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'Work Conquers All': psychiatry, agricultural labor, and the Juliano Moreira Colony in Rio de Janeiro, Brazil (1890–1958)

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ABSTRACT This article explores the varied forms of labor used at the Juliano Moreira Colony in Rio de Janeiro during the first half of the twentieth century. It investigates the ideological justification psychiatrists made about the therapeutic value of work, and in particular, agricultural work, as a dominant medical regimen in the Colony. It is suggested that the Colony's elision with labor resonated with a state that placed work and the worker as socio-political and cultural national centerpieces. Its appeal to the state was most likely the reason why the colony model became the predominant hospital structure when a muscular public health structure reorganized mental health services throughout the nation. The labor of the mentally ill in the Colony had no great generative use-value since their efforts were not sufficient to make the Colony sustainable. Moreover, labor therapy was not able to fully rehabilitate the majority of patients so that they could leave the institution and enter the labor force. Indeed, the presidency of Getúlio Vargas (1930–1945, 1951–1954), with its championing of the working classes, inflected the idea of labor with new significance. Therefore, the performance of labor in the Colony, in and of itself, had potent symbolic value. The work of the mentally ill in agricultural fields or carpentry workshops, although non-productive, can be understood as repertoires of social and political claim-making.

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Introduction

Located in the Jacarepaguá district of Rio de Janeiro, the entrance gate plaque of the Juliano Moreira Colony reads “Praxis Omnia Vincit,” or “Work Conquers All.” Founded in 1924, the institution, as originally imagined, is no longer; it lost federal support and fell under the auspices of the city municipality by 1996. Initially named the Jacarepaguá Colony of Psychopaths (Colônia de Psicopatas de Jacarepaguá), it became known as the Juliano Moreira Colony, from 1935 onwards as a posthumous tribute to the well-respected and well-regarded illustrious psychiatrist who lauded the colony model for treating the mentally ill. During its existence, the Colony was predicated upon labor as the guiding treatment for the mentally ill. The institutional model of colonies as a form of medical care has been used to treat diseases in varied international contexts. It has frequently been associated with the isolation of patients with presumed contagious diseases, such as lepers and tuberculars, with the stated goal of preventing the spread of diseases. The ‘colony,’ is a little studied asylum type, adopted in a number of sites across the world in the late nineteenth and early twentieth centuries. Specifically, the proposed isolation of the mentally ill in a rural setting performing varied labors grew out of nineteenth century psychiatric understandings of mental illness as a byproduct of the excesses of urban life and the supposed healing powers of nature.

This essay explores the varied forms of labor used at the Juliano Moreira Colony. It investigates the ideological justifications psychiatrists made about the therapeutic value of work, and in particular, agricultural work, as a dominant medical regimen in the Colony. This essay puts forward a set of small significant arguments. The virtues of labor therapy for the mentally ill were long touted during the latter half of the nineteenth century in Brazil and elsewhere. However, why did the Colony, with its central focus on work therapy, receive such considerable state investment during 1940 and 1950s? I suggest that the Colony’s elision with labor resonated with a state that placed work and the worker as socio-political and cultural national centerpieces. Its appeal to the state was most likely the reason why the colony model became the predominant hospital structure when a muscular public health structure reorganized mental health services throughout the nation. The labor of the mentally ill in the Colony had no great generative use-value since their efforts were not sufficient to make the Colony sustainable. Moreover, labor therapy was also not able to fully rehabilitate the majority of patients so that they could leave the institution and enter the labor force. I do not suggest that state officials saw the Colony’s mentally ill as potential laborers. The presidency of Getúlio Vargas (1930–1945, 1951–1954), with its championing of the working classes (Ioris and Ioris, 2013), inflected the idea of labor with new significance. Therefore, the performance of labor in the Colony had potent symbolic value. The work of the mentally ill in agricultural fields or carpentry workshops, although non-productive (Campos, 2004), can be understood as repertoires of social and political claim-making.

The Colony, among other colony structures throughout Brazil, was not just an emblematic representative of a mid-twentieth century medical bureaucracy. Indeed, as the ‘cultural turn’ has taught (Poblete, 2018), bureaucracies are not clinical sterile entities; they have both socio-cultural effects and affects. With its promulgation of agricultural work, among other forms of labor, and heterofamilial care (the practice of patients interacting with employees’ families), in a rural bucolic setting within a bustling industrial capital city, the Colony was uncannily reminiscent of a pre-industrial era. Within the context of a post-emancipation society that was the last to abolish slavery in 1888, and has the largest African descendant population outside of sub-Saharan

Africa, the bureaucratic workings of the colony model harkened back to a premodern social organization that was evocative of slavery (Freyre, 1986).¹ The (re)production of the Colony, the endless loops of its circulations and its core components—confinement as captivity, psychiatrist’s benevolence as paternalism, dutiful patients as subservient laborers indexed—myriad aspects of plantation slavery. The extent to which psychiatrists who championed the colony model were in fact advocates of forced labor based on chattel slavery will not and cannot ever be known, nor is it my intention to embark on such an endeavor. I also do not mine the antiblack racism of the Colony nor its psychiatrists. Instead of understanding the Colony within the confines of medical history, as evidenced by the historiography, I argue that it can also be explored within an alternative epistemological frame that conjoins the history of psychiatry within the deep folds of socio-cultural and political processes. This essay has three parts. The first explores the context in which the original colony model for the mentally ill was implemented in the São Bento and the Conde de Mesquita Colonies on the Ilha do Governador (Governador’s Island) in Rio de Janeiro. The second investigates the birth and growth of the Juliano Moreira Colony. The final part looks at the varied forms of labor therapy used in the Colony and how its redevelopment and expansion coincided with a tumultuous period of state reorganization, consolidation, and expansion under Getúlio Vargas (1930–1945, 1951–1954).

This historical examination of the Juliano Moreira Colony intervenes in two historiographies: the historiography of labor and psychiatry, and the historiography of the Juliano Moreira Colony. The role of work in mental illness has a long career. The inability to work is a major disabling characteristic of serious mental disorders, and the capacity to work a sign of mental health. It is perhaps not surprising then that many forms of treatment involved work-related activity as a therapeutic intervention. Nonetheless, the relationship between work and mental health has rarely been straightforward. What kind of work was therapeutic? Was work therapeutic for all, or did its benefits depend on factors such as race, gender, and class? In asylums that became financially dependent upon patient labor, were work regimes more exploitative than therapeutic? Given the central place of patient labor and occupation in the history of mental disorder, the absence of any sustained historical analysis of the subject has been a significant omission, answered until now by only a handful of studies (Arneil, 2017; Edington 2011). Waltraud Ernst’s important edited volume, *Work, Psychiatry, and Society, c.1750–2015* (2016) stands out as one of the definitive book-length text that investigates how patient work in mental institutions has been conceptualized, practiced, and experienced. Patients’ work has been regarded as either therapeutic or as necessary for the continued functioning and funding of the institution, but these well-conceived chapters usefully complicate this dichotomy by placing patient work in a critical relationship with larger sociocultural, economic, and political changes across time and place. The chapters deftly investigate how ideas about, and the practice of, patient work in mental institutions have changed over time due to individual patient personalities, as well as shifting social, institutional, and medical contexts. The result is a book that urges readers to consider the importance of how “work, psychiatry, and society are intrinsically bound up (Ernst, 2016, p.10).”

