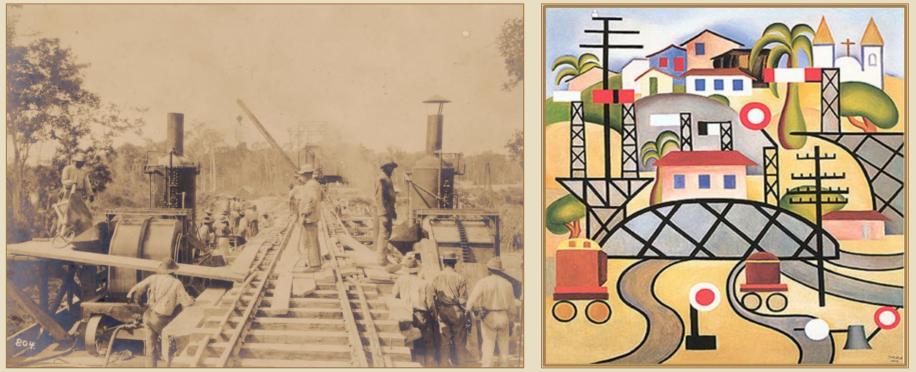
### The railroad worker's disease



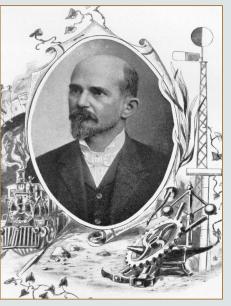
Nathália Helena Azevedo & Thiago Marinho Del Corso











Aarão Reis

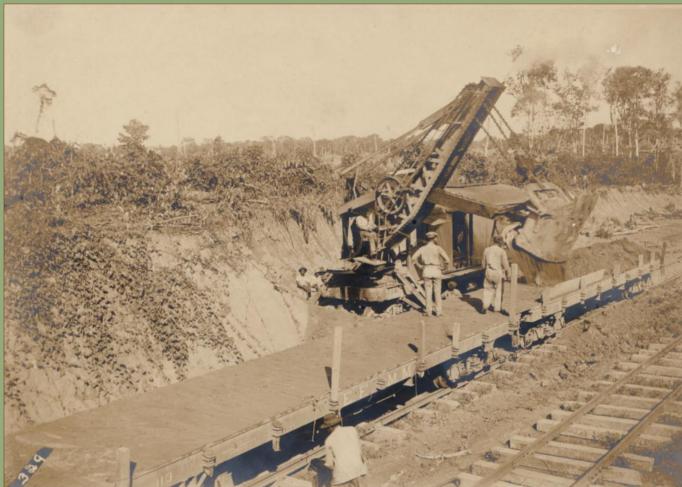


Rio de Janeiro, 1907





DREPARADO À MODA BRASILEIRA TEM UMA FRAGRÂNCIA QUE EXCITA AS FACUL-DADES NENTAIS eVIVIFICA O RGANISMO Departamento Nacional do Cafe'



