georg Seiring, president of the DHMD, summarized the exchanges with Brazil up to that point: "Material was supplied for a traveling exhibition on 'Mother and Child' (*Mutter und Kind*), as well as various teaching materials for universities and schools. The Rio Grande do Sul Health Inspectorate in Porto Alegre also received illustrative material" (SEIRING, 1933, p. 16).

One of the DHMD's traveling exhibitions, "Mutter und Kind", was probably sent to Recife, Pernambuco (Brazil). The physician Arthur de Sá, director of the Children's Hygiene Service of Pernambuco and a member of the Liga Pernambucana against Infant Mortality, traveled to Europe for a study trip and attended the IHA of 1930 in Dresden (DR. ARTHUR DE SÁ, 1930, p. 1). In an interview to *A Província*, Sá stated:

²¹ Letter from Martin Vogel to Renato Kehl. Dresden, 07/11/1930. Archive of the Casa de Oswaldo Cruz, Fundo Renato Kehl. Letters 1929-1932, vol. 2. BR RJCOG RK-RI-01.v. 2/ RK RI CP 010.

²² Eugenische Propaganda in Brasilien, *Hygienischer Wegweiser*: Zentralblatt für Technik u. Methodik der hygienischen Volksbelehrung, vol. 5, n. 11, p. 294-295, Nov. 1930.

Due to its grandiosity, the exhibition had exceeded my expectations. I knew from medical reading the brilliance of the earlier exhibition held in 1911, in which Brazil was represented with prominence, which did not happen now, with a sign of Brazil only appearing on a world map organized by the League of Nations, where the yellow fever countries were marked! [...] On the occasion of my visit, the director was absent, so I was received by Dr. Gehlen, his assistant, who showered me with kindness, having been impressed with the support that the government of Dr. Estácio Coimbra lends to the Pernambuco League against Infant Mortality, notably with the installation of the Infant Hygiene Museum, which will be inaugurated next October. During my stay [...] Dr. Gehlen was kind enough to put at my disposal one of his assistants, Mrs. Theodora Giorgi [...]. It is impossible to describe in the limits of an interview what the international exhibition of hygiene represents and especially the German Museum of Hygiene, of which we will have a reproduction of the part referring to childhood hygiene since the Pernambuco League against Infant Mortality had acquired a copy of the referred material" (PERNAMBUCO, 1930, p. 3-4).

After the Second IHA in Dresden, the DHMD's employee, Theodora M. E. Georgi, was hired by the Child Hygiene Museum of the Pernambuco League against Infant Mortality in 1930 (NA EXPOSIÇÃO, 1930, p. 1). After the Revolution of 1930, Getúlio Vargas took over the presidency of Brazil and appointed interveners in the federal states, which subsequently caused the termination of Theodora Georgi's contract (ADMINISTRAÇÃO PÚBLICA, 1931, p. 3). However, she remained in Brazil and moved to Rio de Janeiro. On 30 December 1933, Theodora Georgi wrote a letter to Joseph Goebbels' Ministry of Propaganda, requesting support to organize a traveling hygiene exhibition of the DHMD in Rio de Janeiro to be displayed at the International Sample Fair of 1934. The request was denied.²³

4.2 Cuba and Argentina

The image below makes it possible to observe a panoramic photo that is part of the photo album of the 1926 International Hygiene Exhibition in Havana. In the 14 pictures taken, one can identify exhibited objects from *Der Mensch*, as well as a DHMD collection entitled "The Child and the Mother" (*El Niño y la Madre*).

²³ Letter from Theodora Georgi to Joseph Goebbels (German Ministry of Public Enlightenment, Propaganda, and Culture). Niterói (Rio de Janeiro), 30/12/1933. PAAA, R66100, Band 2. See also Georgi's report of 11/11/1933.

Figure 1. International Hygiene Exhibition in Havana²⁴



Source: Online collection of German Hygiene Museum. Disponível em:
<https://sammlung.dhmd.digital/object/1b0d8edf-0c94-4405-b8f6-e3e475c34eac>

The hygiene exhibition in Cuba covers various medical and public health topics: anatomy and physiology of the different systems of the human body; diseases; and the evolutionary circle of the parasite (*Plasmodium*) transmitted by the malaria mosquito (*Anopheles*).²⁵ Furthermore, the images show that films were used, which already fulfilled important pedagogical roles in health education in the early twentieth century. Finally, it is relevant to highlight that Havana hosted an International Hygiene Exhibition in 1922 during the VI. Latin American Medical Congress. It took place at the Santa Clara Convent and had eugenics as the main subject, instead of hygiene *stricto sensu* as occurred in the previous congresses (Almeida, 2004, p. 181). Four years later, the organization of the First Pan-American Conference of Eugenics and Homiculture of 1927 began, whose results allowed the foundation of the Pan American Central Office of

²⁴ Fotoalbum. Präsentation von Ausstellungs- und Lehrmaterial des Deutschen Hygiene-Museums in Havanna. Deutsches Hygiene-Museum Dresden / Sammlung, Inventarnummer 2009/1092.

