



Forbidden sexualities: madness and the male gender

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The article identifies and studies male sexuality and affectivity as forbidden and imprisoned in Brazilian asylums in the first decades of the Republic. By analyzing psychiatric records from that era, it explores the notion that sexual and affective behavior had little to do with the construction of male profiles deemed 'deviant' and/or 'pathological'. This reflection shifts the focus of analysis to the gender specificities that determine the various traits displayed in 'mental disturbances' attributed to certain sexual and affective behavior.

Keywords: sexuality; madness; male gender; Brazil.

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The circumstances that led large numbers of men and women to the confines of the first Brazilian asylum exclusively destined to institutionalize individuals diagnosed as being 'mentally ill', often never to be released, were undoubtedly multiple and diverse in nature. In accordance with the predominant points of focus in the sphere of women's history and gender relations, whereas situations that led women to asylums were mainly linked to the area of an allegedly feminine nature, in which aspects of their sexuality were emphasized, 'mental disturbances' were diagnosed in a more significant manner in men who refused or were unable to fulfill their social roles as workers and providers, or even suffered the negative implications of their performance.

Research conducted in various psychiatric records (theses, articles published in specialist magazines, patient observation charts of individuals institutionalized in psychiatric establishments, compendia etc.), produced at the turn of the 19th and 20th centuries, revealed, however, that not only female, but also male sexual behavior patterns, were heavily scrutinized for defining and revealing signs of 'mental diseases'.¹ However neither the specialists' focuses of study nor the deductions made by the latter were the same for men and women. The different tinted lenses used to evaluate the situation made the construction of significant specificities possible, with the result that mental disease assumed profoundly differentiated traits between the genders.

This article therefore identifies and studies male sexuality and affectivity as forbidden and imprisoned in Brazilian asylums in the first decades of the Republic. By analyzing psychiatric records from that era, it explores the notion that sexual and affective behavior had little to do with the construction of male profiles deemed 'deviant' and/or 'pathological' from the standpoint of bourgeois western values. The intention is thus to debunk the notions which – uncritically reiterating the tenets of male discourse of the 19th century – posit the 'man ruled by reason' and 'woman ruled by instinct' concepts in a rigid and dichotomous manner in the analysis of practices and manifestations, the inherent plurality and complexity of which reveal deeper and more complex dimensions of the relations between domination and submission.

Hysterical profiles

During infancy, lengthy, repeated and pleasurable, seemingly innocent, suckling of the wet nurse's breast are enjoyed ..., between six and twelve years of age intentional retention of fecal matter, for special rectal pleasure, felt in the violent expulsion of feces ... later in solitude, seeking, in hiding, to masturbate ... and women likewise admiring themselves, totally naked, for hours and hours in front of the mirror ... We then reach the hysterical adult, with libidinous ideas imprisoned by repression, under the immediate vigilance of Censure. From the despotism of this prison arises revolt, manifest explosions, or even, represented by hysterical attack, which for physicians is a fact for diagnosis, namely a case of hysteria (Brito, 1919, p.33).

Towards the end of the first decade of the 1900s, Brazilian psychiatrists had already incorporated concepts formulated from the area of psychoanalysis (Russo, 2002; Facchinetti,

Ponte, jun. 2003), some of which provided the input for the elaboration of a sophisticated profile of what could be identified as a type of 'hysterical personality'. In the excerpt from Dr. Brito's thesis, one can see that when definitively consolidated into an identity, the 'hysterical profile', delineated since infancy, is not manifested exclusively or primarily through certain attitudes or behavior patterns. Instead, it acquires a historical profile that can be confounded with the life trajectory *per se* of the individual, assuming specific traits in accordance with the sex.

However, far earlier, studies into hysteria conducted within the field of mental medicine already featured some aspects that significantly broadened the defining boundaries of hysteria. Disconnected from an exclusive link to the uterus, seen as a psychic perturbation, impacting the affective and intellectual functions and limited to the sphere of degenerative manifestations, the 'hysterical scourge' can affect the young and the old of both sexes and adult men. Such a broad spectrum was sustained even by those who, like physician José Celestino Soares, in his thesis submitted in 1874, stressed sexual organs in the etiology of hysteria:

who are we to say that hysterical children might not have an anomalous genetically-transmitted disposition or alteration in their genital organs, the comprehension of which is beyond our reach? Who knows if old age doesn't also conceal some form of alteration in the genital organs?

Hysteria is a scourge almost exclusively afflicting women; men can also be affected; though in them it may also be caused by an anomaly in the sexual organs... (Soares, 1874, p.4, 5).²

Thus, despite being identified as an eminently feminine illness, hysteria also drove individuals of the male sex to asylums. In a study published in 1894, Dr. Márcio Nery asserted that of the 282 patients then institutionalized in the Calmeil section of the Hospício Nacional de Alienados in the city of Rio de Janeiro [the national Brazilian insane asylum], four were hysterical, three of whom had "homonymous heredity transmitted from the maternal side" (Nery, mar. 1894, p.65). Although psychiatrists were unable to agree regarding the characteristic physical constitution of the "male hysterical personality", it was consensually delineated based on the following traits, namely extremely susceptible and voluble, visibly impressionable and excessively vain and temperamental (Abreu, 1890, p.11).³ The construction of the profile of the hysterical man tended, therefore, to be attributed mainly to his maternal heredity and/or his allegedly feminine traits.

