“TO FORM A STRONG AND POPULOUS NATION”:
RACE, MOTHERHOOD, AND THE STATE IN REPUBLICAN BRAZIL

A Dissertation
submitted to the Faculty of the
Graduate School of Arts and Sciences
of Georgetown University
in partial fulfillment of the requirements for the
degree of
Doctor of Philosophy
in History

By

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Washington, DC
April 2, 2009
Government policies designed to protect families and public institutions dedicated to providing for the health and welfare of women and children are a relatively recent development. Child welfare, particularly high infant mortality rates, emerged as a public concern across the globe in the mid-19th century. In Brazil maternal and infant hygiene reform became part of a larger movement to improve Brazilian society through science, creating a healthy, “progressive” population. With slavery abolished and the Republic founded, Brazil began the 20th century hoping to enter the world stage with a working population strong in quality and in quantity. Reform campaigns of the period sought to improve the physical health of people on society’s margins, attempting to maximize their economic potential so as to benefit the growth of the nation. While maternal welfare advocates campaigned for “proper motherhood,” millions of poor Brazilian women negotiated family life and wage labor within the constraints of a racially unequal and gender-inequitable society. This dissertation analyzes the origins and outcomes of the movement for healthier mothers and babies in the northeastern state of Bahia from the 1880s-1945. It argues that the Bahian movement was a crucial resource for national reform that illustrated the tensions of nation-building and the deconstruction of slavery, building upon continuities and transformations in social understandings of race and gender. It demonstrates that maternal and child welfare were key aspects of the integration of the popular classes into the vision of a modern state. This dissertation
explores the intellectual and political contradictions as well as the lived experiences of Brazilian families and public health institutions as motherhood was redefined and health became a corollary to citizenship. These transformations rhetorically elevated the poor family as the cornerstone of moral and social change without fundamentally disrupting long-held and carefully guarded social hierarchies.
ACKNOWLEDGEMENTS

Like all dissertations, this one results as much from elbow grease as the invaluable support of various institutions and individuals. While at Georgetown, I was very fortunate to receive generous financial support for my graduate studies and research trips from the Patrick Healy University Fellowship, the Center for Latin American Studies, the Brazilian Studies Program, and the Georgetown University History Department. In addition, the Ford Foundation supported my final year of dissertation writing. I gratefully acknowledge the Ford Foundation and the National Academies fellowship staff as well as these various entities at Georgetown University.

I don’t think I could have had a more encouraging group of professors to guide this project and introduce me to the study of history as a scholarly pursuit and a profession. My dissertation committee helped me to think through, contextualize, and deepen my interest in health, motherhood, and social dynamics in fascinating and novel ways. Bryan McCann has always been kind, encouraging, yet critical and challenging in his analysis of my work. I greatly appreciate his guidance as well as that of John Tutino and Meredith McKittrick. I also acknowledge the helpful advice of several professors in the Georgetown History Department, including Erick Langer, Alison Games, Adam Rothman, Judith Tucker, and John McNeill. I also thank Barbara Weinstein who helped to inspire my interest in race and gender history in Brazil.

In Brazil, I formed relationships with a number of institutions that aided in completing the research necessary for this dissertation. This project would not have been possible without the generosity and assistance of the administrative staff at the Liga Álvaro Bahia contra a Mortalidade Infantil in Salvador. I gratefully acknowledge the
support of Romilsa Almeida, Elga Sampaio Torres, and Rosina Bahia Carvalho dos Santos. At the Memorial da Medicina of the Faculdade de Medicina da Bahia, I always appreciated the assistance and kindness of the archival staff, particularly Francisca and Vilma. Likewise, I acknowledge the research support provided by the staff at the Arquivo Público da Bahia and the Centro de Pesquisa e Documentação de História Contemporânea do Brasil in Rio de Janeiro.

I was extremely fortunate to have two friends in Brazil who also provided research assistance in the public archive and the archive of the Santa Casa de Misericórdia. I appreciate the hard work of Luis Henrique da Silva and Luciana Brito. During my pre-dissertation research trip, Cicinha also provided a wonderful orientation to the public archive along with many helpful tips on living and working in Salvador.

I had and continue to have incredible friends in Bahia: Simone Manigo-Truell and Raimundo dos Santos, Adele Ledet, Kobla Osayande, and Mavis Gragg who all served as an almost constant and very welcome distraction. I enjoyed my research year immensely because of their friendship and our various shared adventures. I also thank my colleague in Brazil, Meredith Glueck, for many informal chats while we both attempted to figure out how to do archival research and make sense of the results.

Back in Washington, I spent months writing this dissertation in the Hispanic Division Reading Room at the Library of Congress. I extend my appreciation to the research staff: Luis, Tracy, Iêda, Barbara, and Kaydee. At Georgetown, I would also like to thank all of my latinamericanista colleagues who read and commented on versions of several chapters of this dissertation. My years at Georgetown were enriched and enlivened by the friendship and support of Verónica Vallejo, Marisabel Villagomez,
Elizabeth Chavez, Alejandra Ezeta, Luis Granados, Ben Fulwider, Xenia Wilkinson, Rodolfo Fernández, Fernando Perez Montesinos, Larisa Veloz, April Yoder, and Javier Puente-Valdivia among many others. I will greatly miss our vigorous semi-weekly debates and discussions over sake and shrimp dumplings.

I also acknowledge my community of young Brazilianist scholars whose scholarship continues to inspire me in my own work, including Christen Smith, Keisha-Khan Perry, Edvan Pereira de Brito, and Sales Augusto dos Santos. I look forward to many future opportunities to work with and learn from them.

Saving the best for last, I extend my heartfelt gratitude to my family and friends who supported me through the long and arduous process of completing this project. I am blessed to have so many people who care about me and cheer me along in my work, including many already mentioned above. I thank my parents, Earnestine Otovo and Benson Otovo, for their love and support and for setting the foundation for this career path many years ago. I thank my good friends Renee Littleton, Jean-Jacques Ahouansou, and Moja Mwaniki. Above all, I acknowledge the patience, friendship, and encouragement of my sister Amelia Otovo. This project is dedicated to her. I thank her for always being my most ardent supporter as I am hers.
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INTRODUCTION

On October 5, 1933, 22-year-old Maria Magdalena dos Santos entered the 3rd Health Center in her hometown of Salvador da Bahia, Brazil. She visited the health center to take advantage of their free prenatal services, but Maria also learned that she suffered from syphilis—a feared disease and constant preoccupation of local physicians. Like the overwhelming majority of women of color in Bahia, Maria worked as a domestic in a wealthier family’s household. She lived in the Liberdade neighborhood of Salvador—a largely poor Afro-Brazilian neighborhood named in honor of the “Freedom” from slavery legally established in 1888. In Liberdade, visiting nurses canvassed the streets, knocking on doors and looking for impoverished pregnant women like Maria and those with young children to convince them to register themselves and their infants with the state.¹

Maria was among the first women to get prenatal care at the 3rd Health Center which only began offering this service in 1932. Though the clinical record cannot complete her story, Maria may have chosen to give birth at the Maternity Center in the center of town if her baby survived to full term. She likely would have returned to the health center for well-baby care like thousands of women did in the 1930s and 1940s. But if Maria were a bit older and had needed prenatal care just 15 years earlier, she would have encountered a very different health care landscape in the state of Bahia. There were no free clinics, or free daycares for working mothers, and the maternity center did not yet exist. Throughout the colonial and imperial periods, women like Maria gave birth and raised their children with the advice and assistance of family members and traditional

healers like midwives. Family births and deaths were recorded in parish registries without the interference of local government. Birthing and child-rearing were more community-oriented activities than clinical ones, and generations of knowledge was passed along informally between mothers and daughters. This sharing of wisdom and expertise among women marked a significant feature of social and family histories of Brazil, but it should not be painted as overly romantic. Women shared resources on a small-scale because public health and welfare institutions were nonexistent, and battling disease and poverty on an individual or family level added an additional burden on the most marginalized sectors of society. The lack of medical facilities and formal means of assistance meant that families struggled to stay healthy, and poor families were most vulnerable to disease and need. Only in rare instances could women like Maria obtain free treatment for conditions like syphilis. The children of poor families, in particular, fared the worst with the highest incidence of disease and mortality. Each year, thousands of these children died before reaching their second birthdays.

Mothering in this context was an enormous challenge for poor women who had limited resources to keep their children healthy. This difficulty remained whether mothers were single or married. Regardless of marital status, women and children who had extended family support, godparents and co-parents, and helpful or connected patrons (particularly employers) enjoyed a bit more security. Certainly male partners—in marriage or consensual union—were a major factor in the well-being of their families. The traditional patriarchal family model was common among the poor, but so were consensual unions and single-parent households. Race and poverty complicated patriarchy because of the extreme inequalities that existed in Brazil, forcing the poor to
make alliances with more influential patrons for their own protection. Women of color, especially, were considered dependents of wealthier patrons—particularly male heads of household—because so many worked in domestic service. In fact, race and gender inequalities expressed through labor, patriarchy, honor, and patronage were arguably the foundational tenets of Bahian social relations during the period and largely governed access to resources.

Until the last decade of the 19th century, black women like Maria were forced to negotiate poverty and motherhood within a slave society. If fact, Maria’s parents could well have been born enslaved so slavery was a living memory in the 1930s with a powerful and tangible legacy. The northeastern state of Bahia was home to a majority population of African descent and had been the engine of the Portuguese empire during the colonial period due to Brazilian dominance of the world sugar market. The state was also home to some of the oldest cities in Brazil including the colonial capital of São Salvador which was one of the most important ports for the African slave trade in all of the Americas. The predominance of people of African descent gave Bahia a richness of Afro-Brazilian culture that has long been considered a treasure of Brazilian national patrimony. Because of this, the state of Bahia has always held a special place in the national cultural imagination. Though incredibly important, this cultural richness often served as a distraction for profound socioeconomic inequalities and political marginalization based on race. Bahia was on the losing end of a national power shift by the 19th century, however, as the southern states of São Paulo, Minas Gerais, and Rio de Janeiro became more economically and politically dominant especially after the relocation of the Portuguese royal family to Rio de Janeiro in 1808. The influx of
European immigrants that accompanied the growth of the South at the turn of the 20th century further cemented the demographic distinction between that region and the native-born black and brown majority of the Northeast.

From these origins, the development of a Bahian public health and welfare apparatus by the 1920s to assist women like Maria in raising healthier children is not an obvious outcome. The roots of this public health campaign actually originated at the close of the 19th century in the immediate aftermath of abolition, and the movement itself had critical implications for the deconstruction of slavery in Brazil and the social incorporation of people of African descent. Slavery was much more than a labor regime, it had been a fundamental means of societal organization and instrumental to community and personal relations. Within an oppressive slave society, domestics like Maria cared for their patrons’ children and households, but their own children were largely invisible and the needs of their own families generally ignored. Paradoxically while Bahia’s black and brown majority continued to be political marginalized in the 20th century with limited educational and economic opportunities, the welfare of poor mothers and children became a public concern and a priority for medical and political reformists. The institutional and legislative apparatus that supported the maternalist movement grew throughout the early 1900s as many new services including the prenatal clinic at the 3rd Health Post in Salvador were established. By the late 1930s and into the 1940s, family welfare reform became a national issue and explicit policy goal of the authoritarian government of President Getúlio Vargas where this study concludes.

The result of that push for maternal and children’s welfare in Bahia was a significant reform of social relations—undoubtedly significant in the lives of those
affected both for their own well-being and in terms of their newly-acquired access to state resources and an expanded definition of citizenship. Reformists intervened in family dynamics and encouraged changes in traditional child-rearing practices, but without fundamentally threatening patriarchal social relations and long-held inequalities of race and gender. The maternalist movement that inspired these reforms did not usher in a revolution in the Brazilian social hierarchy, but that fact should not obscure the complex ways that this campaign, its advocates and clients, and its ideology represented a transformation in social relations in Bahia during a critical historical moment. Bahian maternalism demonstrates the negotiations of social incorporation following emancipation and reveals larger trajectories of race, gender, and state-building. Thus, this movement illustrates the conservative modernization of Brazil during the early century, meaning social transformation without disturbing underlying inequalities. This project, therefore, seeks to contextualize Maria’s experience and the experiences of thousands of women like her who lived through these contradictions of the late 19th and early 20th centuries.

Ideology and Praxis

What began as a small discursive interest in motherhood, child-rearing, and nation-building at the Medical School of Bahia in the late 19th century swelled into a local and national movement by the 1930s. By that time, public authorities were committed to the rhetoric and often the practice of making motherhood and child-rearing a priority for health departments, social agencies, and grant allocation to private institutions. Bahian physicians saw children’s health and welfare as an imperative patriotic cause—one that had crucial implications for the future of the nation. Children’s
well-being was logically connected to the health and welfare of their mothers who were partially entrusted with raising the next generation of Brazil’s “sons.” For health advocates, maternalism and pronatalism were about much more than the immediate benefits to Brazilian families; therefore, these concepts reflected “modern” ideas about citizenship and Brazilian development. In the state of Bahia in the first two decades of the 20th century, physicians from the Medical School mobilized to form health care institutions based on the latest international theories. They secured state funding for their projects almost immediately and were the first generation of doctors to staff the state’s public health facilities in the 1930s, offering prenatal, birthing, and preventative children’s health services. Their local mobilization fed into a national campaign by the 1940s, influencing federal legislation and projects. While the medical community and the state government intertwined their maternalist and pronatalist efforts, thousands of Bahian women—wealthy and impoverished; black, white and brown—made their own contributions to the campaign for raising healthier children. These women were child welfare advocates and medical and social professionals. They were benefactors and caregivers. Most importantly, the majority were poor mothers who sought out medical care and social services on behalf of their children. The women who were clients of the public health system were overwhelmingly employed as domestic servants and juggled their familial responsibilities with household labor and childcare in their patrons’ homes.

The maternal and child health movement encompassed the activities and advocacy of various sectors of the Brazilian population—all with the same goals of aiding women and their children but perhaps with varying interpretations of why this assistance was so vital. Reformers hoped that medical and social interventions and public awareness
campaigns would help to improve the quality and quantity of the Brazilian population – often referred to as the “Brazilian race.” They looked forward to a future where Brazil would be both a strong and populous nation. Some of the women listed above likely shared the medical and political view that motherhood and child-rearing were the keys to Brazil’s future prosperity. Others who enrolled in child-rearing courses or donated money to private institutions probably saw their efforts as an act of charity. Those who submitted themselves and their children to preventative medical examination and supervision did so to improve their families’ lives and perhaps saw access to health care as a basic service that should be provided by the state.