Despite the book’s clearly important contributions, none of the authors directly interrogate the subject of agricultural labor. This absence assumes an uncanny ontology when labor and psychiatry are explored in colonial and postcolonial societies where varied systems of forced labor governed the logics and routines of everyday life. It behooves historians interested in the intersection

of labor and psychiatry to scrutinize the possible motivations and intentions of psychiatrists, and their ready, if not enthusiastic, adoption of agricultural labor tried and true practice of rule for enslaved populations. Brazilianists who have produced a small and insightful body of work on the Juliano Moreira Colony, in particular, have fallen prey to this intellectual tendency (Venancio and Potengy, 2015; Sanglard et al. 2013; Andrade, 2010; Amarante, 1982). Ana Teresa A. Venancio's and Giselia Franco Potengy's edited volume *O Asilo e A Cidade: Histórias da Colônia Juliano Moreira* (2015), stands out as the first book-length treatment of the Colony. Contributors fruitfully engage the history of the Jacarepaguá region prior to the Colony's construction, the Colony's structural plans, the psychiatrists who worked at the institution, among other empirical subjects. Such contributions would have been greatly complemented by penetrating the ontological absence of slavery given that forced labor in a slave, and post-slavery landscape stands out as a striking lacuna. While psychiatric sources may demonstrate doctors' good intentions and best practices towards their patients, doctors were social and political actors deeply influenced by the zeitgeists of their times. As such, psychiatric policies and initiatives in service of the public good must be diligently read against the grain when the majority of the "public" was, and continues to be, subjected to antiblack racism and discrimination. Thus, contributors could have taken into account the ways in which race, and other markers of difference, can contribute to reconceived concepts of "the political" and "the cultural" (Mergel, 2017; Pincus and Novak, 2011) so as to yield to synthetic and integrative histories attuned to the discursive materiality of psychiatric spaces (Meyer, 2017). The origins of asylum medicine were found in post-Enlightenment Europe. The birth of the asylum and the death of Brazilian slavery occurred during the latter half of the nineteenth century. Though the origin of Brazilian slavery and of institutions for the mentally ill can be traced to seventeenth-century Europe, the systematic provision for segregating the insane into specialized facilities in lieu of treatment in general hospitals occurred in Brazil just as the struggle to end slavery was gaining momentum. While slavery and the asylum were not mutually constitutive of one another, ideas about confinement and race undoubtedly infiltrated psychiatry.

By examining the colony model and specifically, the varied forms of work therapies used in the Juliano Moreira Colony, and its expansion; this essay suggests that socio-cultural and political contexts, and their subtexts, matter. Novel psychiatric ideas circulating throughout the Atlantic world alongside Brazilian socio-cultural and political values were embedded in the founding of the Juliano Moreira Colony. No single essay, and certainly not one of this short length, can singlehandedly inscribe a new realm on the academic landscape. This paper simply hopes to build on an emergent body of scholarship on the historical relationship between labor and psychiatry by deploying an interdisciplinary methodology that draws from the history of psychiatry and social theory in order to understand how the relationship has generated and delimited the fabric of medicine, politics, and culture.

Labor, the moral therapy, and the emergence of Brazilian psychiatry

With the emergence of the "moral treatment" around the turn of the nineteenth century, patient work became, as historian Andrew Scull, states a "major cornerstone" of treatment (Scull, 1981, p. 112), with emphasis on the development of the patient's self-control, as distinct from control established by a therapist. Brazil's engagement with patient labor as a significant component of treating the mentally ill, emerged as part of a campaign by activist-doctors who advocated for the construction of the

nation's, and Latin America's, first public asylum. Appalled at the treatment of the mentally ill at the Santa Casa de Misericórdia (Holy House of Mercy), a Catholic institution which served the sick and the destitute, doctors successfully persuaded state and religious authorities to create an asylum based on presumed humane and medical grounds, commonly known then as the "moral treatment." A reform movement that was a product of turn of the nineteenth century Enlightenment thought and its focus on social welfare and individual rights, moral treatment was an approach to madness based on psychosocial care or "moral (i.e. psychological) discipline" that was popularized by doctors Philippe Pinel in France, William Tuke in England, and Benjamin Rush in the United States. Indeed, their calls for an asylum whose therapeutic foundations hinged upon the moral treatment appealed to modernist-minded authorities who understood the treatment as a means to not only garner political favor given their focus on the less fortunate citizen-subjects but to create a national project that would reflect the grandeur and benevolence of the imperial state. Constructed and sponsored by the imperial government, and named after the emperor, the inauguration of the Hospício Pedro II in 1852, served as a monument to state magnanimity, religious-medical co-management, and ultimately, the touchstone for Brazilian psychiatry.

When the asylum first opened, it quickly became a coveted site occupied by the afflicted, rich, poor, black, and white alike; but over time, the indigent, with popular public order concerns and the police pressing for their institutionalization, became its main clientele (Pereira, 1852).² While the majority of occupants at this early point in the asylum's history came from the municipality of the court, this trend would ebb and flow as numerous petitions to house the insane in the imperial capital's flagship asylum poured in from province presidents and Santa Casas from throughout Brazil and neighboring countries. Although statistical records are not available for every year, a sampling of the asylum population during its formative years (1852–1856) shows that the majority of patients' place of origin was identified as "Africa," followed by Portugal (Ibid.). Echoing the assertions of historian Magali Engel, slave owners readily freed those slaves they suspected were insane before sending them to the asylum, or they left them to wander the streets so that they, as property owners, would bear no financial or legal responsibility for those that had once served them (Engel, 2001). Over the course of the late nineteenth century until its final closing in 1944, the asylum would continue to be primarily occupied by the working classes and the poor; the majority of whom were presumably people of color (Fischer, 2008, p. 13–90).

The emergence of the colony-model

In the immediate aftermath of the messy transition to republican rule in 1890, anxieties about lawlessness, disorder, and danger, whether founded or not, were commonly projected upon those of African descent as the tide of antiblack scientific racism spurred on apocalyptic fears of national chaos and ruin. Within this schema, the presumed indigent insane, of which those of African descent presumably constituted a large segment, became a vulnerable surplus problem population. As the modernizing project in which psychiatry was born grew, slavery would be abolished (1888), and with significant consequence, psychiatrists would find themselves attempting to manage a panoply of the needy, including those ex-slaves who offended a new socio-political order through acts of commission and omission. Nonetheless, psychiatrists in republican Brazil, fresh from victory after four decades of conflict with religious authorities and struggling with the disconnect between the reality of the indigent population within the asylum on one hand and their therapeutic ideals on the

other, were optimistic about the profession as psychiatry's prestige grew. Between 1890 and 1903, Brazilian psychiatry enjoyed a halcyon period as their simultaneous adulation of Western medicine and science alongside their rejection of formal and informal spiritual orientated healing practices dovetailed well with the state's positivist motto of "order and progress". Notably, landmark state Decree 206 (The Medical and Legal Assistance to the Alienated), cemented the professional authority of psychiatrists over the medical care of the insane by designating the asylum as the central entry point into the care system for the mentally ill. Significantly, it expanded the asylum's terrain of confinement by authorizing the construction of two colonies on the Ilha do Governador, known as the São Bento and Conde de Mesquita colonies.