The specificities of male hysteria would become the subject of deeper psychiatric studies. One example is the thesis submitted by Murilo de Abreu and defended in 1890, in which the author stated that hysteria was the "most hereditary of all neuroses" and that this heredity became "more marked in men" (Abreu, 1890, p.10). According to this study, the specialists prioritized affective perturbances as being among the predisposing and determinant causes of hysteria in man. The moral suffering that could spark off hysterical manifestations in individuals of the male sex was considered to be linked to 'powerful emotions'. Chief among these, on the one hand, were the 'privations and hostilities' to which they were subjected, especially the 'poor and wretched' in their 'struggle for life', and on the other hand the frustration of unrequited love. This is the case of engineer F.M., white, Italian, bachelor, 23 years of age, who in August 1886 was found in one of the

streets of the city of Rio de Janeiro in a cataleptic state and taken to Hospital da Misericórdia. The origins of his hysterical crises were attributed by the physicians to the impossibility of consummating the 'overwhelming passion' he harbored for a girl (cited in Abreu, 1890, p.89).

On the other hand, psychiatrists were quick to establish a more or less explicit link between male hysteria and sexuality expressed, for example, not only in the emphasis given to puberty and to continence in the predisposition of individuals of the male sex to hysteria, but also in the identification of impotence as one of its possible effects (Abreu, 1890; Couto, 1924). Towards the end of the 1920s, when outlining the physical profile of João do Rio⁴, diagnosed as being a 'sexual psychoparadox', psychiatrist Inaldo Neves-Manta confers clearly visible hysterical traits upon him:

João do Rio was a mass of united dysgenics and sublimated hereditary degeneration Of medium stature. Semi-obese. Borderline misshapen. Heavy gait. Hunchbacked. Broad necked. Markedly rotund. Generally voluminous. With a purely plastic self-absorption – however the first impression elicited by the figure of the renowned journalist was that of a neurarthritic, with all of the complications associated with Charcot's Syndrome (Neves-Manta, 1992, p.137, 138).⁵

Almost thirty years earlier in one of his stories, João Luso⁶ described the profile of a very well known inhabitant of Rio de Janeiro who lived "around the districts of Catete or Botafogo", whose name nobody knew: "A slinky mulatto type, with a swaggering gait, a spring in his stride, always dressed in light colors, jackets and pants that hug and delineate the flaccid contours of his body ... large rheumy eyes; serious, though when he smiles, his face narrows into a pout, with vanity and grace" (Erse, 1904, p.145).

One night, Sinhazinha, as he was known, reacted violently to the aggressive provocations of a group of bohemian musicians who happened to be travelling with him on a trolleybus, attacking them with an umbrella: "at the moment of heroism, as he was most victoriously asserting his male strength and courage, was when he appeared supremely female, squealing, shrieking convulsively, and highly femininely shaking his hips, and flapping his hands about in a very feminine way ..." (Erse, 190, p.152). It is impossible to fail to notice the gross distortions of the alleged characteristic attributes of women in the text of João Luso, who concluded the story comparing Sinhazinha to a 'hysterical' woman, when, upon seeing the blood from the wound that he had inflicted on the policeman who had attempted to stop the fight, the former "fell, prone and screaming" (p.152).

In both cases, male homosexuality is associated with hysteria. The 'sexual deviance' that in the case of João do Rio was the result of hereditary degeneration and an 'equivocal temperament' provoked by a 'hyperthyroidal anomaly', according to the evaluation of a specialist and which, in the case of Sinhazinha, to the untrained eye of the storyteller represented an "aberration that was the spectacle of the tramps" (Erse, 1904, p.152), could lead many men to reclusion in asylum institutions with the most varied diagnoses.

Male homosexuality and mental disease

According to Michel Foucault (1980), the four strategic models upon which the construction of 'sexual science' was based from the 18th century onwards⁷ are: the hysterical

treatment of the female form, depicting it as a body excessively impregnated with sexuality; pedagogic upbringing depending on the sex of the child; the socialization of procreative behavior; and the psychiatric connotation of perverse pleasure. In the following century, with its increasing preoccupation with sex, this would lead to new personages appearing on the scene. These include “the nervous woman, the frigid wife, the indifferent mother – or worse, the mother beset by murderous obsessions – the impotent, sadistic, perverse husband, the hysterical or neurasthenic girl, the precocious and already exhausted child, and the young homosexual who rejects marriage or neglects his wife” (p.104).

According to Peter Fry and Edward MacRae (1985, p.62), the word homosexual was first used by the Hungarian physician, Karoly Maria Benkert, in 1869⁸, in the context of the above-mentioned process studied by Foucault. Ever since the 19th century, ‘pederasts’ were one of the hottest topics of medical discourse on the subject of sex (Engel, 1989) and homosexual practices between men were seen as a mental illness within the scope of psychiatry.

The sexual disturbance diagnosed by Neves-Manta in Paulo Barreto is revealed in the following passage: “Paradoxical in sexuality, haughty, bright and contemplative, suffering uncommonly, impenetrable and impetuous, João do Rio suffered from the same sexual paradox that made Abel Botelho famous and typified once and for all the concrete and bizarre figure of the exhausted and spent Barão de Lavos...” (Neves-Manta, 1992, p.155). This is a personage in the polemical work of the Portuguese naturalist writer, Abel Botelho (1982), entitled *O barão de Lavos (patologia social)* [O barão de Lavos (social pathology)], originally published in 1891. D. Sebastião Pires de Castro e Noronha, the “nocturnal hunter of pubescent males” is the protagonist of the novel and is the bastard descendant of “two of the oldest and most illustrious families in Portugal”, powerfully personifying “all of the qualities of the pederast” (p.9, 23, 29).