The movement for healthier mothers and babies developed from several connected medical and intellectual trends and from the harsh social, political, and economic realities of nation-building in the wake of abolition and the termination of nearly 400 years of monarchy. Intellectually, Brazilians were ready to embrace the broad concepts of liberalism, citizenship, and modernization. Modernization is defined here as the deliberate attempts to transform Brazilian society, economics, and politics with the specific objective of dismantling the vestiges of colonialism and imperialism and moving closer to an idealized European model of national strength and prosperity. All of these ideas were in common debate within Latin America and across the globe as the new century dawned, and Brazilian intellectuals and politicians were well-versed in contemporary international dialogues. But what would these 19th century buzzwords actually mean on the ground for social relations between diverse peoples, economic relations between the wealthy and the poor, and political relations between average Brazilians and their new republican government?
Brazilian thinkers and modernizers were as committed to chasing “progress” as any of their counterparts in Latin America. Like their counterparts, Brazilian intellectuals worried that their own country was too racially and ethnically diverse to comprise a true nationality. When Brazilians compared their society to the industrial capitals of Western Europe that they hoped to emulate, they saw blackness, cultural and racial miscegenation, and backwardness—what was often referred to as a “lack of culture.” Though Brazilian intellectuals generally accepted the unfortunate backwardness thesis, they had a more complex relationship to issues of race—both embracing and rejecting racist theories from abroad, alternatively using the Brazilian populace as evidence to confirm and refute the notion of an inequality of races. They continued to debate whether race would be an obstacle to development or irrelevant to it until the 1930s as is discussed in the first chapter. Whatever “national type” constituted the strongest and most influential nations, Brazilian thinkers agreed that they did not yet have it. The answer to that dilemma between supposed backwardness and the quest for progress was found in a series of widespread interventions based on medicine, science, and education. The public health programs that resulted from maternalist theories and advocacy were among these interventions and had enduring consequences for poor Brazilian families and their relationship to the state.

Maternalism related to both the intellectual side of Brazil’s pursuit of national progress and international influence and the practical side of building a national public health and welfare system based on serving families. On the intellectual side, physicians including specialists in children’s medicine, hygiene, and eugenics argued that raising more and healthier children would be the key to a national regeneration. These children
would be better equipped than their forbearers to handle the demands of a growing economy and better prepared to defend their patria militarily should the need arise.

“Proper mothering” was the primary activity in this new vision for Brazilian revitalization. If mothers could change their child-rearing habits, then a new type of modern Brazilian man would emerge. Mothering was not the only factor in maternalist discourse, however, because it also included a new and expanded role for physicians with specialized expertise in birthing and women’s and children’s health. When physicians examined the current state of “mothering” in Brazil they saw mostly failures both among privileged women who shirked their maternal duties and poor women whose supposed ignorance made them more of a threat to their children’s existence and well-being than an asset.²

This dissertation is also concerned with the power of symbolic characters related to the maternalist movement. Wet-nurses, midwives, and foundling children were incredibly powerful folkloric symbols of Brazilian family traditions and social relations that typified the colonial and imperial models that modernizers hoped to move beyond. First and foremost, the black wet-nurse was and continues to be an iconic figure in Brazilian culture. The enslaved wet-nurse is the best representation of the myth that Brazilian slavery played a unifying role in family life, racial relations, and cultural miscegenation. It is difficult to understate the significance of these myths of extended family, cultural melding, and social harmony to Brazilian national identity, and the wet-nurse character is at the historical center of those ideas. A puzzling figure dressed in black and carrying generations of spiritual even mystical knowledge about birthing and

² Beyond health, the maternalist movement also fed into new professions in the legal aspects of child custody and juvenile criminality as well as social work and education which are beyond the scope of this dissertation.
healing, the midwife was another stock cultural symbol in Brazil. Midwives performed an absolutely vital role in society, and their expertise was highly gendered and protected. Finally, the image of the foundling child was a complex one as well. Lacking a real social place, the foundling child was a tragic figure, represented as a newborn infant left abandoned on a doorstep or in a church. Because foundling children were assumed to be the products of sexual immorality, these children represented the supposed licentiousness of colonial society and reinforced the absolute necessity of controlling Brazilian women as a means of safeguarding familial honor. Caring for foundlings was also an act of Christian piety so religious organizations like the Santa Casa de Misericórdia were entrusted with their care. But a shroud of mystery surrounded foundlings’ upbringing within these institutions and the causes of their all-too-frequent premature deaths. This dissertation takes seriously the power of these symbolic understandings and these gendered characters while analyzing the gap between folklore and lived experiences.

In various ways, wet-nurses, midwives, and foundlings all became targets of modernization projects in the early 20th century. Physicians and their advocates agreed that the prominence of all these sectors illustrated Brazilian backwardness and the failure to maintain modern social relationships within families, guided by scientific knowledge and professional oversight. While medical discourse disparaged the wet-nurses and midwives and lamented the familial disintegration that led to a large foundling population, their reform projects aimed to co-opt and integrate all these people into new modern practices and institutions. Their literature also created new characters as well such as the defenseless single mother and the patriotic, educated mother of the nation. Context is crucial as well. The social transitions that accompanied the end of slavery and
the advent of the republic in Brazil also created new social conditions and intellectual perspectives. As modernizing institutions were founded, poor women found new opportunities to advocate for the health and well-being of their families. In this way, the family lives of poor black and brown women, particularly domestic servants, became more visible and the connection between poverty and the foundling issue more obvious.

The maternalist movement is a fascinating analytical site to explore the social and cultural history of turn-of-the-century Brazil because the focus on family, race, and gender truly exposed and employed the myths of origin of the Brazilian people. None of the other modernizing projects of the period hit at the foundation of Brazilian society in the same way, highlighting this crucial disparity between the realities of family relations in transition and widely-shared cultural understandings. Analyzing the public health experiences of domestic servants and their children, the professionalization of midwifery, and the reorganization of foundling care uncovers the lived experiences of real people who simultaneously represented the past while navigating the new “tools of progress” created by the maternal and child health and welfare movement.

The symbols of race and gender were not only significant in terms of ideology and folklore, however. While the discourses behind medical or popular understandings of these Brazilian characters provide revealing evidence about the ideology of maternalism, they also had serious implications for how these images were coded into public policy and public health institutions and their practices. Exploring this contradiction between modernization and change and the enduring traditional ways of understanding race, gender, and their symbolism is one of the major purposes of this dissertation. Incidentally, there was much less emphasis on male symbols as part of the
discourse on maternity -- no stock characters of men, masculinity, or patriarchy. Reform advocates generally viewed fatherhood as an unchanging facet of Brazilian society. Mothers and women were the ones on whose shoulders the future health of the national family rested according to these discourses of reform—a “restructuring of patriarchy” in historian Susan Besse’s words, not a disruption of it.

Men were often left unaddressed in Bahian maternalist literature or, if discussed, they were disparaged as inadequate partners for poor women and accused of failing to provide for their children. This dissertation uncovers the ways that class and race complicate this issue of patriarchy. Besse largely leaves class out of her analysis, but the Bahian women in this study experienced patriarchy in distinct ways from the middle-class women in Besse’s text. First of all as household domestics, these women were expected to submit to the authority of the patron of that household. Even when married, domestics were expected to prioritize their employer’s families over their own, and the father of that family considered his servants as additional female household members under his control. Secondly, public health physicians constructed an image of poor families as primarily headed by single mothers and, therefore, related to their clients as independent (though unprotected) members of society. A good example of this can be seen in clinical records where women and children were often registered without mention of husbands and father’s names, even in cases where clients were married women. Welfare support in Bahia was awarded to married women as poor mothers as well—separate from their husbands. These are somewhat atypical and telling clues about the modern redefinition of patriarchy among the poor. The restructuring that see in this case, therefore, was more of an attempt by physicians, and the state by extension, to step in as
patriarchs to women they defined as vulnerable due to the failures of poor men. It is important to note as well that the focus on women as unprotected mothers allowed Bahian reformists to generally ignore the economic marginalization that prevented poor men from finding employment that paid wages sufficient to support a family. These economic conditions ensured that poor men could not exercise patriarchy within their own families in the same ways that wealthier men did, further solidifying the authority of wealthy patrons over their female domestic servants.

Examining mothers, children, and public health, this dissertation contributes to the intersection of the overlapping historiographies of gender, of families, and of poverty at the turn of the 20th century. Among the most important texts on gender and family life that informs this analysis is Gilberto Freyre’s *Casa grande e senzala* published in 1933. Freyre’s classic portrait of 19th century plantation life can be read in many ways, and here it is considered both as a primary source and a foundational catalyst for scholarly debate even 76 years after its initial publication. Freyre made wide use of gendered characterizations of familial and master-slave relationships to argue that Brazilians were forever marked by the early experiences of colonialism, slavery, and miscegenation. Freyre articulated widely-shared folkloric visions of Brazilian family life through various female “types”—the African wet-nurse, the biracial young nursemaid, the sexualized *mulata*, the secluded matron, and the victimized child-bride. As a primary source, his book is a product of its time and helps set the intellectual context for the maternalist movement. As a work of scholarship, it is perhaps the most influential text for the continuing historiographic discussion on race, gender, and family life in 19th century Brazil. Another work that has contributed greatly to the development of the gender
analysis of this dissertation is Sandra Lauderdale Graham’s *House and Street* (1988). Graham explores the multiple meanings surrounding the master-female servant relationship that were largely influenced by a tension between the private sphere of the “home” and the public “street.” The symbolic disjuncture she describes between the ordered, patriarchal house and the disordered spaces of the free poor with female servants of color as the primary link between the two is foundational for this approach to using public health to reconstruct the familial experiences of poor women.

Moving beyond the level of symbol in gender analysis, Dain Borges’ *The Family in Bahia, Brazil 1870-1945* (1992) is one of few texts that examines the family history of Bahia though his work focuses almost exclusively on the wealthy. Borges’ analysis of the *famílias bahianas* is particularly helpful to understanding the changing roles of society women both within the home and through charitable work in the early 20th century. For Borges, modernization meant in part that the “feudal” Brazilian *dona* of the 19th century became the “bourgeois housewife” of the 20th century. Susan Besse’s *Restructuring Patriarchy: The Modernization of Gender Inequality in Brazil* goes further in discussing the new bourgeois housewife of the early century. Within the context of privileged Brazilian women increasingly seeking educational, employment, and political avenues, Besse argues that the promotion of motherhood as a modern, scientific, and professional activity represented a restructuring of traditional patriarchal patterns rather than fundamental change. Anthropologist Nancy Scheper-Hughes takes a very different approach to the history of motherhood in *Death without Weeping*, published in 1992. She analyzes the devastating effects of malnutrition and the desperation of mothers dealing

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with high infant mortality rates in the late 20th century to argue that maternal strategies often included a resolute acceptance of child death as a routine part of women’s lives. Scherper-Hughes describes a “medicalization of poverty” in the Brazilian Northeast whereby public institutions sought to assist women in managing their poverty rather than addressing the deep economic and social inequalities that caused it. This examination of Bahian maternal and child institutions parallels Scherper-Hughes’ argument for rural Pernambuco. A final text that makes an important contribution to the intellectual history of gender and greatly informed this dissertation is Ana Paula Vosne Martins’ *Visões do feminino*, published in 2004. Beginning from the mid-19th century, Vosne examined the rise of obstetrics and gynecology as medical specializations and the conquest for knowledge of female bodies and minds that created a moral and social understanding of “female nature.” She argues that this intellectual and medical concept of naturalized femininity had a crucial impact on relations of power that continued throughout the 20th century. 4 Through a different lens, this dissertation also emphasizes the significance of intellectualism for modern relations of gender and race and power in Brazilian society.

An analysis of the maternalist movement also reveals a great deal about changing ideologies of race and ultimately the static nature of racial realities. These are not new domains for historians as several informative texts have already galvanized the debate on the history of race in Brazil including the classics *Integração do negro na sociedade de classes* (1965) by Florestan Fernandes and *Black into White* (1974) by Thomas Skidmore

as well as the more recent works of Sidney Chalhoub, George Reid Andrews, and Kim Butler. This dissertation enhances this vibrant historiography of race in two ways – both related to the focus on health and welfare institutions. First, the institutional approach allows a greater understanding of how ideologies of race became imbedded in public health services and legislation even though a discourse of health largely replaced explicit references to race as an impediment to Brazilian progress. Second, institutional health and welfare records provide glimpses into the lives and experiences of real people bound within these social constructs of race that have become familiar to historians of Brazil. Even when health records are incomplete and individual cases cannot be traced through successive years, the aggregate of those snapshots of individual stories elucidate the social and family history of the poor. To analyze these issues, this dissertation draws heavily upon public records of state and federal maternal and child health services and private institutions. In particular, the archives of the *Liga Bahiana contra a Mortalidade Infantil*—the Bahian League against Infant Mortality—founded in 1923 provide a great deal of information about the origins of women’s and children’s health services and are a significant source of material on Bahian families. *Liga* material is analyzed throughout this dissertation, and the organization itself is the primary example of a private institution devoted to the Bahian maternal health and welfare movement. As is discussed in this dissertation, this organization also held national relevance as it became an institutional

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model for many of the federal government’s strategies for addressing mothers’ and children’s health and welfare during the presidency of Getúlio Vargas.

One of the most significant contributions of this research is that marriage of the history of Brazilian intellectual trends and medical thinking (on race and gender), family history, and public policy. In this way, this dissertation enhances a small but crucial historiography that is really dominated by studies of sanitation and hygiene in the Brazilian interior, including a number of works by Gilberto Hochman and Nísia Trindade Lima. Both have argued that medical and sanitation campaigns played a central role in defining a racialized national identity (the “Brazilian type”), making illness part of being Brazilian while rejecting determinism and offering a scientific solution to degeneracy.

The other key works under this general theme of race and public policy actually deal with education rather than health including Jerry Dávila’s *Diploma of Whiteness: Race and Social Policy in Brazil, 1917-1945* (2003). Dávila argues that the primary and secondary education systems in Rio de Janeiro became a key site for deliberate eugenic interventions to combat the supposed degeneracy of the Brazilian populace. Anadelia

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6 There is a long tradition of analyses of Brazilian medicine but these works generally do not address institutional policy, including the classic work by Lycurgo de Castro Santos Filho, *História geral da medicina brasileira*—originally published in 1947. The three other foundational works on Brazilian medicine are Nancy Stepan’s *The Beginnings of Brazilian Science: Oswaldo Cruz, Medical Research and Policy, 1890-1920* (1976), Roberto Machado’s *Danação da norma: medicina social e constituição da psiquiatria no Brasil* (1978), and Jurandir Freire Costa’s *Ordem médica y norma familiar* (1979). More recent works that also analyze the intellectual and scientific development of medicine include Lilia Moritz Schwarcz, *O espetáculo das raças: cientistas, instituições e questão racial no Brasil, 1870-1930* (1993); José Leopoldo Ferreira Antunes, *Medicina, leis e moral: pensamento médico e comportamento no Brasil, 1870-1930* (1999); Julyan G. Peard, *Race, Place, and Medicine: The Idea of the Tropics in Nineteenth-Century Brazilian Medicine* (1999); and Ana Paula Vosne Martins, *Visões do feminino: a medicina da mulher nos séculos XIX e XX* (2004).