Founded a few months after the proclamation of the republic, the agricultural colonies were built in two preexisting buildings on the Ilha do Governador (Governador's Island). While the first was situated on the farms of São Bento and belonged to the Benedictine Brotherhood, the second was the property of the Conde de Mesquita (Earl of Mesquita). Separated by approximately 1.5 miles (2500 meters), the Colonies of the Alienated of Governador's Island (Colonias de Alienados da Ilha do Governador), were initially intended for chronically indigent men and women. However, from 1892, it was open to only men while first women's colony was founded in 1911 (Engel, 2001, p. 257) At the end of 1890, there were 142 people in the colonies, and official documents described them as employed "in the tilling of the land, cultivation of cereals, beans, and the raising of animals and domestic birds" (Brasil, Ministério do Interior, 1891, p. 28). While those at the São Bento Colony focused on the cultivation of crops, those at the Conde de Mesquita Colony tended to livestock. In addition, those with knowledge of mechanics were employed in the construction of houses and stables, while insane women were responsible for washing clothes and sewing work (Brandão, 1891, p. 54). In this manner, it was possible to organize the insane according to their aptitude and dispositions for physical labor and to great extent, their gender. Transatlantic psychiatric writings had long held assertions about the healing power of nature and specifically, agricultural work in the open air, citing the rhythms of the seasons as contributing to the restoration of the mind (Pinel, 1962, p. 218). After the agricultural colonies were in operation for two years, their director, Dr. Domingos Lopes da Silva Araújo, in his annual report to the Minister, praising the virtues of agricultural labor as a "great resource," noted "(...) modern psychiatry can take in this great resource which with science, hand in hand with charity, is spreading through the great centers of civilization and progress, making the existence of these unfortunates less heavy, life more bearable, and making useless men, true burdens for society, men usable and competing for the common good (Acervo IMASJM, Relatórios Anual, 1892, p. 8–9)." The federal government's interest in knowing the experiences of agricultural colonies in other countries also becomes notable. According to the Ministerial Reports of 1892 and 1893, "taking advantage of the trip that the Director-General of Medical-Legal Care to the Mentally Ill, Doctor João Carlos Teixeira Brandão, was to make in order to represent Brazil at the Criminal Anthropological Congress in Brussels, the Government decided, by a Communiqué of June 4, to instruct him to visit the establishments for the mentally ill, including the agricultural colonies in Belgium, Austria, Prussia, France, Switzerland, Italy, England and the United States of America" (Brazil, 1892 and 1893, p. 363). Given the considerable distance by ship he had to travel, such a state funded trip, represented the state's firm commitment to the latest psychiatric treatments.

The ease with which labor therapy was adopted and transferred across the globe, despite important differences in medical contexts

and cultural expressions of mental distress, demonstrates the extent to which psychiatric experts saw labor as a kind of panacea for an ever-widening spectrum of mental disorders. Brazil's adoption of the farm colony was part of an international flood of agricultural colonies and other forms of "open door" care that spread throughout Europe, the United States, Canada, Argentina, among other nations in the late nineteenth and early twentieth centuries (Ernst and Mueller, Eds. 2010; Porter and Wright, Eds., 2003).³ As historian Claire Edington notes, "The establishment of these agricultural colonies, or small farms attached to psychiatric hospitals, first emerged in Europe as a response to broader calls for psychiatric reform dating from the mid-nineteenth century. With mounting concerns over asylum overcrowding and accusations of patient negligence, psychiatrists began to experiment with alternative forms of patient care that relied on new uses of space and the environment. At the heart of discussions about the uses of agricultural labor as therapy was actually a much older idea rooted in anti-urban discourses and a vogue for experimental farms dating from the early 19th century (Edington, 2011, p. 268)." Indeed, historian Ceri Crossley suggests that "Rurality was not so much emblematic of an earlier, simpler world as constitutive of a passive citizenry. This was not the countryside as escapism: agricultural work—with religion in support, was understood as a process of socialization" (Crossley, 1991, p. 52). Psychiatrists, would then, envision the agricultural colony as a tool of social acculturation and assimilation for the presumed mentally ill (Edington, 2011, p. 268). Unlike the deleterious effects of urban life, the agricultural colony enabled patients to benefit from a "life out of doors" and a daily routine governed by standard disciplined routines and exercise (Downs, 2002).

The colonies offered Brazilian psychiatrists an opportunity to reimagine the relationship between rural spaces, mental health and productive work, as psychiatric terrain beyond the asylum's domain. Drawing on a rich psychiatric discourse about the virtues of patient employment, and lessons learned from their study trips, they believed that the agricultural colony was a prime site where patients could work the land on the path to healing and eventual liberation and mental health. In spite of their early origins, the agricultural colonies seemed to offer psychiatrists a modern conception of psychiatric care that promised not only cerebral hygiene and discipline through physical labor but also, in simulating the appearance of freedom and normal life, a kind of moral re-education. In creating an oddly curated life outside asylum walls, the agricultural colony was designed to create a kind of continuity between the discipline of institutional order and social life in the community. In so doing, it provided patients with a path to rehabilitation and psychiatrists with the challenge of articulating a vision of what the aims and forms of this kind of rehabilitation should look like (Moreira, 1955). When looking at the actual workings, as opposed to its discursive constructions, of Rio's agricultural colonies; class marked its residents. Presumed maniacs, imbeciles, idiots, and alcoholics, among others who were poor or indigent, overwhelmingly resided under the large conceptual umbrella of "incurable." The placement of indigent peoples in agricultural colonies in a post-slave colony so quickly after abolition should immediately spark suspicion on the psychiatric elision of presumed deficient minds and forced labor within a space eerily reminiscent of the (post)colonial plantation.

Over time, the material and the social environment of the agricultural colonies proved unsuitable as resources became scarce and inadequate. As early as 1891, a Ministerial Report noted that the buildings of the colonies on Ilha do Governador and their space for farming were inadequate, making it imperative to create new buildings to house the mentally ill coming from the National Asylum (Brazil, 1891, p. 28). Years later, the same issues still persisted, since it had not been possible to fulfill "the expropriation of the lands of the western side of Ilha do

Governador, in order to conveniently isolate the two colonies of São Bento and Conde de Mesquita, and increase the area necessary for agricultural cultivation” (Brazil, 1896, p. 301).

Sanitary conditions only became more dire as report after report noted not only the poor quality of artesian well water used in these institutions, but the urgent need for channeling both drinking water and fecal material. The mentally ill, and the staff of the colonies were severely hit by marsh fever in 1900, and the persistent need for piped drinking water appears again in the 1903–1904 Ministry of Justice and Internal Affairs report. So, as psychiatrists widened their spheres of influence in both civil and state societies and advanced the idea of the agricultural colony in their professional writings, the actual worker-patients and medical staff in the colonies were most likely drinking water laced with their own fecal matter. The actual lived experiences of those in the colonies reveal that they were “zones of abandonment” where everyday life was produced through extreme vulnerability. The reality of the colonies only began to permeate and rupture the bucolic invention of the agricultural colony during the early twentieth century, as official colony reports finally found receptive ears in the federal government. While it might be convenient to interpret the new urgency brought to these complaints as an expression of a true commitment the well-being of the indigent mad and their caregivers, there were, in the interstices of politics and culture, much larger concerns in play. During the First Republic, 1889–1930, the notion of “civilization” dominated interpretations of Brazil and its potential for progress. The notion of civilization, a popular and central idea for Brazilian, and Latin American, intellectuals preoccupied with how the influences of colonialism and with it, supposed signs of atavism, represented their aspiration to attain levels of material and socio-cultural progress similar to those in Western Europe.