Throughout his trajectory as a man of letters, Paulo Barreto was frequently the butt of malicious comments publicly denouncing his homosexuality. James Green quotes many examples in this respect with special emphasis, for example, on the campaign allegedly championed by Machado de Assis and the Baron of Rio Branco in order to bar João do Rio’s admission to the Brazilian Academy of Letters in his two initial candidacies (Green, 2000, p.100).⁹ The author goes on to mention a cartoon by Seth (Álvaro Martins) in the first edition of the satirical and humoristic magazine *O Gato* [The Cat] in 1911, in which João do Rio and Olavo Bilac are admiring a statue of the Roman emperor Heliogabalus, whose muscular body was totally naked:

Bilac’s index finger strokes the pert buttock of the muscular marble figure, while on the other side João do Rio stares at the naked genital area. One of the two remarks: “Superb, eh!” The other replies: “Wouldn’t it be fantastic if all men were like this!” The author of the drawing is insinuating that the interest of the two writers is directed towards men, with Bilac possibly more interested in penetrating a certain partner while João do Rio is marveling at a phallus (Green, 2000, p.100).

As Green (2000) points out, certainly the Prince of Brazilian Poets¹⁰ and one of the founding members of the Brazilian Academy of Letters would not be as frequently denounced as being a homosexual as João do Rio, who had the stigma of being a ‘passive pederast’,

which even earned him the nickname João do Rossio, “associating him with the effete people who frequented Largo do Rossio” (p.101). Nevertheless, João do Rio would never have the experience of being institutionalized in psychiatric institutions as was the case of the contemporary writer, Lima Barreto, who was twice institutionalized in the Hospício Nacional de Alienados after being diagnosed as being an alcoholic.¹¹

Research at the Hospício Nacional de Alienados in the city of Rio de Janeiro (Engel, 1995) did not in fact uncover any profiles like that of João do Rio among its patients. However, in her study on the Juquery asylum founded by Franco da Rocha in the mid-1890s as a model psychiatric institution, Maria Clementina Cunha (1986) refers to some cases of individuals institutionalized in the first decades of the 20th century who were diagnosed with symptoms of ‘mental deviance’, namely ‘passive pederasty’, ‘effeminate behavior’ etc. Similar cases were encountered by James Green in his research in the files of the Pinel Sanatorium in São Paulo, inaugurated in 1930 (Green, 2000).

Based on the study of physician José Ricardo Pires de Almeida about homosexuality in the city Rio de Janeiro published in 1906, use of the term ‘homosexual’ as a synonym for ‘pederast’ and ‘uranist’ became widespread in the universe of medicine.¹² Among the ‘pederasts and uranists of all classes’ described by the author, there appear some popular types common to the streets of the city of Rio de Janeiro in the late 19th century, such as for example La Traviata and Athanasio. As Green (2000) observed, seeking to be included in the debates among European specialists about “the biological and psychological characteristics of pederasts”, Pires de Almeida – exactly like legal expert Viveiros de Castro – sought to delineate a specific profile to distinguish between ‘normal’ men and ‘uranists’, by establishing “unique physical and pathological traits”, being inspired by the ideas of Cesare Lombroso and Karl Heinrich Ulrichs (p.93, 94). However, the physician disagreed with the need for institutionalization of individuals who manifested this type of ‘abnormality’, as defended by Viveiros de Castro, who proposed that treatment be conducted by ‘moral education’.

Nonetheless, it was only in the 1920s and 1930s that the debate on homosexuality was to be consolidated in the fields of medicine and criminology (Pereira, 1994).¹³ In this respect, it is worth stressing that the dissertation by Inaldo Neves-Manta on João do Rio dates from this period and was profoundly marked by the perspective that linked ‘mental disturbances’ to the endocrinological characteristics of individuals. This focus, based especially on the studies of Gregório Marañón¹⁴, professor of medicine at Madrid University, was broadly reflected in the concepts put forward by other important specialists, including Afrânio Peixoto (fev. 1933), Leonídio Ribeiro (1938) and Estácio de Lima (1935).

The brutal murders in the late 1920s¹⁵ attributed to Febrônio Índio do Brasil and J. A. Amaral (Black Amaral), both of African descent and identified as homosexuals, as well as being afflicted with ‘mental disturbances’, played an important role in the full incorporation of homosexuality as a medico-psychiatric and criminological factor. However, this led to controversies regarding the determining causes and most adequate strategies for treatment and control or repression of the affliction. As Messeder and Green pointed out, such examples revealed a complex interplay between race, social class and homosexuality permeated in the medical and legal concepts and practices seeking to criminalize and give psychiatric connotations to male sexualities diagnosed as abnormal.

Frustrated sexualities and affectivities

In the opinion of many psychiatrists of the times, in addition to men who had sexual and affective preferences for other men, bachelors – defined not only as those who shun completely “all contact with women”, going against natural laws, but also those who abstain “only from marriage, enjoying ... all the delights that a material woman can provide” (Paz, 1910)¹⁶ – constituted strong candidates for madness, hypochondria, mania, hysteria and suicide. The passions and desires thwarted by imposition or option, and even refusal or prohibition of marriage, were seen as causal elements of madness. This was the case of the Italian engineer who, as mentioned above, ended up being institutionalized in the Hospital da Misericórdia do Rio de Janeiro, in a ‘cataleptic state’ having crises of hysteria provoked, according to the physicians who examined him, by the frustration of an intense passion.

