



From the agricultural colony to the hospital-colony: configurations for psychiatric care in Brazil in the first half of the twentieth century

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Abstract

The meanings given to the institutional model of the colonies in psychiatric care in Brazil are assessed, duly considering their different configurations in the context of public health policies in the first half of the twentieth century. The central thread of this analysis is the case of the Colônia Juliano Moreira, an institution founded in 1924 in Rio de Janeiro. It seeks to show the meaning attributed to the concept of agricultural colony and its importance in shaping the Colônia Juliano Moreira, in order to understand how the ideological precept of agricultural colony was translated into the concept of hospital-colony from the 1940s onwards, when this institution experienced a steady process of marked expansion of its physical structure and its therapeutic resources.

Keywords: psychiatric care; agricultural colony; Colônia Juliano Moreira; history of psychiatry; Brazil.

This paper seeks to discuss the meanings attributed to the institutional model of the psychiatric care colonies in Brazil, considering their different configurations in the context of public health policies in the first half of the twentieth century. We know that the institutional model of the colonies was used to treat various diseases, both in the international context and in Brazil, most often associated with the isolation of patients – such as lepers and tuberculosics – in order to prevent the spread of the disease. In the case of mental illness the proposal of isolation of patients – in colonies, but also in hospices and asylums – was based on another premise: the idea coined by ‘alienists’ and its ‘moral treatment’ whereby isolation per se was a therapeutic measure, since it was intended to prevent contact of the patient with the excesses of urban life, with the ‘evils of civilization,’ which were considered one of the major causes of mental disorders. Mentally ill individuals were removed from social interaction, to allow them to live in a micro-society organized to transform their intense ‘affections’ and encourage the ‘will’, under the auspices of a collective will, considered to be more imperative than that of the mentally ill individual (Gauchet, Swain, 1980, p.95-96, p.200-202). From the psychiatric standpoint the proposed isolation of patients in colonies was also readily associated with rural life, distant from cities, less by virtue of the potential benefits of the climate than the possibility that the exercise of agricultural labor would play a therapeutic role.

The idea of work as treatment for mental illness, also put forward by the ‘alienist’ movement, was based on the belief that it was possible to tackle madness, as its alien nature still maintained, at some level, a rational being, which therefore made cure possible. This led to the notion of mentally ill individuals in relation to themselves, who had a sane and rational nucleus and were therefore able to be reached by others: namely the ‘alienist’ (Gauchet, Swain, 1980, p.85). The certainty about the existence of an individual portion communicable to others was the basis of the curing scientific undertaking of mental illness and its ‘moral treatment,’ with work being an important element of this task. However, “as the great expectations elicited by ‘moral treatment’ in the early nineteenth century waned, work began to be perceived as a strategy directed towards incurable patients, destined for permanent reclusion. In addition to keeping them engaged in some activity, the income generated by their work could contribute to their upkeep” (Sacristán, 2005, p.679).¹

With regard to the psychiatric area in Brazil of the first half of the twentieth century, the proposal of the isolation of patients in colonies assumed different names, such as asylum-colonies (Moreira, 1902; Rocha, 1906), or was indicated for the treatment of specific patients, such as the colonies for epileptics (Moreira, 1905), the highlight in this model being the ‘agricultural colonies.’² In fact, in the late nineteenth century, the country’s first agricultural colony was established in São Paulo, destined to receive eighty mentally ill patients. The construction of the Juqueri Hospice adhered to the guidelines of the International Congress for the Insane staged in Paris in 1889, which recommended the construction of agricultural colonies attached to nursing homes, for which there was a need for large areas of land (Pacheco Silva, 1940, p.213). Despite the keenness of this author from São Paulo to leave on record the pioneering healthcare policy of his state in relation to the capital of the Republic, what should be highlighted is the importance given to such institutional agricultural colonies in the history of psychiatry in Brazil.

Thus, as we shall see later, the agricultural colonies continued to be quoted and recommended as a solution to the problem of mentally ill individuals, often associated with family care.

On the other hand, if we follow the history of healthcare policy as having a common thread with the Juliano Moreira Colony in Rio de Janeiro, it is important to raise the subject of the emergence at a later period of another configuration of this model of care: the 'hospital-colony'. The Juliano Moreira Colony was founded in 1924 in the rural area of Jacarepaguá, in order to solve the problems existing in the former mentally ill colonies on Ilha do Governador. Related to the institutional design of an agricultural colony – present since the late nineteenth century – the creation of the new colony in Jacarepaguá had become the rallying cry of theories in psychiatric ideology since the decade of 1910, associating its creation with the modern healthcare model that was envisaged for Brazil. In the late 1930s, and especially the early 1940s, the Juliano Moreira Colony experienced a rapid process of expansion of its physical structure and its therapeutic resources. Without losing sight of the main features present in the ideology of an agricultural colony, the healthcare mission of the institution was restructured. In the context of public policy for psychiatry forged from the end of the 1930s and broadly implemented in the next decade, the colony was transformed into a hospital-colony.