Romo’s recent dissertation, “Race and Reform in Bahia, Brazil: Primary Education, 1888-1964” (Harvard University, 2004), helps to contextualize many of Dávila’s arguments in the Bahian context. She finds that ideas about race within the public educational system had concrete effects on literacy rates in the state compared to other regions of Brazil, helping Bahia to successively fall behind national averages by the end of the 20th century.

The regional focus of this historical analysis is central to its arguments and conclusions. Despite Bahia’s importance, historians of the 20th century have all but ignored its fascinating past. This omission of the republican period and almost singular focus on the 18th and 19th centuries leaves the impression that Bahian history is the history of slavery, colonialism, and Afro-Brazilian resistance, religion, and forms of cultural expression. Certainly, all of these topics are absolutely fundamental to understanding both Bahian history and its central place in the larger history of Brazil and the Afro-Atlantic. However, the failure to explore and analyze modern Bahian history (and the history of the Northeast region generally) contributes to the misconception that Brazilian political and social transformation in the 20th century was exclusively a Southern affair. Historians describe the South as economically vibrant, infused with new ideas and new people in the early century while the Northeast was dragged reluctantly into the Republic as a junior member of Brazil’s changing landscape. Unfortunately,

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The lack of scholarship during this crucial period of Brazilian history means that we know little about the lives of Bahians during the building of the Republic and the transition from slavery to freedom. The intersection of family history with the history of the state uncovers the challenges that Afro-Brazilians faced during the early century as they struggled for political, social, and economic incorporation—a story that repeated across the Afro-Atlantic. This dissertation contributes to visualizing this history by arguing that the intersectionality of race and gender is inseparable from the development of public health and welfare institutions focused on mothers and children. Through access to public assistance and institutions, Afro-Brazilians asserted their claims to full citizenship but ironically within a system that continued to view citizenship as disparate and completely compatible with social inequality. The maternalist movement that this dissertation analyzes was ultimately about citizenship, therefore. It resulted from debates about who Brazilian citizens were and should be and aided in making health a criterion for citizenship—both in rhetoric and as a guiding assumption of the many new institutions and legislative frameworks.

Beyond the specific issues related to Bahian state history and the history of the so-called “periphery”, this research contributes to the historiography on the modernization of race and gender in Brazil using the specific lens of health. Bahia is the ideal site to analyze these issues because of the state’s history and demography, but also importantly because of the central role that Bahian medical and intellectual discourses on maternalism
had for the development of maternal and child health and welfare programs on the national level. In medicine and in politics, Bahia was at the forefront of the consolidation of ideas and the practice of public health programs for poor women and their children. Historian Luis A. de Castro-Santos has also used public health as a means for examining the conservative modernization of Bahian politics in the Old Republic, though he focuses on the failures of that process which is a limitation of his analysis. The author identified several factors that greatly impacted the development of that system and differentiated it from public health in the state of São Paulo including a general oligarchic fragmentation in Bahia leading to a fractured sector of political elites, a regionally fractured economy, and importantly a conservative medical tradition. The local political and institutional frameworks that Castro-Santos laid out are crucial to understanding the trajectory of public health in Bahia though his focus is exclusively on disease eradication and not the family policies of the public health system. Of equal significance, however, is the need to place Bahian politics and elites’ push for a conservative approach to modernization in its national context. Reformism and modernization were part of a national rhetoric in the early 20th century which provides the background for understanding the new priority put on issues of health and ultimately maternal and child welfare.

**Liberalism and Citizenship**

Brazil was a nation undergoing several major transformations in the late 19th century whose consequences continue shape the political, economic, and social landscape of the country. In various arenas, Brazil was caught between the tensions and contradictions of nationalism on one hand and a dependence on foreign capital and the
incorporation of foreign intellectualism and models on the other. As Brazilian elites dismantled the structures of monarchy and slavery, they looked abroad for inspiration and opportunities but all of this caused a certain ambivalence for some about how to modernize while maintaining Brazil’s independence and cultural and social traditions.

Atlantic exchanges greatly impacted domestic policies, projects and conflicts. Yet Brazilians were more than simple consumers of European economic and social theories. Though elites embraced French intellectualism and British economic models and capital, the context of turn-of-the-century Brazil was very different from their French and British ideals. The liberal politics and liberal economic policies that arose in Brazil in the late 19th century are closely linked but perhaps contradict the classic theories of liberalism emanating from Europe. According to historian Emilia Viotti da Costa, 19th century Brazilian society reached a compromise to the “contradiction between liberalism and slavery and patronage.”

Brazil was the last major nation in the Hemisphere holding on to monarchy and to slavery. For landowners and politicians, liberal ideas of equality and freedom applied only to a privileged minority who sought commercial, trade, and political freedom from Portuguese favoritism. The lower classes including slaves had a very different interpretation of these ideas and continually agitated against the slave system throughout the 19th century. Brazilian liberalism was certainly undemocratic and predicated on the exclusion of the majority from equal rights before the law and from citizenship. It was also clientelistic where political influence, professional opportunities, and economic security depended on relationships and reciprocal favors. By the final decades of the empire, particularly following the Paraguayan War, the liberal party turned

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to championing issues of the extension of rights, including gradual abolitionism. They
promoted reform in the name of progress and reason. Though the liberal and
conservative parties battled throughout the 19th century, their political ideas did not differ
greatly. And even in the years when the conservatives held the balance of congressional
power, Brazilian politics continually moved toward a broadly-defined liberal agenda,
compared to the opening decades of the empire. Because of the continuing politics of
favoritism and a refusal to accept democracy; however, Brazilians lacked the capability
to truly embody many liberal tenets. Thus, when the Republic was finally declared in
1889, the political, professional, and intellectual elite concentrated on maintaining
privilege in a context of change and created myriad ideologies and interventions in an
attempt to provide the order necessary for progress.

Politically and economically, Brazil was caught between a foreign conception of
modernity on the one hand and a simultaneous reverence and disdain for local traditions
on the other. While Brazilians and other Latin Americans hoped to reach parity with
Europeans, European and eventually U.S. interests were best served by dependent
relationships between the regions, and Latin American science, literature, and scholarship
were generally ignored abroad. In Brazil, elites wanted the international economic and
political power associated with accepting modern liberal models but worked to ensure
that the spoils of those advantages were reserved for a privileged few. Because of the
longstanding politics of patronage and fear of social change from below, Brazil
experienced a controlled expansion of political participation in the early century
accompanied by an enlarged role of the state that included the proffering of new social
services. These modernizing changes fell in line with developments across the globe but
were thoroughly infused with gendered and racialized heritages of Brazil’s past. While
the powerful sought to reign in change, the majority of Brazilians likely held a divergent
view of progress and expected the new century to bring more inclusion and opportunity
and the end to the politics of skin color as a determinant of social status. The history of
maternal and child welfare tells a story about these conflicts and continuities within the
larger process of extending while differentiating the benefits of citizenship and the
everyday experiences of families who took advantage of their new access to modern
health and welfare services.

Chapter one examines the worldwide and Brazilian maternalist movements of the
turn of the twentieth century, highlighting the convergence of theories about
depopulation, eugenics, hygiene, degeneracy, and germ theory that gave rise to
maternalism. The French theory of *puériculture* became the hallmark philosophy for
reformers who sought to improve the “quality and quantity” of the Brazilian population.
The central argument of this chapter is that maternalism emerged in Brazil as a result of
contemporary international debates about population reform through scientific
interventions and Brazilian anxieties about race and national progress.

Chapter two explores the beginnings of the maternal and child health movement
after abolition by closely analyzing medical discourse on the dangers of wet-nursing—
discourses that transitioned into literature and eventually programs dedicated to reducing
mortality and increasing overall wellness among the children of domestic servants. This
chapter argues that Bahian concepts of modernization demonstrated the historical limits
imposed by racial and gender inequalities, but also illustrated the diffusion of new ideas about Brazilian social harmony. It analyzes the discursive tension and contradictions between a celebratory and nostalgic image of the black wet-nurse and a medical vision that saw domestic servants as a social danger, bringing illness and death to “respectable” homes.

Chapter three analyzes the transition from female-centered expertise in birthing and child-rearing to biomedical expertise wielded by both male physicians and female practitioners. Medical advocates turned to re-education of middle and upper-class women in “scientific motherhood,” creating a sector of female allies and leaders in the campaign for healthier poor mothers and babies. This chapter argues that despite the entrance of male physicians into traditionally female-controlled arenas of health and birthing, analyzing the role of female medical professionals is actually the key to understanding the transition from customary healing to biomedical practices.

Chapter four describes the institutional and legislative development of maternal and child health services in the state of Bahia and explains the coordination of state services with private organizations, particularly the Bahian League against Infant Mortality. It details two flagship projects of the state and the League: the healthy baby contests and the breastfeeding subsidies, arguing that these programs were a first attempt at creating a welfare state.

Chapter five examines the limits of the discourse on maternity through analyzing the state’s appropriation of foundling and orphan care from religious organizations. The state’s approach to orphans reflected the new value placed on children and family life and the state’s new responsibility (in theory) for all citizens.
The final chapter places the Bahian maternal and child welfare movement in context of national politics of the 1930s and 1940s. This chapter re-conceptualizes the *Estado Novo* and challenges existing historiography by analyzing Bahian politics (absent from existing studies of President Getúlio Vargas’ administration) and the campaign for maternal and child welfare.
CHAPTER 1
The Birth of Puériculture

To arm a nation without the prior physical and moral formation of those who will serve the patria would be a costly and useless effort. Puériculture, therefore, is an essential factor to the perpetuation of a healthy and intelligent human species, to its progress and appropriate utilization. And government’s neglecting of it relates to the fatal destruction of the povo, the race, [and] the species through the dark path of degeneration.

(Dr. Francisco Affonso de Araujo, 1912)\textsuperscript{11}

The science of puériculture was both the result of a revolution in scientific thought in the mid-19\textsuperscript{th} century and the cause of a revolution in social health and welfare by the early 20\textsuperscript{th} century. In contrast to the scientific revolution of the European Enlightenment, the revolution in applied social science in the 19\textsuperscript{th} century emphasized the deliberate manipulation of societies according to scientific theories. Puériculture was among the most far-reaching of these new scientific disciplines, and its importance and consequences were shaped and magnified by the exchange of ideas across the Atlantic and within Latin America. As significant as French scientific trends and models were for the expansion of new ideas about health in Brazil, contemporary local debates about the nature of Brazilian society and the consolidation of an independent, liberal, and powerful nation were equally fundamental. Puériculture was more than simply a French scientific theory exported to the Americas, it became a tool for organizing Brazil’s first public health movement based on family medicine. In this way, the emergence of the “science of healthy child-rearing” had concrete historical consequences for the state and for

\textsuperscript{11} Francisco Affonso de Araujo, “Puéricultura Intra-Uterina ou Feticultura” 1912, Archive of the Faculdade de Medicina da Bahia (hereafter FAMEB), 112-F. This and all translations in the dissertation are my own.
millions of Brazilian families and is an indispensable element for understanding the
development of public health and social welfare programs in 20th century Brazil.

The term puériculture was originally coined by Parisian physician Dr. Alfred
Caron in 1865 to refer to the improvement of the human species through infant care.
Caron’s theory of human improvement was largely ignored and ridiculed, and the term
puériculture was forgotten in medical circles until Dr. Adolpe Pinard revived it in 1899.
Pinard was chair of obstetrics at the Faculty of Medicine in Paris and a leading expert on
infant health. He defined puériculture as “knowledge relative to the reproduction,
conservation and the amelioration of the human species.” His advocacy of “conscious
and responsible procreation” and its relation to the emerging science of eugenics
differentiated puerculture from a contemporary pronatalist concern with healthy babies
and prenatal care.12 That eugenic connection between reproduction, heredity, and racial
improvement suggested that a child’s health and physical character were influenced long
before birth or even gestation.

The field of eugenics was still in an early stage of consolidation in the 1890s
when Pinard defined the related theory of puerculture. Francis Galton, first cousin of
Charles Darwin, coined the term “eugenics” in 1883, defining it as the “study of agencies
under social control that may improve or impair the racial qualities of future generations
either physically or mentally.”13 To control selection in human beings, Galton proposed a
positive eugenics, encouraging procreation of suitable individuals, and a negative
eugenics, focused on preventing procreation among the unfit. The study of eugenics

13 Galton quoted in Deborah Dwork, War Is Good for Babies and Other Young Children: A History of the
became an international phenomenon through the first decades of the 20th century, but Galton was only one of several scientists working on the issue of racial improvement spawning a number of conflicting theories. Competing versions of eugenic theory produced varied interpretations of how to tangibly enact eugenic measures particularly in areas of the world like Brazil where physicians outnumbered research scientists and were the principle advocates of science-based social reform.

The majority of Brazilian physicians promoted a French-style eugenics based on the early 19th century theories of biologist Jean Baptiste Pierre Antoine de Monet, the chevalier of Lamarck – theories that were fundamental to the concept of puericulture. Subscribing to a Neo-Lamarckian understanding of eugenics, Pinard and other French puericulture advocates argued that environmental poisons such as alcohol, venereal disease, and tuberculosis could cause hereditary defects, degenerating several generations of a family bloodline. Neo-Lamarckian genetics differed from Mendelian genetics in this theory of the transmission of acquired traits, and the Neo-Lamarckian strain characterized the broadly shared Latin conception of eugenics that emerged in France, Italy, and Latin America. Unlike Mendelian eugenicists in Germany, Great Britain, and the United States, Neo-Lamarckianists concentrated on reducing environmental poisons, encouraging prenuptial examinations, and promoting prenatal, maternal, and infant hygiene rather than advocating for eugenic measures that would restrict procreation of the “unfit.” Taking a cross-cultural look at the history of eugenics, it is clear that the term represented a broadly connected series of ideas about human improvement, interpreted through the cultural contexts of various nations. Though eugenic theory appealed to both Neo-Malthusianists and pronatalists, puericulture was the hallmark program for those in
the Neo-Lamarckian strain, providing a concrete framework for achieving a complete social regeneration. Pinard himself was among the founders of the French Eugenics Society in 1912.\textsuperscript{14}

Pinard’s theory of puericulture united disparate interests in the French degeneracy problem that had been battling since the mid-19\textsuperscript{th} century. A heightened fear of degeneracy in France began after population experts noted a decline in the birthrate at mid-century. Population decline and the rise of cities were common features of industrializing Europe, but French demographers confirmed these trends earlier in the century than did their British and German counterparts. French depopulation seemed particularly alarming in face of a growing and unified Germany who defeated France in the Franco-Prussian war of 1870. Capitalizing on the militarism of the era, French demographers warned that Germany’s population was continually rising while France “lost a battalion a year” to infant mortality. This French concern over depopulation began an influential discourse on the correlation between population size and national strength and gave rise to a prominent sector of pronatalists who argued that increasing the birthrate and reducing infant mortality was the key to the nation’s future.