The association between madness and amorous deception, affecting both men and women, is an expressive example of the intersections between the convictions of scientific medicine and widely-held popular beliefs. In a letter directed to M. Baillarger, Dr. Charè – established in the city of Rio de Janeiro in the middle of the 19th century – refers to the case of M.X., the son of a “respectable family”, intelligent, well-educated and without hereditary antecedents, who at the age of 26, “after a great deception in terms of love”, attempted to poison himself, from that time onwards appearing to all those around him “totally out of his mind” (cited in Barros, 1883, p.78).¹⁷

In accordance with the modern concepts in the field of medicine and science many works deriving from the many branches of the realist movement – especially naturalism – of the latter decades of the 19th century condemned the rule of patriarchal authoritarianism and celibacy imposed by the Catholic Church upon its members, as being responsible for the ailments provoked by the repression of natural desires and instincts, leading men and women to hysteria and madness. Although he belonged to the group of romantic *sertanistas*, or proponents of the bucolic life of the hinterlands (Bosi, 1987, p.155), Bernardo Guimarães depicts a similar scenario in *O seminarista*, originally published in 1872 (Guimarães, 1986).¹⁸ Being obliged to retire to the “monotonous and austere prison of a seminary in the hamlet of Congonhas do Campo” (p.22), by parental imposition, Eugênio, the protagonist of the novel, is unable to consummate the love born in infancy in order to marry Margarida. They would both pay a high price for repressing their sexual desires.

Going against her “ardent temperament and vigorous sexual urges”, Margarida remained faithful to Eugênio and became seriously ill:

The healthy, juvenile and ardent blood of the young girl, stirred by violent disquiet and soul suffering, coursed along her veins and beating up against the main circulation arteries threatened to rupture them. Hysteria would every now and again tense her muscles and cause terrible and deplorable hallucinations in her excited brain (Guimarães, 1986, p.105).¹⁹

Meanwhile, in the seminary, the protagonist gradually started to develop vertigo, cold sweats, beatific visions and fanatic hallucinations. These mental commotions then worsened when he met his loved one again on her deathbed, after he had already entered the priesthood. Giving full vent to the instincts and sentiments that had been repressed for so

long they both indulged in the pleasures of the flesh, but it was too late: she died shortly thereafter and he went insane. When he identified the body of Margarida that had been taken to the church to receive the last sacraments, the faithful saw Eugênio strip “from his body, one by one, all of the items of priestly vestments and throw them in a fury at the foot of the altar, and with staring eyes and unkempt hair he took faltering steps through the stunned multitude and ran out of the main door. He was mad ... stark staring mad” (Guimarães, 1986, p.125, 126).

A similar story is that of Father Simão, the protagonist of one of the first tales written by Machado de Assis (1998),²⁰ separated from his beloved Helena by his parents who, in order to prevent their son’s marriage to a household servant, resorted to subterfuge and lies. Convinced that Helena had died, Simão, “live of body but morally dead” decided to retreat to the monastic life. Years later, upon his return to the province of his birth, he was celebrating Mass when Helena entered the church with her husband, recognized him and promptly fainted. Upon seeing her, the priest continued his sermon, but “it was a senseless and meaningless discourse an absolute rambling delirium. Everybody was stunned. Father Simão’s fit lasted several days. He improved with good medical care and everyone believed he had recovered except for the physician who wanted to continue with his treatment” (p.74). However, he insisted on returning to the monetary, where “he became ever more solitary and taciturn. He was still slightly deranged” (p.75). As for Helena, two months after meeting Simão again she was dead.

In the complex and unexpected intersections between fiction and reality we find many stories of people institutionalized in Brazilian psychiatric establishments in the early days of the Republic. This is the case, for example, of E.U.B., 23 years old, dark-skinned, Brazilian, single, a plumber who was admitted to the Hospital Nacional de Alienados on June 16, 1908. The first symptoms of dementia praecox had allegedly surfaced after he was prevented from marrying Eulália with whom he was passionately in love (cited in Batista, 1908). The reasons why he was prevented from marrying are unknown, but approximately ten years earlier on November 9, 1897, the romance of A. de P.C., Brazilian, white, 30 years of age, single, carpenter for the daughter of a “major landowner” would lead him to be institutionalized in Hospital do Juquery (state of São Paulo) on December 9, 1897. After committing “all manner of extravagance”, spending well beyond his means and failing to turn up for work, he began to pester the father of the girl who, for this reason, called upon the authorities to have him removed to an asylum. Undoubtedly, social differences were one of the obstacles to the marriage. According to Franco da Rocha, the director of the institution, the case did not appear to justify “sequestration” and, even though he was diagnosed as a degenerate with delirium or a paranoid syndrome, A. de P.C. was therefore released fifteen days after being institutionalized. However, twelve years later, after being imprisoned several times, he was again sent to Juquery on December 3, 1908, where he would remain until his death (cited in Moura, 1923, p.77-80).

Desires and/or affections prohibited by moral ban could also be the basis for the diagnosis of ‘mental disturbances’, such as, for example, that of dementia praecox of a catatonic nature with which A.B., white, Portuguese, single, clerk, was admitted to the Hospício Nacional de Alienados on August 25, 1908. In love with a ‘woman of easy virtue’,

he was unable to marry her due to the opposition of his brother, after which he became agitated, unstable, expressing 'erotic ideas' and 'perverted affectivity' (cited in Moura, 1923). Yet again, it is possible to find similar stories in fictional records. The delirium that was gradually taking hold of Rubião, the protagonist of *Quincas Borba*, one of the major works of Machado de Assis (1982)²¹, ending in total lunacy and the same destiny as his friend the philosopher Quincas Borba, were the result of his many existential experiences. One of the reasons was undoubtedly Rubião's mounting passion for Sofia, an unscrupulous woman who, despite being married, provoked and encouraged ardent passion in him. In a more explicit fashion, in *Inverno em flor* by Coelho Netto, the repression of the sexual desire that Jorge felt towards his stepdaughter Sara, seen as part of his illness *per se*, contributes in a decisive fashion to his institutionalization in an asylum (Coelho Netto, 1897).

