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Reasoning Against Madness: Psychiatry and the State in Rio de Janeiro, 1830-1944

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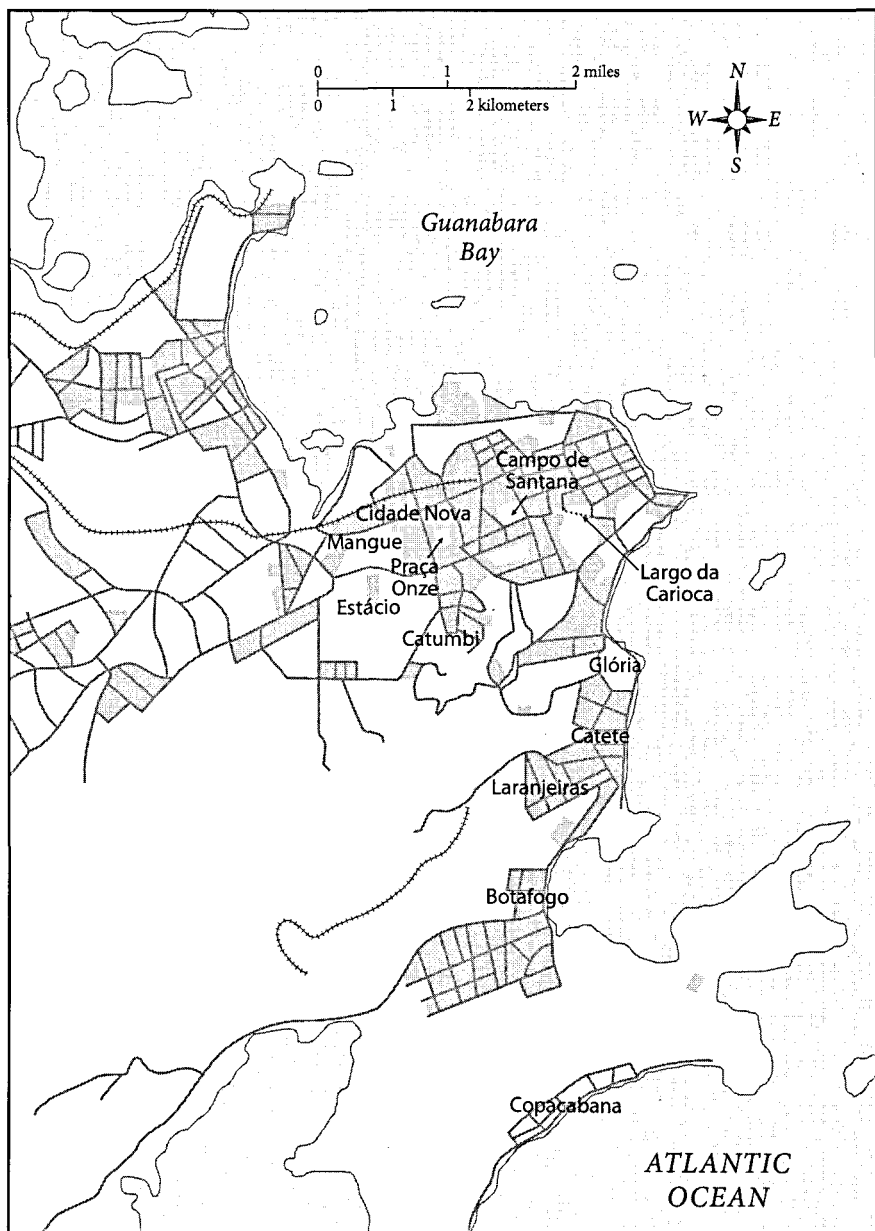
Reasoning against Madness

*Psychiatry and the State in
Rio de Janeiro, 1830–1944*

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Rio de Janeiro, ca. 1890. The map here represents a general spatial overview of the city's key neighborhoods and landmarks. Map by Bruno Carvalho and Bert Barickman, in Marc A. Hertzman, *Making Samba: A New History of Race and Music in Brazil* (Durham, NC: Duke University Press, 2013), 16. © Duke University Press. Reproduce by permission.

Introduction

On December 5, 1852, doctors, Catholic officials, Emperor Dom Pedro I, and other members of the royal court celebrated the inauguration of the first national public mental asylum, the Hospício Dom Pedro II, in Rio de Janeiro. The lavish ceremony was seemingly a success as the press touted the institution “a great triumph of philanthropic ideas” that placed the city on the “path of material progress,” marking “a notable era in the civilization of the country.”¹ Prior to the second half of the nineteenth century, the mentally ill were treated according to their means. The wealthy, if relatively tranquil, were treated at home and sometimes sent to Europe by their families under the advisement of doctors. Their poor and working-class counterparts were placed under the care of their families or housed in one of the multifunctional jails or poorhouses that held societal castoffs such as beggars, prostitutes, orphans, and vagrants. The mad were treated much the same as other marginalized sectors of Brazilian society.