²⁵ On malaria in Latin America, see: Cueto and Palmer (2016) e McLeod (2010).

Eugenics and Homiculture. Since Domingos F. Ramos, inspired by French puericulture, created homiculture in 1910 and the first publication about eugenics in 1913 in the magazine *Cuba Contemporánea*, many eugenic ideas on immigration, race, childhood, and prenatal care circulated in Cuba, including the negative eugenics, inspired by the sterilization laws in the United States, and the whitening of Cuban people (González and Peláez, 1999, p. 09-18).²⁶

However, besides the section *El Niño y la Madre*, the exhibition of 1926 seemed to be more concentrated on public health.²⁷ On the exchanges with Cuba, Seiring recorded in 1933 that: "A small complete hygiene museum could be delivered to Havana, for which 83,000 Reich marks were paid" (SEIRING, 1933, p. 16). The United States mediated the sale to Cuba:

"The League of Nations was the first to use the possibility of obtaining teaching materials for permanent use when it had the German Hygiene Museum set up permanent museums for teaching the medical profession in Warsaw, Krakow, and Moscow. [From] the United States followed a small museum for Cuba and Havana and Argentina with a museum for Buenos Aires."²⁸ (SEIRING, 1927, p. 04)

Apart from Havana, the DHMD was in contact with Argentine authorities in Buenos Aires. In 1922, the DHMD denied a request made by Argentina: "the connection with Buenos Aires is established; before the next year an exhibition is not possible. There is a desire in Argentina to combine the exhibition with exhibitions of German chemical-pharmaceutical products."²⁹ Two years later, there was a successful negotiation for purchasing collections by the Argentinian Social Museum with the German Hygiene Museum in Dresden. Such talks began before the First World War and were only concluded between 1922 and 1924 (Becerra, 2009, p. 227-230).

In 1912, the Argentine Social Museum created a general agency in Europe, with a seat in Berlin. Gustavo Niederlein held the position. In a letter of 1914, he

²⁶ About the Cuban eugenics movement see also Schell (2010).

²⁷ Apart from the photo album, there is little information about the exhibition of 1926 in Havana.

²⁸ Draft written by Georg Seiring to the Budget Committee of the German Parliament (*Haushaltsausschuss des Reichstages*). Dresden, 29/03/1927. 5 p. Document attached to a letter from Georg Seiring to Dr. Wilisch (Ministerialrat). Dresden, 30/03/1927. Sächs. HStA Dresden, 10717/Nr. 8592.

²⁹ Sächs. HStA Dresden, 10719/Nr. 1042.

recorded: "From Mr. Lingner I also hope to acquire certain mannequins or wax figures which he has made for his Museum of Hygiene, thus satisfying the great wishes of our distinguished secretary-general, Eng. Tomás Amadeo."³⁰ In 1922, the institution's periodical reported "the state of the works and materials that are being prepared, especially in Germany, for the Social Economy Exhibition, to be held in 1924. The Museum of Hygiene in Dresden, the Social Museum in Charlottenburg, and several German worker museums are collaborating with this work."³¹ The International Congress of Social Economics was held in Buenos Aires between October and November 1924, with Dr. Robert Lehman-Nitsche as a delegate of the Hamburg Ibero-American Institute, representing Germany.³²

In 1924, the year in which the negotiation with the Argentine Social Museum was completed, Martin Vogel, scientific director of the DHMD, took the Argentine case to highlight the influence of the United States in South America in matters of hygiene:

"From the United States, hygienic propaganda is carried mainly to South America. In Buenos Aires, for example, poster campaigns have been organized against typhoid, tuberculosis, and syphilis. Their effect is reported to have suffered from a large number of illiterates - and this brings us back to our earlier considerations about the connection between general education and hygienic education [...]."³³ (VOGEL, 1925, p. 79)

In 1927, the Argentine Legation in Germany forwarded a new request asking the German Museum of Hygiene to contribute for the installation of the Municipal Museum of Hygiene in Buenos Aires, directed by Dr. Emilio R. Conti, with the donation of its collections. The museum, which had not yet been opened to the public, intended to teach about hygiene, including for children. Among the diseases addressed for prophylactic purposes were tuberculosis, alcoholism, and venereal diseases.³⁴ The negotiations included a letter from Seiring dated 22

³⁰ Letter from Gustavo Niederlein to the President of the Museo Social Argentino. Berlin, 7 February 1914. In *Cronica y Archivo: Nuestra Agencia General en Europa, La correspondencia del Sr. Boletín del Museo Social Argentino*, III (34), p. 467, 1914.