Contenance, or the non-satisfaction of male genetic instincts, featured not only among the predisposing causes of hysteria in man, but also had an important place in the etiology of others types of mental disease. L.F. de M., 34 years of age, Brazilian, white, designer, married, was one of the patients who were institutionalized in the beginning of the 1920s in the Pinel section of the Hospício Nacional de Alienados. According to psychiatric evaluation, the interruption of his sex life with his wife for whom he felt "an intense passion" since his youth caused the explosion of "a combination of irrepressible desire and sexuality", resulting in the worsening of manifestations of "primitive epilepsy". According to the declarations of L.F. de M, he ceased having sexual relations with his wife on "medical advice" (cited in Moura, 1923, p.80-89).

The total lack of desire and sexual experiences of any type appears to have been an important aspect for S.S.A., white, 22 years of age, to be diagnosed as having epilepsy. Accused of desertion, he was confined to military prison in 1924, where he was subjected to an examination for mental sanity. On his observation chart two references are recorded for the fact that, from a sexual point of view, he revealed "total indifference even at the possibility of performing the sexual act, "and he was said to declare that he had never masturbated or had any 'normal' or 'abnormal' sexual relations (cited in Chagas, 1924, p.65-67).

Yet again in one of Machado de Assis' short stories we find another path in the vagaries of love and sexuality that could lead individuals of the male sex to madness. This is the case with "O Machete"²², which recounts the life story of Inácio Ramos, a talented musician and cello player whose wife ran off with Barbosa who played the ukulele, which was a more popular instrument suited to Carlotinha's taste: "she left home and took off with the ukulele. She no longer wanted the cello, which is too serious; she's right; the ukulele is better. Her husband's heart bled, but his eyes were dry. An hour later he went mad" (Assis, 1998, p.254).

But, if on the one hand it was possible for the 'victims' of 'betrayals' in matters of love to go insane and fall into the hands of psychiatrists, on the other hand those who reacted differently to Inácio by attacking their companions could attribute the legal justification for their acts to a loss of reason. In accordance with paragraph 4 of Article 27 of the Criminal Code of 1890 (which remained in force through to 1940), defendants who were in a state of total temporary loss of their faculties and intelligence at the moment

at which they committed a crime could be considered criminally incapable. Consequently, acquittals or light sentences for so-called 'crimes of passion' became even more frequent after individuals alleged that by acting under the impulse of a 'lasting passion', or of a 'sudden emotional fit', at the moment of a crime, they were suffering from psycho-physiological disturbances that made them totally unaccountable for their actions. For this reason, the latest trends of mental medicine played a fundamental role in the defense of these criminals. They could contribute the status of a veritable obsession to emotional and passionate states, comparing it to a type of madness that could temporarily affect mentally sane individuals.²³

Onanism, impotence and sexual neurasthenia

From the 18th century onwards, onanism came to be singled out in medical treatises as one of the main causes that could spark off physical and mental disturbances in individuals of both sexes.²⁴ As stated earlier, according to Foucault, the onanist child came to represent one of the central preoccupations of physicians and educators towards the end of the 17th century. According to Peter Gay (1988), by the middle of the next century the majority of European physicians were of the opinion that the 'scourge of masturbation' was equally disseminated among women and men (p.219). However, while the practice of male solitary pleasure was considered to exhaust the individual by a waste of energy, compromising his work and reproductive ability and often leading to sexual impotence, female masturbation without "emphasizing the risk of exhaustion, since the copulating ability of women appears to be infinite", would naturally lead to the manifestation of 'vicious' and 'unwholesome' insatiability expressed, for example, in the images of the nymphomaniac, the hysterical woman or the prostitute (Corbin, 1991, p.454).

Towards the end of the 19th century, the emphasis on 'the harmful effects' provoked by masturbation would begin to be questioned by some European physicians, although this would not be sufficient to debunk the belief that onanism featured amongst the main causes and consequences of mental disturbance which, according to Peter Gay (1988), was even shared by "popular current lore" (p.217).²⁵ The association between onanism and mental disease was a concept that was dear to Brazilian physicians and psychiatrists (Elliot, 1 out. 1896; Athayde, 1907; Porto-Carrero, dez. 1929; Cunha, 1986), who believed that it could be transmitted by heredity or through the breast milk of a 'poorly screened wet nurse'. Among other factors, according to obstetrician and gynecologist Alexandre D'Almeida Camillo (1886, p.39), female onanism could cause not only numerous local and general affections, but also lead to abortion, sterility, hysteria, epilepsy, chorea (St Vitus' dance), nervousness, madness, hypochondria and hyperesthesia.

While being seen as both the cause and symptom of various types of mental disease, onanism was nevertheless considered by some psychiatrists to be a 'reprehensible habit' that had "most worrying and depressing repercussions in the male mentality" (Austregesilo, 1919, p.78). This concept was encapsulated, for example, in the close links drawn between masturbation and hebephrenia (or dementia praecox in puberty), defined as an eminently male type of disease. For Franco da Rocha (1904, p.404), onanism – usually the result of

'badly programmed brains' – effectively contributed to the 'onset of lunacy', particularly affecting boys and young men: few would be lucky to escape this 'addictive' and 'harmful' initiation to the enjoyment of genital functions.