By the mid-nineteenth century, however, the insane were sharply distinguished from other “problem populations.” They were incarcerated in a state-supported asylum system that isolated them both physically and symbolically from the larger society. The Hospício de Dom Pedro II contained only the mentally ill with the aim of medically treating and rehabilitating them through methods that affected the psyche. Over the course of the mid-nineteenth and early twentieth centuries, a new set of experts, the alienists, later known as psychiatrists, introduced the Brazilian public to a series of treatments and initiatives to treat the mad. They also hoped to instill sound mental hygiene practices among their fellow citizens. How and why, then, did an asylum, the first in Latin America, come about? How did psychiatrists emerge to become one of the primary knowledge experts to manage the presumed mentally ill? Explaining these remarkable shifts is the central task of this book. This project investigates how professional psychiatry emerged in Rio de Janeiro. A seemingly innocuous protest led by doctors over the spread of a mysterious “fever” outside Rio de Janeiro in 1830 paved the way for a larger critique of public health institutions and measures. By undermining the legitimacy of existing state institutions that purported to care for the mentally ill, and by extension, the constitutional monarchy’s inability

to secure the health of its citizens-subjects, doctors compelled state officials to authorize the creation of an asylum lest these officials confirm the state's tenuous obligation to its population during a critical time of state formation. Unlike the wave of independence movements finding success throughout Spanish America during the early nineteenth century, the political leadership in Brazil followed its own peculiar path when Emperor Pedro I formally broke with Portugal in 1822. In one of its many points of divergence with its Spanish American counterparts, Brazil became the only Latin American country to gain independence by imperial decree and to establish itself as a constitutional monarchy until the declaration of the republic in 1889. Many historians of Brazil noted that the fear of democratic revolution after independence ushered in a political process wherein politicians chose to reconcile differences and conflicts as a means to safeguard the political system from supposed unpredictable forces. As the politics of conciliation became a hallmark of Brazilian political culture during the latter half of the nineteenth and early twentieth centuries, its complex, uneasy, and sometimes unwieldy workings could prominently be seen through the professionalization of psychiatry.

The emergence of psychiatry in Brazil as a discrete medical specialty can be situated within the processes of bureaucratization and secularization. The professionalization of medicine and the application of more stringent standards in teaching and practice, the priorities of state building, the construction of national identities, the centralization of state power, and the reduction of the role of the church in public life were dominant themes in the medicalization of madness and the emergence of psychiatry.² But the particular way that madness was modernized in Brazil highlights several previously unexplored social and political dimensions of Brazilian psychiatry. The professionalization processes of numerous occupational groups in the latter half of the nineteenth century had much in common with that of psychiatrists. They, like lawyers, journalists, and businessmen, among others, sought to prove their professional legitimacy in the public sphere by virtue of their possession of a specific form of expertise. However, among the multitude of medical specialties that became institutionalized, Brazilian psychiatry distinguished itself as its professionals stressed the existence of a public under threat from explicit and implicit mental ailments. This study then, reconstructs how, after having garnered a certain level of professional legitimacy, psychiatrists sought more influence by focusing on efforts to project a psychological mindset onto the Brazilian public in order to produce a disciplined and a mentally hygienic citizenry. A therapeutic society was not thrust upon Cariocas, as residents of Rio de Janeiro are called, by a conspiracy of medical experts who hid behind a screen of technical jargon. Psychiatrists did attempt to expand their sphere of influence, but they were often encouraged to do so by jurists, senators, and others who guided society and culture.

This book thus traces the kinds of sociopolitical arrangements that allowed for the identification and transformation of the problem of mental illness into a dilemma of postcolonial governance. In doing so, it examines the rise of psychiatry as a distinct medical specialty in mid-nineteenth and early twentieth century Rio de Janeiro, primarily through the trials, tribulations, maneuverings, and actions of its practitioners. The book chronicles their battles over the causes, management, and treatments of madness with competing knowledge experts while seeking to obtain legitimacy for psychiatry as a medical field and public utility. The thread of this narrative connects a cast of varied characters in an unstable context: psychiatrists, Catholic officials, *candomblé* healers,³ Kardecist spiritists,⁴ politicians, and the mentally ill in the shifting landscape of modern state formation. As medical training and education were being reformed after the declaration of the republic in 1890, doctors began to insert themselves more consciously into the public sphere as both shapers and enforcers of public policies. Psychiatrists understood insanity not only as an illness but as a socially destabilizing force that threatened the progress and prosperity of the capital city and, by extension, the nation.

As a sociopolitical history of psychiatry, *Reasoning against Madness: Psychiatry and the State in Rio de Janeiro, 1830–1944* argues that an early twentieth-century Brazilian psychiatry, marked by a new focus on the collective and the social environment, both transformed liberal politics alongside notions of mental hygiene and, crucially, forged new connections between the two. It describes the processes through which doctors transformed madness from an unremarkable, if troubling, dimension of human experience into a serious sociopolitical problem; a public health dilemma; an intellectual conundrum; and, above all, a problem that medicine promised, and failed, to solve. As doctors, Catholic officials, Kardecist spiritists, and *candomblé* healers with competing visions of the causes and treatments for insanity each sought to wrest interpretive control from the others as well as from their subjects, psychiatric assertions of authority over mental illness failed to achieve broad assent.