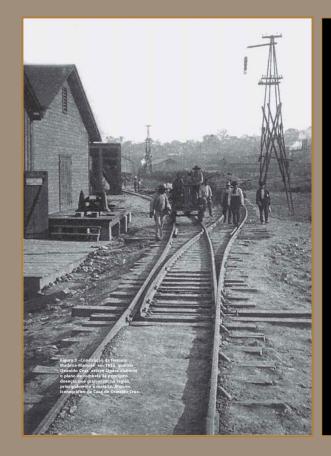
# Correio da Manha

RIO DE JANEIRO -- DOMINGO, 31 DE MARÇO DE 1907

ANNO VII-N. 2.087

Redacção - Rua do Ouvidor n. 117









Hydroelectric project, São Paulo

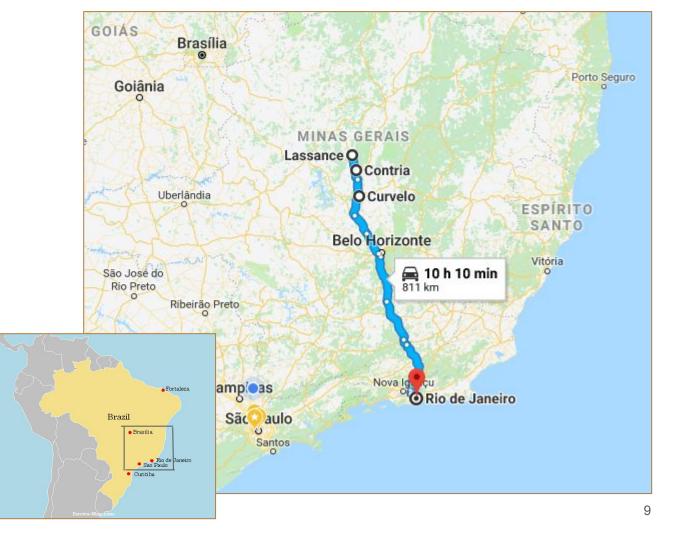


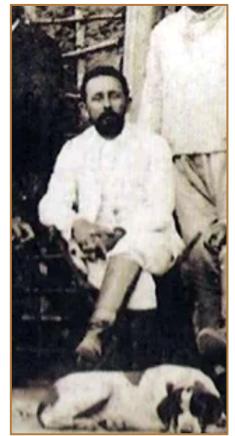


[Think Question 1] As president of the railroad, what would be your response regarding the workers? What are your concerns, and what actions are available to you?