In this way, onanism tended to be considered a danger that affected the broad spectrum of children, adolescents and adults of the male sex. The psychiatrist Julio Porto-Carrero (dez. 1929) – a renowned student of the works of Freud (Russo, 2002; Facchinetti, Ponte, jun. 2003) – possibly inspired by *Three Essays on the Theory of Sexuality*, published in 1905, claimed that: "I never asked male patients if they indulged in this habit in puberty, but only until what time they did it...", since "they had all done it..." (p.131). Tolerance in this case can be attributed to the fact that the act of masturbating in young men derived from the specifics of their own natures. In this respect, we should hark back to the previously mentioned case of S.S.A., diagnosed as being epileptic. According to the medical evaluation, the most serious and harmful aspect to his mental health was the fact of abstaining from any sexual experience, even masturbation (cited in Chagas, 1924, p.65-67).

With this in mind, we should remember that in her classic study on Juquery, Maria Clementina P. Cunha (1986) noted differences between the male and female pavilions with respect to repression of masturbatory practices. Since the existence of onanistic habits was recorded on almost all the medical patient charts of the male patients, there was a certain tolerance in relation to these practices in the male areas.

In the female pavilions the situation is very different and the specialists in mental disease tend to record the information provided by nurses and guards about the sexual habits of the patients on their medical records – and vigorously denounce the "disgusting acts" committed by women as a definitive symptom of their madness (Cunha, 1986, p.155).

According to Alexandre D'Almeida Camillo (1886), the physician can never detect the practice of onanism in patients of the female sex other than by "examination of the genital organs or by the woman's confession" (p.46). Curtailed by sociocultural taboos constructed and legitimated on different premises than those upon which male sexuality is based, it is possible that the 'confession' of the practice of solitary pleasure might be less frequent coming from the lips of a woman.

Among the numerous 'evils' resulting from the practice of masturbation, specialists in mental disease also stressed sexual impotence as the source of a series of psychic disturbances.²⁶ The case of J.A.M., Brazilian, white, 27 years of age, married, employed by the Navy, discussed in one of the sessions of the National Academy of Medicine in October 1924, illustrates this point very clearly. Unable to move his left shoulder after being cured of a traumatism, J.A.M. was diagnosed as having 'hysterical monoplegia' and was placed under the medical care of Dr. Porto-Carrero in February 1924. Employing the 'Freudian method', including lectures, memory loss and omission research, dream analysis and idea association study, the psychiatrist finally discovered the 'true' cause of the sufferings of J.A.M.:

When masturbating, the patient was unable to attain a full erection even when reaching sexual climax. This led to sexual impotence of a psychic nature. From impotence, which could be relative to jealousy of a foreign friend who could be responsible for his last child – it was only a short step. The traumatism made it easier to transfer the complex of *impotence* to the traumatized upper member (cited in Couto, 1924, p.427).

By means of adequate therapeutic measures – such as persuasion, suggestion, sexual abstinence and work – Dr. Porto-Carrero managed to “eradicate the idea of impotence”, thereby curing the patient.

Besides the voluntary use of birth control techniques – such as “suppression of ejaculation” or other means that prevent “[the birth of] children, though they detract from sexual pleasure” – impotence is singled out by Henrique Roxo (out.-dez. 1919, p.338, 339) as being the main “disturbance in sexual life ... which has a profound impact on the psychic life, conferring a specific profile to the manifestations of certain types of mental disease – such as dementia praecox and neurasthenia – in male patients. Closely linked to the moral commotions and disturbances arising from the struggle for survival and exhaustion arising from excessive intellectual activity and the abuse of sexuality²⁷, neurasthenia was considered in some psychiatric jargon as being a morbid state of the nervous system that is more common among individuals of the male sex (Austregésilo, 1919, p.77). For Antonio Austregésilo, it was psychoneurosis that when characterized by ‘perversions’ of the sexual instinct was designated by neurologists as sexual neurasthenia, the etiology of which could be summed up in the following formula: abnormal genital life + commotions = reflection on commotions + X = sexual neurasthenia. The X variable refers to factors such as acute and chronic infections, endogenous and exogenous intoxications, dietary deficiency, and excess of physical or mental work. Among the characteristic symptoms of sexual neurasthenia, we find total genital weakness, premature ejaculation and erections exclusively obtained by means of “special caresses, for perverted pleasure” (Austregésilo, 1919, p.66).²⁸

Among the clinical cases cited by Schiller in a dissertation presented to the Rio de Janeiro School of Medicine, two of them involve male patients institutionalized in *Casa de Saúde Dr. Eiras* in 1904 diagnosed as having that neurasthenia. In both of the patient record charts there are references to ‘sexual anomalies’. A.M., Brazilian, 23 years of age, single, tradesman, was a “self-confessed onanist”, while Dr. T., Brazilian, 39 years of age, single, lawyer, “was exhausted as a result of venereal excess” (cited in Schiller, 1905, p.45, 46). Treated with methods of persuasion and suggestion, developed by psychotherapy, apparently both patients recovered completely after a brief period of confinement in the aforementioned institution. Other observations cited by the author relate to two women institutionalized in the same establishment in 1905 also diagnosed as having neurasthenia, though there is no record whatsoever of any ‘sexual deviances’, which would seem to indicate that there was a tendency to attribute male ‘sexual perversions’ to the characterization of this type of mental disease.