From this perspective, I will seek to demonstrate in this paper the existence of two different institutional configurations, in relation to which the model of the colonies is updated for psychiatric care at different moments. The notion of model emphasized here is the programmatic nature of discourse on this type of institution, as cutting-edge proposals to be implemented. For this reason, the analysis developed here restricts itself to only one side of the history of the colonies geared to caring for the insane. It is the side that reflects government projects discussed, disseminated or established by certain actors – almost all doctors and psychiatrists – registered in ministerial reports, legislative documents, journals, official organs for the dissemination of public care and also in major newspapers. I seek to observe the movement of these actors at different discursive instances, without however exploring the dimension of life in the colonies for the insane, the everyday practices that define them and the issues that arose therefrom.

The concept behind agricultural colonies to care for mentally ill individuals

The historiography of psychiatry in Brazil, as recounted both by traditional history and by authors aligned with social or cultural history, is united in seeking to establish the point of origin of mental illness treatment in Brazil as being the creation in 1841 of the first healthcare institution geared to mental illness, namely the Pedro II Hospice. Its creation was one of the acts of the new Emperor Pedro II, instituted at his coronation, although the hospice was only effectively inaugurated in 1852. Whatever the case it was through this healthcare institution, linked to the Santa Casa da Misericórdia of Rio de Janeiro that therapeutic knowledge and practice arrived on Brazilian soil.

However, after its first few decades of existence, the Hospice was threatened by the problem of overcrowding, with the arrival of the mentally ill individuals who were in the

Mendicant Asylum, which was why shortly after the proclamation of the Republic the first colonies for male patients were set up. Using land and buildings of the old Beggars Asylum belonging to the Benedictines, on Ilha do Governador, the two new colonies, namely São Bento and Conde de Mesquita, intended to be self-sufficient, using patients for the cultivation of land that had belonged successively to the Barons of Mesquita and Itacuruçá (Medeiros, 1977, p.16).

In the republican climate for the establishment of a State, the creation in 1890 of the first organ destined to organize care of the mentally ill in the country – Assistência Médico-Legal a Alienados (Medical-Legal Care for the Mentally Ill) – was to be responsible for the colonies on Ilha do Governador, together with the Hospício Nacional de Alienados (National Hospice for the Mentally Ill) – the former Pedro II Hospice – for treatment of mental illness. At that time a division was consolidated according to which, under Article 78 of Decree 508 of June 21, 1890, “the São Bento and Conde de Mesquita Colonies are reserved exclusively for indigent mentally ill individuals, transferred from the National Hospice and able to occupy themselves in agricultural and other work.” Thus, while the National Hospice was the only institution to receive pensioner patients, offering practical therapy in non-agricultural activities and serving as a ‘point of admission’ into the care system for mentally ill individuals to be referred to other services, the Ilha do Governador institutions were based on the institutional model of the agricultural colony, serving only for indigent patients.

From that point onwards, the reports of the Ministries of the Interior (1891), and of Justice and Internal Affairs (1892-1924) describe the agricultural practices developed in these institutions. The 1891 report, for example, states that in the Ilha do Governador colonies “the one hundred and thirty-two mentally ill individuals living there today are employed, with rare exceptions, in the tilling of the land, the cultivation of cereals, vegetables, etc. and the rearing of livestock and poultry” (Brazil, 1891, p.28). The attention paid to agricultural colonies by the Federal Government is also notable for its interest manifested in knowing the experiences in other countries. Thus, as per 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, 1893, p.363).

It is worth pointing out that the ministerial reports addressed to the president of the republic were not only the vehicle to render account of what was done annually, but also for political negotiations, consisting of significant texts giving the reasons for what had not been done and demanding more and more resources for the implementation of new proposals. From this perspective, these documents show that the buildings of the colonies on Ilha do Governador and their space for crop cultivation were proving insufficient, making it necessary to construct new buildings to house the mentally ill coming from the National Hospice (Brazil, 1891, p.28). Some years later, the same problems were still reported,

since it had not been possible to carry out “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).

The situation of the aforementioned colonies was considered to be increasingly critical, with a serious sanitary situation due to the poor quality of artesian well water used in these institutions, indicating the urgent need for channeling both drinking water and fecal material. In the year 1900 it was reported that the population of these colonies was severely hit by marsh fever, and the same need for piped drinking water appears again some years later in the report of the Ministry of Justice and Internal Affairs, 1903 and 1904.

