



An Elderly Gentleman of Vicenza

Using the Life History method in oral history for a deeper understanding of a person's experience of common childhood disease in Northern Italy.

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Today's talk:

- A brief background
- Marcello Farneda of Vicenza
- Health and Oral History
- Conclusive remarks:
Interview-led Research and Triangulating
Sources

Vicenza







Introducing Marcello

- a distinguished-looking gentleman in his seventies
 - not very tall, medium built
 - with a deep, warm voice and
 - an overall cool demeanour
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- He was born in Vicenza, Italy, on the 6th of May 1945 or, as he says:

"One month after the end of the war."

Have you had measles as a child?

I don't know what kind of diseases, for sure scarlet fever, for sure I got those infectious diseases typical of children, and whooping cough I got it when I was twenty years old [...]. I was vaccinated against smallpox, here [indicates the deltoid muscle], against tetanus I think; consider that it was... I was born and the war ended after a month, the Second World War, so at the time the vaccinations were against polio for sure [...], but it was all quite 'eh' [in the sense of improvised and approximate]; very very fragile the situation of those years. I had many childhood friends with polio, children who took TBC [literally, i.e. tuberculosis], companions in short, because the vaccines were still... they weren't compulsory, hospitals had been bombed, it was a time when health care was recovering from the disaster that had been the war.



How disease was managed

I remember that there was the general practitioner, and then the disease was seen as, bah, those things pretty much, as you can say, predictable childhood diseases, it was seen as something like a game, it wasn't perceived in the family as a danger; here I am, my impression is that scarlet fever and those others, etc. they all get it, then it goes, it is a 'growing-up' disease. To me personally it has never been transmitted as a danger: "You have to get the vaccine, this can happen to you", with a lot of fatalism, everyone gets them, children's diseases and those things were [seen as], very light... [...] The perception I had was that [they were seen as] very, so to say, *easy*.

Was it a widespread approach?

Quite widespread in our social class, where we lived, mostly; the social class above mine I don't know. There was a very wide class below us [in terms of 'number of people'], I fortunately was in a family that were traders, my mom had a fruit and vegetable store, her brothers of appliances, the first department store, and so on, so that we were in an intermediate range, unquestionably decent for the end of the war.

There were in class with me [at school] - we were about thirty - there were people who, poor people, kids who did not even have [proper] clothes to wear, who did not have: "Here, I brought the sandwich" but they... and I divided it because in short... Yes, somewhat dramatic situations, guys whose dad had died in the war, things like that...

Were public health issues talked about?

No, no, no. Just the part let's say so began to be felt I think when I was doing middle school, then they began a little bit to say "Do brush your teeth, I recommend this, I recommend..." At the end of elementary school there were teachers who wanted me to show them my nails; that was the beginning of attention to hygiene, a little, no? At the time, all kids were without teeth because there was no nutrition, especially it was poor of everything, even if we never suffered from hunger, but of course... But no, attention to hygiene I began to understand it, the diseases, when I was around thirteen to fourteen, that age there.

Suburban kids

Especially the first suburbs were of peasants who had had everything taken away, destroyed, bombed. For that social group [the situation] was heavy, it was heavy because we citizens of the city went to kindergarten or to pre-school [...] and there, for better or worse, there was a little attention, you were looked at, if you had a sore throat they told [the carers]: "The boy, the little girl has there...". So, attending these places there was a little attention, they saw if the child had a cold.

While those who were outside, who could not, the children were in the courtyards, in the courts, in the stables outside... and there was disaster, disaster because there was no health care, it was more for animals, there was the veterinarian who went out, wasn't there? Because animals were the source of livelihood. The child, many were born in the family, you know, in all families seven, eight, ten

Attention to recommendations

Yes, for my years unfortunately there were other priorities, however, in the sense that everything was precarious; I fractured two wrists and there was no orthopedics in Vicenza, there was only the surgery department and they plastered my arms in surgery not in orthopedics; orthopedics was established here I think in '64 in Vicenza, before there was not, you broke a leg and you put it in place the guy who operated appendicitis, so it worked, that doctor who did appendicitis, hernia or tonsils, also plastered your arm.

Which diseases were you aware of?

As a child, at least until I was thirteen, fourteen, fifteen, I did not have a perception of all these [recommendations], to follow vaccines not vaccines, "This I recommend"; we all lived a bit in a, in my opinion, in a star that we always hoped would shine, in the sense, "it will never happen to me, but no, it happened to him, oh poor guy, eh but he" and instead there was the widespread pulmonary TBC, which was very widespread in those years , yes.

[...]There was the sanatorium here in Via Busato where they made the x-rays, there were people every day, because they came out of the war, the soldiers returned home with lung problems, they smoked - I have never smoked for example in my life - but they smoked tar, garbage, people who... and it was widespread, widespread a lot. Poliomyelitis, which, I remember and pulmonary TB. Then, the diseases these of the children, the rubella, those things there, yes there were but they did not vaccinate eh, in the sense that they suffered this disease, passes, then later,

Health and Oral History

Oral Testimony and the History of Medicine

Kate Fisher, 2011

Concluding remarks:

For an Interview-led Research:

The Life Story method in Oral History can produce a wealth of elements – other than those specific to the initial research questions – which can open surprising avenues to be followed up with archival research.

Triangulating sources:

In contemporary historical research, triangulating oral and archival sources may lead to a more rounded understanding of the social and, particularly, cultural dimensions embedded in circumstances and events, such that, for example, can challenge biased views as traditionally held at institutional level (whereby 'institutional' is meant in its broadest meaning).

Thank you!