Cornélio Homem Cantarino Motta, Chief Engineer, Lassance

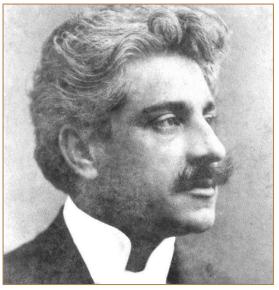




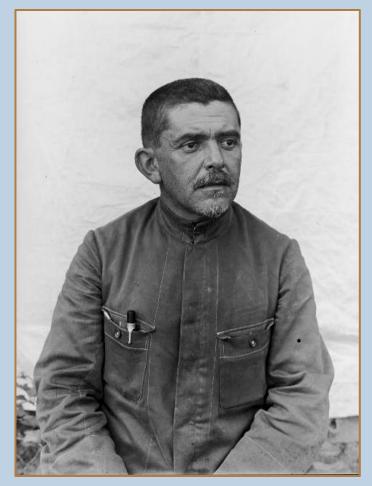
Cornélio Motta, Lassance



Manguinhos Institute, Rio de Janeiro



Oswaldo Cruz, Director

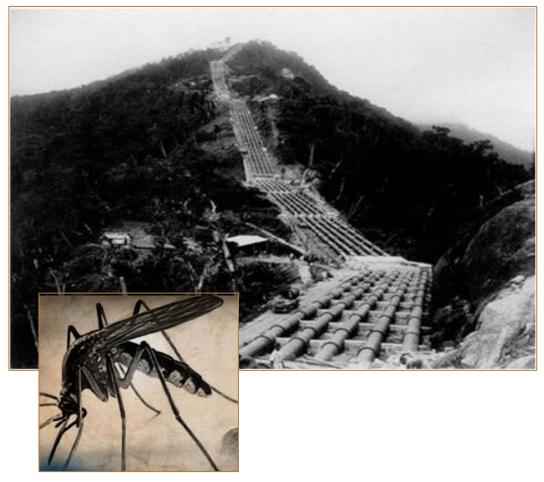




Belisário Penna

Carlos Ribeiro Justiniano





# Chapter 1: The Lassance Disease

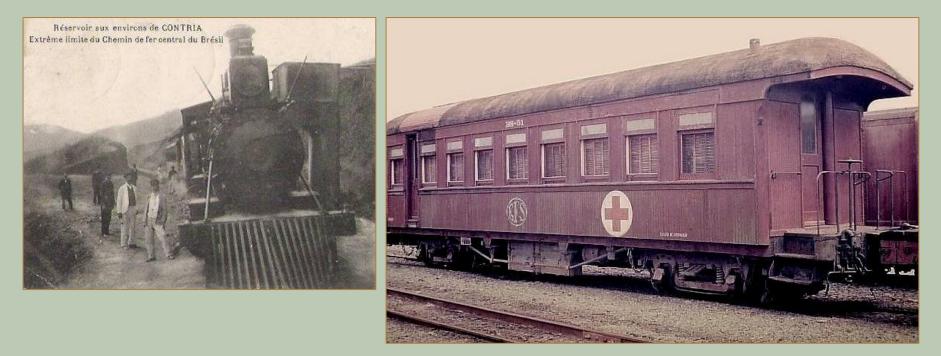


#### The physicians arrive in Lassance in June, 1907



At the far right, Belisário Penna and Carlos Ribeiro

#### Carlos Ribeiro had his residence, office and laboratory in a train car





#### Lassance





#### The anti-malaria work in Lassance





#### Symptoms found in the sick population of Lassance vs. malaria

	Known Malaria Symptoms	<ol> <li>single bite, symptoms appear after 8 to 25 days</li> <li>high fever, intense chills alternating with heat waves and profuse sweating (appears and disappears every 2 or 3 days)</li> <li>head and body pain</li> <li>appetite loss</li> <li>anemia with yellowish skin (jaundice) and fatigue</li> <li>liver and spleen enlargement</li> <li>vomiting</li> <li>encephalitis with retinal lesions (retinal bleaching)</li> <li>can lead to death</li> </ol>
--	------------------------------	---

Symptoms	1. swelling near bite (chagoma)
observed	2. acute phase: symptoms usually go away within 3 to 8 weeks
in	3. low fever (goes away after a few days)
Lassance	4. head and body pains (moderate)
Lussunce	5. appetite loss (moderate)
	6. red spots on skin (exanthema)
	7. liver and spleen enlargement
	8. vomiting
	9. meningitis and encephalitis (uncommon complications)
	10. enlarged nerve ganglia
	11. swelling (edema)
	12. hardly leads to death
	-

**[Think Question 2]** Given the list of symptoms, how would you determine if the railroad workers' disease in Lassance is a variant form of malaria or a different disease entirely? What additional information would you like to collect? What criteria would you apply before seeking an alternative treatment or remedy?



thyroid inflammation



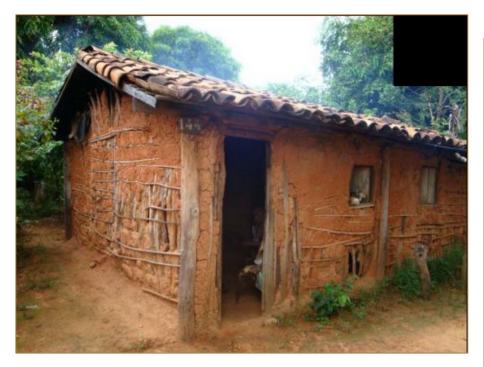


eye condition, known as "Romaña's sign"

# Chapter 2: Of insects and men

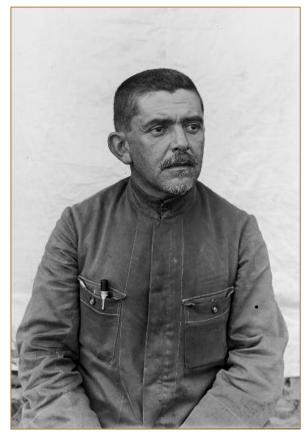


Cornélio Homem Cantarino Motta (center), Carlos Ribeiro & Belisário Penna to the right





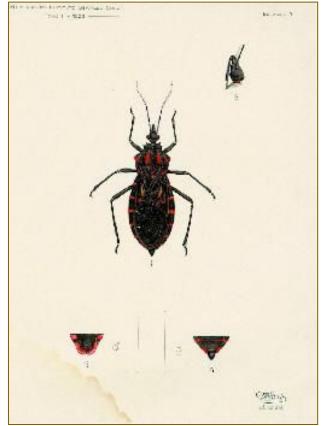
### [Think Questions 3] Should Carlos take Cornélio's suggestion seriously? Give at least one reason for heeding his advice, and at least one reason for doubting it. What could you do to investigate Cornélio's information further?