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 being promoted during the administration of Mayor Francisco Pereira Passos between the years 1902 and 1906, and the management of Oswaldo Cruz as Director-General of Public Health of the federal government of Rodrigues Alves. The approval of Decree 1132 of December 22, 1903, which reorganized care for the mentally ill and, in the same year, the appointment of Juliano Moreira (1873-1933) as Director of the National Hospice, where he conducted architectural and welfare reforms, reinforced ‘modernizing’ initiatives of the state and extended them to the sphere of public care for the mentally ill.

It is therefore no surprise that in an article published in the first issue of the *Arquivos Brasileiros de Psiquiatria, Neurologia e Ciências Afins* in 1905, Juliano Moreira sought to raise awareness among his peers for their assessment and proposals for care for the mentally ill. It was the first Brazilian psychiatric journal, created by Juliano Moreira himself and Afrânio Peixoto (1876-1947), which was to bring together scientific articles on mental illness, but also welcomed the themes of science and care, which went hand in hand. Juliano Moreira stated clearly that even with the works that were being implemented in the Hospice, this would not be sufficient for the needs of the Medical-Legal Care for the Insane in the Federal District and that the agricultural colonies “are an excellent means for caring for the mentally ill” (Moreira, 1905, p.84). He publicized in this article the project of creating another colony on the mainland, instead of a reform of the buildings of the institutions on Ilha do Governador, linking this proposal to offer family care.³

In the following year, this debate and scientific proposals for care remained topical issues. In the same journal, family care was treated both in an article by Franco da Rocha (1864-1933), director of the Juqueri Hospice in São Paulo, and in another text written by Juliano Moreira. The first advocated the introduction of family care in the Juqueri Hospice in line with international experiments (Richardson, 1906). The second, under the guise of support for the welfare policies proposed by Franco da Rocha, refuted the information that the São Paulo psychiatrist published in his text on the not so successful family care in Russia, providing information, recent at the time, of the Russian psychiatrists in favor of its efficacy (Moreira, 1906). The dispute between these two exponents of mental medicine of their time shows how the theme of family care, associated with the agricultural colonies, was indeed the talk of the town.

Despite the favorable political climate of the early twentieth century, considering the recurrence of the description of the critical situation of these institutions in the ministerial reports in the following years, it can be said that little was done on behalf of the Ilha do Governador colonies in terms of minimizing the deleterious effects of the passing of time and lack of infrastructure. In 1909, Doctor João Augusto Rodrigues Caldas (? -1926) took office as director of these colonies and was fervently in agreement with the solution proposed by Moreira (1905) of transferring them to another location, with new buildings: "In his 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).

At this time, Juliano Moreira wrote once more in the first Brazilian psychiatric journal about the solution regarding the removal of the Colonies on Ilha do Governador, advocating the implementation 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).⁴

The investment in these ideas began two years later when, according to Almeida (1967), Rodrigues Caldas reported finding a suitable location for the new colony. It was the land of the Engenho Novo Farm with a total area of 150 acres, including woodland, farmland, rivers, waterfalls, dams and outhouses. With the support of the Minister of Justice and the cooperation of Juliano Moreira – then holding the positions of Director of Care to the Mentally Ill and the National Hospice – the expropriation of the farm was accomplished in August 1912, making it a public utility. After a long legal battle, as the owner appealed to the Federal Supreme Court to apply for a higher value for the expropriated land, the State finally won the case in 1918.

In terms of construction, work began in 1921 and two years later 15 pavilions, the refectory, kitchen, laundry, pharmacy and nursing installations were ready for occupation. Repairs were also carried out to the existing buildings, such as the main house of the former farm, the ground floor of which was 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). However, according to the Report of the Ministry of Justice and Internal Affairs of 1923, prior to inauguration there were many needs still to be addressed: houses for the employees, covered areas for cars, trucks and carts and day quarters for the sick during the rain and heat of the day away from the dormitories.

This last aspect draws attention to the fact that, in terms of care, there was an overriding attempt to make treatment through agricultural labor the mainstay of the therapeutic guidelines. In addition to this, in Rodrigues Caldas' opinion, the state should equip the new colony for family care services – "which is a complement for all sound care for

psychopaths” – as well as outpatient services, as it was located “in the largest suburban district of the capital of the Republic,” further considering the “advantages of these clinics as a prophylactic factor for venereal and mental diseases” (Brazil, 1923, p.104). The new institution was therefore based on two basic premises: practical therapy in agricultural activities and in-family care. For this second premise, the institution would give homes to some of its employees so that they give patients the opportunity of family life.

The inauguration of the colony located in Jacarepaguá occurred in 1924. It was called the Colônia de Psicopatas-Homens (Colony for Male Psychopaths) and served a clientele composed only of indigent and chronic patients originating mostly from the colonies on Ilha do Governador. It inherited both patients and its first director, Rodrigues Caldas, who died two years later, from these former colonies. In the latter’s words

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).