Final considerations

As all the examples considered herein – which were be subject of close study by physicians and psychiatrists in the 19th and early 20th centuries – appear to indicate, male attitudes and behavior were submitted to decidedly rigid and precise norms. In the specific area of sexual practices, the moral standards that were to become the basis of the new social order emerging at that time, demanded of individuals of the male sex, according to their ‘natural

inclination', the obligation to perform the role of 'dominant males' – always 'hunters', always 'active' – as opposed to women – 'the prey' and 'passive' – capable of efficiently fulfilling their reproductive function, under penalty of being stigmatized with the labels of 'abnormal' or 'mentally ill'. The specificities of female in relation to male experiences should not lead to the construction of a theory that simplifies the lives of the genders by always viewing them from a dichotomous standpoint, thereby eliminating the possibility of comprehending them in their plural, complex and contradictory dimensions.

It is important to remember that the concepts and practices constructed and/or disseminated within the scope of Brazilian mental medicine exemplified above mark the moment at which the psychiatric specialty was being founded, seeking to legitimate and consolidate itself. It was a time marked by the end of slavery and the advent of the republic. A time when Brazilian intellectuals, not without divergences and conflicts, sought the paths that would lead the country to modernity and progress, eradicating the traces of its recent colonial and slave-trading past, which was a symbol of degeneration. In this context, new moral standards attuned to western bourgeois modernity – which, as Foucault (1980) observed, placed sex at the center of human truth – were being forged and disseminated by scientific knowledge.

As we saw in the cases presented, the targets of the normalizing concepts and practices of psychiatry and forensic physicians revealed distinct ethnic and social profiles – white, dark, mulatto and black men who belonged to the privileged social classes (such as engineers, lawyers, journalists) and the working classes (such as plumbers, carpenters and sales clerks). Unfortunately the information at our disposal is insufficient to learn more about the discriminating and hierarchically-based dimensions that undoubtedly underlay the bulk of this discourse. As Maria Clementina P.Cunha (ago.-set 1989) noted in her research on Juquery, over and beyond the "normative and homogenizing discourse" of psychiatric knowledge it was possible to identify the day-to-day asylum practices "the social, racial and gender differences" which, therefore, "only in a limited sense leveled rich and poor, men and women, blacks and whites in the same condition of subjection", determined by the institutionalization conditions.²⁹ In this manner, the reasons why the white female record charts of middle-class women in that institution contained a wealth of far more detailed and complete information than those for poor, black or mixed-race women became intelligible. Whereas mental disease is seen in the former as a pathological condition that needs to be studied and explained, in the latter it was conceived as an inevitable result of their racial degeneration and/or sociocultural inferiority.

However, despite the gaps and flaws, the records researched undoubtedly reveal that the male sexual experiences encountered in the last decades of the 19th century and the early decades of the 20th century were far richer and more complex than we are led to believe using the ideal models of 'man as provider' and 'woman as spouse-mother' formulated in the attempts at generalization that were never a consensus and much less literally incorporated in the behavior of historical flesh and blood subjects.

NOTES

¹ The research was conducted as a PhD dissertation (Engel, 1995). The analysis outlined here was especially based on the chapter entitled “Para além dos muros do hospício: razão e instinto”, which was not included in the book published under the title *Os delírios da razão: médicos, loucos e hospícios* (Engel, 2001).

² With respect to hysteria in children see, for example, the articles of Dr. C.S., “Histeria infantil” (C.S., nov. 1897, p.378-379) and de Castro, A. and others, “Histeria na infância” (Castro, 13 set. 1919, p.293-294).

³ Inspired by the polemical theories of the Italian physician and criminologist Cesare Lombroso (1835-1909), some psychiatrists affirmed that hysterical individuals of the male sex were frequently of medium stature, light-skinned, with light brown hair and of a good disposition, while for others, on the contrary, they were predominantly of small stature, with dark brown hair and an “impressionable pallor” (Abreu, 1890, p10).

⁴ João Paulo Emílio Cristóvão dos Santos Barreto (1881-1921) came to be known as João do Rio, one of his pseudonyms. Son of the mathematics professor Alfredo Coelho Barreto and Florência Cristóvão dos Santos Barreto – mulatto, daughter of physician Dr. Joaquim C. dos Santos – he was a student of the São Bento monastery college and, from 1896 onwards, the Ginásio Nacional. He became a fairly well-known journalist – working in the Rio de Janeiro press circuit – and a successful writer – with almost all his books published by Garnier, the most powerful publisher of the times.

⁵ The first edition of the work appeared in 1928, published by Imprensa Carioca under the title, *A individualidade e a obra mental de João do Rio em face da psiquiatria*.

⁶ Pseudonym of the writer and playwright Armando Erse (1874-1950) who appeared frequently in the press circles in Santos, São Paulo and Rio de Janeiro.

⁷ For the philosopher, the mechanism of sexuality was formed around and on the basis of alliance, subordinating it as an element to render viable the self-affirmation of the bourgeoisie, who, by means of it converted “the blue blood of the nobility into a sound organism and healthy sexuality” (Foucault, 1980, p.119). During the course of the 19th century, with the generalization of the mechanism of sexuality, the bourgeoisie acknowledged “one body and one sex in the other classes – precisely those that it exploited” and only then, the social differentiation ceased to affirm itself by the “‘sexual’ quality of the body” moving on to base itself on the “intensity of its repression” (p.119-122).

⁸ According to Bronislaw Baczko, the word sexuality first appeared in the mid-19th century in 1845 or 1859 (cited in Corbin, 1991, p.528).

⁹ In 1910, when only thirty years of age, Paulo Barreto was admitted to the Brazilian Academy of Letters after two unsuccessful attempts in 1905 and 1907.