One of the most important pronatalist leaders was Paul Strauss, a career politician, who spent his lifetime campaigning for intense governmental intervention into maternal issues such as mandatory maternity leave, paternity searches, subsidies to single mothers, and restrictions on women’s access to the workforce. Strauss’ ideas and programs were highly influential and imitated in Brazil including the emphasis on state intervention through a mixture of public and private assistance. He argued that healthy children were

\textsuperscript{14} Nancy Leys Stepan, \textit{“The Hour of Eugenics”: Race, Gender, and Nation in Latin America} (Ithaca: Cornell University Press, 1991).
of such importance to the nation that the state should step in as patriarch to fatherless children, supporting them and keeping their mothers at home and out of the factories. Strauss founded the *Ligue contre la mortalité infantile* along with Théophile Roussel, namesake of the highly influential Roussel Law of 1874 on wet-nurse registration, and with Dr. Pierre Budin, Chief of Obstetrics at the Hôpital de la Charité and a leader in the infant health movement. The *Ligue*, founded in 1902, was the model for similar institutions across the world including the Bahian League against Infant Mortality (*Liga Bahiana contra a Mortalidade Infantil*).

No scientific discovery was more foundational for the consolidation of a theory and practice of puericulture than the germ theory of Louis Pasteur. The Pasteurian revolution began through a series of experiments in the late 1850s and 1860s when Pasteur discovered that microorganisms caused fermentation and putrefaction of foods and beverages. The process of heating milk to 70º C for 20 minutes and rapidly cooling it destroyed these microorganisms and greatly improved the safety of milk. French physicians were well aware of the dangers of milk since the 19th century and noted that bottle-fed babies died from diarrhea, the primary cause of infant mortality, in greater proportion than breastfeed infants. In fact, the danger posed by cow’s milk was a large impetus for the campaign for maternal nursing and had implications for debates about women’s participation in the labor force. With the discovery of pasteurization, scientifically-tested and safe bottled milk could be offered to poor working mothers in Paris at Budin’s nursling consultation clinic, the *consultation de nourrissons*, and other facilities. Independent French milk depots eventually gained the name “drops of milk” or

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goutte de lait which made their way to Brazil as the gotta de leite. Therefore, pasteurization was fundamental to the practice of puericulture as the first major scientific breakthrough in hygienic infant feeding.

The worldwide revolution in sanitation and personal and domestic hygiene related to Pasteur’s experiments on asepsis and antisepsis, or the sterilization of environments and the human body from microorganisms such as in preparation for surgery. Pasteur’s discovery of sterilizing agents provided a boost for domestic hygiene advocates whose interest in protecting the home from disease and “foul airs and odors” dated back to the Enlightenment. For champions of puericulture, domestic hygiene meant educating mothers in how to sterilize their homes against contagions that caused common infant illnesses. The models of hygienic childrearing that French puericulteurs exported around the globe were based on principles such as hand washing around babies, disinfection of objects such as feeding bottles, and the introduction of rubber nipples that could be thoroughly cleaned. Through hygiene, puericulture experts could establish scientific laws of healthy childrearing and importantly define standards against which family practices would be judged.16

In France, in Brazil, and elsewhere, puericulture also defined a new role for the children’s physician as primarily an agent of disease prevention rather than treatment. This also implied a shift in the physician’s authority, no longer merely an expert in curing illness now also an instructor on the proper methods to raise a child at home in order to maximize his or her health and moral upbringing. Pinard and the “Generation of 1900”

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were not the first health advocates to promote well-baby care, but they were the first to connect scientific and eugenic childrearing with population reform and propose the responsibility of the state to ensure the well-being of poor infants and their mothers as an investment in future national strength.

Well-baby care was the major tenet of puericulture, and this meant the specialized physician supervised infant development. Prenatal care was an important aspect of their work as well, but puericulture really began with physicians’ insistence that newborns be weighed and measured weekly to track their growth. Regular contact with mothers of newborns would also provide the puericulteur an opportunity to supervise the child-rearing process, promote maternal breastfeeding, and educate women in the new scientific methods. Supervision also meant obedience as Budin and his contemporaries, even in Brazil, insisted that mothers comply with their instructions at home. Budin’s consultation de nourissons of 1892 inspired the foundation of infant hygiene clinics across Europe and in Latin America. In Brazil, puericultura entered the medical lexicon before the close of the 19th century, illustrating how closely Brazilian physicians followed French medical trends. The first wet-nurse examinations, gottas de leite, and well-baby clinics were established in Rio de Janeiro in the 1880s.

Even before the close of the 19th century, Brazilian physicians increasingly complained that the French and Americans were doing more to safeguard the future of their children by protecting maternity while Brazilian officials stood by and did nothing. Brazilian medical journals including the Gazeta Médica da Bahia published detailed accounts of puericulture-based institutions in France. They reproduced articles written by French physicians on the problem of depopulation and national degeneracy and debated
how to institute puericulture in Brazil. They questioned why Brazil did not follow the model of “civilized” nations and invest in their national development. The Brazilian government, many argued, lamented the gap between their culture and “better” ones but lacked any concrete initiatives to address this other than stimulating immigration. As an unsigned and scathing article in the *Gazeta Médica da Bahia* stated in 1885,

> If the excessive mortality of children born in Brazil, if the weak and sickly constitution of the surviving ones,…if the physical and consequently mental decay that the young generations receive from the sanitary regime of ignorance and indifference of the past…were investigated, analyzed, combated with appropriate studies and laws, would this not be a much more patriotic work than importing a Chinese, or exploiting the unhappiness and misery of the European people!...

When the naturals of this country die by the hundreds due to the ease and impunity with which *nutrizes* abandon their charges, or give them grave diseases; when the artificial nutrient of the child is spoiled milk or milk preserved…without examination, without analysis, when the classic manioc flour is the obligatory food when the little stomachs of the victims cannot support it, would a son of Europe, who was not plagued by misery, leave his country by choice for this slaughter of children that we call popular nutrition or sanitation in Brazil!18

Brazilian physicians were not simply enamored with puericulture theory because French science was fashionable. Highly-educated Brazilians, physicians and otherwise, saw eugenics and puericulture as answers to local social problems, not simply the latest intellectual trends from east of the Atlantic. But medical concerns do not necessarily become public concerns. Therefore, it is important to look to Brazilian debates about their own national heritage and future prospects during this period to understand the

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18 “Inspeção das criancas na França” *Gazeta Médica da Bahia* XVI no. 9 (March 1885).
genesis of the puericulture movement in Brazil. Brazilian intellectuals constantly compared their nation to “civilized” countries, i.e. European ones, and found their homeland lacking. The social problems obstructing Brazilian development had been in common debate since at least the mid-19th century. Once Brazil secured its place as the last monarchy and only remaining slave society in the Americas, these debates became even more intense. Where did Brazil fall on the hierarchy of “civilized” nations and what could be done to improve the possibility of becoming more European—that is, becoming a powerful, healthy, industrial, and whiter nation?

**Combating Racial Degeneracy at Home**

Wealthy Brazilians had a particular fascination with French intellectualism, science, and medicine and held up French society as a model of civilization. Physicians and students consumed French theories at the nation’s two medical schools so it is not surprising that the Brazilian medical academy was well-versed in French theories of depopulation and puericulture. Immersed in French scholarship and observing their own society of the late 19th century, physicians determined that Brazil had demographic problems as well. Rather than the depopulation due to birth restriction and infant mortality that French puériculteurs feared, Brazilians were worried that their nation was “underpopulated.” Vast amounts of national territory were home to sparse populations, suggesting wasted potential for Brazil to become a global power. As Brazil’s most famous eugenicist Renato Kehl argued, a country of 25 million should be a nation of 500 million.\(^\text{19}\) And the population that Brazil did contain did not look promising: overwhelmingly black and mixed-race, living in the poverty of the rural backlands,

riddled with “tropical diseases,” and too disparate to constitute an identifiable Brazilian racial type.

In the opinion of many top physicians, scientists, and political figures, the Brazilian population suffered from a crisis of both quantity and quality. With the demise of Brazil’s colonial relationship with Portugal and the general fall of colonialism across Latin America, intellectuals began to ponder whether formerly colonial places could assume a status at par with Europe. The answer to this question was extremely complex as Brazilians refashioned various elements of European scientific and social theories to arrive at a prescription for comprehensive social reform. The method of reform would, of course, be through puericulture and general public health and education measures, but several intellectual trends including degeneracy theory, positivism, and eugenics fed into the development of this approach.

Due to European determinist theories, Brazilian literary and political figures had long been concerned with the implications of their nation’s tropical climate and its African and black majority. They were intimately familiar with European theories of racial degeneracy. The idea of the degeneration of human species into a more primitive physical or moral state has its roots in 18\textsuperscript{th} century theories of the nature of man and 19\textsuperscript{th} century debates over the origins of humankind. By the mid-19\textsuperscript{th} century, degeneracy took on connotations of both reversal and cultural decadence. Two issues most concerned degeneracy theorists in the 19\textsuperscript{th} century: climate and race. Perhaps the best known of the climatic determinism theories was Henry Thomas Buckle’s *History of Civilization in England* written in 1857. Like other treatises in this vein that sought to explain European imperial dominance, Buckle detailed the distinctive environmental conditions unique to
Europe’s temperate climate that encouraged the development of superior economic and political systems. For proponents of climatic determinism, the struggle to master nature in the tropics prevented people in those regions from developing advanced civilizations. The energy required to survive in American and African environments compromised the intellectual capacity of these “tropical” peoples. Worst of all for colonized societies, tropical climates could cause white, European people to degenerate to the state of precivilization that was the assumed perpetual condition of people native to the tropics.  

Beyond climatic determinism, Brazil was dually condemned by European theories of racial degeneration. Authors who saw degeneration as primarily an issue of race reserved their most vehement attacks for nations where miscegenation was widespread. The most famous proponent of this new spin on racist doctrine was French diplomat Arthur de Gobineau, Brazil’s “cordial enemy.” Gobineau’s theories were well-known among the Brazilian intelligentsia of the mid-19th century. His Essai sur l’inégalité das races humaines published in 1853 did not mention Brazil specifically as did Henry Thomas Buckle. At the time of publication, the Count of Gobineau had also never visited Brazil as did scientist Louis Agassiz who wrote another famous text Journey in Brazil in 1868, reveling in the luxurious native flora and fauna but condemning the racial mongrelization that resulted in a people “deficient in physical and mental energy.” Even if Gobineau did not mention their nation specifically, Brazilian readers were well

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22 Agassiz quoted in Skidmore Black into White 32.
aware that following his analysis Brazil could easily have been the model example of a degenerate people. Gobineau wrote,

The word *degenerate*, when applied to a people, means (as it ought to mean) that the people has no longer the same intrinsic value as it had before, because it no longer has the same blood in its veins, continual adulterations having gradually affected the quality of that blood…the *degenerate* man properly so called, is a different being, from the racial point of view, from the heroes of the great ages…The heterogeneous elements that henceforth prevail in him give him quite a different nationality – a very original one, no doubt, but such originality is not to be envied.\(^23\)

Obviously, this was bad news for Brazilians who may have claimed an affinity with the Latin peoples of Europe and considered themselves inheritors of a European culture simply transferred to a tropical environment. Any Brazilian could plainly see that their population was a long way from the Aryan ideal that Gobineau praised and Brazilians had been socially, culturally, and racially mixing since the 16\(^{th}\) century.

Gobineau saw “hybrid” people as an unstable type who could only produce an irreconcilable hybrid civilization. He particularly condemned miscegenation involving blacks whom Gobineau characterized as the lowest form of human being. Brazil was the most African nation in the hemisphere, having enslaved supposedly degenerate people in a degenerating tropical environment. Most distressing for Brazilians must have been Gobineau’s contention that the characteristics of the various disparate human races were permanent conditions. For Gobineau, intermixture with higher races could slightly elevate the inferior human types, but was unlikely to lead to an advanced civilization. Thus, weakened races were unlikely to improve, but strong races could definitely degenerate and such degeneracy was irreversible.

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Gobineau spent the year of 1869-1870 living in Rio de Janeiro as French Minister. Of course, this was nearly two decades after the publication of *Essai sur l’inégalité des races humaines*. But Gobineau’s year in Brazil did nothing, unfortunately, to change his opinions. Writing home in 1869, Gobineau explained his horror in discovering that “no Brazilian is of pure blood; the combinations of marriages between whites, Indians, and blacks have multiplied to such a point that the variations in skin color are innumerable. And all this has produced, both in the lowest classes and the highest, a degeneration of the saddest sort.”

By the late 19th century, Brazilians who looked to Europe for inspiration found that most European scientific theories recognized no intellectual kinship whatsoever between Europeans and tropical, colonial peoples (and their descendants). Brazilian intellectuals were caught between their general acceptance of the concept of degeneracy, their assumptions of the superiority of French and English theories, and their hesitation to accept their nation as a perpetual backwater.