Brazilian doctors, through publications, conferences, and other venues, emphasized that to attain progress and civilization, the country’s public health problems would have to be addressed. They asserted that Brazil’s tropical location and climate along with its racial-ethnic diversity were not in themselves hindrances to social development. Further, they argued the need to examine European lifestyles and institutions critically rather than uniformly ape them. These ideas inspired a sanitary movement that placed in sharp relief not only the need to focus on infectious diseases but mental illness and the absence of sound public policy as the central problems of Brazilian society (Lima, 2007). Such a movement managed to make health “public” and as such, a critical state concern. Thus, the early twentieth century was a time of transformation and investment for the care of the mentally ill in the context of public hygiene actions that were developed under President Rodrigues Alves’ administration (1902–1906), and most ardently in Rio de Janeiro, the capital, during the administration of Mayor Francisco Pereira Passos (1902–1906). It was this focus on the civilizing potential of public health policy that finally brought much needed help and attention to the agricultural colonies, which had been up to this point occasionally rhetorically central, but always physically, and fiscally marginalized (Hochman, 1998).

The approval of Decree 1132 of December 22, 1903, thirteen years after the founding of the agricultural colonies, which reorganized care for the mentally ill and, in the same year, the appointment of revered psychiatrist Juliano Moreira, as Director of the National Asylum, were two such openings that, over time, would broaden the possible futures of the colonies. Moreira would conduct architectural and social assistance reforms at the Asylum, thereby reinforcing the ‘modernizing’ initiatives of the state and extending them to the sphere of public care for the mentally ill. Not surprisingly, then the notable psychiatrist, commonly recognized Brazil’s first psychiatric modernizer, was a staunch advocate of the colony model of care and its pairing with

other contemporaneous path-breaking models of therapy, such as “family care”. In the inaugural issue of the nation’s psychiatric journal, *Arquivos Brasileiros de Psiquiatria, Neurologia e Ciências Afins* (1905), that he and fellow psychiatrist Afrânio Peixoto founded, Moreira stated emphatically that even with the projects being implemented in the National Asylum, they were insufficient for the needs of the Medical-Legal Care for the Insane in the Federal District and that the agricultural colonies, in addition, would be “[...] an excellent means for caring for the mentally ill” (Moreira, 1905, p. 84).

The role of agricultural colonies in conjunction with family care as a critical component of the psychiatric arsenal and specifically, its application in Rio, would continuously be explored in the leading psychiatric journal during the early twentieth century. Specifically, when Dr. João Augusto Rodrigues Caldas took office as director of the Ilha de Governador colonies, he was fervently in agreement with the solution proposed by Moreira of creating new colonies in another location. One government official noted “In his [Dr. Caldas] report, the director mentions that the buildings are in ruins; he indicates the repairs made in them, he stresses the advantages derived from agricultural work performed by the patients; he refers to the poor quality of drinking water and asks, yet again, for the necessary arrangements to be made for the colony to be moved to a convenient location” (Brazil, 1911, p. 58). Moreira would echo Dr. Caldas’ assertions in an *Arquivos* issue by promoting the application of family treatment for the new institution: “the government should build small hygienic houses to rent to the families of diligent employees who may receive patients capable of being treated at home. This will result in family care. If in the vicinity of the colony there are upstanding people to whom some patients can be entrusted, such assistance can even extend to in-family care or even single dweller family care” (Moreira, 1910, p. 394).

A solution to the problem of the Ilha Governador colonies presented itself two years later when Dr. Caldas proposed that an area in the Engenho Novo farm, located in the northern party of the city, with a total area of 150 acres, including woodland, farmland, rivers, waterfalls, dams and outhouses, would be ideal for the creation of a colony. With the cooperation of the Minister of Justice and the full support of Dr. Juliano Moreira, then holding the positions of Director of Care to the Mentally Ill and the National Asylum, the expropriation of the farm was accomplished in August 1912. After a long legal battle with the owner over price, the State finally won the case in 1918. Construction work began in 1921 and two years later, a slate of new structures, some of which included 15 pavilions, a kitchen, a laundry, a pharmacy and nursing installations, were complete and ready for a maximum occupancy of six hundred patients. Repairs were also carried out to the existing buildings, such as the main house of the former farm, the ground floor of which became occupied by the director’s office, administration, secretarial office and reception, while the upper floor was the residential quarters of the administrator and pharmacist (Almeida, 1967, p. 163). Thus, after approximately thirty years as what might be called a “placeholder institution,” except by the actual patients and doctors who suffered, worked, and lived there; the agricultural colony of rhetoric was finally being made real.

On the 29th of March 1924, the Engenho Novo site was formally inaugurated as the Colony for Male Psychopaths (Colônia de Psicopatas-Homens), though it was commonly known as the Jacarepaguá Colony. It served a clientele that consisted of only of indigent and chronic patients originating mostly from the colonies on Ilha do Governador (Brasil, 1924). In the words of Dr. Caldas, who also served as director of the new Colony, “the most important event in the life of the Colonies for the Mentally Ill in Brazil, after its foundation in 1890 on Ilha do Governador, was

the transfer to the definitive installations on the Engenho Novo Farm, which had the best conditions—land, water and climate—for its present and future fullest agricultural and livestock development, such that it could become a specialized hospital on the lines of great European and American agricultural colonies for psychopaths, as long as it is provided with the resources and means essential for its progressive growth. (Brasil, 1926, p. 151).” This marked the beginning of the engagement with the agricultural colony as a functional space for the treatment of the mad and the indigent, a departure from its previous life as a pale four-dimensional echo of a charismatic Atlantic idea.

Still, during the first four years of the Colony’s existence, its impact was seemingly indistinct and unremarkable. Although it represented an important ideological and therapeutic intervention into the care of Rio’s mentally ill, the agricultural colony barely registered in popular consciousness. While the Jacarepaguá Colony was much discussed among psychiatrists, it seemed to languish in government reports. Inaugurated with the “scarce resources of [a] period of tight budgets” (Ibid., p.151), the Colony lacked sufficient state appropriations for its full operations. Once again, it became an ailing institution as a result of state neglect and political will. It did not resurface as both a critical subject and object until Getúlio Vargas, a governor of Rio Grande do Sul and the former presidential candidate of a Liberal Alliance, assumed power in 1930. Commonly known by the complex yet loaded term, “populist,” Vargas came to power during a critical historical watershed in national and international developments.

Vargas, and the colony of labor

During the interwar years, Brazil was a rapidly industrializing nation often seen as a potential world power. However, an oligarchic and decentralized landed class demonstrated little interest in advancing industrialization, urbanization, and other critical matters of an emergent middle class and a burgeoning labor class. The Great Depression’s impact on the Brazilian economy amplified discontent among these classes, along with the military, led to a bloodless coup d’état on October 24, 1930 that ousted President Washington Luís. This turning point proved a significant pivot in Brazilian history as a liberal revolution replaced the political dominance of the São Paulo coffee oligarchs while the military installed Vargas as “provisional president.” Federal policies during Vargas’s successive terms as chief of the provisional government (1930–1934), president (1934–1937), president-dictator (1937–1945), and president (1951–1954) were far-reaching and expansive as his administrations increased the scope, size, and importance of the federal bureaucracy by expanding institutional powers of the federal government and centralizing authority in the executive branch.

