Ramazzini’s views on discriminate-against people
A visão ramazziniana e os discriminados
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ABSTRACT | In his book Diseases of workers, published in 1700, Bernardino Ramazzini devoted a chapter to the diseases affecting Jews. At that time, Jews were often persecuted and forbidden to engage in most occupations, except for recovering and selling clothes made of old and worn cloth. Ramazzini noticed that respiratory, skin and eye problems were common among Jews, and were related to their typical occupations. To conclude, religion has been a relevant determinant of the morbidity of this population group.

Keywords | occupational medicine; history of medicine; Jews.

RESUMO | No seu livro Doenças dos trabalhadores, publicado em 1700, Bernardino Ramazzini dedicou um capítulo às doenças que acometiam os judeus. Nessa época, eles eram frequentemente perseguidos e proibidos de exercer a maioria das ocupações, restando-lhes como principal atividade permitida a recuperação e o comércio de roupas a partir de tecidos velhos e usados. Ramazzini observou que problemas respiratórios, cutâneos e oculares eram comuns para esse povo e estavam relacionados a sua atividade ocupacional típica. Concluindo, a fé religiosa foi fator relevante para determinar a morbidade desse grupo populacional.

Palavras-chave | medicina do trabalho; história da medicina; judeus.

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In 1700 the Italian physician Bernardino Ramazzini published *Morbis artificum diatriba*; based on his studies and observations he suggested including a simple question into the traditional clinical interview: what craft do you perform? One of chapters is entitled “Diseases of Jews”. The fact that a chapter was devoted to Jews is noteworthy, since the book was organized per occupation: diseases of miners, gravediggers, masseurs, chemists, potters, painters, blacksmiths and so forth. Why would this physician, professor, poet and musician have been particularly interested in the Jews among the more than 50 crafts included? Considered as one of the precursors of social medicine, Ramazzini stressed that the 17th-century Jews lived “poorly, crowded in narrow alleys,” and attributed the diseases they suffered to poverty, hunger, their living conditions and occupation, rather than to race, genetics or endemics.

The main diseases or associated situations among Jews were respiratory (hoarseness, violent cough, dyspnea, phthisis), eye (weak eyesight, myopia, secretion), skin (scabies), emotional (melancholy, bad mood) an ear (deafness, earache) problems, sedentarism, cachexia, stomach disorders, headache and toothache.

The following activities were associated with those disorders: sewing in a small, dark and poorly ventilated room; cleaning and softening of old mattresses; and manufacture of paper using old clothes as source. Ramazzini’s description of the work process betrays sharp observation skills, which are indispensable to anyone interested in the relationship between work and disease, and his words give a glimpse into the everyday life of Jews at that time:

They mended shoes and old clothes, they earned their lives sewing [...] the Hebrew women, busy all day long and also during a part of the night under weak candlelight, poor lightning, like funeral lamps [...]. In addition to sewing, another occupation, at least in Italy, is to repair mattresses made of wool, the latter hardens up, is wriggled by the continuous lying [on them] along many years; they spread the mattresses on wicker grids, shake them and hit them with sticks, and thus they become soft and more pleasant for rest. They make good money from this job, visiting houses in towns; upon hatchelling and beating the old, dirty and often urinated wool, they aspire powdery dirt that causes serious damage [...] . In my opinion, the dust is not harmful for coming from old wool, but due to the impurities mixed into the wool.

In addition to Ramazzini’s contributions to medicine vis-à-vis the relationship between work and disease, he made another, less explicit but equally relevant one, relative to the place of Jews within the social structure as a function of their religion, occupational activities and diseases he had detected.

Edgar Morin calls the attention to the fact that as long as the Kingdom of Judah existed, with Jerusalem as its capital, the notion of Jew was simultaneously related with their religion, the fact of belonging to the Hebrew people and the nation originated in this place. However, following the destruction of the country in the 2nd century, when it became the Syria Palestina province and a Roman colony from which Jews were banned, they became defined by their religion only, and even when scattered, they succeeded in keeping some unity.

From the moment Christianity became the official religion of the Roman Empire onward, any Jewish proselytizing was seen as a threat, and thus it was unacceptable. With time, anti-Semitism went beyond the theological dimension to become popular; evils befalling on medieval Europe, such as the plague and cholera epidemics, were often attributed to the Jews, which thus justified massacres and persecution, as under the Inquisition. Due to this anti-Semitic trend, the Jews were compelled to live in ghettos and were forbidden to engage in several occupations, being restricted to very few, such as selling old clothes and lending money, which was forbidden to Christians. On these grounds one might understand why Ramazzini devoted a chapter of his book — organized per occupation — to the diseases affecting one particular people (the Jews). In other words, sewing became a typical occupation of Jews. It was not a choice.

The diseases described by Ramazzini — mainly lung, eye and skin problems — are related to poor and discriminated-against people, without any autonomy or freedom, whose work consisted in sewing old clothes and repairing old things, such as mattresses, always exposed to much dirt and dust in poorly lit and poorly ventilated rooms.

The treatment recommended, according to the contemporary knowledge, consisted in body exercise, removing the
hands and eyes from the desk for a few hours, purging and covering the face and the nose to hinder the entrance of air particles into the body.

Ramazzini’s views on discriminated-against workers — as in chapter “Diseases of Jews” — might be applied to the present-time society and several social contexts.

In Brazil, during the 1960s and 1970s, i.e., during the stage of economic growth and heavy investing in infrastructure, the participation of workers emigrated from the Northeastern region as manpower for civil construction was considerable due to the extreme poverty at home. Escaping hunger and poverty, these migrant workers could only find unprotected, dangerous and unhealthy jobs, often having to pay a very high price for them, eventually with their lives. The accidents in this sector inspired the beautiful poem used as lyrics for song Construction, which verses also allude to prejudice and social issues, especially upon describing a dead worker as a “drunk package”.

With globalization, the spread of social injustice and wars, the displacement of refugees and economic migrants led millions of workers — often highly qualified in their country of origin — to accept precarious work conditions. In São Paulo, for instance, one commonly sees Haitians engaged in illegal street trading with no social protection whatsoever, as a function of the language barrier and prejudice. The number of Venezuelans who do odd jobs, in conditions of considerable vulnerability, is increasing in Northern Brazil, eventually having resort to prostitution. Becoming a sex worker also seems to be often the fate of transsexuals, who are continual victims of aggression and prejudice which closes the doors to formal work for them. Geographical vulnerability emerges also from statistical data on people released from slavery-like jobs, who often come from the Brazilian states with lowest Human Development Index (HDI). In 2011, 23.5% of all cases of slave labor recorded in Brazil corresponded to the state of Maranhão.

While 300 years have passed, Ramazzini still calls us to reflect on the individuals who are usually forgotten and undervalued by the society in which they live for belonging to minority groups or for occupying the social place poverty, prejudice and discrimination allocate to them. As health and safety professionals, we have a duty to detect this type of situation of vulnerability to contribute to promote the availability of dignified work for all, which includes eradicating all forms of discrimination regarding employment and occupation. Our role as Brazilian and world citizens is to contribute to attain the goals of sustainable development in 2030, including reduction of inequality, which involves promoting empowerment and the social, economic and political inclusion of all, independently from age, gender, disability, race, ethnic group, provenance, religion and economic condition, among other factors.

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