¹⁰ Olavo Brás Martins dos Guimarães Bilac (1865-1918) was the son of physician Brás Martins dos Guimarães Bilac and Delfina Bilac. He studied at the School of Medicine of Rio de Janeiro and the School of Law of São Paulo, but never graduated from either. As with the majority of literary people at the time, he earned his subsistence from press activities and admission to public government positions. He participated actively in the Republican and abolitionist movements in the 1880s. He became involved in the campaign against the dictatorship of Floriano Peixoto (second Republican president, 1891-1894) being obliged to flee the city of Rio de Janeiro. The author of various works – poetry, short stories, literary columns, novels etc. – he was a renowned intellectual during the First Republic. In 1896 he was admitted to the Brazilian Academy of Letters, allocated the chair that had initially belonged to Gonçalves Dias. He was voted the “Prince of Brazilian Poets”, in 1913 in a competition conducted by the magazine *Fon!Fon!*.

¹¹ For further information on this topic see, for example, the studies of Francisco de Assis Barbosa (Barbosa, 1981) and Magali Gouveia Engel (2003).

¹² It is important to stress that in some dissertations on prostitution defended at the School of Medicine of Rio de Janeiro in the 19th century, pederasty, associated to prostitution was a subject of medical concern, such as that of Dr. F. Ferraz de Macedo, entitled “Da prostituição em geral, e em particular em relação à cidade do Rio de Janeiro: profilaxia da sífilis” (Macedo, 1872). In this respect, refer also to the works of Engel (1989b) and Green, (2000).

¹³ Despite the fact that male homosexuality was the favored topic among experts at the time, the professor of clinical psychiatry at Universidade de São Paulo and Escola Paulista de Medicina, Antônio Carlos Pacheco e Silva, and also director of the Juquery Asylum (SP) dedicated special attention to “a curious case of female homosexuality” in his study on clinical and forensic psychiatry, suggesting that “the case of female sexual inversion need to be examined in light of modern endocrinological findings” (Pacheco e Silva, 1940).

¹⁴ In his preface to Leonídio Ribeiro's book, Gregório Marañón (1887-1960) defended the concept that homosexuality was biologically determined, since the female and male characteristics manifested by homosexuals resulted from endocrinological imbalances (Marañón, 1938).

¹⁵ The first well-known individual was accused in 1927 of killing three boys, though he was absolved on the basis of the argument that he was mentally ill and therefore could not be held criminally responsible, albeit being considered highly dangerous. Febrônio was institutionalized in the *Manicômio Judiciário do Rio de Janeiro* until his death in the 1980s (for this case, see the classic study by Peter Fry, "Febrônio Índio do Brasil: onde cruzam a psiquiatria, a profecia, a homossexualidade e a lei" (Fry, 1982) as well as that of Green (2000). The second was accused of killing four young people and was the subject of close scrutiny by physicians Viriato Fernandes Nunes (1928) and Antônio Carlos Pacheco e Silva (1940). For this case, refer to Green (2000, p.208-213).

¹⁶ Regarding the transformation of bachelors into the subject of the control of social medicine in the 19th century, refer, for example to Jurandir Freire Costa (1979).

¹⁷ According to the author, the case was reproduced in the dissertation by Geoffroy published in Paris in 1861.

¹⁸ It is important to remember that 1871 saw the beginning of the campaign against the clergy in the Rio de Janeiro press due to the anti-Masonic actions of the Bishop of Rio de Janeiro, which was the start of the so-called Religious Question.

¹⁹ With respect to cases of female hysteria in literature, refer, for example, Engel, ago.-set. 1989, 1997.

²⁰ According to John Gledson, the short story was published for the first time in 1864.

²¹ The first edition of the novel was launched in 1891.

²² According to John Gledson, the short story was first published in 1878.

²³ On this topic see, for example Corrêa (1981, 1983); Fausto (1984); Chalhoub (1986); Soihet (1989); Besse (1989); and Engel (2000).

²⁴ In this respect, refer to the interesting analysis by Richard Sennett regarding the significance of the repression of masturbatory practices in the medical treatises of the 18th century (Foucault, Sennett, 1981). On the other hand, it is interesting to note that according to Mary Del Priore, some positions in the 17th and 18th centuries recommended masturbation as treatment for women who suffered from "chronic suffocation", resulting from the "women's problems" (Del Priore, 1993, p.193).

²⁵ In 1899, Hermann Rohleder, example, no longer included "madness among the grievous consequences of masturbation". Psychoanalysts in the early 20th century continued to affirm that habitual masturbation caused innumerable evils, though there was indeed a change of perspective in relation to the anti-masturbatory concepts of the 19th century: "psychoanalysis removed masturbation from the nebulous regions of morality, religion and mere fantasy, placing it in its proper place, namely among the realities of sociology, psychology and physiology". Whatever the case, masturbation would remain banned to the muddy swamps of 'abnormality', thanks to Christian-based morality, the legitimacy of which could no longer be based on principles of religious faith, but on the tenets of scientific reason (Gay, 1988, p.218, 225).

²⁶ Regarding the medical approach in the 19th century see, for example, the analysis of Pierre Darmon (1988, p.253-290).

²⁷ There are divergences about the emphasis to be given to each of these aspects (Schiller, 1905; Palmieri, 1909; Lartigau, 1910; Freire, 1910).

²⁸ About the construction of the relationship between impotence and neurasthenia through the advances in psychiatry in the 19th century, refer to Corbin (1991, p.568-570).

²⁹ An updated and modified version of the same article was published in the magazine *Tempo* under the title "De historiadoras, brasileiras e escandinavas: loucuras, folias e relações de gêneros no Brasil (século XIX e início do XX)" (Cunha, 1998, p.188).

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