Vargas’s Liberal Alliance drew support from wide ranges of Brazil’s urban middle class and a group of junior military officers, who had long been active against the ruling coffee oligarchy, and those who had grown frustrated with the politics of a boss system under which the control of patronage was centralized in the hands of a few politicians. As a presidential hopeful in 1930, Vargas, a pro-industrial nationalist, captured the imagination of the middle and laboring classes by utilizing populist rhetoric to promote their concerns. However, the subtle rhetoric of Vargas, a wealthy member of the landed elite and staunch anti-communist, revealed a statist discourse that opposed the primacy but not the legitimacy, of the São Paulo coffee oligarchy and the landed class, who had little interest in protecting and promoting industry. In order to bring Brazil out of the Great Depression, Vargas employed orthodox state interventionist policies utilizing tax breaks, lowered duties, and import quotas in order to expand the domestic industrial base. Under Vargas, Brazil embarked on a

period of rapid, state-driven industrialization and the reorganization of the domestic economy.

The “revolution” that Vargas ushered with the coup d’état dramatically restructured relations between state and civil societies. As the Great Depression created strong fiscal incentives to centralize revenue (Lopreato, 2002, p. 12), Vargas introduced a revenue-sharing system between the federal government, states, and municipalities, through which he redistributed funds favoring the capital and loyal states. The centralization process gained even more strength during the Estado Novo (1937–1945) as the implementation of public policies about health and education, stood out, among many things, as fundamental pillars of the Vargas administration’s process of political-institutional centralization. Under the Vargas program of national reconstruction, state bureaucracy was expanded, the government’s role in shaping econ development was broadened, and a new relation was fostered between the state and the urban workforce. The introduction of the modern welfare state in Brazil, by which I mean a state that actively champions and protects the economic and social well-being of its population, offered a fundamentally different way of providing health assistance to the poor, one that reconceptualized medical services as an individual benefit to be given in exchange for labor rather than as a form of charity. By dramatically expanding the social welfare net, granting concessions to organized labor, and reversing decades of elite reverence for imported standards of civilization, the Vargas regime was unapologetically and self-consciously nationalist. Vargas and policymakers self-presented as advocates for the needs and welfare of the Brazilian *povo* (people).

Vargas introduced a new phase in Brazilian politics and marked the decisive entrance of previously silent and marginal groups into the political fold. While Vargas’s statecraft consisted of the state’s ability to dispense resources, and allocate funds to disaffected Brazilian classes, its stagecraft hinged upon the conscious representation of Vargas as “father of the poor” (Levine, 1998; Wolfe, 1994). The administration’s need for Vargas to possess this role would have a profound impact on the fully outlined, but underfunded and understaffed Colony. Among the various projects devised to ensure for the nation’s modernization, psychiatry stood out among other fields of knowledge as a vanguard public resource. Health was considered as a guarantee of progress as psychiatrists such as Renato Kehl, Júlio Porto-Carrero and Henrique Roxo posited that being modern was synonymous with being healthy and normal (Cupello, 2013, p. 50). The progress of the Brazilian nation would be measured by the physical, moral, and above all, the mental strength of its people, making it necessary to restore unsound minds to reason and to defend the country against anything that might represent a threat to the health of its people and their descendants. Among these threats was the belief that the chronically mentally ill indigent patients in the National Asylum were only getting worse the longer they stayed in the Asylum. Moreover, they presumably jeopardized the mental well-being of others if they set inappropriate examples and tarnished the reputation of psychiatrists since their mental health presumably did not improve. Psychiatrists thus took advantage of the political climate to mobilize for a series of initiatives that consisted of new facilities, new medical machines, and more staff, among other resources. Most were implemented and carried out under the auspices of the new Ministry of Education and Public Health (MESP), created in 1930.

Given the Vargas administration’s desire to be seen performing grand public works in support of the marginalized and the poor, one might think that it would have been surprising had they not found and capitalized on the agricultural colony, which, after all, was well past “shovel ready” in its evolution. However, this was a time of upheaval and recreation of Brazilian identities at many

levels, and psychiatry needed to articulate its importance, and the importance of the Colony before the Vargas state would consume, and expand, the effort. Psychiatric writings often conjured up ancient beliefs about the healing power of nature and the rhythm of the seasons, but focused specifically on agricultural work in the open air. The notion of the healing power of nature was usually propounded in the context of an anti-urban discourse, in which the city makes people sick and life in the countryside heals. They stressed that the less-industrialized region of the Colony in contrast to the highly urbanized Rio, was ideal for the therapeutic well-being of the chronically indigent and chronically mentally ill. Falling back on notions of environmental determinism, they noted that nature was curative and purifying while the city was corrupt and a source of vice. For psychiatrists, nature worked through an unconscious process to produce the relaxation of faculties made tense by the pressures and stresses of urban life. The requisite environment for such an experience was the absence of distractions and demands on the unconscious mind. The beneficial effects came not as a result of examination, nor of deliberate awareness of such a setting; instead, it resulted from the mentally ill unaware of its workings. Agricultural labor was also capable of suiting every possible temperament and aptitude given that it provided the widest range of possible activities that could include the cultivation and harvest of fields, to work with livestock, and the maintenance of an estate. In this manner, agricultural labor occupied a unique place among various forms of patient employment since it allowed for a full sensory immersion in which the worker-patient was unaware of its curative effects (Araújo and Jaco-Vilela, 2018).

As Brazilian psychiatrists wrote on agricultural patient employment in the context of a medicalized critique of city life, it becomes important to engage the dialectical relationship between urbanism and ruralism in early twentieth century Rio in order to understand the psychiatric psycho-geographic representation of the Juliano Moreira Colony. The bureaucratic restructuring of psychiatric care, and the exaltation of the Juliano Moreira Colony and specifically the agricultural colony by psychiatrists coincided with the discursive construction of the Jacarepaguá, and other regions in the northwestern part of the capital, as the “sertão carioca” or the “Carioca hinterlands.” Most popularized by naturalist and conservationist writer Armando Magalhães Correia’s articles published between 1931 and 1932 in the Rio de Janeiro newspaper *O Correio da Manhã* and, in 1936, in book form, the term was a seeming paradox. Perhaps no region is more significant to Brazil’s national identity than the vast expanse of the country’s northern interior commonly referred to as the sertão. Within the Brazilian imaginary, this semi-arid landscape evokes images of cattle and leather, drought and poverty, resilience and hope. In contrast to the country’s globally oriented metropolitan centers of the country, the sertão has frequently symbolized Brazil at its most “authentic.”

It was in the articulation of this place, “far from civilization,” that the use of labor as a form of therapy for psychiatric patients was seen as a medically effective and financially sensible solution to the problem of institutional overcrowding due to steady increases in permanently disabled but generally “calm” patient populations. Work therapy was not the sole therapeutic regimen used in the Colony. It functioned alongside other therapies given the dominant ideological frame of twentieth century Brazilian psychiatry. Kraepelinian psychiatry, the dominant theoretical framework at the Rio de Janeiro School of Medicine during the interwar period (Facchinetti and de Muñoz, 2013), held that mental illness had a strictly organic psychopathic etiology. The methodologies psychiatrists used to establish clinical diagnoses consisted of the identification of physical characteristics that could establish a direct and causal relationship between the

physical stigmata (i.e. clinical signs) indicative of organic degeneration and mental illness. Patients hospitalized for mental illness in the Colony were diagnosed along these lines, and the ways in which these disorders were identified and diagnosed followed the same criteria established by psychiatrists of the time (Carrara and Carvalho, 2010).