³¹ Actividad del Museo Social Argentino. *Boletín del Museo Social Argentino*, XI (17), p. 80, 1922.

³² Congreso Internacional de Economía Social. *Boletín del Museo Social Argentino*, XIII (39), p. 149, 1924

³³ Vogel, *Hygienische Volksbildung*, 79

³⁴ Letter from the German Legation in Buenos Aires to the *Auswärtiges Amt*. Buenos Aires, 10/02/1928. PAAA R66111. Band 2.

November 1927 to the Ministry of the Interior, where he calculated the costs to produce the collections ("RM 15.000") and requested the refund from the German Government.³⁵

In Argentina, tuberculosis was one of the great concerns of medical and public authorities during the first half of the 20th century, as one of the most significant causes of death in Buenos Aires. In 1901, Emilio Conti, his wife, and other physicians founded the Argentinean League against Tuberculosis, in the context of the different understandings of preventive medicine (Oliva, 2006).³⁶ Since the 19th century, the pathogen (Koch's bacilli) and the transmission process were known. However, the stigmatization did not stop. In dialogue with Sontag (2007), Diego Armus (2002) stresses that tuberculosis and prostitution were synonyms of unregulated life and immorality. Associating the illness with women, female expressions such as *tísica*, *costurerita*, or *milonguitas* became common in suburb life narratives and the cabaret of the city's center.

In 1927, Dr. Pilades O. Dezeo presented a paper published in the "First National Conference of Hygiene Professors", held in Cordoba, between 07-10 October. The DHDM translated and published it in *Hygienischer Wegweiser* (DEZEO, 1930). Dezeo advocated that Argentine hygiene teachers should adopt the recommendations of the Hygiene Section of the League of Nations and the teaching methods used in Europe. In addition, he stated that he had been to Europe and negotiated the purchase of teaching materials:

"We were able to select most of them during our stay in France, Germany, and Italy in 1925 and 1926 and to purchase them at very reasonable prices. Today we have a collection of more than four thousand slides, wax, plaster, and wooden models, numerous wall charts, and more than fifty films in the field of hygienic propaganda. [...] We have made these trips either on our own initiative (Carbonell, Rodriguez) or as participants in the exchange of sanitary officials organized by the League of Nations, as was done in 1925 by Deputy Professor Dr. Alberto Zwanck, who is also now again on a second trip to participate in the special courses held in Germany." (DEZEO, 1930, p. 268-269)

³⁵ Letter From Georg Seiring to the *Reichsministerium des Innern*. Dresden, 22/11/1927. PAAA R66110. Band 1.

³⁶ For Oliva (2006), only socialists and anarchists defended sanitary education associated with changes in the work classes' life conditions.

Although Dezeo does not directly mention the German Hygiene Museum, the city of Dresden was part of personal and institutional itineraries of Latin American doctors and health professionals in Germany. The Ibero-American Institute in Hamburg contributed to organizing trips of Latin American doctors and scientists to Germany during the Weimar Republic. In 1927, the psychiatrist and eugenicist Wilhelm Weygandt (1870-1939) took over the presidency of the Argentine section of the institute.³⁷ He organized the visit of a large delegation of Argentine physicians to Germany (Muñoz, 2018, p. 202). After this, two more trips were organized. In 1927, Professor Dr. Beruti (organized by the *Deutsch-Argentinischer Centralverband*) visited Germany. Between December 1928 and March 1929, a delegation of Argentinian scientists traveled to Germany, supported by the *Norddeutscher Lloyd Agentur Berlin G.m.b.H.*³⁸ The city of Dresden was on the itinerary for both. A third trip took place around the end of 1929 and 1930 when the DHMD's building was already completed. A Delegation of 50 Argentinian physicians and dentists arrived there on 22 January [1930].³⁹

DHMD was not only responsible for the creation, sale, and donation of collections for museums and hygiene exhibitions but was also accountable for supplying educational institutions with visual and didactic materials to teach hygiene at universities. Sering summarized in his 1933 report exchange with Argentina: "some smaller hygiene museums were supplied to the army administration and the city of Buenos Aires. In addition, the teaching material could be sold in Argentina on a large scale" (SEIRING, 1933, p. 16).