The idea of progressive growth of the new Colony involved the interest in the gradual occupation of the land and even further installations and enhancements. Although much talked about and publicized, the Jacarepaguá colony was in fact inaugurated with the “scarce resources of this period of tight budgets” (Brazil, 1926, p.151). All of the material from Ilha do Governador was reutilized, after being transported “across the sea and 30 kilometers overland which, as the Director reported in a letter, called for six transshipments from Galeão to Jacarepaguá” (Almeida, 1967, p.163). This material was then installed in the old farm buildings of Engenho Novo, without the additional works indispensable for the development of an agricultural colony having been implemented, as was mentioned by Rodrigues Caldas in his ministerial report for the year 1924.

In its first year the Colony started with the admission of 270 patients, which was considered a small number in terms of its full capacity of six hundred patients, if the institution had ‘conveniently secure shelter’ for the mentally ill who did not work. Thus, the proposal to reduce overcrowding of the former National Hospital, by the opening of the Colony for Male Psychopaths, had to be postponed. However, plans for expansion of agricultural activities and in-family treatment were promising: a small house to install the corn mill and the saw for firewood, houses for employees, stables, chicken houses and a small sugar plantation to provide sugarcane juice to the sick workers (Brazil, 1926, p.154).

The idea of work as therapeutic was certainly not new, at least considering the various workshops at the National Hospice, reorganized and expanded in the administration of Juliano Moreira, such as typography, bookbinding, shoemaking, upholstery and sewing, among others (Engel, 2001, p.312). The specificity of the colony of Jacarepaguá inherited from the old institutions of Ilha do Governador, was its agricultural calling which, according to psychiatrists involved, certainly could be better performed given the excellent natural resources in the region.

At this time, Jacarepaguá was a suburban area of the city, well represented in the articles of Armando Magalhães Correia (1889-1944) published in the years 1931 and 1932 in the Rio de Janeiro newspaper *O Correio da Manhã* and, in 1936, published as a book by the National Press, with a foreword by Edgard Roquette-Pinto (1884-1954) with pen and ink illustrations. Correia's texts expressed the perspective of a pioneering generation of conservationists in Brazil who observed the natural and human aspects at the same time (Franco, Drummond, 2005). Correia called attention to the people in that region of the city, who despite being crucial to its operation, were little known, "the most varied human types, very different from those found in the central suburbs and neighborhoods of Rio – fishermen, hunters, loggers, charcoal-firers, mat makers, basket weavers, sandal makers, handle carvers, potters, banana suppliers, switchmen of dams and a myriad of vendors who roamed the countryside, the suburbs and the urban area, supplying the metropolis" (Franco, Drummond, 2005, p.1038)

The plain of Jacarepaguá, between the Tijuca massif and Pedra Branca (where the Colony is located), was named by Magalhães Correia as 'Rio's hinterland'. With this expression, the author was pointing both to the lack of assistance given by public authorities to the region – demanding that measures be taken – and the dual role of its inhabitants, as predators of natural resources and as representatives of our authenticity and Brazilianness: "In this typically Brazilian and somewhat isolated environment, the pure soul of our native 'caboclos' still predominates, reminiscent of what is our essence, the types and customs" (Correia, 1936, p.60): "the people who live in these backwoods, far from civilization, are Brazilian to the core" (Correia, 1936, p.77).

The image of Jacarepaguá as 'Rio's hinterland' certainly reinforced the significant symbolic distance between the proposal of a national civilizing project and the reality experienced by most of the Brazilian population, marked by disease and neglect (Lima, 1999). Moreover, the idea of hinterland was referring to the subjective aspects of the place, namely the countryside in relation to man (Lévi-Strauss, 2009, p.151). It was in this location removed from urban centers and marked by neglect of the state, which left the people to their own devices, that was at the same time representative of what was more authentic to Brazilians, that the Colony for Male Psychopaths was installed and developed: a place that brought together the qualities of rural life, considered one of the mainstays of treatment to be offered in agricultural colonies.

Far from civilization, they were thus given the conditions for therapeutic isolation, and close to the Brazilian 'nature' that thrived there, individuals could develop their true healthy essence. It may be possible for one to think that in the aforementioned proposal of Rodrigues Caldas of "progressive growth" of the new colony (Brazil, 1926, p.151) there was the confluence of two ideas: on the one hand, caution against the tendency of past experience of the overcrowding of hospices, and on the other hand, the ideal of integration between the institution, its surroundings and its inhabitants, which results in the articulation between an institutional model of agricultural colony and an in-family care model in a region identified as the 'hinterland.'