Degeneracy theory in Brazil was also closely related to Comtean positivism. Given the elite’s long-held fascination with French culture and intellectualism, it is little wonder that the writings of Auguste Comte became prominent in 19th century Brazil particularly as they provided a means of understanding Brazilian society and setting out a scheme for reform during a period of political dissatisfaction. Comtean positivism gained adherents across Latin America in the late 19th century and would profoundly influence politics and social organization in Brazil for decades, predominantly in its emphasis on the application of scientific methods to social phenomena. Comte’s “religion of humanity” conceived of society as a developing organism that could be analyzed

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scientifically and that passed through a series of historical stages. The counterpoint of
the positivist emphasis on successive stages of social evolution was a concern that
societies could regress or degenerate. Moreover, Comtean positivism placed a strong
emphasis on the family and patriotism which appealed to Brazilians favoring change but
not individualism. Members of the elite were also attracted by the concept of
modernization without social mobilization, and certainly agreed with Comte that the
masses were not adequately evolved enough for full political participation. Positivist
ideology was fundamental to the end of the monarchy in 1889 because Republican
opponents objected to the centralized nature of the monarchy which they claimed
confined Brazil to a pre-industrial, religious traditionalism. They were discouraged by
the seigniorial, rural elite politics of the monarchy and pressed for a political system that
would promote urban interests and liberal economic policies.25

The problem of degeneracy had specific contours in the state of Bahia. The state
seemed to show signs of degeneracy on all fronts. There was the historical problem of
the state’s long association with slavery, colonialism, and agricultural oligarchy – all
signs of backwardness for degeneracy theorists. The environs of large, urban capital
cities like Salvador caused degeneracy by an “excess of civilization,” meaning an
overemphasis on cultural pursuits and moral problems such as bachelorhood, prostitution,
and venereal disease. The overwhelming majority of Bahians were black and brown, and
travelers commonly asserted that miscegenation was a characterizing feature of the state.
In fact, people of mixed ancestry were even found among the intellectual elite,

25 Charles A. Hale, “Political ideas and ideologies in Latin America, 1870-1930” in Ideas and Ideologies in
Twentieth-Century Latin America, ed. Leslie Bethell (Cambridge: CambridgeUniversity Press, 1996);
Thomas Skidmore, Black into White: Race and Nationality in Brazilian Thought, 2d ed. (Durham: Duke
University Press, 1993); and José Murilo de Carvalho, “The Unfinished Republic” The Americas 48 no. 2
particularly within the medical community. The presence of a number of mulato doctors in Bahia should have demonstrated Brazilian social flexibility at work. But in the late 19th century, most would agree that it was just another sign that even the best Bahians were limited by racial ancestry. Though Bahian physicians engaged their southern counterparts in debates over European immigration, it was never a serious possibility in Bahia given the local economy. There was no hope, therefore, for counteracting the black presence through immigration as occurred in the South. The vast interior of the state became the region of the country most identified with Brazil’s rural backwardness problem, particularly after journalist Euclides da Cunha published Os Sertões, the famous report on the Canudos War of 1896. So Bahia’s population problems were twofold from the perspective of upper-class critics, moral and racial degenerates in the city and religious fanatics and monarchists in the countryside.

Through the end of the 19th century, Bahian physicians were more likely than their carioca counterparts to accept the miscegenation-causes-degeneracy thesis. The prevalence of articles in the local medical journal Gazeta Médica da Bahia on the relationship between race and disease (syphilis, tuberculosis, leprosy) confirms this preoccupation with miscegenation. The most influential physician to come out of this period was Dr. Raimundo Nina Rodrigues who conducted pioneering investigations into Afro-Brazilian culture in the 1890s only to ultimately argue that black Brazilians were too barbarous to be held to the same criminal code as whites. For Rodrigues, mestiços

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26 Da Cunha’s epic os Sertões, published in 1902, was an interpretive account of the Brazilian government’s war against the Bahian rural community of Canudos (1896-1897). The text is a highly detailed account of the racial and climatic conditions of the Brazilian Northeast, a psychological analysis of the unstable yet courageous character of people of mixed-race, and a denunciation of the failures of the Brazilian army. The residents of Canudos were accused of separatism, refusing to accept the end of the monarchy and establishment of the Republic, and following their lay priest leader, Antônio Conselheiro, to the point of irrational fanaticism.
were to be taken on a case-by-case basis, depending on their degree of degeneration. As a scholar of medical law, Rodrigues was primarily concerned with scientifically determining the biological “distinctions” between black Brazilians. He argued that miscegenation was one the major problems facing Brazil since the lack of “uniformity” compromised the nation’s potential. The Rodrigues school of thought did have its opponents at the Bahian Medical School including physician Manoel Bomfim who rejected the notion of the inequality of races and charged that this rhetoric was simply a racist tool invented by Europeans and Americans to justify their imperialist intentions in Latin America.27

The general pessimism displayed at the Medical School of Bahia began to fade in the early 1920s with the rise of eugenic theories. Brazil was the first Latin American country to have an organized eugenic movement, and Renato Kehl of São Paulo founded the first eugenic society in the hemisphere in 1918. Rather than cede to a permanent state of national weakness, intellectuals across Brazil began to dismiss the notion of mestiço degeneracy and argue that the nation could be “regenerated” through a series of scientific interventions aimed at the true causes of Brazilian backwardness – a new twist on Latin American positivism. Their rejection of mestiço degeneracy was not unrelated to the fact that segregation by then was an impossibility in Brazil. But replacing explicitly racist views with other ways of thinking about degeneracy would be a long process, as most intellectuals continued to see Brazil’s racial situation as a disadvantage but not necessarily one that was insurmountable. They continued to debate the relative significance of environmental, racial, and education factors in Brazil’s quest for progress well into the 1940s. On the issue of climate, physicians involved in the Tropicalista

27 See Skidmore and Schwarcz.
movement at the Medical School of Bahia began refuting European determinist theories in the mid 19th century. These physicians argued that tropical climates could intensify disease conditions but did not cause irreversible degeneracy.

Rather than a cause of degeneracy, several theorists, including prominent intellectuals such as João Batista de Lacerda, Oliveira Vianna, and Silvio Romero, saw miscegenation as a potential cure. They argued that racial mixture elevated the level of a society through the process of whitening or *branqueamento*. Superior white genes were not weakened through intermixture with inferior blood, as Gobineau had argued, rather superior genes overtook inferior ones as in Medelian genetics, successively whitening each future generation. In historical and political terms, miscegenation and whitening had prevented racial conflicts proponents argued, sparing Brazil from the great mistake of U.S.-style segregation. According to these scholars, whitening would eliminate Brazil’s African and indigenous ancestry within several generations, leaving Brazil with a native-born white population. Some of the more extreme eugenicists such as Renato Kehl clung to the *mestiço* degeneracy theory, but the majority of Brazilian elites enthusiastically received this new optimistic outlook on Brazil’s racial future.28

*Branqueamento* implied both a biological and cultural assimilation. To achieve such a radical social transformation, many advocated for greater European migration to Brazil to infuse the nation with “superior racial stock.” Increasing European immigration was already a major concern for many agro-export and industrial capitalists in the south.

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of Brazil who promoted a type of immigrant substitution industrialization to develop Brazil by replacing native labor with the foreign-born. The state of São Paulo found greatest success in this effort, subsidizing passage primarily from Italy and attracting more than 2 million immigrants between 1888 and 1920.\textsuperscript{29} Immigration was a eugenic issue because it held hope of advancing the whitening process and sparked debates over the “fitness” of the average Brazilian worker. At the First Brazilian Eugenics conference held in 1929, for example, several prominent physicians vehemently debated the need for immigration restrictions based on eugenic criteria. The restriction of black North Americans, Africans, Chinese, and Japanese immigrants had been a polemic issue since the 19-teens, but the rise of eugenics added new dimensions to the debate. After much deliberation, participants rejected a proposal by Dr. Azevedo Amaral to recommend that Brazil admit white immigrants exclusively. The influence of the sanitation movement discussed below was clear as opponents argued that Brazil’s major eugenic issues were related to hygiene and not race. Above all, the debate reflected the rescue of the \textit{mestiço} from older theories of degeneration and the elevation of Brazil’s multiracial past. Dr. Fernando Magalhães, one of Brazil’s most prominent \textit{puericultores}, argued that denying entry to non-white immigrants would be an “injustice because our entire past was founded on the \textit{mestiço}. It would be a suicide because we are all \textit{mestiços} and [with that restriction] we would exclude ourselves.”\textsuperscript{30} The participants stopped short, however, of praising Brazil’s Africanness and debated black immigration restrictions separately as a specific problem.

\textsuperscript{29} See George Reid Andrews, \textit{Blacks & Whites}. \\
Agreeing that degeneracy was not primarily caused by racial melding allowed reformists to turn their attention to environmental problems. Historians of Brazil acknowledge that the First Republican government afforded unprecedented attention to issues of disease and sanitation both in the cities and in the nation’s vast interior. In the first decade of the 20th century, government intervention focused principally on sanitation of the ports for export and generally improving the image of Brazil for foreign interests—especially the federal capital of Rio de Janeiro. These were the years of the great reform projects in Rio de Janeiro and the successful yellow fever eradication campaign headed by the Director of the Federal Department of Public Health Dr. Oswaldo Cruz that virtually eliminated both yellow fever and bubonic plague by 1909. But in the second decade of the century, it was the rural epidemics that attracted public health officials, as the scientists of the urban coast rediscovered os sertões or the Brazilian backlands. The ensuing campaign to civilize Brazil’s interior and integrate its inhabitants into the national vision was greatly aided by the establishment of the nation’s first scientific research center in 1900, the Oswaldo Cruz Institute, and new scientific discoveries on rural disease.

For coastal Brazilians, the sertão had long represented backwardness and lethargy but the sanitation missions added the new element of disease to the negative stereotype of the “interior man.” Far from individual culpability for the rampant degeneracy of the backlands, physicians and scientists blamed the lack of sanitation and high incidence of disease on governmental failure. This was particularly true after the Oswaldo Cruz Institute sponsored a number of scientific research missions into the rural interior. Sanitation experts Dr. Arthur Neiva and Dr. Belisário Penna led the most famous of these
missions in 1913 traversing much of the rural Northeast and documenting social, economic, and particularly disease conditions. The results of their journey alarmed the urban residents of the littoral centers. Neiva and Penna reported that the average sertanejo was shockingly ignorant and primitive, lacking any identification with the Brazilian nation and riddled with hookworm, malaria, and Chagas disease (which Neiva estimated affected as many as 70% of inhabitants in certain regions). The physicians rejected any notion that the caboclos and mestiços of the interior were somehow racially inferior. Rather they condemned the federal government for abandoning this sector of its citizenry—the majority of Brazilians in fact—who languished in poverty and isolation and died prematurely from preventable diseases. This too was an optimistic diagnosis. If the average Brazilian was merely suffering from preventable or curable diseases, rather than the result of some inherent generational mixed-race degeneracy, then investment in public health could propel the nation forward.  

Most relevant to the current discussion is the fact that the sanitation campaigns were fundamental in the ideological construction of Brazilian nationality in the early 20th century. Illness became a defining feature of “authentic” Brazilianness as scientists explored the backlands. Rather than refuting foreign accusations of backwardness and degeneracy, they redefined the cause. Brazil was a “vast hospital” in need of comprehensive and systematic intervention. Nationalism inspired by the First World War heightened demands for governmental intervention and marked the beginnings of more

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serious federal approaches to public health problems. This period represented the transition from an explicit discourse on race of the 19th century to a 20th century one that emphasized health and education. But these issues were never fully divorced from Brazilian ways of thinking about race. If anything, ideas about race were modernized through 20th century science and refashioned to fit the aspirations of a nation recently emerging from slavery and monarchy. Whitening became a foregone conclusion, and the only intervention needed was to safeguard its inevitable success. The persistent significance of race was evident through the 1920s and 1930s as sanitation and eugenics converged, and many eugenicists themselves, being Neo-Lamarckianists, confused the two issues. This was clear in Renato Kehl’s often-repeated statement that “to sanitize is to eugenize.”

Maternity, birthing, childrearing, and marriage held particular significance for eugenicists, positivists, hygienists and obviously puericultores. Encouraging optimal marriages that would produce and raise healthy children was a paramount objective and the real key to substantive and permanent social change for all of these specialists. Though these ideas reinforced each other and most intellectual thought on social reform took a bit from all four theories, puericulture and positivism were theories that gained their first adherents in the late 19th century. Although eugenics and puericulture were contemporary movements in France, puericulture and pronatalism reached Brazil first at least in medical literature. It was not until the 1920s that eugenics truly became well-known in intellectual circles, heralding the potential ramifications of scientific intervention and population reform and thereby propelling the puericulture movement forward.
Whitening, eugenics, puericulture, sanitation, and positivism couldn’t have made better bedfellows. Rather than racial determinism, these theories offered uplift and improvement. All converged on a specifically Brazilian outlook on modernization achieved through national and local efforts at scientific intervention. Brazilians could become healthier, stronger, more productive, and whiter through systematic medical, social, and governmental intervention. Brazil would emerge from the backwardness of monarchy, slavery, regionalism, and patriarchal Catholicism to a rational, organized, and prosperous future. The whiter part would fall out of favor by the 1930s while the general commitment to population reform continued. That whitening and puericulture related to the same theoretical origins certainly does not mean that maternal and child advocates saw their goal as whitening children. Rather whitening and puericulture were perceived as scientific approaches and were born from the same set of social anxieties about Brazil’s future. Referring to eugenics, historian Dain Borges argued that “a weak science provided a creative matrix for social vision” in Brazil. This astute observation applies equally well to the related concepts of whitening and puericulture. Though eugenics, whitening, and puericulture had common intellectual origins and a certain degree of overlap even confusion in their tenets due to loose interpretation, they were not synonymous terms.

War is Good for Babies

Brazilian political authorities had not shown particular interest in family issues before the dawn of the 20th century, and social welfare was far from a national priority.

33 The title of the section was taken from Deborah Dwork, War is Good for Babies and other Young Children (London: Tavistock Publications, 1987).
Even state expenditures on health had focused primarily on urban sanitation and the notorious insalubrity of Brazil’s ports. Between the first and second World Wars, however, physicians who brought issues of puericulture to the fore increasingly found an audience among politicians, wealthy charitable citizens, and the larger medical community. During these years, the individual efforts of a few Brazilian *puericultores* grew into a national movement, supported by legions of social advocates, local and national legislation, and governmental funding. What was the relation between warfare and the birth of the maternal and infant hygiene movement?

Historians of the worldwide pronatalist movement are familiar with S. Josephine Baker, child health advocate and director of the New York Bureau of Child Hygiene, who famously acknowledged in 1939 that WWI did more to draw public attention to the plight of poor children than had all the previous efforts of social activists. Baker wrote,

“It may seem like a cold-blooded thing to say, but someone ought to point out that the World War was a backhanded break for children – a break originating in the world’s dismay at the appalling waste of human life, both at the front and behind the lines. As more and more thousands of men were slaughtered every day, the belligerent nations, on whatever side, began to see that new human lives were extremely valuable national assets. When father had been torn apart by shrapnel or smothered by poison gas, his small sons and daughters, the parents of the future, took the spotlight as the hope of the nation.”34

With her biting critique of a national culture of pragmatism rather than humanity, Baker explained that the loss of lives during war drew attention to children’s health and welfare. This was true in England following the Boer War (1889-1902), in France after the Franco-Prussian defeat, in the U.S. following World War I, and it was no less true in Brazil. While French, British, and German authorities saw the equation of births over war losses in terms of imperial expansion and jockeying for position in Europe, the war

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provided an occasion for Brazilians to contemplate their own military strength and new opportunities as the dynamic of world power shifted to the Americas. The war also awakened a new spirit of nationalism, an interest in rediscovering Brazilian uniqueness, and a desire to turn away from dependence on European intellectual and cultural models.