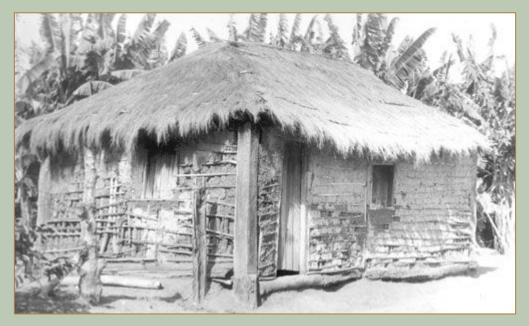
Belisário Penna



The insect stinging the residents of the region of Lassance



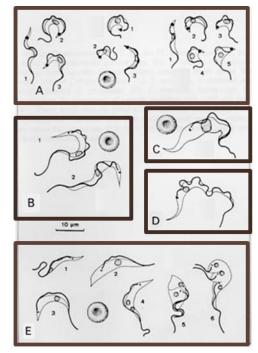
unknown Triatomina

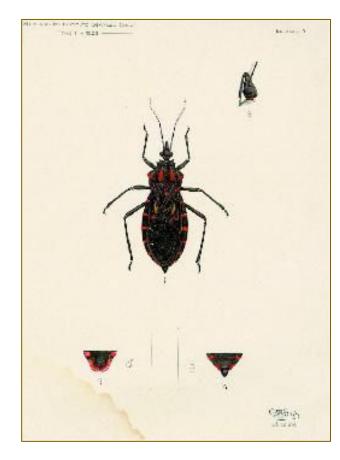


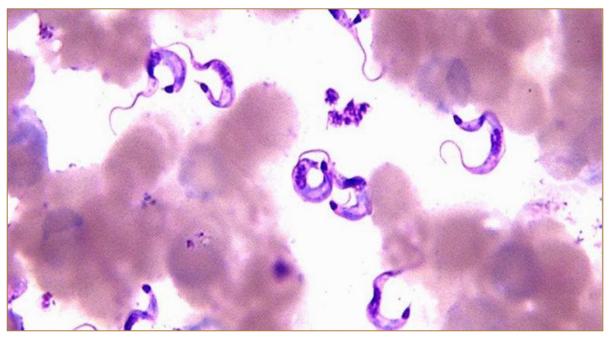
"the insect bites at night, hides in cracks, is common in unplastered and grass-covered houses where it reproduces freely, dislikes light, and disappears in the absence of people in the dwellings."