When nineteenth-century Brazilian doctors turned their attention to madness in all its forms—from mild neuroses to full-blown insanity, from depression to hysteria, from trying to fathom the motives of murderers and suicides—they became deeply implicated in governmentality by “producing new forms of knowledge, inventing new notions and concepts that contributed to the ‘government’ of new domains of regulation and intervention.”⁵ The operation of governmentality in Rio de Janeiro that began in the early nineteenth century with the implementation of reforms orchestrated under the arrival of the Portuguese court observed by many historians continued exponentially over the course of the early twentieth century.⁶ Reforms aimed at transforming personal behaviors were intended to reorient personal

conduct damaging to individual and public health. Drinking, gambling, prostitution, forms of public leisure and entertainment, and an unsanitary urban milieu became objects of concern because of their presumed harmful effects. These behaviors not only damaged individual health but threatened Brazil's social progress and restrained its economic prosperity. As people had to be trained or taught that they had an obligation to care for themselves, part of being a responsible and productive subject required "self-care" and entailed "shifting responsibility for social risks, illness, unemployment, poverty into a domain of individual choice and responsibility for the self."⁷ The creation of a public in need of care that necessitated considerable medical and state intervention did not preclude the public's acceptance of public health and medical reforms. Indeed, it is not at all clear that psychiatrists achieved a great deal of success training individuals in self-governance. The effects of psychiatric thought are difficult to measure and assess, but the view from the asylums and outpatient mental hygiene clinics alongside the ways in which doctors wrote about mental illness and its causes strongly suggest that while psychiatric ideas were influential in shaping specific public policies, they had limited effects in their diffusion and acceptance.

Focusing upon the complex social and political status of psychiatrists leads me to not overestimate their roles as been acknowledged in Brazil and elsewhere. Where it has been considered at all by historians of Brazil, mental illness has usually been treated in relation to or as a variation on the state's concern with maintaining social order, providing more efficient policing of the city and enforcing new laws on disruptive public behavior, especially drunkenness, violence and prostitution. The mad have been portrayed as little more than criminals, deviants, and of concern to authorities only because of the threat they posed to social order. This study takes a slightly different perspective, focusing less on the role of the insane and more on the role that psychiatrists played in structuring relationships between themselves, patients, the public, and the state.

I do not showcase the perspectives and experiences of the mentally ill. Mental illness was real, terrifying, and destructive for its sufferers. However, I faced a paucity of sources on the perspectives of the mentally ill, finding few that would lend themselves to an analysis that would truly shed light on their experiences. Although this book understands madness both as a medical fact and a personal reality, it concentrates on the intellectual and cultural construction of madness as a field of knowledge, thereby making psychiatrists the subjects under the academic gaze.

My methodology draws on works propelling sociopolitical and cultural discursive analyses that lie in the intersections of history, political theory, and anthropology and aims to oppose the disaggregating of medicine from politics, society, and culture. In this manner, I make extensive use of a wide variety of sources that include asylum records, medical journals, government

documents, fiction, chronicles, travelogues, and newspapers, among others. Newspapers proved a particularly invaluable resource as forums of public debate that included critiques of psychiatrists and their responses. As historian Jeremy Popkin observes in relation to the French Revolution, newspapers operated as both “purveyors of information and ideology” and as important sites for the construction of sociopolitical and cultural identities in Brazil in the period the book addresses.⁸ Following Popkin, I treat newspapers as an interactive literature of reform during Brazil’s “long nineteenth century” (from political independence in the 1820s to the rise of nationalist challenges to liberalism in the 1930s), as readers of the period became participants in state matters through this forum.

This book makes an important scholarly intervention in Brazilian historiography by tracing the complex professionalization of psychiatrists through a long period of national modernization. Few historical studies have traversed the conventional periodization of Brazilian history when looking at the state within the context of social assistance. Many historians of Brazil who focus on modernization processes tend to concentrate on the Old or First Republic (1889–1930) period. Specifically, historians such as Teresa Meade, Dain Borges, and Jeffrey D. Needell suggest that class and racial prejudices imbued an array of political and urban professional campaigns’ attempts to moralize and modernize Brazilian cities (specifically Rio de Janeiro) by regulating and sanitizing public and private spaces.⁹ Moreover, the public policies these notions inspired seldom sought to eliminate social hierarchies. In actuality, the claims of liberal nation builders compounded and exaggerated racial, class, and gender cleavages among different social groups and individuals. By following the maturation of psychiatry through the demarcations of Imperial Rule (1822–89), the Old Republic (1889–1930), and the era of President Getúlio Vargas (1930–45), this study allows for a richer and a deeper understanding of psychiatry’s emergence and its bureaucracies of care. I aim to add nuance to the insightful appraisals of the Old Republic and provide a bridge between them and the emerging historical studies of social assistance in both earlier and later time periods.

