

Editorial

Health and disease cannot be thought as closed concepts, the complexity that involves being healthy or sick has a direct relationship on how societies interpret and assimilate these two states. Thus, conceptualization is also involved in power relations, in discursive disputes that concern the various behaviors related to the multiplicity of existing diseases.

Medical knowledge needs to be problematized in different contexts, making it possible to see how the speeches are articulated and guarantee their condition of existence. In this sense, social representations about diseases will be directly related to the mechanisms of control, definition and exclusion of individuals in different historical circumstances.

Therefore, hospital institutions have an important role as legitimizers of medical healing practices, from these spaces the social meanings of right and wrong are considered the threshold between life and death or another interpretation: freedom and imprisonment. This function guaranteed the last stage of the processes of exclusion, stereotyping and segregation in relation to diseases, as they ensured that a social hygiene performed a cleaning or limited the individuals to social judgments regarding their illnesses.

According to Ana Bock (2006), each culture builds its own pathological zones, it is within the relationships that a web is structured, capable of meeting certain interests through knowledge. It is necessary to complex the discursive relations, "they are, in some way, at the limit of the discourse: they offer it objects of which the discourse can speak, or rather (since this image of the offer supposes that the objects are formed on one side and the discourse, on the other), determine the bundle of relationships that the discourse must make in order to be able to talk about such or such objects, to be able to approach, name, analyze, classify, explain them, etc." (FOUCAULT, p. 51, 2008)

The articulation of medical discourse, therefore, occurs in relation to other statements that permeate power relations in different historical contexts. Medicine and Politics, for example, constitute bonds that will reverberate socially through common sense, literature, urbanization, behavioral sciences, among others.

These links are essential to ensure the maintenance of certain groups in power, to establish a relationship between illness and religion, illness and behavior, illness and social

deviation, etc. The condition of existence of what determines health and illness is related to the way in which statements are articulated with others.

The image chosen to illustrate the dossier, for example, represents these diverse possibilities of meaning and articulations of medical discourse. “Professors of the Faculty of Medicine”, was the title given by Adrien Barrère to this 1905 cartoon composed of figures that represent: the elite, the research of medicines, eugenics, the political presence behind doctors, among others to be observed.

This makes it possible to think about the different ways in which medical statements are socially articulated and, this repertoire of research made available here, corroborates the problematization of the theme of health and diseases with a diversity of propositions, which is its greatest gain.

The meeting of these different researchers ensured a plurality of approaches that provoke reflections from interesting research questions. Here is the presentation of texts of outstanding quality.

The madman and madness in Goiás in the 19th century are covered in *The identification of the madman and madness in Goiás in the second half of the 19th century*, by Leicy Francisca da Silva. The author interprets the journalistic texts and the reports of the administrators, seeking to observe how in these sources mental suffering is conceptualized, how those who suffer are classified and what are the discussions about the way and space to deal with them. In this search for the madman and madness, the researcher was faced with judicial issues which contextualized the individual in situations of violence, crime, suicide and abandonment.

Still on the “medicalization” of behaviors, witch hunting is addressed in the text, *Diseases, Social Struggles, Traditional Medicine and Witch Hunting*, by Roseli Tristão Maciel and Veralúcia Pinheiro. The research proposes to think from the emergence of capitalism, the violence of the privileged classes and the submission of the population to the Law of the Poor. This aspect is problematized in relation to the phenomenon of the witch hunt, which decimated thousands of women who used folk medicine to care for the health of the poor. It also covers the experiences accumulated by women in the treatment of diseases in Brazil, in its ethnic and cultural diversity formed by indigenous peoples, Afro-descendants and Portuguese and the web of knowledge materialized in the form of rustic medicine, part of our current culture.

Researcher Dilene Raimundo do Nascimento presents us with a discussion about the plague in Brazil, in two port cities, Santos and Rio de Janeiro. In *A pest arrives in Santos*

and Rio de Janeiro, the focus is on the construction of the scientific narrative about bubonic plague in these cities, in which the impact of an epidemic caused and spurred both a strong debate around the disease as well as the search for scientific and sanitary solutions for the serious local consequences of its eruption.

Medicinal plants make up the structure of the article by Mário Roberto Ferraro, entitled *The section of medicinal plants at the Agricultural and Industrial Exhibition of Goiás (1866)*. The author seeks to list the medicinal plants planted or consumed in Goiás and exhibited at the Agricultural and Industrial Exhibition of the province of Goiás held in 1866 and to show their therapeutic indications. The researcher observes that apothecaries and doctors did not participate in the exhibition, which enabled him to elaborate the following question: what were the sources of medical knowledge that inspired the creation of the catalog? It is in the search for these elucidations that the paths of the text take place.