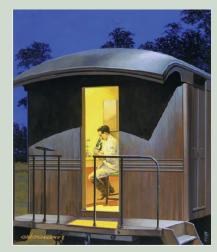
### Chapter 3: Protozoa and Diseases

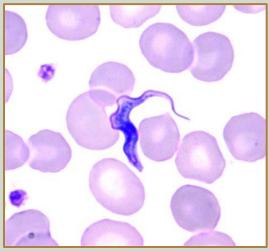






Protozoan Trypanosomide found in kissing bug stomach

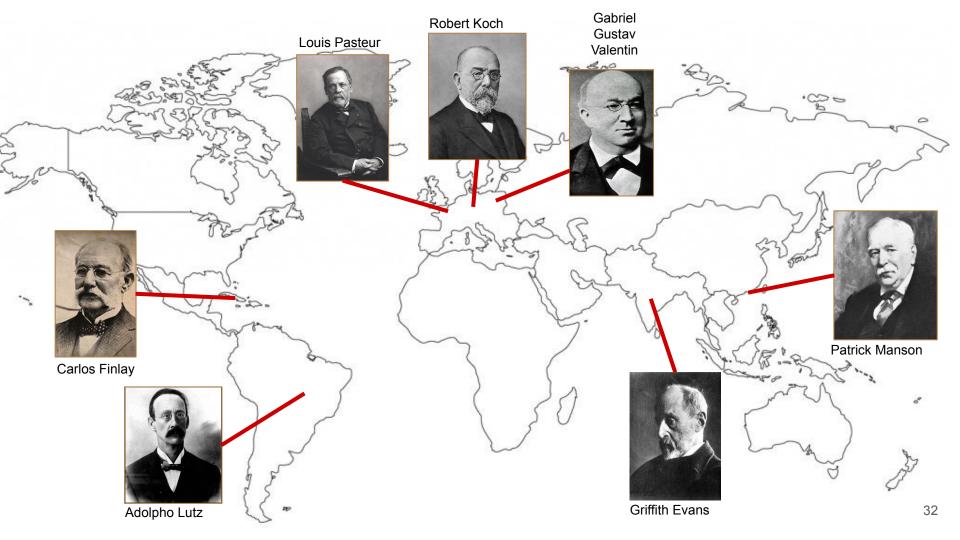






Marmoset (Callithrix penicillata)

[Think Questions 4] How might you determine if the trypanosome forms observed in the kissing bug and the marmoset are different species or variants of the same species? What expertise and resources do you need for this investigation? How will you secure them?





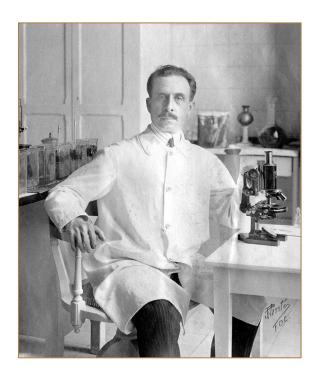


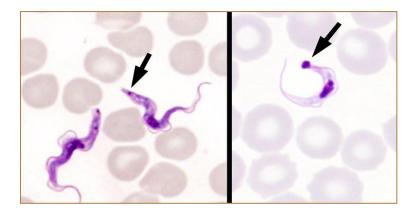




Manguinhos Institute







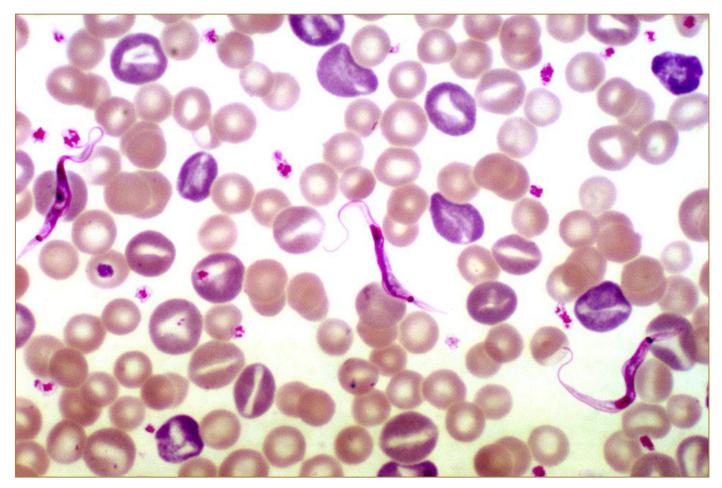
*Trypanosoma minasense* <u>found in marmoset's blood in the</u> <u>wild</u>



*Trypanosoma cruzi* found in the kissing bug and in marmosets infected by them

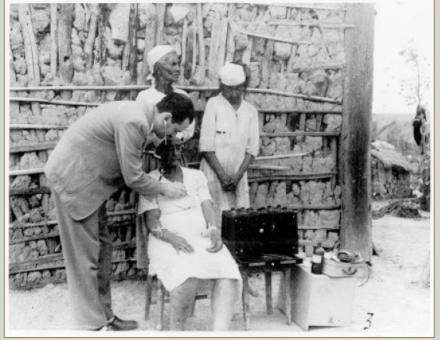


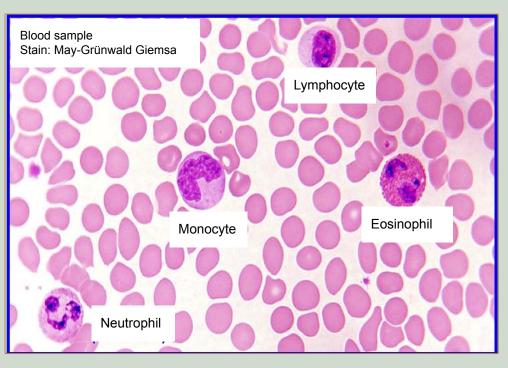
[Think Question 5] How can you confirm that the disease in the marmoset is the same as that in the Lassance group after ruling out one of the trypanosomes as pathogenic?