In that vein, this study engages a variety of disciplines and historiographies. First, it speaks to histories of psychiatry that understand the asylum as a fountainhead of professionalization in the Anglophone Atlantic. As a mainstay of the history of psychiatry, the asylum has been a useful and yet limiting point of focus with which to examine madness and psychiatry since the institution has provided the greatest historical record with which to trace the treatment of insanity. However, inherent in conventional histories of the asylum is the notion that psychiatry was the only paradigm practiced inside. In many works, starting with Erwin Ackerknecht’s and Gregory Zilboorg’s classic texts and continuing with Roy Porter’s monograph on the topic, historians of psychiatry and the mind sciences focused almost entirely

on Western Europe and North America until the 1990s.¹⁰ The notion that asylums and professional psychiatry were bastions of state power emerged from this Western bias. It was propagated by an entire generation of historians including Andrew Scull, who reinforced the notion of the asylum as an impenetrable and imposing prison, and David Rothman, who argued that the insane asylum was born in the same moment of institutional discipline as prisons and poorhouses in antebellum America.¹¹ Later scholars, such as Nancy Tomes, Gerald Grob, and Anne Digby, criticized the analytical lens with which these historians had framed the asylum and interrogated a broader array of primary sources that painted a more nuanced history of madness; however, the historiographical preoccupation with the Eurocentric asylum and professional psychiatry remained.¹² This book challenges this idea by building on the work of historians such as Megan Vaughan, Richard Keller, and Jonathan Sadowsky, who argue for a nuanced reading of the asylum in its colonial/postcolonial contexts.¹³ Notably, Sadowsky's work illustrates how the total asylum made its way to Africa, importing colonial medicine as part of Western imperialism and interacting with local indigenous paradigms. He argues that medical services were a major rationale for colonial officials and that hospitals and clinics were typically most developed when and where there was a medical threat to the local workforce.¹⁴ However, this book builds on his work by suggesting that Brazilian imperial and republican governments were also filled with moderate voices who on one hand argued that the state had an obligation to provide social services, but on the other hand harbored discriminatory thoughts about the marginalized populations in need of those services. Although my work draws strongly on that of Sadowsky, it nuances the social and political sensibilities of medical experts who had complex relationships with the people they sought to help.

This book has been greatly informed by the history of psychiatry in Latin America. However, in order to investigate the history of psychiatry, historians of the region (myself included) have used the lens of public health as an entry point from which to examine psychiatric notions of madness and attempts to manage it. Public health served as one of the most agile and expansive regulatory mechanisms in nineteenth-century Latin American cities. Although municipal public health institutions often had small budgets and staffs, they had considerable legal authority to regulate property and people's conduct in order to remove threats to the general population's longevity, health, and well-being. The public health mandate linked the condition and conduct of individuals with the vitality, strength, and prosperity of society overall. Earlier histories of public health in Latin America lauded the supposedly heroic efforts of local and international physicians and medical institutions for having tried to save the health of the inferior Latin American population from its supposed feeble constitutions. Yet by

the mid-1990s, historian Marcos Cueto's contributions represented a fundamental shift in how scholars explored the relationship between medical science, public health, and nation-state building in the nineteenth and twentieth centuries. His work explored how disease, public health initiatives, and medical research intersected with the attempts of government officials to illustrate how important health and hygiene were to defining the modern nation and state. Cueto also demonstrated that public health policies and programs started by the government had ulterior motives regarding the health of lower-class citizens. Medical science, Cueto argued, allowed state officials and medical professionals to justify their characterizations of the lower classes by providing supposed empirical proof of their innate inferiority. State officials used medical science to create a narrative that required the segregation of lower-class citizens from middle- and upper-class citizens through measures such as housing and employment opportunities.¹⁵ Extending the work of Cueto, scholarship on the history of Latin American nation-state building through public health and medical science began to emerge in the late 1990s and has continued to develop into a compelling area of research. In particular, this scholarship has unveiled unique and exciting ideas about how medical science was inextricably tied to nation-state building. Historian Christopher Abel has also nuanced the historiography of public health by identifying three major areas of convergence and divergence across Latin America during the late nineteenth and early twentieth centuries. In this manner, he has outlined three major thematic areas that he argues scholars in the field of public health should focus on: the complex reasons why late nineteenth-century state officials were concerned with the health of the citizens and hygienic conditions in major cities; how international groups, ranging from British philanthropists to the Rockefeller Foundation to the US government, sought to introduce innovative Western medical techniques to combat diseases such as yellow fever or malaria; and how marginalized racial and ethnic groups dealt with the introduction of medical efforts to improve their diets, health, and hygiene.¹⁶ Greatly informed by these thematic structures, *Reasoning against Madness* frames the emergence of Brazilian psychiatry as a critical element of public health.