Building the hospital-colony: the expansion of psychiatric care in the 1940s

In the late 1920s, the Ministry of Justice and Internal Affairs reorganized the services of Care for Psychopaths in the Federal District, the regulations of which included the administration of various care units, among them the Jacarepaguá colony. In 1930 Care for Psychopaths in the Federal District became part of the Ministry of Education and Public Health set up by the Provisional Government of Getúlio Vargas (1882-1954). As is common knowledge, Vargas became president of the republic in 1930 by means of a military movement started that year, under his civilian leadership, whose aim was to prevent the inauguration of the new president – Julio Prestes – elected in March.

The motivations behind this armed movement originated in the preceding decades, which were marked on the one hand by the political alternation between presidents of the republic, representing the State of São Paulo and then the State of Minas Gerais, which favored the oligarchies of these states since the year 1910. This led to the emergence of growing discontent among other local oligarchies that had no access to national decision-making centers. On the other hand, since the 1920s new social forces were arising in the country, especially the middle classes, the result of industrialization and urbanization, which began to demand political participation and representation that they had been deprived of until that time.

It was with the support of the oligarchies of different states and the urban middle class that Vargas came to power, faced with the political challenges of being at the same time the representative of the desires of those social forces that supported him and resolving the tension between the political projects of centralization and dispersion of power between the locations.⁵ It was in this context that the new government sought a different configuration for the political institutions and the structure of the public health system, which included the psychiatric area. However, the situation of political instability was reflected in the field of public health, with successive substitutions for the post of Minister of Education and Public Health until the appointment of Gustavo Capanema in 1934.⁶

In 1937, Getulio Vargas remained in office thanks to a coup and established a regime of political exception. With this, the federal government manifested its clear preference for a policy of centralization, led only by the federal organs and seeking the modernization of the state, linked to the construction of a national project. In this process of greater political and administrative centralization, 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).⁷ Among the four divisions of the Department, I single out the one responsible for Care for Psychopaths. 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).

What was seen in that period, in health, was a process of both political centralization and of decentralization in relation to the effective implementation of government actions

in order to produce an interaction between the federal, state and local spheres. The federal government followed the guidelines that were being discussed internationally: between 1930 and 1945 the Pan American Health Organization had staged several meetings advocating the model of 'normative centralization and executive decentralization.' For this reason the so-called sanitary districts were created, which included groups of municipalities. Through these districts the control of health actions was to be organized (Fonseca, Hochman, Lima, 2005, p.45). An attempt was made to establish the supervision of municipalities by the state, hierarchically ensuring federal control over all areas, encouraging at the same time, dialogue between them, though without diminishing the importance of federal action in the control of power.

In this new organization of the Ministry of Education and Health, the guideline was maintained that care for psychopaths in the capital of the republic was to be performed by the Care for Psychopaths of the Federal District, then composed of the Psychiatric Hospital, the Institute of Neurosyphilis, the Judicial Asylum, the Gustavo Riedel Colony and the Juliano Moreira Colony. From 1935 onwards, as a posthumous tribute to Juliano Moreira, the Jacarepaguá institution was renamed the Juliano Moreira Colony, also marking the end of its institutional identity geared only for male patients. The following year saw the construction of the first female nucleus – the Franco da Rocha Nucleus – following the pavilion format. This marked the beginning of the physical and therapeutic expansion of the colony which, as we shall see below, was part of the proposed expansion of psychiatric care for the entire national territory.

It seems significant in this regard that in 1937 one of the important Brazilian psychiatric journals published a lecture presented at the Society of Medicine and Surgery by Aduino Botelho (1895-1963), who the following year became the director for the Care for Psychopaths of the Federal District. The text announced proposals for changes in the organization of psychiatric care in the country, indicating the institutional types necessary for state capitals: mental hygiene service, hospital, colonies outside the urban perimeter, hospital-colonies (in the absence of a hospital) and secure sections for the delinquents at the hospital, in the event that there was no Judicial Asylum. The cities in the interior of the states of vast territorial expanse were to have one or more hospital-colonies, in designated areas far from the capital, and to where it was easier to transport the patient. For the Federal District, Aduino 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 organs 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)

These new ideas and proposals continued to be developed in a broader context of data collection and planning for the structuring of the health area. The DNS began a series of surveys on various health problems in Brazil including a specific one on the conditions of psychiatric care nationwide (Fabrício, 2009, p.76). The purpose of this survey, conducted

between 1937 and 1941, was to obtain a diagnosis of psychiatric care, resulting in the demonstration of its diversity in different Brazilian states, ranked as: the states that failed to provide any care to their mentally ill (Sergipe, Goiás and the territory of Acre); those that offered rudimentary care, without differentiated and specialized treatment (Mato Grosso, Espírito Santo and Piauí); those that provided some special guidance, although the care was considered deficient (Amazonas, Maranhão, Ceará, Rio Grande do Norte, Alagoas and Santa Catarina); those that offered specialized care, albeit substandard (Paraíba, Pará, Bahia and Rio de Janeiro); and those that treated their patients based on the psychiatric methods considered most modern and concerned with prevention (Paraná, Rio Grande do Sul, Pernambuco, São Paulo and Minas Gerais; Brazil, s.d., p.13).