As in other psychiatric institutions of the period, allopathic drugs were not commonly used for the treatment of mental illness. However, we can infer that the treatment offered to this patient could include restrictive diet and stimulants, similar to the one given to the patients of the Epilepsy Pavilion of the National Asylum (i.e., a restrictive diet consisting of vegetarian and dechlorinated food, without any liquid stimulants, such as coffee). Derivatives (e.g., the stimulation of blood circulation) and blood depletions were also applied, the latter rarely being necessary. All of these techniques were aimed at calming the nerves and avoiding convulsions, according to Dr. Jefferson de Lemos, the director of the Epilepsy Pavilion (de Lemos, 1915, p. 9–10). Drug treatments could include sedative, detoxifying, and toning medications, often made up of local plant extracts or of hormonal gland extracts, as taught at the Faculty of Medicine of Rio de Janeiro. In addition to these medications, other physical therapies were still present in the beginning of the 20th century: clinotherapy (absolute rest), avoidance of painful or exciting work, and restriction of worldly pleasures (parties, smoking, alcohol, etc.) were recommended. During the 1930s, new treatment strategies became available, among them insulin therapy, metrazol shock therapy, and electroconvulsive therapy, but psychiatrists used them sparingly, if at all, on patients.

When Vargas formally instituted his dictatorship with the pronouncement of the Estado Novo through a coup d’etat (1937), all organs of the Ministry of Education and Public Health (from the then Ministry of Education and Health) related to health care became part of the Departamento Nacional de Saúde (DNS; National Department of Health). Among the four divisions, one, the Division for the Care for Psychopaths was exclusively devoted to services for the mentally ill. According to the legislation of 1937, this Division was responsible for the “services relating to care for psychopaths and mental prophylaxis of national character, as well as those of local character that are run by the State, being further responsible for promoting the cooperation of the State on local services by means of federal grants and assistance to monitor the use of funds granted” (Brazil, 1937, Article 17). In this new organization of the Ministry of Education and Health, the Colony, formally known as the Juliano Moreira Colony from 1935 onwards as a posthumous tribute to the well-respected and regarded psychiatrist, received considerable state support.

Throughout the 1940s and early 1950s, many of the Colony’s various units whose construction had been requested by psychiatrists were finally implemented by the federal government. By 1944, they included: the Alvaro Ramos Medical Surgical Block; a Phthysiology Pavilion for men and another for patients with tuberculosis; the Egaz Muniz Psychosurgical Clinic; two pavilions for adolescents for males and females; two pavilions for admissions and a reformatory for alcoholics; new residences for in-family treatment and for the director; a new morgue; the Teixeira Brandão Nucleus for women; and a sports center (Algo sobre a Colônia, 1951, p.1). Due to the optimism surrounding the Colony’s expansion, psychiatrists suggested it be the national standard of care for the mentally ill. In a landmark 1937 lecture presented at the Society of Medicine and Surgery, psychiatrist Aduato Botelho suggested various ideas for changes in the organization of psychiatric care in the country, one of which included the Colony model. For the Federal District, Aduato Botelho recommended, among other types of institutions:

[...]colonies for psychopaths, with agricultural and industrial activities on a vast scale and with good technical equipment, for all services inherent to their purpose. They should preferably be built away from the urban center or perhaps outside the city limits, for better economic conditions. In these facilities there should be complementary medical services, as well as a center for psychological counseling, practical therapy and in-family care service. Colonies should be divided into nuclei, each one for about 500 patients (Botelho, 1937, p. 295).

In 1941, the Serviço Nacional de Doenças Mentais (SNDM, National Service for Mental Illnesses), the institution responsible for organizing public policy for the mentally ill, took Botelho's suggestions and institutionalized the "hospital-colony" model. This model entailed the system whereby rural lands, with agricultural labor as a dominant treatment method, stood alone as therapeutic institutions for the mentally ill. It could also entail the system where rural lands, again with agricultural labor as a guiding curative ethos, worked in tandem with hospitals and asylums that served the mentally ill. These lands could be physically adjacent or located remotely to these more "conventional" sites. From 1941–1954, the hospital-colony model was institutionalized in several Brazilian states.¹³ The national wide spread application of the Colony model to help the mentally ill represented the confidence that medical experts and state officials, among others, had in the model's ability to treat the mentally ill.

Although the Colony had agricultural labor as its therapeutic flagship ever since its founding, the second half of the 1950s saw the Section of Praxitherapy (as occupational therapy was called) also develop non-rural activities such as weaving arts and pottery. Between 1948 and 1958, approximately thirty-nine percent of the total patients were involved in labor therapies. However, throughout the 1950s, the proportion of patients engaged in work therapy decreased to less than twenty-five percent. Ostensibly, this may have been due to the reduced number of employees in the Colony able to oversee the mentally ill. In 1958, the Colony had 588 patients out of a total of 1709 (or 34%), engaged in work therapy. Nonetheless, the commitment to labor therapy continued. In October of that same year, a Research Pavilion, after three years of construction, was inaugurated that was supposed to establish "a higher level of occupational therapy (IMASJM. Cx. 975/Env.8291, CJM, 1958, p. 3)." Located inside the Center of Praxitherapy Research, it consisted of workshops that focused on carpentry, broom making, typography, wicker furniture, painting, ceramics, sculpture, shoemaking among others. Between 1956 and 1960, the number of entries (including both admissions and readmissions) remained steady fluctuating between 1730 and 1744 patients. According to official documents, it was common for employees to live with relatives on site as these relatives were supposed to help both employees and patients. Indeed, by the end of the 1950s, several improvements were made not for the benefit of patients, but for the quality of life of the "healthy inhabitants." They included: a municipal school, a childcare center for employees' children, a cooperative, an adult education course, an athletic club, a park, and a church. In 1957, the then Director observed that the Colony:

[It] has 150 bushels of land, located in a rural area difficult to access, where approximately 4000 mentally ill men and women are housed. They are distributed in the seven hospitals that make up the Colony. [The Colony] is also home to two hundred families of servants who work and reside there. The Colony has recreation centers in all nuclei, Social Club of Servers, Consumption Cooperative of Servers, and the Juliano Moreira School for the children of servants. They are the critical organs to hospitals that

contribute to the functioning of the institution (IMASJM. Cx. 473/Env. 3560, CJM, 1957, p. 3).

Noting that the Colony functioned as a small city, and all its trappings, he stated "The problems that afflict the Colony are the same ones that effect a small city since its population has reached almost five thousand, and the problems of transport, water, light, "medical relatives,"...can make one forget that the Colony was supposed to treat the mentally ill (Ibid.).