Whether or not lower-class citizens could become productive members of society was a question that reverberated throughout Latin America in the late nineteenth and early twentieth centuries as this issue became particularly salient in the psychological pathologization of racial and ethnic marginalized others. For example, historian Ann Zulawski explored how the Bolivian government chose to deal with improving public health despite having a considerable indigenous population. Liberal Bolivian physicians, psychiatrists, state officials, and elite citizens all agreed in principle that the country had to integrate the indigenous population into mainstream society

in order to eliminate what this group called its “Indian problem.” However, Zulawski concluded that unlike other Latin American countries that sought to incorporate the Indian at all costs, the Bolivian government, along with elite and middle-class citizens, decided to abandon any meaningful attempt to include indigenous populations into the body politic. Soon these elite groups began to define whiteness as the most important trait for becoming modern, thus eliminating the nonwhite citizens from joining the formal public sphere and its institutions.¹⁷ Similarly, historian Cristina Rivera Garza has examined the ways in which socioeconomically marginalized groups during the reign of Porfirio Díaz (r. 1876–1911) were rendered dangerous by psychiatrists who adhered to an illiberal modernization program that undergirded the Porfiriato. These works and the idea of “liberal strategies of exclusion,” to use political theorist Uday Mehta’s felicitous expression, have provided influential hermeneutic keys for reading the history of liberal thought against the grain in republican Brazil.

A central theme of this book is the intersection of social assistance and its shift from philanthropy to welfare under the banner of liberalism. In liberal democracies, the concept of citizenship has established the meanings, expectations, and boundaries of full membership in society through claims of universal equality and access to political, economic, and social privileges, opportunities, and participation.¹⁸ However, the emergence of a medical-legal state that sought to exercise control and authority over a fragmented and regionalized population in republican Brazil is rife with instances of citizenship deprived and of personal liberties denied to various groups on the basis of race, class, and gender. Any attempt to come to terms with how psychiatrists hoped to guide the modernization of Rio is confronted by this paradox of liberal professionals employing markedly illiberal means to carry out such a program.¹⁹ At the core of this paradox is the notion that Brazilian psychiatry was afflicted by a persistent gap between the universal liberal values that the profession purported to represent and the historical fact of difference that such universal claims failed to accommodate.²⁰ It was this gap that authorized and justified the exclusion, marginalization, and derision that psychiatrists visited upon the presumed mentally ill who were either indigent, of African descent, or who frequented *candomblé terreiros* (ritual spaces of worship). Thick hierarchies often lurked beneath the surface of Brazilian social assistance programs’ abstract language as liberalism’s inclusive premises of moral equality often came riddled with perceptions of non-elites as fundamentally lacking the prerequisites for claiming the practical entailments of universal equality.

The historiography of psychiatry as it relates to public health and modernization in Argentina, by far, however, proves to be the most expansive counterpoint to Brazil, given the deep entrenchment of the psychiatric disciplines in Argentina.²¹ Indeed, it has become a truism that of all the societies

of Latin America, Argentina is the one in which the “psy” disciplines, and Freudian psychoanalysis, in particular, came to carry the most weight, not just in the building of state institutions but in broader cultural terms. For example, historian Mariano Ben Plotkin’s seminal *Freud in the Pampas: The Emergence and Development of a Psychoanalytic Culture in Argentina* (2001) explores the early growth of psychoanalytic ideas in Argentina, the relationship of the analysts to the local medical culture, and the critical role of psychoanalytical “diffusers.”²² Critically, it also highlights the profound ways in which psychiatrists were already incorporating mental health paradigms in both public and private spheres by the late nineteenth century. While psychoanalysis in Brazil did not have the wide diffusion it did in Argentina, there has long been a Brazilian public psychiatric establishment, mostly supported by the state, which predates Argentina’s.

Since *Reasoning against Madness* marries the interstices of political and medical histories, the works of historians Julia Rodriguez and Jonathan Ablard serve as complimentary counterpoints to Brazilian psychiatry. Rodriguez’s *Civilizing Argentina: Science, Medicine, and the Modern State* (2006) explores the connective tissue between Argentine modernity, science, and medicine by specifically looking at how doctors (psychiatrists included) targeted women and men who threatened the public order and criminals as key rehabilitative groups. Ablard’s *Madness in Buenos Aires: Patients, Psychiatrists, and the Argentine State, 1880–1983* (2008) looks at the waxing and waning of government support for psychiatry as the leitmotif running through the study is the failure of state structures to achieve psychiatric goals. Similar to *Reasoning against Madness*, both works use psychiatric institutions and initiatives as case studies from which to examine the political history of the state and the history of medicine.²³

The growing body of work that examines the history of psychiatry and psychiatric professionalization in Brazil subscribes heavily to Foucault’s understanding of madness as a social construct and the Great Confinement efforts of psychiatrists and the state.²⁴ Although insightful, these studies depict psychiatrists as almost exclusively agents of the state. While I view psychiatrists critically, I believe many of them genuinely wanted to aid the mentally ill and that even their bureaucratic goals were informed by their experiences as healers and often differed from those of state functionaries. Although they did sometimes overreach in diagnosing people as insane, they had no intention of confining the majority or even a large percentage of the populace into the asylum.²⁵ Rather, they intended to use the asylum primarily as a tool to maintain public order, to alleviate the burden of care for families with mentally ill members, and to practice their medical craft. Furthermore, psychiatrists envisioned the asylum as part of a dynamic network of institutions intended to mold modern productive citizens and to inculcate new modes of selfhood. In this manner, psychiatrists in Rio de Janeiro had much

in common with their liberal professional counterparts in other parts of the Americas. For example, historian Silvia Arrom, in *Containing the Poor: The Mexico City Poor House, 1774–1871* (2000),²⁶ examines the ways which church and vice-regal reformers created the poorhouse as a radical program to not only eliminate poverty and promote economic development but to instill new modes of being.²⁷