Based on this survey, the Serviço Nacional de Doenças Mentais (SNDM, National Service for Mental Illnesses) – the organ that replaced Care for Psychopaths, responsible for organizing public policy for the psychiatric area in the country since 1941 – began to manage the expansion of its actions throughout the country. The creation of the National Service for Mental Illnesses occurred in conjunction with the reform of the DNS, which compartmentalized its actions according to given diseases. These actions were then to be developed by: National Leprosy Service, National Malaria Service, National Plague Service, National Tuberculosis Service, National Yellow Fever Service and the National Service for Mental Illnesses. The creation of SNDM was thus implicated in the construction of a psychiatric care policy marked by the planning and implementation of guidelines for modernizing the organization of the State, developed during the administration of its first director, Aduino Botelho, which lasted 13 years (1941-1954).

Established by decree nº 3171 of April 2, 1941, the SNDM was composed of: Cabinet of the Director, Administration Section, Cooperation Section, National Psychiatric Center, Alfredo Pinto Nursing School, Judicial Asylum and Juliano Moreira Colony. It brought together the Care for Psychopaths of the Federal District Assistance and the Division of Care for Psychopaths, thus becoming one of the 23 bodies of the newly structured DNS of the Ministry of Education and Health. This fusion of the Assistência a Psicopatas do Distrito Federal (SAP-DF, Care for Psychopaths of the Federal District) and the Divisão de Assistência a Psicopatas (DAP, Division of Care for Psychopaths) appears to have extended the action of the DNS in the field of psychiatry, although until that time the Division of Care for Psychopaths was responsible for “the burden of services of a national character, relating to these problems” (Schwartzman, 1982, p.382). With the merger of the two bodies, the task of formulating a nationwide psychiatric care policy was considerably strengthened.

It is in this context that the SNDM elaborated the Psychiatric Hospital Plan, which brought together a series of suggestions for supplementary action of the Government in the field of psychiatry, in light of the planning and construction that made 4,000 psychiatric beds available in the country, with the financial assistance of the federal government.⁸ The proposals in the plan revolved around the privilege granted to the institutional ‘hospital-colony’ model; a guideline that “further action – such as that now being projected – does not envisage the contingency of abandoning what has been done so far” (Brazil, s.d., p.14). Thus, during the administration of Aduino Botelho in the SNDM the standard

'hospital-colony' institution was broadly implemented in different Brazilian states: 14 out of twenty federative units (including the Federal District) saw the construction or expansion of a hospital-colony or colony. For the other six states – Amazonas, Pará, Rio Grande do Norte, Paraíba, Bahia and Paraná – only the construction of new hospitals or pavilions within these institutions is mentioned (Brazil, 1955, p.287-288).

The institutional format of the hospital-colony sought to take advantage of all the investments previously made in institutions of the colony model, both with the maintenance of their facilities and their therapeutic resources, since, as we have seen, the idea of colonies as large areas removed from urban centers was closely linked to therapy based on agricultural activities and small industries. Furthermore, in Rio de Janeiro, there was the need to expand the number of psychiatric beds to receive patients from the old Praia Vermelha Hospice, so it was highly appropriate to make new investments in the institutions already established in large areas. However, it was felt that it was necessary to modernize these colonies, adding new treatment techniques to fulfill its original vocation.

This was the case of a project developed for the Juliano Moreira Colony whose expansion was being worked on since the late 1930s. It seems significant in this respect that the Juliano Moreira Colony was cited in an article published in a major circulation newspaper of the day, which announced the inauguration of the new director of the DNS and reproduced part of his speech, including his proposals for psychiatric care. Under the title "In the National Department of Health. The instatement of Doctor Barros Barreto and a comprehensive program for this new institution," the article included among its subtitles the support of motherhood and childhood, the campaign against the plague and care for psychopaths, that referred to the measures already approved by Gustavo Capanema, minister of education and health: "Since the situation of the Psychiatric Hospital is absolutely precarious, you are humbly beseeched to transform the Juliano Moreira Colony into a Hospital-Colony for both sexes" (No departamento..., 4 fev. 1937, p.12).