Trypanosoma cruzi

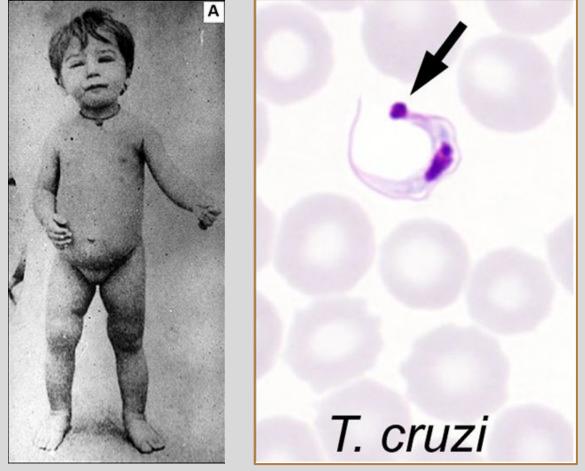






Blood sample without protozoa, under a microscope

[Think Question 6] Should the blood investigations be abandoned or continued? If so, for how long? What factors guide your decision?



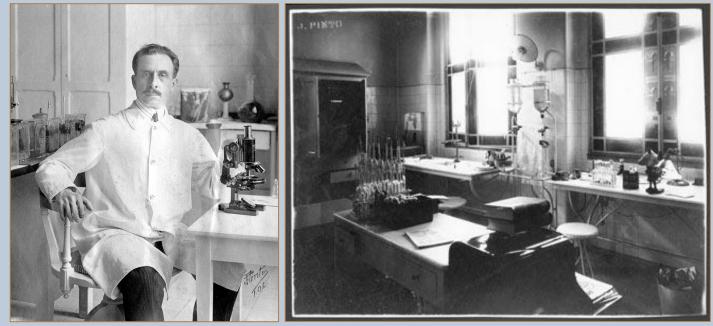
Berenice

**[Think Question 7]** In what ways does this finding change the course of the investigation? How might such unexpected events affect how you plan and conduct scientific investigations?

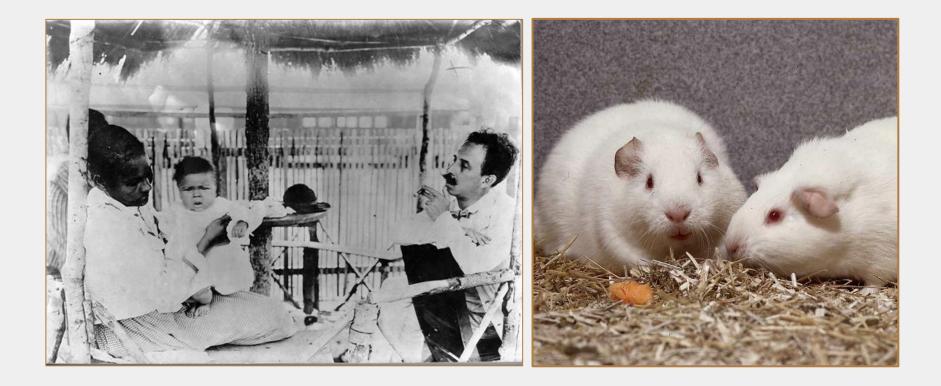
[Think Question 8] Is the presence of T. cruzi in the patient's blood in this one case sufficient to show that it causes the disease? If not, why not? How else might you link together the relevant evidence about the protozoa in kissing bugs, patients' blood, and other animals?