The book's point of departure is the asylum-construction campaign during the 1830s. Chapter 1 examines how proto-psychiatrists injected madness and mental health as critical matters of statecraft during a fragile political impasse.²⁸ Brazil's gradual modernization in the nineteenth century differed greatly from North American and European models; instead of growing within a bourgeois enclave, capitalism grew and developed within a dense network of patronage.²⁹ Throughout much of the country's colonial and early imperial history, a slave-owning, rural aristocracy maintained paternalistic sovereignty over the rest of the population. However, the political and economic culture that developed in the 1830s was in large part a consequence of the 1807–8 transfer of the Portuguese royal court that superseded the power of the rural aristocracy. The prince regent João VI and approximately fifteen thousand Portuguese nationals took up residence in a colonial port and dramatically transformed urban society. While local political and medical circumstances prompted medical reformers' call for an asylum, revolutionary intellectual currents in the Atlantic also influenced them. Of specific importance was the apocryphal story wherein French psychiatrist Philippe Pinel (1745–1826) breaks the chains of the confined and abused mentally ill at the height of the French Revolution sparking the institutionalization of a more humane medical regime for the insane. This became a grounding mythology from which Brazilian reformers advocated for the creation of the Hospício Dom Pedro II. The myth of Pinel as a chain breaker proved very useful, for it promoted an image of psychiatry that linked the incipient medical specialty to the ideals of revolution, emancipation, and humanism situating the psychiatrist as a liberator and a healer.

Chapter 2 chronicles contestations between the emergent psychiatrists and the Brazilian Santa Casa de Misericórdia Catholic lay brotherhood over the governance of the Hospício Pedro II. It investigates how psychiatrists, as apostles of professional rationality, developed their ideas about reason and bureaucratic power in a contested site of religious charity during Brazil's Second Empire. While these groups shared ideological ground about the need to seclude the insane in asylums, their divergent and entangled epistemologies about the constructions of madness, its treatment, and its bureaucratic governance shaped their conflicts. By the declaration of the republic in 1890, psychiatrists were able to wrest authority over the Hospício Pedro II, now called the National Insane Asylum, from the Santa Casa as religious actors were removed from key administrative positions. State officials would

recognize psychiatrists as key experts on mental illness and endow them with professional and political authority as they drafted key legislative efforts related to the infrastructure of care for the mentally ill. Outside the asylum, Rio grew into an imperial capital city crucial to Brazil's export economy.³⁰ As the major Brazilian port of entry, approximately ten thousand enslaved men and women, taken mainly from Western and Central African sites, landed in Rio every year. In fact, the urbanization that transformed the colonial capital into a royal court and the expansion of Brazilian ports' involvement in foreign trade increased the demand for urban slave labor. The city's port economy and the gradualist approach to slave emancipation created a deeply international, multicultural, and multiracial kaleidoscope of workers that included African and Brazilian slaves in addition to multiclass European immigrant laborers.³¹

When the slave trade gradually ended during the late nineteenth century, members of the planter class began to shift their economic, political, and cultural weight to Rio de Janeiro, where they encountered a new urban population of liberal professionals, including psychiatrists. In the period immediately following the final abolition of slavery in 1888, Rio de Janeiro was not just the undisputed cultural and political capital of Brazil. It was a contradictory social landscape where poverty coexisted with manifestations of fantastic wealth and privilege as city residents grappled with the symbolic and empirical tenets of modernization.³² The statesmen, public health officials, doctors, and scientists who comprised the urban elite sought to revitalize the nation as a model for, as the 1890 Brazilian flag would have it, "order and progress."³³ They began to regard the presumed mad that were scattered throughout the city and significantly marked by poverty and blackness as a threat to their ambitions for order. The elite and the emerging middle classes regarded black bodies, features, and behaviors as the visible embodiment of the danger that imperiled industrious cities and a disciplined citizenry. In particular, racist interpretations from abroad fueled elite anxieties about the country's racial identity. European intellectuals such as Henry Thomas Buckle, Benjamin Kidd, and Gustave Le Bon, who Brazilian elites avidly read, widely held up Brazil as a cautionary tale since the country's reputation as the world's largest importer of African slaves, and as a culture permissive of miscegenation, made it a prime example of tropical degeneration. According to these thinkers, promiscuous crossings characteristic of Brazil had produced degenerate, unstable individuals incapable of rational political, social, or economic development. As the monarchy came to a close with the deposition of Emperor Dom Pedro II by republican forces in 1889, Rio's psychiatrists, versed in the lexicons of criminology, eugenics, and degeneration theory, but still devoted to the idea of a triumphant Brazil, had a layered and complex set of responses to their Atlantic, and to a degree, internal Brazilian

colleagues. While they also certainly held antiblack views of their fellow citizens, they rejected the deterministic pessimism that degeneration theories conveyed and their implications for emergent schemes of national modernization, in which Rio was to be the showcase. The growing strength of psychiatric belief and advocacy in Rio would be put behind a racial, and often racist optimism, in which psychiatrists saw themselves molding black and mixed-race citizens into a functional part of a great modern city.