Also at the conference staged by Aduino Botelho at the Society of Medicine and Surgery, one finds a reference to the transformations that the Juliano Moreira Colony was undergoing, stressing, moreover, that for its implementation it would also require new technical investments:

The current director of the Care for Psychopaths of the Federal District, supported by Minister Gustavo Capanema, is seeking to transfer a large number of psychopaths interned in the Praia Vermelha Hospital to the Juliano Moreira Colony. A large nucleus for patients has been inaugurated and others are under construction. The measure is laudable and far-reaching, setting aside the current Psychiatric Hospital [Praia Vermelha] for *severe patients*. However, it is necessary to equip the *colonies* with sufficient material and the technicians necessary for a swift solution to the problem (Botelho, 1937, p.290, author's italics)

The forecast expansion of the colony was also recorded in the statutes of the National Service for Mental Illnesses of 1941: "The JMC [Juliano Moreira Colony] shall distribute its patients in a surgical medical block and four colony nuclei, each of which has a *minimum* of 600 (six hundred) beds" (Brazil, 1941b, Article 10, § 1, my italics). According to Venancio and Cassilis (2010) the number of inmates at the Colony indeed grew in the 1940s. In the survey of the records of observations kept by the Juliano Moreira Colony at the moment

of admission of the inmates⁹, the authors show that it was during the 1940s that there was a greater influx of new patients to this institution. There were 122 male patient charts in the 1920s, 1,602 male patient records in the 1930s, while in the 1940s that number rose to 2,805, falling to 1,054 in the next decade. According to the quantitative survey, the admission of female patients to the institution was also seen to be greater in the 1940s when compared to the previous or subsequent decades.

To accommodate and provide care for this large number of patients, the Department of Works of the Ministry of Education and Health was commissioned to build new pavilions and nuclei. Antonio Gouveia de Almeida (1967), a former administrator of the colony, records the precise dates of inauguration of some of these pavilions, to which various political authorities were invited; in the annual records of the SNDM, however, it is possible to detect a significant time lapse between the official opening and the actual operational start-up of some of these units, due to the delay in equipping them. As Aداuto Botelho had warned in 1937, and as shown by the news in ministerial reports, such expansion was not therefore achieved without difficulty. The construction of the pavilions for the inclusion of the female population in the institution reflected the consequences concerning the delay in completion of works, for example:

The 'Teixeira Brandão' and 'Franco da Rocha' nuclei, which can hold about 1,200 female patients, and the medical block of the same colony remained under construction throughout the whole of 1939, and therefore did not admit a single patient, leaving the Psychiatric Hospital [Praia Vermelha] as overcrowded as ever (Brazil, 1941a, p.14).

The adaptation of the JMC nuclei to receive male and female patients separately – works on which have not yet finished – and the parlous state of conservation of the Gustavo Riedel Colony, with the destruction of pavilions to make way for the future Psychiatric Center, led to the transfer of patients from the Psychiatric Hospital in 1939 (Brasil, 1941a, p.15).

Whatever the case, throughout the 1940s and early 1950s many of the various units whose construction had been requested were implemented: the Alvaro Ramos Medical-Surgical Block, which brought together the services of specialized clinics for treatment of cases with complications; a Phthisiology Pavilion for men and another for patients with tuberculosis, the latter being operational in 1945; the Egaz Muniz Psychosurgical Clinic, where interventions such as lobotomies were performed; two pavilions for adolescents of both sexes; 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; a sports center, among others.

Thus, during the 1940s, the Juliano Moreira Colony effectively began to serve as a Hospital-Colony. In-family care and agricultural work, both therapeutic and socializing in nature, were maintained, being combined with other treatments of the same nature: participation in cinema sessions of the institution itself, sports (football, basketball, volleyball, shuttlecock, etc.), access to radio (speakers installed around the Colony) and the applied arts such as music and painting (Peres, 1949, p.6). The practical therapy involved plantation (cereals and vegetables), livestock and small industries, especially rattan artifacts and mattresses, with about 1,600 patients enlisted in these activities (Algo sobre a Colônia,

1951, p.1). The status of 'hospital', in turn, was emblazoned on the new pavilion with an impressive number of beds lined up and provision of services of specialized clinics – such as the surgical, radiological, ophthalmological and ear, nose and throat clinics – including the latest in modern treatment resources of a 'biologizing' nature, such as electroshock treatment and psychosurgery.

Final considerations

Taking the history of the Juliano Moreira Colony as a case study, in this work I sought to demonstrate the existence of two distinct periods in relation to which the model of the colonies was updated in psychiatric care in Brazil in the first half of the twentieth century.