4.3 Chile and *Der Mensch's* Latin American travel plan

In 1928, the German Museum of Hygiene decided to donate collections to the Chilean government through the Chilean consul in Dresden. The collection included four objects created by Spalteholz and collections on anatomy, nutrition, physical exercise, and diseases like tuberculosis, alcoholism, childhood,

³⁷ Letter from Rudolf Grossmann to Robert Lehman-Nitsche. Hamburg, 20/10/1926. Archiv des Ibero-Amerikanischen Instituts, N-0070 b 281 (Nachlass Lehmann-Nitsche).

³⁸ PAAA R65668, Band 1.

³⁹ *Internationale Hygiene-Ausstellung 1930: Offizielle Ausstellungszeitung*. No. 1, p. 5, 15 feb. 1930. DHMD Bibliothek, Hyg. A II D 517. See also Muñoz (2022).

and sexual disorders.⁴⁰ According to Seiring, the collections were obtained by Chile's General Directorate of Public Health (SEIRING, 1933, p. 16). In Santiago, one of the likely destinations was the Bacteriological Institute of Chile, under the direction of Austrian doctor Rudolf Kraus between 1929 and 1932. According to Cavalcanti, Kraus had been in contact with the Health Committee of the League of Nations since 1929 in order to organize an International Hygiene Exhibition in Chile in 1931. For this exhibition, Kraus was in contact with the German Museum of Hygiene (Cavalcanti, 2013, p. 221).

In 1928, Seiring was involved in at least three negotiations with Latin American countries. After the exhibition of the "Woman and Child" exhibition in Vienna, the second vice-president of the Austro-Argentinian Society, Rudolf Kraus requested the "Human Beings and Animals" (*Mensch und Tier*) exhibition to be held in Buenos Aires in September 1929. Seiring, however, refused it.⁴¹ Secondly, Seiring negotiated the cost of sending the "Woman and Child" exhibition to Valparaiso, Chile.⁴² Third, the German Hygiene Exhibition's most audacious project for Latin America began: a travel itinerary to exhibit *Der Mensch* in Central and South America, 22 cities in Hispanic America, and 12 cities in Brazil.⁴³

German legations in Latin America reacted ambivalently to the ambitious plan. In Guatemala, the German Minister Plenipotentiary pointed out that Central America has few educated people with sufficient interest to justify *Der Mensch's* arrival. In other words, he thought it might be a waste of money or probably a failure, so he did not consider it advisable to send *Der Mensch* there.⁴⁴ The German minister's plenipotentiary in Caracas listed many possible difficulties for the project: climate, distance, duration, transport, and costs. According to him,

⁴⁰ Letter from Luis del Porto-Seguro (Minister Plenipotentiary of the Chilean Legation in Berlin) to the Ministry of Foreign Affairs in Santiago de Chile. Berlin, 13/12/1928. Archivo Nacional de Chile, MREL 2680. See also: Das Deutsche Hygiene-Museum in Chile. *Hygienischer Wegweiser: Zentralblatt für Technik u. Methodik der hygienischen Volksbelehrung*, vol. 4, n. 9-10, p. 246, Sep.-Okt. 1929; and Sächs. HStA Dresden, 10717/Nr. 8592..

⁴¹ Letter from Georg Seiring to *Auswärtiges Amt*. Dresden, 19/05/1928. PAAA R66111.

⁴² Letter from Georg Seiring to Soehring, German Consul General in Valparaiso. Dresden, 07/11/1928. PAAA R66111. About the relations between gender, health, and puericulture in Chile, see Orellana (2016).

⁴³ Letter from Georg Seiring to the *Reichsministerium des Innern*. Dresden, 25/04/1928. PAAA R66111.

⁴⁴ Letter from the German Legation in Guatemala to the *Auswärtiges Amt*. Guatemala, 12/06/1928. PAAA R66111.

the collection would take a year and a half to cross from Buenos Aires to Venezuela in South America alone, if the show had been shown in all the cities mentioned in the travel itinerary. He also suggested that the show be held only in Argentina, Uruguay, Paraguay, and Chile. After that, another exhibition for the other countries should be organized.⁴⁵ In addition, many German diplomats complained about the local government's refusal to offer financial support, as in the case of Brazil⁴⁶ and Argentina.⁴⁷