Chapter 3 examines three key legislative decrees and their sociocultural underpinnings. By instigating Decree 206 (the establishment of Medical-Legal Assistance to the Alienated), Decree 791 (the authorization of the Professional School of Nurses), and Decree 1559 (the establishment of the Observation Pavilion), psychiatrists hoped to revolutionize the asylum into a monument of therapeutic care. These decrees reorganized both people and space, reflecting psychiatrists' understanding of the mentally ill, their medical collaborators, and themselves. Through a process of adding and removing bodies deemed inappropriate and the manipulation of the asylum's space, these measures sought to remedy problems such as inept and abusive nurses, overcrowding, and the pervasive presence of the chronically incurable. Psychiatrists invented and shaped complex relations between the inner and outer dimensions of asylum space that ultimately constituted the core of their narrative world-making. By focusing on how psychiatrists purported to improve and to expand care for the mentally ill, I argue that the racial, gender, and class biases of early Brazilian psychiatrists would both aid and hinder their work as they actively sought to undergird their profession to republican projects of modernism. Chapter 4 explores how denunciations of the asylum and its administration by various opponents of psychiatry, as well as rebuttals by the asylum's psychiatric administration, reveal the juxtaposition of a strong antirepublican tradition rooted in imperial nostalgia against secular bureaucracies of expertise. Nostalgia for imperial forms of social assistance in the late nineteenth and early twentieth-century Rio de Janeiro, represented by organizations such as the Santa Casa lay brotherhood, arose from the contested political significance of social assistance during the transition from empire to republic.

Chapters 5 and 6 take both a synchronic and diachronic approach to the examination of psychiatry in the public sphere during the early twentieth century. The chapters cover some of the same temporal ground but from separate thematic viewpoints. Chapter 5 addresses psychiatrists' invocation of a public whose claims required defense, focusing on 1903–37 period in which the interest of National Insane Asylum psychiatrists in serving a public outside of the asylum reached its apogee.

In Rio, as in other Latin American capitals, psychiatry was born and grew to maturity as part of larger modernizing projects. By the late nineteenth century, Rio de Janeiro was the most populated city in Brazil, containing

more than half a million people in 1890 and over eight hundred thousand in 1906.³⁴ In the early decades of the twentieth century, Rio de Janeiro was reshaped by urban reforms constructed to create an image of a civilized cosmopolitanism. In a nation that was largely agricultural and dependent on coffee exports and ruled by oligarchic elites, Rio de Janeiro was not only the political and cultural center of the nation but was also the iconic city where new forms of socialization, consumption, and modernization were being debuted. Urban reforms sought to constitute a bourgeois ordering of public space by dictating to the public the norms of behavior, dress codes, and hygienic space. Aside from the infrastructural modernization and hygienic reasoning behind public works and public health measures, the norms and impositions of the municipality were also tinged by a desire to curtail popular culture and manifestations of “low culture” (read Afro-Brazilian) in an attempt to instill a model of Europeanized bourgeois civility that has led historian Jeffrey D. Needell to refer to the late nineteenth and early twentieth centuries as Rio’s “Belle Epoque.”³⁵ Inspired by French Prefect Georges-Eugène Haussmann’s renovation of Paris, the city’s urban planners began to eliminate configurations of public space dating from the colonial period and earlier, seeking to scrub away the “disorderly” working-class uses of the city.³⁶ As the city almost doubled in size between 1890 and 1906, it created modern systems of public service such as transportation, lighting, sanitation, and policing due to the efforts implemented by the energetic mayor Pereira Passos during his term from 1902 to 1906.³⁷ Dubbed the “tropical Haussmann,” Passos, alongside federal government officials, sought to alter the image of Rio as a retrograde colonial port. He undertook infrastructure reforms that included the opening of new avenues and the improvement of public transportation. Allied with charismatic and tireless public health advocate Doctor Oswaldo Cruz, Passos promoted a veritable crusade to eradicate epidemic diseases to impose obligatory vaccination, and to reinforce hygienic methods. The search for the modernization of the city was conditioned not only by diverse mentalities but also by differing pacts between the municipal authorities, the central government, and the governing elites. In the early twentieth century, people throughout the Atlantic region began to consider sickness as an avoidable flaw rather than an inevitable condition of living. As public health officials considered the regulation of the body, conduct, and living environment as an increasingly crucial practice in guarding against the infiltration of disease, they developed a series of agencies founded upon notions of social hygiene.³⁸