In the first period analyzed – relating to the existence of the São Bento and Conde de Mesquita colonies through to the inauguration of the Colony for Male Psychopaths in Jacarepaguá – it was possible to see movement behind the scenes by some individuals promoting the project to establish agricultural colonies. Psychiatrists who were in leadership positions of the organs for care to the mentally ill wrote in their institutional reports and scientific papers, speaking in favor of the aforesaid project and emphasizing its importance for treatment of the insane. At the time there was not a significant quantity of doctors specially trained in the psychiatric area or dedicated to it, but those social actors who actively promoted the agricultural colonies were of central importance in this field of public care. Furthermore, the claim of being pioneers in implementing this type of institution and the references to successful international experiences of the time show how these Brazilian psychiatrists were promoting this idea and were attuned to the most current trends in international psychiatry.

Despite these intellectual and political efforts in support of agricultural colonies having emerged in the early twentieth century, in a quite optimistic and entrepreneurial context in terms of public health actions, even in the scope of care for the insane, the new investments in this institutional format in the Federal Capital were only implemented in the 1920s. After a long process of exposition of motives and political negotiation, one effectively saw the change from the proposed renovation and physical expansion of existing institutions on Ilha do Governador to the idea of the creation of a new agricultural colony elsewhere. Whatever the case, in line with the European experiences, the proposal of agricultural colonies was linked to that of family care and in the case of the founding of the Colony for Male Psychopaths (subsequently called the Juliano Moreira Colony), updated the concept of the regenerative capacity of the rural and natural world.

In the second period analyzed – the late 1930s and early 1940s – one sees that the Juliano Moreira Colony was then immersed in another stage of psychiatric health care policy, most significantly marked by two events: the extinction of the first Brazilian hospice in the federal capital and the need to expand the physical capacity of public and welfare services to the population throughout the country. These were in line with tackling the challenge of remodeling and modernizing health institutions and actions in a context of political centralization, including therein the area of psychiatry. Other individuals were also active on this scene, likewise doctors and psychiatrists, presenting their ideas, describing

their actions and applying for funding in official reports, articles in scientific journals, as well as in major newspapers. The hospital-colony configuration that was being proposed, as the name suggests, was a hybrid. On the one hand it kept the investments already made in the agricultural colony and what was considered one of its greatest assets: therapeutic action through work for the chronic patients that had some budgetary returns to offset institutional expenses. On the other hand, it presented itself as a hospital institution, seeking to employ cutting-edge treatments of the time and assist public policy for greater resolution, both quantitatively and qualitatively, to the problem of mental illness, including the transfer of the population already institutionalized. It was an institutional format inspired by the agricultural colonies, while at the same time being very different as regards its physical and care structure.

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NOTES

¹ In this and other quotations from texts in other languages, the translation is free.

² The prominence given here to the notion of 'agricultural colony' is due both to the fact that it was more often quoted in articles found in *Arquivos Brasileiros de Psiquiatria, Neurologia e Ciências Afins* (Brazilian Archives of Psychiatry, Neurology and Related Sciences; 1905-1907) and *Arquivos Brasileiros de Psiquiatria, Neurologia e Medicina Legal* (Brazilian Archives of Psychiatry, Neurology and Forensic Medicine; 1908-1918) – compared with the other names given here – and to the fact of the concept of agricultural colony being one of the mainstays for the creation of the Juliano Moreira colony, namely the institution chosen for the case study.

³ Family care was adopted by European psychiatry in the nineteenth century and was inspired on the experience of villagers in Geel (Belgium), where a procession takes place each year dedicated to St. Dymphne for healing the mentally insane. The villagers received the insane and their families in their homes and sometimes even lodged them there until the religious festival of the following year, establishing the coexistence between the sane and the insane (Amarante, 1982, p.52).

⁴ In Moreira (1910) there is a mention of the concept of hospital-colony, which, however, was only used as juxtaposed to the concept of asylum-colony, namely as opposed to the idea of a closed institution like a prison, which should be eliminated as a model for care.

⁵ Both projects of political centralization and dispersion of power between locations involved disputes between the oligarchies. See Fonseca, Hochman, Lima, 2005, p.38 and subsequent pages.

⁶ On the political debates in the area of health and the organization of same in the Vargas Government, see Fonseca, 2007. On proposals for psychiatric care in the context of public health policies between 1930-1937, see Fabrício, 2009.

⁷ The National Department of Health was composed of four divisions: Public Health Division, Hospital Care Division, Support to Maternity and Child Division and the Psychopath Care Division.

⁸ This undated document on a letterhead of the DNS to the Minister of Education and Health, appears to have been written after 1938 (as it quotes legislation of that year) and before 1941, given the references to the Psychopath Care Division and Psychopath Care for the Federal District.

⁹ The observation charts indexed comprise part of the collection of the Juliano Moreira Colony, which is in the Center for Documentation and Research of the current Instituto Municipal de Assistência à Saúde Juliano Moreira (Imas-JM, Juliano Moreira Municipal Healthcare Institute) of the Municipal Health Department of Rio de Janeiro City Hall.

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