Any study of psychiatric institutions must contend with the gaps between ideals and actualities. After the Vargas' administration's end in 1954, the Colony would receive renewed state support under the administration of Juscelino Kubitschek (1956–1961) (Braga, 2012, Menezes, 2012). Afterwards, the Colony became increasingly overcrowded with the chronically mentally ill, thereby stressing resources and staff. It fell into disarray and neglect as subsequent federal administrations rolled back many of the Vargas's social welfare support program initiated under Vargas. Bureaucratic disengagement with the Colony became finalized when the deinstitutionalization movement effectively pushed through a series of state reforms during the early 1990s that removed some of the mentally ill from the Juliano Moreira Colony and placed them in locally funded community health centers. By 1996, former worker-patients, and staff, who had lived on the Colony grounds were joined by those who began to occupy those same grounds, while at times also constructing informal residences. Neglected by city officials, except for in time of elections' vote gathering and police raids, and devoid of the most basic services such as running water, electricity, and garbage collection; this region was (continues to be) reinscribed as a zone of abjection. Nonetheless, did the Colony model's promulgation of work therapy, and specifically agricultural labor, help the mentally ill? Perhaps. Or perhaps psychiatrists did not fully disclose the problems they encountered with the labor model of care in their reports.

In order to better understand why labor as a curative means to treat the mentally ill resonated the Brazilian state during the first half of the twentieth century, one must assess the symbolic value of the worker within Brazil's historical socio-political context. Brazil's history of slavery, and the continued power of the oligarchy following abolition in 1888, had the effect of devaluing manual labor, and in particular, agricultural labor. Scholars of Brazil have pointed to not only the avoidance of agricultural labor among the middle and upper classes, but to the disdain of this particular form of labor (Donna Goldstein, 2003; Holston, 2008). In the 1930s, Vargas sought to radically transform the position of labor in Brazil by making the labor of the underclasses both the foundation and symbol of Brazilian citizenship (Holston, 2008). By passing a series of labor laws that placed the state as the buttress between capital and labor in addition to the creation of initiatives that officially granted workers' a wide set of rights, the "laborer" became a valued member of society.

The Vargas state's decision to rationally select and bureaucratically institutionalize labor, in one form or another, as the dominant national curative regimen to treat the mentally ill was not happenstance or random. The colony model, and with it, agricultural labor, worked in tandem with the states' exaltation and patronage of the worker. Resources and funding granted to the colony model, and the Juliano Moreira Colony specifically, carried great symbolic value since it signaled the state's supposed resolute support for laborers and labor. As the industrial worker toiling in the factory was critical to the national project, so too was the patient-worker who labored in the Juliano Moreira Colony. Labor therapy in the Colony during the first half of the twentieth century is best articulated through the research on embodied labor—a concept that makes clear how labor manifests

through everyday mundane, taken-for-granted performances of self, as well as through heightened performances in specially bounded communication contexts such as psychiatric institutions. Embodiment marks the ways labor is felt, experienced, and enacted. The term embodiment brings together the physicality of bodies and the highly structured ways those bodies operate in the world. As scholar Sachi Sekimoto explains, embodiment captures not how the body signifies meaning, but rather, the ways the lived realities of race, class, and gender are material (Sekimoto, 2012). She states, “an individual’s corporeality—a sense of one’s bodily, material, and ontological existence—materializes through one’s physical and ideational engagement and interaction with symbolic and material worlds (Ibid., p. 233).” The Colony patient-worker did not need to provide productive labor. The very idea that s/he performed labors that could distract-occupy-soothe the mind while confined for their and the public’s safety dovetailed well with the politics and culture of the time.

Data availability

Data sharing is not applicable to this paper as no datasets were generated or analysed.

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Notes

- 1 The polemical work of Brazilian social scientist Gilberto Freyre, *The Masters and The Slaves*, among others, is instructive to engage so as to understand how some Brazilian thinkers have imagined Brazil as a “racial democracy” due to its slave systems.
- 2 I borrow this term from João Biehl’s *Vita: Life in a Zone of Social Abandonment* (Berkeley: University of California Press, 2005).
- 3 Scholars note that Geel, Belgium serve as the oldest form of “open door” (i.e. community family care) therapeutic community for the mentally ill (J. Goldstein, 2003).