A north and south Atlantic professional trend had embraced mental hygiene, and a growing number of Brazilian psychiatrists began to understand the social and political environment as a key player in shaping human character. Describing the development of an individual’s personality as connected to the interpersonal dynamics making up distinct cultures and

societies, they began to figure psychiatry as the key to explaining, and even resolving, a wide range of related social and political problems. At this juncture, Brazilian psychiatrists, in particular, were at the forefront of public health campaigns as they used the discourses of epidemiology, population management, and prevention to define civic responsibilities and to promote a public psychiatry as part and parcel of state modernization. As a better established field of global reach, public health offered psychiatrists access to an expansive language of reform. Brazilian psychiatrists employed new categories of normal and deviant, which were dramatically defined and invigorated by race, class, and gender differences.³⁹ In the name of safeguarding the health of the entire population, public strategies of surveillance, documentation, and quarantine generated new concepts of individual behavior sometimes at odds with the existing and popular standards of social conduct. The growing construction of medical knowledge about mental illness, deviance, and danger emerged in the context of a fervent antipoor, antiblack, and patriarchal political culture generated by the social tumult of industrialization, rapid urbanization, and tremendous migration into Rio de Janeiro.

By the 1920s and 1930s, Brazilian mental health professionals showed a renewed interest in the relationship between the sociopolitical environment and mental health. As members of a Rio-centered reformist group within Brazil's elite class, they rejected a national narrative of racial pessimism and argued that improvements in health, culture, and most importantly, education, could mend degeneracy.⁴⁰ In pursuit of the belief that psychiatry itself could address both personal and social vices and errors, psychiatrists maintained control of the asylum they had fought so hard to hold but uncoupled the profession from asylum practice. They expanded the boundaries of the profession as they focused on the outpatient clinics and other urban facilities devoted to evaluation, short-term treatment, and prophylactic programs rather than indefinite custodial care that had first appeared at the end of the nineteenth century. These sites provided the basis for a psychiatry of everyday life, concerned less with insanity than with employment, marriage, sexual morality, and child rearing. By focusing on these domains, we can better appreciate the extent to which psychiatrists hoped to intertwine and to build both the institutional and cultural aspects of their project and assess the successes, failures, and unintended consequences of their efforts.

The last chapter looks at how psychiatrists responded to challenges from spiritism, which they characterized as a negative cynosure that functioned as a portmanteau representation of national degeneration. It specifically explores how psychiatrists pathologized both *candomblé* and Kardecist spiritism. It addresses these questions: Why did Brazilian psychiatrists render spiritism as both a form and cause of madness? Why did they assail its practitioners and followers? Spiritism's logics and logos fundamentally upset psychiatry's model of the self-possessed citizen and nation bound to

the vicissitudes of time, materiality, and territoriality. Indeed, psychiatrists' inability to curtail spiritism's popularity reflected a failure to articulate a compelling politics of persuasion to the very Brazilians they hoped to assist. The abatement of psychiatry's vitriolic battles against spiritism during the early 1940s illustrates psychiatry's gradual and grudging acceptance of supernatural beliefs among a Brazilian populace that often blithely combined an enchanted worldview with modernity.

In many ways, Brazilian psychiatry was a movement built in the bureaucratic fissures of government infrastructures. Although psychiatrists sought to manage and serve the Brazilian masses, they remained most successful in the terrain in which they were born: the field of institution formation. They were ultimately largely unsuccessful in winning the hearts and minds of Brazilians for a number of reasons. Most critically, however, they would overreach their diagnostic power in the public sphere and have to cede cultural and institutional ground to Kardecist spiritism and *candomblé*. These alternative systems' espousal of ideological frameworks that identified the sources of mental illness and their cures proved more compelling to many Brazilians than psychiatry's messages of self-control, austerity, hierarchy, discipline, and secularity. Unlike in Argentina, psychiatry failed to become Brazil's state "religion-of-the-self." Instead, it gave over much of its momentum and legacy as an innovator of muscular programming to the state proper while it relinquished cultural space that it hoped to claim (and Argentinian psychiatry enjoyed) to more popularly grown, permeable, and resilient cultural institutions. Thus, by the 1940s a mature Brazilian psychiatry would manage the asylum, consult on state programs, and engage in private practice.

Ultimately, the professionalization of psychiatry mirrored the historical processes of political and socioeconomic upheaval. The closing of the National Insane Asylum in 1944, which was by that point one among many secular state institutions available to the mentally ill, would serve as perfunctory notice of the end of psychiatric leadership of public infrastructure development, technological innovation, liberal political reform, and moral regeneration. A new era would emerge in Brazilian psychiatry in which state institutions and programs would be overwhelmingly created and directed by state officials, sometimes in consultation with psychiatrists. Ultimately, this book explores how psychiatry in Brazil came into being as an adjunct utility to, among other institutions, the Santa Casa de Misericórdia, how it grew to become a key driver of Brazilian modernization, how it failed to become a popular culture-making force and how it then receded, arguably taking up its mature role in Brazil as an adjunct utility to the emergent secular state, which in turn took over responsibility for many of the structures and public roles that psychiatrists had created.