Concern over infant mortality rates and children’s health did not begin during the interwar period, but it certainly augmented as did general discourse about Brazilian nationality and the future of the race. In fact, the abolition of slavery and Brazil’s participation in the World Wars were the key events that catalyzed public concern for maternal and child issues and allowed the campaign to move beyond the pages of medical journals and into real private and public institutions. Like the United States, wartime interest in Brazilian children did not result from the loss of lives specifically—the “future supplies of cannon fodder”35 in Baker’s words—but from general issues of citizenship, patriotism, and national welfare born out of the context of international conflict.

War also sparked international organization and cooperation which aided in the cause for maternal and child welfare across Latin America. There is little doubt that one of the most interesting legacies of the two World Wars for the American side of the Atlantic was a heightened emphasis on regional cooperation. The idea of Pan Americanism certainly preceded World War I and for the case of Latin America, a sense of *americanismo* was present since the birth of the independent republics in the early 19th century. But the Great War in Europe definitely infused the issue with a sense of urgency and demonstrated the catastrophic potential of a conflict among neighbors. A shared fear of national degeneracy and preoccupation with the “social question” made social reform a common cause throughout the Americas—despite differences of opinion on the specifics.

35 Baker, 165.
The Pan American Child Congresses, for example, which began in 1916 and continued through the 1960s were among the most significant expressions of regional scientific cooperation during the period. Historian Donna Guy argues that the Pan American Child Congresses marked the beginnings of a “hemispheric child rights movement.”

The maternalist feminist movement was critical to the creation of the Pan-American Child Congress, first celebrated in Buenos Aires in 1916. In Brazil hygienic childcare was not primarily a woman’s issue, however. The formality and national significance afforded to the early Child Congresses effectively ensured that Brazilian women—and certainly feminists—would not be particularly welcome in any meaningful way. By the 1920s, the Child Congresses were dominated by male physicians and the connection to Latin American feminism ended, particularly after the conferences were taken over by the Instituto Internacional Americano de Protección á la Infancia in 1927, later renamed the Instituto Interamericano del Niño and incorporated into the Organization of American States. These conferences focused more on children than families and ignored mothering as a critical aspect of children’s welfare. Rather male physicians contended that their influence and that of the state should intervene directly to ensure the health and well-being of poor children in particular. The topics presented at the Pan American Child Congress underscored the connection between problems of childhood and the issues of industrialization and urbanization that were common to Latin America such as juvenile crime, abandoned children, poverty, disease, and legislation of maternal and child labor. Latin American professionals could relate their national contexts to all of these medical, legal, and social topics—topics that all fit into a loose

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36 Guy, 274  
and expansive definition of puericulture. Though national spirit ran high in host
countries, Pan Americanism and regional stability were at the forefront for both
Brazilians and other attendees who sought the “scientific perfection of the American
Continent.”

Yet the Luso-Iberian-American child care advocates were somewhat disconnected
from their Anglo-American neighbor to the north. In the 1920s, the Pan American Child
Congresses were missing a crucial element in their quest for continental peace. The
United States had repeatedly shown a difference in interests from Pan American meetings
on the issue of maternal and child health and importantly on their interpretation of
eugenics. Where U.S. eugenicists favored race-based policies and involuntary
sterilization programs, Latin Americanists insisted that puericulture and “positive”
eugenics held greater promise for social reform. Another major point of contention for
Latin American and U.S. puericulture advocates was the former’s focus on government
intervention and the creation of a welfare state versus the latter’s prioritizing of children’s
rights and the importance of private institutions.

U.S. professionals would not come to dominate the Pan American Child
Congresses until the 1930s with the increased participation of American feminists and

38 Brazil got its own opportunity to host a Pan American Child Congress in 1924, thanks to Dr. Moncorvo
Filho of the Children’s Department who spearheaded the initiative to host the 3rd Pan-American Child
Congress in Rio de Janeiro. See Guy, 279. Also Departamento da Criança no Brasil, Primeiro Congresso
Brasileiro de Proteção à Infância 4th Bulletin (Rio de Janeiro: Imprensa Nacional, 1920); Terceiro
Congresso Americano da Criança, Tomo segundo: Trabalhos da 1ª Secção – Medicina (Rio de Janeiro:
Jornal do Commercio, 1924); Terceiro Congresso Americano da Criança, Tomo I: Antecedentes,
Organização, Programmas, Delegações e adherentes, Sessões plenaria, Votos, (Rio de Janeiro: Imprensa
Nacional, 1924); Terceiro Congresso Americano da Criança, Tomo segundo: Trabalhos da 1ª Secção –
Medicina (Rio de Janeiro: Jornal do Commercio, 1924); Primeiro Congresso Brasileiro de Proteção à
Infância, Theses oficiaes, Memorias e Conclusões (Rio de Janeiro: Empr. Graphica Editora Paulo, Pongetti
&Cia., 1925).
40 Anne-Emanuelle Birn, “‘No More Surprising than a Broken Pitcher’? Maternal and Child Health in the
Early Years of the Pan American Sanitary Bureau,” Canadian Bulletin of Medical History 19 no. 1 (2002):
17-46. Also see Stepan “Hour of Eugenics.”
social workers from the U.S. Children’s Bureau, altering the heavily male leadership that had existed in the early years. By the time the 1942 Pan-American Child Congress was held in Washington, D.C., the connection between maternalism, pronatalism, and warfare reached its most explicit expression.\textsuperscript{41} The fact that the Congress was chaired by the U.S. Children’s Bureau meant a greatly expanded role for female social workers and by consequence increased participation of Latin American female professionals representing official women’s commissions and associations. This would also result in a return of the emphasis on mothering as the fundamental activity in child advocacy. And finally warfare would, in fact, be good for babies through the expansion of programs as the Congress issued various recommendations on how the American nations could best serve mothers and children in wartime by increasing nutrition, sanitation, and immunization programs and establishing basic programs on social issues such as foster care, financial responsibility of fathers, minimum wages, and social security. In an unequivocal statement of final recommendations, the Pan-American delegates of 1942 agreed that international cooperation during wartime was essential to ensure that “the American Republics may utilize to the fullest extent the resources of all in behalf of American childhood, upon which the future of the free nations of the Western World depends.”\textsuperscript{42}

Pan American Congresses certainly gave Brazilian physicians an opportunity to participate in current regional dialogues about issues related to puericulture and increase the visibility of their programs. Wartime nationalism spurred interest in eugenics and puericulture through other means as well. For President Getúlio Vargas (1930-1945), Brazilian nationalism was an economic, social, and security issue during the war years

\textsuperscript{41} Pan American Child Congress, \textit{Acta final del octavo Congreso panamericano del niño} (Washington DC: United States Department of State, 1942), 17.
\textsuperscript{42} Pan American Child Congress, 50.
and many of his policies designed to bolster the Brazilian spirit were directed at children and youth. The Vargas administration was responsible for putting eugenics and puericulture on the national agenda. The president’s own rhetoric connected patriotism, military capacity, children, and the strengthening of the race as aspects of the revitalization of Brazil and Brazilians. According to contemporary propaganda for example, the Vargas government was solving the public health crisis by “working toward the eugenic perfection of the race.”

The war years fueled Vargas’ interest in education and health and also the ever-present “social question” of Brazilian labor. Even the “social question” was related to children and addressed through puericulture during the Vargas administration. In many ways, pronatalism had its roots in class pacification even in France. The leaders of the Third Republic in France had realized the usefulness of social welfare programs as a tool against social unrest. This fact was not lost on Getúlio Vargas in the 1930s either whose government made overtures to working class families hoping to subdue labor conflict and as a supposed anticomunist measure. The Vargas approach to Brazil’s “social question” was perhaps the president’s primary issue and certainly his most important historical legacy. The social question was also a racial one in the 1930s both in terms of the eugenic concept of nationality as race and Brazil’s ongoing correlation of skin color with status and privilege. For the Vargas administration, the dilemma of the Brazilian race was a lack of national cohesion due to regional variations and what the president saw as problematic immigrant populations. When social welfare programs reached out to the

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43 Sérgio Macedo, Getúlio Vargas e o culto à nacionalidade (Rio de Janeiro: Grafica Olimpa, 1941), 50.
44 “A criança, a maior vítima do comunismo –O perigo da infiltração vermelha nas obras educacionaes da infancia” Diario de Noticias (Salvador), 10 December 1937.
Brazilian working class, there was an explicit elevation of the national worker over his immigrant counterpart.

According to historian Nancy Stepan, Vargas consciously used puericulture as a means of incorporating the popular sectors into the state apparatus and stimulating patriotism. Several eugenicists held prominent positions as advisors to the Ministry of Labor and delegates to the Constituent Assembly of 1934. Beyond the influence of specific individuals, the language of eugenics was fundamental to the Vargas regime as a guiding principle for organizing youth, families, education, and health and social welfare programs. Puericulture continued to take on a broad definition during this period, but the Vargas administration placed a high priority on inspiring patriotism in Brazil’s children as a means of solidifying and perpetuating the race. National symbolism was a key component of the regime as was a positivist emphasis on civic culture. This patriotic understanding of puericulture also spilled over into the education system where student bodies and minds were cultivated to exemplify and serve the cause of national progress. The annual *Semana da Pátria*, for example, provided an ideal opportunity to showcase the important strides the Vargas government was making toward racial improvement. Mobilization for warfare was a crucial symbolic element of the Week and the government organized youth groups in a militaristic style, particularly on the *Dia da raça* or Day of the Race. This week of patriotic celebrations included public parades of schoolchildren marching in a display of national pride and the harmonious blending of racial, regional, and economic types that signified *brasilidade*.

The eugenic understanding of the Brazilian race and Brazil’s racial problems also found their “solution” during the interwar years. This was the result of the merging of
various ideas, most of which had been around since the 19th century but reached their full expression by the 1920s and 1930s. First of all, there was the Vargas promotion of Brazilian unity and uniqueness based on shared historical civic symbols and popular cultural traditions. Second, political, literary, and scientific elites reached a widespread consensus that the whitening process had made the degeneracy problem irrelevant to race and predicated on health. As previously explained, the concept of whitening was a compromise of Neo-Lamarckian eugenic theories. According to Stepan, “fusion, through racial and cultural means, so that blackness would disappear and whitening occur, was in itself taken to be ‘eugenic.’” Both the Vargas camp and the eugenics/whitening proponents valued immigration quotas and restrictions—based on race and “fitness”—to safeguard the whitening process and promote working-class Brazilian families.

Finally, a generation of modernist intellectuals rescued the common Brazilian “type” from the long-held accusation of perpetual backwardness by celebrating the nation’s rural and mixed-race heritage and refuting racial stereotypes. The most significant author in this revisionist vein was sociologist Gilberto Freyre whose theory of harmonious social and racial development became a foundational fiction of Brazilian national identity. Therefore, all of these ideological elements converged on nationalism and fusion—a cultural, racial, and regional mestiçagem—as the defining feature of Brazil’s past and the hope for its future progress. National racial and cultural harmony became the most enduring ideology to emerge from this period with broad implications for social relations that continue to the present day.

45 See McCann, Williams, and Darien Davis, Avoiding the Dark: Race and the Forging of National Culture in Modern Brazil (Brookfield: Ashgate, 1999).
46 Stepan “Eugenics in Brazil,” 142.
47 See Borges, “Puffy, Ugly, Slothful, and Inert” and Skidmore. This discussion continues in the following chapter.
For political elites, fusion certainly did not imply that Brazil was free of social problems, but this concept greatly encouraged an unprecedented interest and investment in the Brazilian masses who now were not racially degenerate but in need of comprehensive sanitation, health, education, and welfare assistance. That interest was also a perfect fit with the nationalist spirit of the early century, particularly of the World War II years. It is vital to note that none of this spelled the end of racial discrimination or the close association of skin color and privilege. The “Brazilian solution”—to borrow a term from Thomas Skidmore—was a type of eugenic sanitation compatible with both whitening and racial democracy. Though this solution entailed more than healthy mothers and babies, puericulture was at the heart of many of the interventionist strategies employed to uplift the masses from their “ignorance” and misery, thereby setting the stage for Brazilian regeneration.

The interwar years also represented a highpoint in the establishment of maternal and infant institutions in Brazil. The puericulture movement began in the private sector when individuals and groups of physicians established institutions to teach and apply well-baby care. The *Liga Bahiana contra a Mortalidade Infantil* was not the first private institution devoted to children’s health in Bahia, but it was the first institution with a specific focus on puericulture. Dr. Alfredo Ferreira de Magalhães previously founded the Childhood Protection and Assistance Institute of Bahia in 1903 based on a similar institution in Rio de Janeiro. Dr. Moncorvo Filho, the “father of Brazilian pediatrics,” founded the *Instituto de Protecção e Assistência à Infância (IAPI)* in Rio de Janeiro in 1889 which became a model institution with affiliates across the country. Similar to the general clinic that the senior Dr. Carlos Arthur Moncorvo established in 1880, the IPAI
offered free health services to poor children and families but maintained more of a focus on treatment than prevention. The IPAI of Rio de Janeiro was founded before Pinard defined the term “puériculture” in France, but through the years the institution incorporated some trademark puericulture programs such as wet-nurse registration, healthy baby contests, and the _gotta de leite_. In fact, the timing of its establishment demonstrates that child protection had become an international issue, thanks largely to 19th century French reformers, even before the scientific community developed theories such as puericulture to advance it. Therefore, the institution initially followed more of a 19th century French precedent of a children’s health facility than a 20th century model of the puericulture-based health organization. The IPAI of Rio de Janeiro and the one later established in Bahia did incorporate well baby care, but both institutions performed more treatments than hygiene consultations and worked with older children not restricting themselves to prenatal and infant care as puericulture programs generally did.

In Bahia, a group of physicians were inspired to recreate the IPAI of Rio de Janeiro after a local newspaper published a series of biting critiques about the lack of such programs in the state. Dr. Joaquim Tanajura published this series in March of 1903 and within three months he along with Dr. Alfredo Ferreira de Magalhães and others wrote the statutes for a Bahian branch of the _Instituto de Proteção e Assistencia à Infância_. Their mission was to “protect the poor, sick, defective, morally mistreated, abandoned, etc. children of this capital.” Like Moncorvo Filho’s institute, the Bahian

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chapter hoped to encourage breastfeeding among the lower classes and regulate wetnursing, to investigate the living conditions of poor children, to offer hygiene education to poor families, regulate women’s employment outside the home, and promote the establishment of maternity wards, daycares, and children’s parks. Their statues hit all the highlights of puericulture; however, an examination of the services provided through the 1930s demonstrates that the IPAI of Bahia worked primarily in the treatment of sick children.  