Finally, after eight months of negotiations, Seiring canceled the plan, realizing that the *Der Mensch* collection would not return in time for the Second International Hygiene Exhibition in Dresden 1930. ⁴⁸As we have seen, the inauguration of the permanent building of the DHMD was planned in conjunction with the Second International Hygiene Exhibition in Dresden in 1930, to which Brazil, Argentina, Chile, and Mexico were invited. The Brazilian government, however, canceled its participation.⁴⁹

Obviously, in the first half of the twentieth century, not all Latin American countries were in the same position to consume the cultural products related to a public health museum. In this region, regional socio-economic differences also explain why relations to the German Hygiene Museum were concentrated in the large urban conglomerations, such as Havana in the Caribbean and Buenos Aires, Rio de Janeiro, and Santiago de Chile in South America. Contrary to Germany, where the Hygiene Museum reached the small villages and countryside by sending out a car called the *Healthmobile* (Candelli, 2016, p. 69), smaller cities and rural areas of Latin America were concerned with rural prophylaxis actions local governments and Rockefeller's sanitary campaigns.

The second aspect is Seiring's ignorance about Latin America. A touring exhibition was planned to circulate throughout Central and South America in

⁴⁵ Letter from the German Legation in Caracas to the *Auswärtiges Amt*. Caracas, 13/06/1928. PAAA R66111.

⁴⁶ Letter from the German Legation in Rio de Janeiro *Auswärtiges Amt*. Rio de Janeiro, 31/10/1928. PAAA R66111.

⁴⁷ Letter from the German Legation in Argentina to *Auswärtiges Amt*. Buenos Aires, 05/07/1928. PAAA R66111

⁴⁸ Officio de Georg Seiring ao *Reichsministerium des Innern*. Dresden, 14/01/1929. PAAA R66111

⁴⁹ Letter from the Secretariat of State for Foreign Affairs to Adalberto Guerra Duval (Minister plenipotentiary of the Legation of Brazil in Berlin. Rio de Janeiro, March 10, 1930. Itamaraty's Historical Archive (ERERIO). ERERIO 203/2/9.

approximately one year, without measuring the geography and transportation logistics. Of course, Seiring's continental touring exhibition standard was Europe, with better infrastructure to transport the collection safely and quickly. However, the frustrated plans to exhibit *Der Mensch* in Latin America did not interrupt the museum's exchange with the region.

DHMD's exchanges with Latin America intersected with German scientific networks in the region. As in the case of the *Auswärtiges Amt* itself, DHMD also relied on the support of Germanophiles and intellectuals sympathetic to Germany to realize its interests in the region and, at the same time, contribute to Germany's *Auswärtige Kulturpolitik* and transatlantic cultural propaganda. Through Latin American intellectuals - but not only because of them - the German Hygiene Museum was in contact with Latin American countries almost continuously during the Weimar Republic. The frequency of the exchanges with South American countries left traces of an intensive network in which the DHMD was involved.

Conclusion

As part of its transnational cultural work, the German Museum of Hygiene in Dresden interacted with the efforts of Latin American countries and scientific institutions to promote hygiene and sanitary education among their local populations, using objects, collections, and exhibitions produced in Dresden. Behind the internationalism of the period and the cultural activities of the Dresden Hygiene Museum itself, there was a nationalist agenda associated with Germany's foreign cultural policy. The museum thus served as an instrument for the strategic propaganda actions of German diplomacy towards Latin American countries, targeting political, commercial, and economic interests. The German Ministry of Foreign Affairs took an active role in shipping collections from the Dresden Museum of Hygiene to Latin America. Georg Seiring collaborated closely with the diplomats not only because of financial interests in the museum's permanent building. The exchange of the DHMD included Latin America to become the museum a global institution. As a result, the DHMD's history integrated the international networks of public health, which included institutions like the Rockefeller Foundation, Pasteur Institutes, and the LNHO. As we stated

throughout this article, Internationalism and nationalism walked together. Finally, the DHMD shows us museums beyond the cultural and pedagogical dimensions.

On Latin American side, we analyzed the history of local hygiene agendas in comparison to European discourses on the subject. Through the exchanges with DHMD, we also examined some actions on health education and the constitution of museological projects in the field of public health, focusing on Brazil, Argentina, Chile, and Cuba during the 1920s. In this context, Latin American scientists made great efforts to internationalize its activities and the national science, through Latin American and International Congresses, supranational institutions (like League of Nations) and international institutions of public health. Behind the discourses of modernization and international cooperation, one can also find nationalist and racist discourse, as part of the process of biologizing of science, that included the growth of local eugenics movements and the interest of racial hygiene exhibitions of the DHMD – a topic that we need to analyze more deeply in further publication, focusing above all on the 1930s.

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