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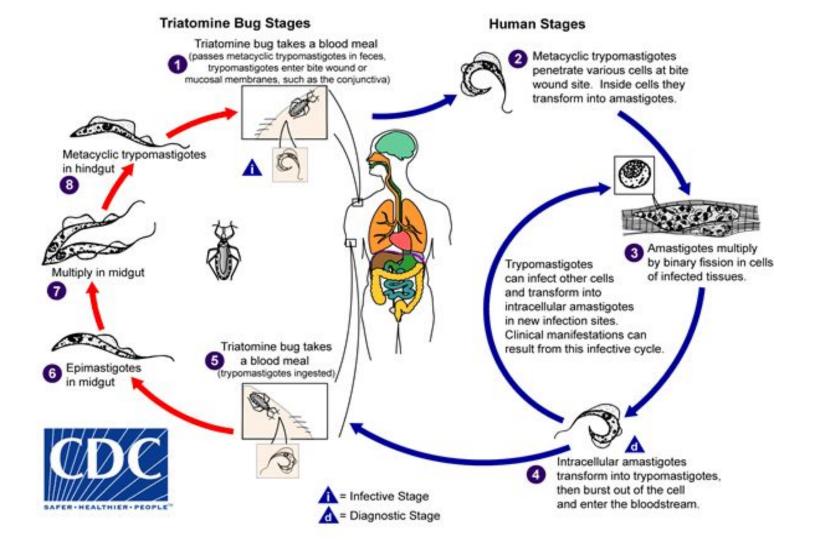
Manguinhos lab



## **Results of experiments performed by Carlos in mid-1909**

Experiment	Origin of infected blood	Animals for inoculation of infected blood	Observations after inoculation	Interpretation of results by Carlos
Α	Child A	2 guinea pigs and 1 marmoset	The guinea pigs die 6 days after inoculation. The marmoset shows trypanosomes in the lung and peripheral circulation after 8 days.	(+) Guinea pigs die of the disease caused by the protozoa of the child's blood. The marmoset is also contaminated with the disease.
В	Child B in severe condition and with many symptoms, but blood without visible <i>T. cruzi</i> .	2 guinea pigs	One guinea pig dies and another has trypanosomes in the lung 9 days after inoculation, but has no parasites in the peripheral blood.	(+) One guinea pig dies accidentally and the other is in the early stage of the disease caused by the child's blood.
С	Child C in severe condition and with many symptoms, but blood without <i>T. cruzi</i> .	guinea pigs	After 20 days, the guinea pigs show trypanosomes in the peripheral circulation. After 2 months of infection, some are alive and with intense infection.	(+) The guinea pigs are contaminated by the child's blood, but show differing degrees of infection and resistance. 45

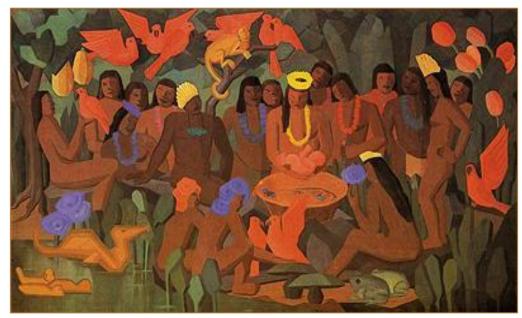
[Think Question 9] What do you conclude from these experiments, combined with all the other evidence gathered through Carlos's work?

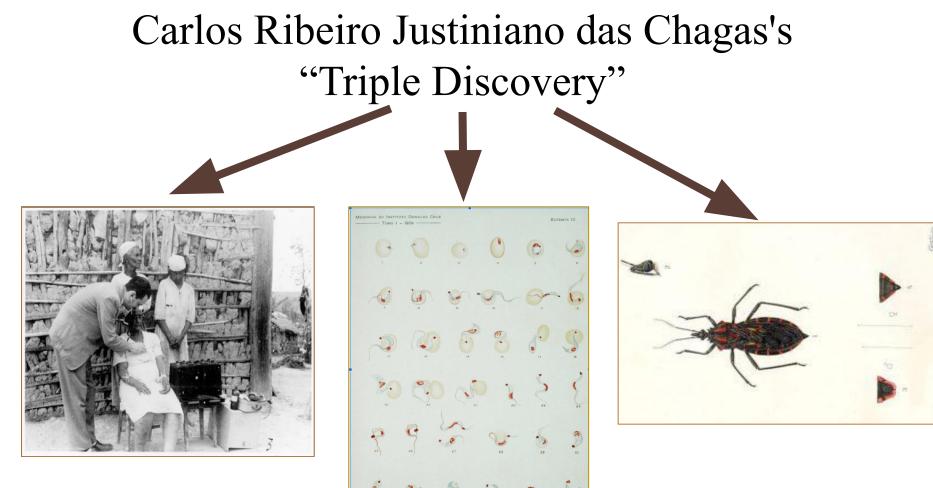


[THINK Question 10] What types of scientific work were needed to generate this evidence, and how was each important?