All the questions presented in the texts so far locate them in a period prior to the conception of public health in Brazil, in this sense, to address these issues, the researcher Eduardo Sugizaki presents us, *From the birth of public health to collective health: reactivate the counter-history*. In this composition, the author seeks to point out a history of historiography about the birth of public health, already known in Brazil, to point out reductionisms. It seeks to clarify Rosen's position by explaining the leap in his approach in relation to that of Sigerist. It presents Foucault's genealogical reception of Rosen to reveal a transformation of public law. Based on the analysis of the theoretical debate, the author seeks to reactivate the understanding of Foucault's genealogy to understand the birth of collective health in Brazil.

Transporting us to the state of Bahia, Ricardo dos Santos Batista presents, *The stigma of syphilis: Bahia, 1920-1930*. Starting from medical texts and newspapers, the author seeks to investigate the mechanisms that led to the construction of a stigma of the disease in Bahia. So, it addresses how the eugenic ideals permeated such discourses and helped to compose the notion of monstrosity and deformity present in the analyzed representations.

Investigating the relationship between medical discourse and political issues, Rildo Bento de Souza opens the way for us to visualize Goiás, at the time of the discussion about the transfer of its capital, which occurred in the 1930s. *Anamnesis, Diagnosis and Therapeutics: The Medical Discourse in Transfer of the Capital of Goiás*, analyzes the speech of the doctor and politician Pedro Ludovico Teixeira, to justify the construction of a new capital in the State of Goiás in the early 1930s, based on two documents: the 1933

Report, and a booklet with the transcript of a lecture from 1966. In a moment of crisis, Pedro Ludovico describes the city as a patient to legitimize the construction of a new city that would represent the speeches of hygiene and health in the state.

Taking as a starting point this troubled period of 1930, Luiz Alves Araújo Neto extends the clipping until the 1970s to present us, *From the unifying project to the practical fragmentation: cancerology and cancerologists in Brazil (1930 - 1970)*. The author seeks to discuss the process of medical specialization around cancer in Brazil between the 1930s and the 1970s, specifically the project to develop a specialty that would bring together knowledge and practices in combating the disease, cancerology.

Thinking about the disease that plagues the world and reached its peak in the 1980s, Eliza da Silva Vianna addresses the social representation of AIDS, considering the power relations present in the production of speeches about the disease in the article entitled, *AIDS against the grain: disease experience and power relations*. The author uses literary texts by the Brazilian writer Caio Fernando Abreu, in which the disease appears as a theme, mainly addressing his illness experience, the choice is made by observing the participation of patients in combating the HIV / AIDS epidemic, and the prejudice related to it. The narrative about Abreu's illness experience makes it possible to contrast the discourses of blame and prejudice present in the epidemic context.

With the clipping in the 1980s, Leonardo Carnut and Aquilas Mendes present us, *Theoretical-political matrices of the thought of Sonia Fleury and the political health economics in 1980 in Brazil*. Sônia Fleury was a Brazilian researcher and activist who was deeply involved in the drafting of the 1988 constitution, due to her importance in the struggle for the democratization of health, she is the focus of this work. The authors propose to analyze the theoretical-political matrices of the researcher to think about political economy and health, focusing on two works of the period that they call post-constituent: Health Reform - in search of a theory (1989) and State and Social Policies in Latin America (1992).

It is possible to notice that the trajectories of the texts that make up the dossier point to different perspectives of analysis, each researcher constructed their excerpts in the search for understanding contexts about a very rich diversity of relations between diseases and society.

These different approaches reveal biases in the understanding of the world, of how power relations legitimize discourses that produce practices and, these, become not only part of the experience, but the representation of the realities of individuals.

In addition to the possible questions to be asked about medicine, it is also necessary to understand the aspects of advances that embrace the History of Science, in this sense, to have a critical view in order to know and think about their own trajectory. Building a recognition of how knowledge can be used to maintain colonialist and conservative views that fight for survival even in the face of social changes over time.

The temporality of this dossier encompasses reflections from the 16th to the 20th century, leading to elucidations about how knowledge passed/pass through the history of a country with different possibilities of meaning. It is an invitation to contentment as it constitutes a multiple dialogue with readers, provoking opinions and opening the doors to debate through research.

I wish everyone who is interested or curious about the subject of health and diseases, an excellent reading and that many reflections and questions can populate the minds, because certainties accommodate us.

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