References

- Algo Sobre AC (1951) Algo sobre a Colônia Juliano Moreira. Boletim da Colônia Juliano Moreira. Boletim da Colônia Juliano Moreira, Rio de Janeiro, v.5, n.1
- Almeida AG (1967) Colônia Juliano Moreira: sua origem e um pouco de sua trajetória histórica (1880-1946). Revista Brasileira de Saúde Mental, Rio de Janeiro, ano 13, v.11 pp. 161–169
- Amarante P (1982) Psiquiatria social e colônias de alienados no Brasil, 1830–1920. Dissertação (Mestrado)-Instituto de Medicina Social, Universidade do Estado Rio de Janeiro, Rio de Janeiro
- Andrade InêsEl-Jaick (2010) Ruínas do Antigo Engenho Novo no Núcleo Histórico Rodrigues Caldas da Colônia Juliano Moreira: Pesquisa Histórica e Iconográfica. Rev de História da Arte e Arqueol 13:35–54
- Araújo JHQ, Jaco-Vilela AM (2018) The experience of art at the juliano moreira colony in the 1950s. Hist. cienc. saude-Manguinhos 25:2, pp. 321–334
- Arneil B (2017) Domestic colonies: the turn inward to colony. Oxford University Press, Oxford
- Botelho A (1937) Idéias e Sugestões sobre Assistência aos Psicopatas no Brasil. Arquivos Brasileiros de Neuropsiquiatria e Psiquiatria, Rio de Janeiro, n.3-4 pp. 286–296
- Braga, ALDC (2012) O Serviço Nacional de Doenças Mentais no Governo JK: A Assistência Psiquiátrica para o Distrito Federal. História das Ciências e da Saúde da Casa de Oswaldo Cruz-Fiocruz
- Brandão JCT (1891) Relatório da Assistência Médico Legal de Alienados apresentado ao Ministro de Estado Negócios do Interior, Fernando Lobo Leite Pereira, pelo Dr. João Carlos Teixeira Brandão, Diretor Geral. Imprensa Nacional, Rio de Janeiro
- BRASIL (1891) Ministério do Interior. Relatório apresentado ao Presidente da República dos Estados Unidos do Brasil. Imprensa Nacional, Rio de Janeiro
- BRASIL (1893) Ministério da Justiça e Negócios Interiores. Relatório dos anos de 1892 e 1893 apresentado ao Presidente da República dos Estados Unidos do Brasil. Imprensa Nacional, Rio de Janeiro
- BRASIL (1896) Ministério da Justiça e Negócios Interiores. Relatório dos anos de 1895 e 1896 apresentado ao Presidente da República dos Estados Unidos do Brasil. Imprensa Nacional, Rio de Janeiro
- BRASIL (1911) Ministério da Justiça e Negócios Interiores. Relatório dos anos de 1910 e 1911 apresentado ao Presidente da República dos Estados Unidos do Brasil. Imprensa Nacional, Rio de Janeiro
- BRASIL (1924) Ministério da Justiça e Negócios Interiores. Relatório do Ministério da Justiça e Negócios Interiores correspondente ao ano de 1924. Imprensa Nacional, Rio de Janeiro
- BRASIL (1926) Ministério da Justiça e Negócios Interiores. Relatório do Ministério da Justiça e Negócios Interiores correspondente ao ano de 1924. Rio de Janeiro: Imprensa Nacional
- BRASIL (1937) Lei nº 378 de 13 de janeiro de 1937. Dá nova organização ao Ministério da Educação e Saúde Pública. Diário Oficial da União, Rio de Janeiro, p 1210
- Campos PF (2004) Os Enfermos da Razão: Cidade Planejada, Exclusão e Doença Mental. Annablume, FAPESP, SP
- Carrara S, Carvalho M (2010) A Sífilis e o Agendamento do Organicismo na Psiquiatria Brasileira: Notas a uma Lição do Doutor Ulysses Vianna. História, Ciências, Saúde—Manguinhos 17:391–399
- Correia AM (1936) O Sertão Carioca. Revista do Instituto Histórico e Geográfico Brasileiro, Rio de Janeiro, v.167. 1.ed., 1933
- Crossley C (1991) Using and transforming the french countryside: The “Colonies Agrícolas” (1820-1850). Fr Stud 45(1):36–54
- Cupello PC (2013) ‘A mulher (a)normal: representações do feminino em periódicos científicos e revistas leigas na cidade do Rio de Janeiro (1925–1933)’. Dissertação de Mestrado em História das Ciências e da Saúde. Rio de Janeiro. Casa de Oswaldo Cruz/Fiocruz, Brazil
- De Lemos J (1915) A Propósito do Tratamento dos Doentes Epiléticos no Hospital Nacional de Alienados durante os anos 1912 e 1913. Arch Bras de Psychiatr Neurol e Med Leg 8:5–30
- Downs LL (2002) Childhood in the Promised Land: Working-class movements and the colonies de vacances in France, 1880-1960. Duke University Press, Durham
- Edington C (2011) Beyond the asylum: colonies agrícolas and the history of psychiatry in French Indochina 1918-1945. Proc Western Soc French Hist 39:267–277
- Engel MG (2001) Os delírios da razão: médicos, loucos e hospícios (Rio de Janeiro, 1830-1930). Editora Fiocruz, Rio de Janeiro
- Ernst W (ed.) (2016) Work, Psychiatry, and Society, c.1750-2015. Manchester University Press, Manchester
- Ernst W, Mueller T (eds) (2010) Transnational psychiatries: social and cultural histories of psychiatry in comparative perspective c. 1800–2000. Cambridge Scholars, Newcastle upon Tyne
- Facchinetti C, de Muñoz PNF (2013) Emil Kraepelin na Ciência Psiquiátrica do Rio de Janeiro, 1903-1933. História, Ciências, Saúde-Manguinhos 20 (1):239–262
- Fischer B (2008) A Poverty of Rights: Citizenship and Inequality in Twentieth-Century Rio de Janeiro. Stanford University Press, Stanford, California
- Freyre G (1986) The Masters and the Slaves (Casa Grande e Senzala): A Study in the Development of Brazilian Civilization. University of California Press, Berkeley & Los Angeles, Translated by Samuel Putnam [1933]
- Goldstein DM (2003) Laughter out of place: race, class, violence, and sexuality in a Rio Shantytown. University of California Press, Berkeley and Los Angeles
- Goldstein JL (2003) The Legend and Lessons of Geel, Belgium: A 1500-Year-Old Legend, a 21st-Century Model. Community Ment Health J 39 (5):441–458
- Hochman G (1998) A Era do Saneamento. Hucitec Editora, São Paulo
- Holston J (2008) Insurgent citizenship: disjunctions of democracy and modernity in Brazil. Princeton University Press, Princeton
- IMASJM. Cx. 473/Env. 3560 (1957) Síntese do relatório da Colônia Juliano Moreira apresentado em 21/11/1957 ao diretor do SNDM
- IMASJM. Cx. 975/Env.8291 (1958) Súmula do Relatório de 1958–Colônia Juliano Moreira
- Ioris RR, Ioris AAR (2013) Assessing development and the idea of development in the 1950s in Brazil. Braz J Political Econ 33(3):411–426
- Levine RM (1998) Father of the Poor? Vargas and his Era. Cambridge University Press, New York
- Lima NT (2007) Public health and social ideas in modern Brazil. Am J Public Health 97:1168–1177
- Lopreato FLC (2002) O colapso das finanças estaduais e a crise da federação. UNESP, São Paulo
- Menezes CDS (2012) Um Vasto Asilo Seria, Assim, a Guanabara: Políticas e Assistência Psiquiátrica, entre 1966 e 1978”. Dissertação de Mestrado, História das Ciências e da Saúde da Casa de Oswaldo Cruz-Fiocruz
- Mergel T (2017) Cultural Turns and Political History, Ricerche di Storia Politica Special Issue Ottobre, p. 33–42
- Meyer M (2017) Reasoning Against Madness: Psychiatry and the State in Rio de Janeiro. Rochester University Press, Rochester, NY
- Moreira J (1905) Assistência aos epiléticos: colônias para eles. Archivos Brasileiros de Psiquiatria, Neurologia e Ciências Affins, Rio de Janeiro, ano 1, n.2 pp. 167–182

- Moreira J (1910) Quais os melhores meios de assistência aos alienados. *Archivos Brasileiros de Psiquiatria, Neurologia e Medicina Legal*, Rio de Janeiro, ano 6, n.3-4 pp. 373–396
- Moreira J (1955) Notícia sobre a evolução da assistência a alienados no Brasil. *Arquivos Brasileiros de Neuropsiquiatria e Psiquiatria*, Rio de Janeiro, edn. especial de 50 anos. 1.ed. do artigo, 1905 p. 65–101
- Pereira J (1852) Alienados que passaram do antigo hospital e das enfermeiras provisórias para o Hospício de Pedro Segundo nos dias 8 e 9 de dezembro de. In *Maço IS 3 4*, Ministério de Império—Série Saúde (1850–1853), Arquivo Nacional
- Pinel P (1962) *A treatise on insanity*. Hafner, New York, [1806]
- Pincus S, Novak W (2011) Political History after the Cultural Turn,ss *Political History Today*, <https://www.historians.org/publications-and-directories/perspectives-on-history/may-2011/political-history-after-the-cultural-turn>
- Poblete J (ed) (2018) *New Approaches to Latin American Studies: Culture and Power*. Routledge, New York, p 95–110
- Porter R, Wright D (eds) (2003) *The Confinement of the Insane: International Perspectives, 1800-1965*. Cambridge University Press, Cambridge
- Relatórios A (1892) *Acervo do Núcleo de Documentação e Pesquisa do Instituto Municipal de Assistência à Saúde Juliano Moreira–IMASJM*
- Sanglard G, Caros Eduardo Moreira de A, José Jorge S (2013) *História Urbana: Memória, Cultura, e Sociedade*. Editora FGV, Rio de Janeiro, p 279–300
- Scull A (ed) (1981) *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*. University of Pennsylvania Press, Philadelphia
- Sekimoto S (2012) A multimodal approach to identity: theorizing the self through embodiment, spatiality, and temporality. *J Int Intercult Commun* 5(3):226–43
- Venancio AT, Potengy GF (eds) (2015) *O Asilo e a Cidade: Histórias da Colônia Juliano Moreira*. Rio de Janeiro: Garamond. VENANCIO, Ana Teresa. 2012. “La Asistencia Psiquiátrica en la Historia Política Brasileña,” *Asclepio: Revista de Historia de la Medicina y de la Ciencia*, vol. LXIV, n° 1, Enero-Junio, p. 167–188

Wolfe J (1994) Father of the Poor’ or ‘Mother of the Rich’?: Getúlio Vargas, Industrial Workers, and Constructions of Class, Gender, and Populism in São Paulo, 1930-1954. *Radic Hist Rev* 58:80–111

Additional information

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