## Chapter 4. Celebrating a triple discovery





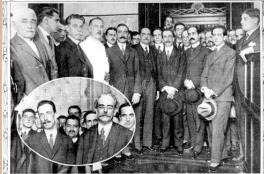
[Think Question 11] Imagine the impact of Chagas's investigations and conclusions on the science of studying diseases. How might understanding the history of this one case shape public policy on funding science and using its results?



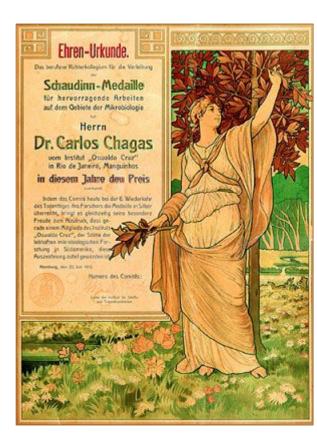




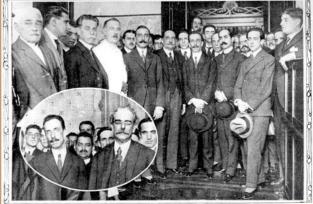
Aposse do Dr. Carlos Chagas Duas vezes Successor do Dr Oswaldo Cruz



[Think Question 12] Why and how awards are important (and from whom)? What level of recognition does a discovery like this deserve?



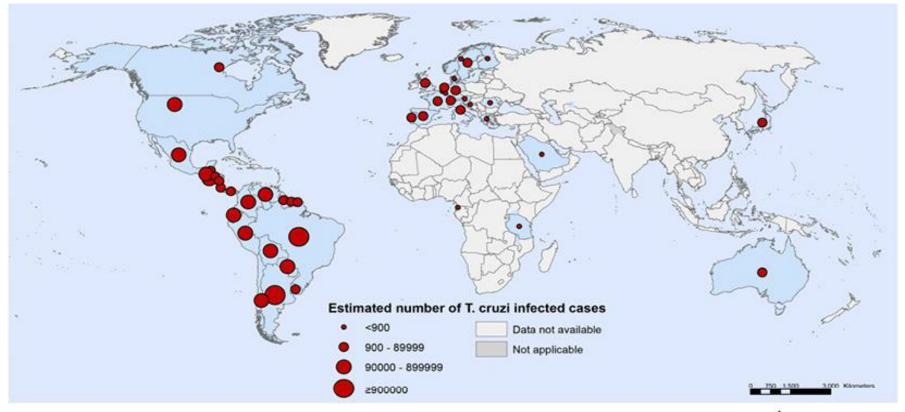








## Global Distribution of Chagas disease, based on 2018 estimates



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. Data Source: World Health Organization Map Production: WHO/UCN/NTD World Health Organization



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Lassance today

[Think Question 13] Discuss how the case of Carlos Chagas & the Railroad Workers' Disease illustrates various features about science and how it works:

A. The role of political and economic factors in supporting scientific research (THINK 1, 10, 11)B. The role of personal background, motivations and skills (THINK 3, 10)

- C. The role of analogy (e.g., comparisons between diseases) (THINK 2, 4, 8, 9, 10)
- D. The role of local or anecdotal knowledge versus systematic investigation (THINK 3)
- E. The role of chance or contingency (THINK 3, 7, 8, 10)
- F. The role of patience and persistence (THINK 6, 7, 10)
- G. The role of collaboration (THINK 8, 10, 12)

H. The relationship between laboratory studies and field studies (THINK 2, 4, 5, 6, 8, 9, 10)

- I. The application of research knowledge to public health (THINK 11)
- J. Incentives and rewards (THINK 12)