Puericultores and eugenicists recognized the importance of treatment, but agreed that treatment alone did not hold out the promise of affecting fundamental and enduring change in Brazilian society.

Puericultura was a familiar concept among physicians at the Medical School of Bahia by the 19-teens, and the second generation of maternal and infant health advocates founded their institutions using puericulture theory as an organizing principle. When Dr. Joaquim Martagão Gesteira founded the Liga Bahiana contra a Mortalidade Infantil in 1923, he stressed that the new organization would address the ignorance and misery that existed in Bahia and produced an “avalanche of tiny coffins” every year. Gesteira explained that the Liga would follow the model of its French predecessor founded by Strauss and Budin in 1902. Quoting Paul Strauss, Gesteira argued that Brazil’s high infant mortality rates constituted “the greatest shame of a superior civilization.” The creation of a puericulture institution was a humanitarian, patriotic crusade. The Bahian League would be an institution focused on preventing childhood morbidity and mortality

not primarily on treatment. In Gesteira’s words, the focus on prevention would allow the 
*Liga* to make the greatest contribution to reducing the “terrible hecatomb” of infant 
mortality in Bahia, promoting the “maximum diffusion of *puericultura* and intensive 
propaganda in basic notions of infant hygiene.”

The *Liga Bahiana contra a Mortalidade Infantil* and similar institutions across 
Brazil resulted from decades of complex debates and compromises as well as dialogues 
between European science and Brazilian intellectualism. The two World Wars helped to 
galvanize public support for maternal and children’s programs and Pinard’s *puériculture* 
provided the theoretical framework for institutionalizing social reform aimed at women 
and babies.

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**Maternalism or Pronatalism?**

The turn-of-the-century puericulture movement in Bahia is best understood as 
both maternalist and pronatalist in its ideology and practices though tensions did arise at 
times between these two orientations. If one considers the perspective of the 
pediatricians and politicians that advocated for health programs, the movement is 
probably best described as pronatalist like its French genitor. The majority of these 
professionals saw maternal care as a means to achieve a healthier generation of infants

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50 Martagão Gesteira, *Discurso proferido na sessão solene de inauguração da Liga Bahiana contra a 
Mortalidade Infantil* (Salvador: Liga Bahiana contra a Mortalidade Infantil, 1923). Also see “Salvemos as 
criançinhas de peito! A cruzada da Liga Bahiana contra a Mortalidade Infantil,” *A Tarde* (Salvador) 11 
October 1923 and “L.B. contra a Mortalidade Infantil,” *Renascença* 8 no. 108 (October 1923). The Liga 
was founded simultaneously with federal program of infant hygiene and sanitation in Bahia. Gesteira 
served concurrently as president of the private institution and director of the state’s services. The 
institutional history of the *Liga* is covered in detail in Chapter 4.
and children where the mothers themselves were primarily strategic assistants in that effort. Focusing exclusively on this sector of advocates, however, obscures a more comprehensive understanding of the maternal and child health movement and its outcomes. Analyzing multiple facets of the movement and using a broader and more inclusive definition of actors reveals the importance of female activists, health care providers, and the clients themselves in shaping the goals and trajectory of this campaign.

The maternalist orientation of this sector of advocates is clear. Their partnership with medical professionals, though complex and unequal, ultimately pushed the movement away from a restrictive focus on preventative medicine to the much larger issue of the social welfare of mothers with young children. In this way, the maternalist movement in Brazil marked the beginnings of the 20th century welfare state and is illustrative for comparative studies in other regions of Latin America. In the case of the Bahian League against Infant Mortality, one of the most important institutions analyzed in this study, the open-ended nature of the science of puericulture allowed for a novel and ambitious program of social reform, uniting medical experts and the state with poor families. The reminder of this work deals with the implications and consequences of that maternalist movement as well as the social and political mechanisms that institutionalized it.
CHAPTER TWO
From Mãe Preta to Mãe Desamparada

“As for the “black mammies” (mães-pretas), tradition tells us that it was truly a place of honor that they held in the bosom of the patriarchal family. Granted their freedom, they would almost always round out into enormous black figures. These women were given their way in everything...And on feast-days anyone seeing them, expansive and proudly self-possessed among the whites of the household, would have supposed them to be well-born ladies and not by any means ex-slaves from the senzala.” (Gilberto Freyre, 1933)

“…very frequently, what we see is the spectacle of the poor single mother, abandoned by her companion of many years, who battles all alone at the sewing machine and in miserably remunerated domestic service, at the iron and doing the wash, surrounded by all sort of deprivation and misery just to provide limited sustenance for her ragged and malnourished children.” (Dr. Álvaro Bahia, 1942)

Writing in 1933, Brazil’s most celebrated sociologist Gilberto Freyre famously asserted that the sexual, servitude, and economic relations between plantation Masters of the “Big House” and Slaves of the “senzala” formed the backbone of Brazil’s national character. His Casa grande e senzala would become one of the most influential Brazilian texts, locating race relations, the patriarchal family, and Brazilianness in the historical experience of plantation slavery. Not quite an apologia for slavery, Freyre certainly argued that a potentially antagonistic relationship between the free and the enslaved was softened by familial and sexual bonds among whites, Indians, and blacks. The mãe preta, or black mammy particularly a wet-nurse, was an essential part of this process linking the children of the Big House to the cultural traditions of the senzala. With this 1933 text, Freyre added his own vision to a growing literature and contemporary debate on maternity, race, and national progress. The medical community brought women’s
childrearing and child care activities under the microscope in the interwar years via a racialized and class-specific investigation, exposing the inequities of Brazilian society.

Freyre’s text revealed the ambiguities of this entrance of science into traditional family issues by combining contemporary understandings of hygiene and eugenics with nostalgic, folkloric characters like the mãe preta. It paralleled the literary nature of the science of eugenics and puericulture in Brazil which drew upon European scientific theories, local experiences, anecdotes, and widely-shared cultural understandings of Brazilian traditions. It is the romantic vision of the mãe preta that survives to this day, though Freyre’s contemporaries in the medical community were much more likely to use more sterile terms like ama-de-leite, nutriz, or ama mercenaria when referring to wet-nurses. For Freyre, the mãe preta was a cherished domestic slave who formed a lifelong bond of affection with her charges. These enslaved black women, he wrote, were the best the senzala had to offer—strong, clean, and good-looking. They were women who had left the “ignorance” of African traditions behind in favor of Christianity and Brazilianness. “It was natural that the Negro or mulatto woman who was to suckle the master’s son, rock him to sleep, prepare his food and his warm bath for him, take care of his clothing, tell him stories, and at times take the place of his own mother should have been chosen from among the best of the female slaves.”51 Like the figure of mammy in the United States, the mãe preta represented a faithful slave whose closest familial bonds were with those who kept her in bondage rather than her own biological or affective kin.

51 The first edition of Casa grande e senzala: A formação da família brasileira sob o regimen de economia patriarcal was published in 1933. The English-language translation entitled The Masters and the Slaves: A Study in the Development of Brazilian Civilization was first published in 1946. This quotation and the introductory quotation (page 369) were taken from the 2nd English-language edition, translated by Samuel Putnam (New York: Knopf, 1956). Dr. Bahia’s quote taken from: “Maternidade Desamparada,” a speech given to the Rotary Club on 13 August 1942, archives of the Liga Álvaro Bahia contra a Mortalidade Infantil (hereafter LIGA).
Mammy’s biological children in Southern apologias of slavery were as absent as the mãe preta’s; her image represented an “erasure of black motherhood.” Of course, for Freyre, the patriarchal household did constitute a type of family for the mãe preta. Yet more recent investigations of slave families have uncovered the centrality of bonds of heredity, marriage, and consensual unions among slaves and freed people. These bonds coexisted with godparenthood and religious communities, forming an alternate conception of family and belonging outside of the constraints imposed by slave masters.

Freyre’s celebration of the mãe preta was an integral aspect of his nostalgia for a 19th century world that was quickly fading away. Though Freyre’s text centered on plantation life in his home state of Pernambuco, Bahia was a similar society with many of the same cultural and social features that Freyre analyzed. Freyre’s explicit intention, furthermore, was to use the local example of Pernambuco to draw larger conclusions about Brazilian social and racial relations. Foregrounding the mãe preta as the most significant bridge between the world of the masters and the world of the slaves, therefore, elevated the status of this character within the historical development of Brazilian society.

The figure of the wet-nurse in medical literature at the turn of the 20th century bore little resemblance to Freyre’s beloved maternal figure of the Big House. To

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52 Michele Paige McElya, “Monumental Citizenship: Reading the National Mammy Memorial Controversy of the Early Twentieth Century” (Ph.D. diss., New York University, 2003), 176.
physicians at the Medical School of Bahia, domestic servants, particularly those who
nursed and cared for their patrons’ children were “criminally ignorant” and posed a
danger to the health and well-being of families. By the 1940s, however, medical
discourse had changed and physicians argued that the household domestic was an
abandoned and desperate mother who struggled to raise her own children, with little
assistance, on a miserable salary, and often without a male partner. If any child’s health
and welfare were at risk, it was that of the son or daughter of this domestic who had little
time and few resources to fulfill her maternal duties. Maternal duties had become a
widespread public concern by this time, as physicians, politicians, and women’s
charitable societies asserted that bearing and raising healthy children was the key to
national regeneration.

Freyre’s text is illustrative in that it represented the pervasiveness of ideas about
family hygiene among Brazilian intellectuals, even those outside the medical field, and
symbolized the tension between a scientific tradition that supported the hierarchy of races
and a modernizing society that increasingly touted itself as racially hybrid and socially
democratic. It was a society that sought the perfection of the Brazilian race through
education, social welfare, and control but one where patronage still governed social
ascension, economic resources, and political inclusion – a type of patronage that was
intimately tied to color and class. Though the history of Brazil could be challenged, as
Freyre did in 1933 by adding indigenous and black Brazilians as major contributors, the
nation’s future was uncontested. The political, intellectual, and medical consensus was
that Brazil was destined to become a great nation if it could engineer a population base
physically and morally capable of producing the disciplined, rational workforce to
support it. These ideas about progress and reform through “proper” motherhood reached maturity during the years of Brazil’s transition from slavery to freedom, and this context distinguishes the Brazilian experience from the rise of maternal and child health movements in other parts of the world during this same time period.

The tension between Freyre’s mãe preta and the medical nutriz symbolized a much deeper ambiguity in the history of race and gender in Brazil. It illustrates what historian Barbara Weinstein has identified as the “peaceful coexistence” of racial democracy with a “racialized discourse of modernity.” The mãe preta could be simultaneously venerated as a fundamental historical actor and disparaged as a hindrance to progress. Writing on the history of whitening theories in São Paulo, Weinstein argues that progress for paulista writers and politicians meant confining the black influence firmly to the past and constructing whiteness as a prerequisite for modernity. Honoring the mãe preta, therefore, was a celebration of Brazil’s past but with an expectation that cultural traditions would give way to an ever more ordered, rational, and prosperous future. The image of an old black woman nursing her white charges in the plantation house was an antiquated idea because the legacies of a racialized past and political rule by an agricultural oligarchy were exactly what modernizers hoped to leave in the 19th century. While Freyre celebrated the characters of the past, Bahian physicians and their colleagues argued that the social mechanisms of the plantation house could not be the basis for a modern nation. This discursive tension existed side-by-side with an actual transition in the Bahian public health system that increasingly turned its attention to the

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55 Weinstein makes this point in analyzing the campaign to erect a mãe preta monument during the commemorations of São Paulo’s quadricentennial in 1954.
health and welfare of poor women and their children. Ultimately, the new public health system mirrored that tension because the campaign to uplift poor mothers—the mães desamparadas—never fully escaped the assumptions of inequality imposed by race and sex.

Bahia and Bahians at the time of Emancipation

Both the state of Bahia and the nation of Brazil were entangled in significant political transformations at the end of the 19th century. The gradual stumble towards abolition was decisively ended in 1888 and the monarchy fell apart one year later. Abolition, however, had become unavoidable by the mid-19th century and legal machinations such as the Free Womb Law only sought to postpone the inevitable. Slavery had been rapidly decreasing in Bahia for several years preceding the Lei Áurea due to flight, manumission, and the internal trade. Though the slave system was collapsing in the 1880s, it was not irrelevant in Bahia during those final years prior to final abolition as approximately 130,000 people gained their freedom in the state between 1885 and 1888.56

At the time of emancipation, Bahia was the second largest state in Brazil with a population of 1,919,802, only exceeded by the state of Minas Gerais. Compared to the growing centers of the South, Bahia had experienced only small steps toward urbanization and industrialization. It was a largely rural and agricultural state with 9% of

the population living in the largest city, the coastal capital of São Salvador. In the
countryside, Bahians cultivated and exported cacao, sugar, and tobacco just as their
parents and grandparents had done for generations. Coronelismo, or rule by powerful
rural bosses, was characteristic of the vast interior of the state where average people had
very limited rights and depended on relationships with local patrons. Political
competition and local violence were widespread, particularly in the 1890s as the advent
of the Republic brought secularization and increased power for state governments to exert
over regional interests.

The state of Bahia continued to be home to a predominantly black and brown
population at the time of emancipation. According to the 1890 census, close to 70% of
the population was classified as mestiço and preto. The capital city of Salvador varied
little from state averages, though slightly more soteropolitanos were classified as white
than in the rural areas of Bahia. Bahia continued to be an enormously unequal society
where a small, white elite owned most of the land and industry, and the majority of
residents were marginalized into low-paying economic activities in both city and
countryside with little access to even basic education. The overwhelming majority of
Bahians were illiterate, 91% according to the 1890 census. More accurate estimates
suggest that illiteracy rates were probably closer to 70%. Of that small number who did
read and write, 65% were men. Not surprisingly, the literacy rate in the capital city was
nearly double the state average, but the majority of soteropolitanos also did not read nor
write. Bahia did not lag too far behind national averages in a country where only 30% of
the population was literate at the dawn of the 20th century. Literacy rates only exceeded 50% in the Federal District of Rio de Janeiro.57

Family dynamics are an important starting place to contextualize issues of maternity, health, and child-rearing. Statistical analyses of marriage rates and legitimacy are limited, however, in their ability to help explain the familial ties that existed among the poor at the end of the 19th century. This data does reveal that color, legitimacy, and marriage rates were interrelated and that darker-skinned Bahians were least likely to officially marry. Despite intellectual and medical concern about the decline of the traditional family, the vast majority of Bahians were classified as “legitimate” (74%) in 1890. Looking specifically at urban Salvador changes this dynamic a bit where the numbers of legitimate and illegitimate citizens were roughly equal. Nearly half of the orphaned children in the state lived in the capital city of Salvador, suggesting that urban life somehow added additional obstacles to raising families and that parentless children were more likely to be taken in by relatives and others in the countryside.

Census records, however, cannot reveal the importance of extended families, including godparents and spiritual bonds of family among the poor. The importance of family ties was apparent in the period immediately following emancipation, when many Bahians undertook searches to reunite with relatives separated during slavery. Black women in particular used the court system to try to recover children sold away or who continued in bondage despite the legal end of slavery. Historian Isabel Cristina Ferreira

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57 Population statistics in this chapter were taken from, *Synopse do recenseamento de 31 de dezembro de 1890* (Brazil: Directoria Geral de Estatística, 1898). Anadelia Alicia Romo has completed extensive research on literacy in Brazil, attempting to reconcile flawed and conflicting census records. She estimated that 72% of Bahians were illiterate in 1900 and described the process by which Bahia fell further and further behind national literacy averages by the end of the 20th century. See Anadelia Alicia Romo, “Race and Reform in Bahia, Brazil: Primary Education, 1888-1964” (Ph.D. diss., Harvard University, 2004).
dos Reis explains that extended black families in Bahia had always included free, freed and enslaved members. Biological, marital, and spiritual kinship ties had to be extremely strong to survive the violence, uncertainties, and separations that characterized Brazilian slavery.\textsuperscript{58}

The term “family” had specific connotations, however, in the 1890s. *Famílias bahianas* referred to respectable elite families whose unions were legitimized by the Catholic Church where male heads of household protected and exerted control over wives, children, servants, and other dependents. *Famílias bahianas* were the types of families that Freyre described as “Masters.” Although slave-holding was obviously no longer relevant in the 1890s, employing servants and managing dependents continued to be characteristic of well-to-do Bahian families. Many poor families did not meet these criteria of legitimacy and patriarchy, making their unions and spaces less respectable in the minds of the wealthier classes. For the wealthy sectors, the remainder of the population, *o povo*, was comprised of groups of individuals whose bonds were considered less stable, less significant, and easily broken.

From this brief sketch, it is obvious that Bahia was a traditional state where social hierarchies remained stable following the abolition of slavery. It may seem surprising, therefore, that the tensions of modernization would become paramount in this state, encouraging the establishment of a modern health and welfare system aimed at assisting

impoverished women and their children. But in this context of traditionalism and
conservatism, the uncertainties of emancipation spurred a preoccupation with
scientifically-defined “racial” progress through family hygiene. This process began at the
Medical School of Bahia in the mid-19th century when physicians expressed concern over
high infant mortality rates, fueling the eventual development of a maternal and child
health movement.

_Familias bahianas, Amas-de-leite, and Family Medicine_

The lack of health care facilities and poor sanitary conditions in the city were
serious issues for all Bahian families. These conditions took an enormous toll on the lives
of the state’s youngest and most vulnerable residents. Infant mortality rates were
extremely high, meaning that every year hundreds of children died without reaching their
first birthdays. Reliable statistics are difficult to establish for the period because of the
problem of undercounting in official statistics. It is clear that official registries did not
record all births or deaths in the state. In 1904, for example, 2,337 births were recorded
in the state of Bahia but another 975 children died before reaching age one. This number
does not seem too far off as historian Dain Borges estimated a 300/1000 infant mortality
rate for the turn of the century period. Bahian sources suggest that a 30-40% infant
mortality rate was also typical for Rio de Janeiro and São Paulo. To contextualize these
rates, French sources document a 150/1000 infant mortality rate at the turn of the 20th
century. In the U.S. infant mortality rates varied widely depending on region, with the
lowest rates in the Northeast and West and rates approaching Brazilian statistics in the
South. Stillbirth rates in Bahia caused concern as well. In the same year of 1904, 118
stillbirths were recorded per thousand live births, a number that was more than double
what physicians recorded for major U.S. cities such as New York, Philadelphia, and Boston.$^59$

It was these shockingly high infant mortality rates that first drew the attention of physicians to issues of maternal and child health and welfare. Medical concern over infant mortality rates was a global phenomenon in the late 19th century as physicians across the world purported a direct correlation between these statistics and a nation’s power and degree of “civilization.” It is difficult to determine whether infant mortality rates in Bahia were significantly higher around 1900 then they were in the 19th century, but the government’s control of birth and death registries likely allowed for more accurately estimating state-wide and national patterns by the early 20th century. Worldwide attention to the causes and significance of infant mortality and better recording methods in Brazil encouraged the professionalization of medicine as an interventionist science focused on infant health and childrearing.

Physicians easily saw that the issue of Bahia’s high infant mortality rates did not involve solely mothers and babies. The reality in Brazil, as in many countries, was that families of means relied on the labor of non-related women to perform most childcare duties. In Brazil, enslaved and free women of color had been the primary caregivers for children of all classes since the colonial period. This situation did not change with emancipation as poverty, racial prejudice, and gender-role constraints ensured that black families...
women found few employment opportunities outside of domestic service and informal market activities.

In fact, the use of the female slave as a caregiver was so common in Brazil that Freyre used her image as a universalizing trait of Brazilianness. He wrote,

“Every Brazilian, even the light-skinned fair-haired one, carries about with him on his soul, when not on soul and body alike…the shadow, or at least the birthmark, of the aborigine or the Negro…In our affections, our excessive mimicry, our Catholicism, which so delights the senses, our music, our gait, our speech, our cradle songs—in everything that is a sincere expression of our lives, we almost all of us bear the mark of that influence. Of the female slave or “mammy” who rocked us to sleep. Who suckled us. Who fed us, mashing our food with her own hands.”60

Though this vision of the loving wet-nurse, the mãe preta, lulling her charges to sleep fit well within Freyre’s history of harmonious race relations between the Big House and the slave quarters, physicians at the Medical School of Bahia were less certain. Of all the female domestics that worked in and for Bahian households (cooks, laundresses, seamstresses, serving maids), the wet-nurse caused the most concern. Though it is difficult to determine the actual prevalence of wet-nursing during the period, physicians certainly believed that the majority of wealthy families employed a “mercenary” woman to nurse their infants. Wet-nurses were the first caregivers for infants, and Brazilian physicians related infant mortality rates to this traditional practice just as their French counterparts did. They identified digestive disease as the major cause of mortality and morbidity and attributed these ailments to the supposed ignorance of wet-nurses. Therefore, the intellectual genesis of the maternal and child health movement saw poor women as a menace and prioritized the need to protect their charges.

60 Freyre, 278.
Though Brazilian physicians integrated French concerns over wet-nursing and infant mortality into their own school of thought, local context was as important to the emergence of this topic in medical literature. During the last decades of slavery when eventual emancipation became inescapable, physicians wrote that the intimacy of black women within the traditional patriarchal home posed a medical danger to children and families. They argued that wet nurses were full of African superstitions and that their laziness and inattention to safety and hygiene were responsible for premature infant deaths. In the mid-19th century, the transmission of moral characteristics through nursing was also undetermined. Physicians wondered if a nurse’s sexuality, background, and personal habits could influence the type of adults their charges would one day become. How much more so after abolition when black women’s activities would be more difficult to control? Mothers who hired wet-nurses were strongly advised to practice rigorous supervision of their nurses’ activities and avoid the irresponsible choice of hiring a wet-nurse without first consulting a physician.

Bahian physicians recommended the implementation of wet-nursing regulations that could theoretically address issues of disease, but physical illnesses were not the only concern. Physicians made vague references to moral dangers and perverse ideas that could be transmitted from a caretaker to her charge. Contemporary theories of racial degeneracy saw moral contagions to be as serious as physical ones. Both types of contagions transmitted “taras” that could eventually become hereditary conditions passing from one generation to the next. As one physician warned in 1907,

“Identical dangers will emerge from the moral perspective, as the women who dedicate themselves to this profession [of wet-nursing], generally poorly educated and perverted by the environments in which they live, will inoculate an entire collection of vices and of the bad customs they possess in the malleable spirit of
the child. And everyone knows how ideas that were transmitted at the cradle can persist in the spirit of the individual.”

These warnings were repeated by other physicians who condemned the “povo,” whose environments they charged were both lacking in hygiene and morality. Wet-nursing and infant mortality in Brazil, as in France, were nothing new when physicians took notice in the mid-19th century. These concerns over moral and physical dangers, therefore, must be explained within their specific historical context.

As observed in other national contexts, wealthy Brazilians of the mid-century feared that abolition would lead to a labor crisis. This was true for large agricultural industry, and it was also the case for household labor. Historian Walter Fraga Filho, for example, argued that obsession with control in last years before abolition led to various attempts to regulate black labor in Salvador, including the labor of domestic servants. Domestics were required to agree to contracts that could only be broken under certain circumstances or face fines or even imprisonment. For example, an 1886 law in Bahia stipulated that any wet-nurse who abandoned her position before the end of her contract, when the child would presumably be weaned, would receive a fine equal to 8 days of work or 30$000 réis. These statutes were similar to vagrancy laws and agricultural labor contracts, imposing fines, imprisonment, and military impressment to enforce a consistent labor supply and limit freed people’s options.

Fear of household labor after abolition, however, was not only an issue of availability; it was also a fear of contagious disease. For years prior to the 1886 law in Salvador, Bahian physicians had advocated for a comprehensive wet-nurse certification

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62 Walter Fraga Filho, 333.
program under which medical attestations and regular exams would be required of any woman hoping to work in this service. These recommendations were based on the French Roussel Law of 1874 that required registration and medical examination of all wet-nurses and their charges.\(^63\) Though such programs were eventually enacted in Rio de Janeiro and São Paulo, wet nurse regulation in Bahia became an official policy that was never seriously put into practice.

Physicians’ growing concern over wet nursing, child-rearing, and child hygiene reflected not only the influence of French medicine, but also widespread anxiety over a society in transition whose future was a common debate among scholars, politicians, and writers at the turn of the century. Regarding household labor specifically, controlled transition meant continued patriarchal control over black women’s bodies – their sexuality, reproduction, and how their child-rearing expertise should be appropriated for children other than their own. Control of black women’s bodies was an old idea inherited from a long legacy of American slavery in Brazil and elsewhere. But in the 19\(^{th}\) century, physicians coupled these old ideas with modern ideas about the need for medical and state authority to supersede patriarchal management of households. They asserted that the traditional patriarchal-style of social control was insufficient to address scientific problems like the proliferation of disease. Modern social problems required sophisticated scientific diagnosis and treatment. When physicians argued that mães pretas posed a disease transmission threat for famílias bahianas, they offered themselves as the most educated and rational experts for a modern society.

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\(^63\) The French precedents for wet-nurse regulation and the worldwide movement for infant and maternal health care are discussed in detail in Chapter 2.
Syphilis and the Degeneracy of the Race

By the mid-19th century, physicians at the Medical School began to identify the possible causes of infant mortality and morbidity in Bahian homes. Not surprisingly, they held household domestics to blame for syphilis infection of infants, similar to the assumption that these women made for uneducated and incompetent caregivers. According to historian Dain Borges, the medical community saw servants as “doors” through which contagions entered respectable families. Transmission of syphilis was a major medical concern at the time as the disease was labeled a significant cause of Brazilian degeneracy, compromising the future of both nation and nationality. Syphilis—like tuberculosis, Chagas disease, and alcoholism—was a disease that weakened the race and prevented Brazil from achieving its full economic potential. Contemporary theories of racial perfectibility were predicated on the existence of a sound population. Bahian physicians linked syphilis to the practice of wet-nursing by arguing that this childcare practice was a significant contributor to the spread of disease. They drew on a number of French theories, yet addressing diseases linked to racial degeneracy such as syphilis held a particular exigency in Brazil in the wake of emancipation. Bahia was no different as physicians and policy-makers feared that loss of control could aid the spread of infectious disease.

For physicians, domestics posed a particular danger to the spread of disease because they “crossed color lines” moving between the respectable domesticity of white families and the uncontrolled spaces of the free poor. Emancipation promised to bring female domestics increased freedom of movement and association and heightened public fear of the rampant proliferation of disease. Wet-nurses, laundresses, and nannies all
became suspicious characters by the late 19th century. Historians Sandra Lauderdale Graham and Tera Hunter have made similar arguments for the cases of post-abolition Rio de Janeiro and Atlanta. In those contexts, wealthy families and authorities became concerned that domestics’ mobility could translate into the transmission of diseases like tuberculosis, syphilis, and yellow fever from the poorest urban residents to the wealthiest. In Atlanta tuberculosis became the “Negro servants’ disease,” and in Rio de Janeiro authorities worried that wet-nurses and laundresses brought epidemics of tuberculosis and yellow fever from the cortiços to respectable homes. But in Bahia, it was syphilis that was most commonly linked to the practice of wet-nursing. Connecting syphilis with wet-nursing had particular complexities in Bahia, representing the racial mixing, immoral sexuality, and heritages of slavery that many feared were inescapable legacies of the Northeast. For Freyre, syphilis was “par excellence, the disease of the Big Houses and the senzalas.”

Physicians at the Medical School of Bahia argued that wet-nurses were agents of disease who commonly transmitted syphilis to their infant charges through breast milk. The disease, they argued, was then spread to the child’s innocent mother and father and other siblings and dependents in the household. At mid-century, it was still possible for physicians to write explicitly about the race of Bahian wet-nurses while delineating the health dangers they posed. In 1853, for example, a Dr. Vianna wrote that finding a suitable wet-nurse was extremely difficult in Brazil where most of these women imparted

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65 Freyre, 70.
66 Syphilis, in fact, cannot be passed through breast milk but may be transmitted to a newborn through contact with open body sores.
disease along with their breast milk, being in their majority “Africans, stupid, immoral, without education, without beauty, without religion, lacking in affectionate sentiments, deformed, irascible, unclean, spiteful, careless.” By the late 19th century, the explicitly racist language degrading the black wet-nurse and conflating her Africanness with immorality and disease had dropped out of the Medical School literature. Though the language may have changed, there was no doubt that physicians wrote of black and brown women when they extolled the dangers of wet nurses. Wet-nursing was a racialized profession as was domestic service generally.

Interestingly, while physicians gave a great deal of attention to transmission of syphilis from nurse to child, there was little discussion of how so many wet-nurses contracted syphilis in the first place. Since many physicians argued that wet-nurses were commonly transmitters of syphilis, one would expect some discussion on why this sector of women was particularly likely to carry the disease in their conception. Perhaps as in Atlanta and Rio de Janeiro, physicians assumed that diseases were typical features of urban slums where domestics lived. Given the tradition of “living in” particularly for domestics who cared for children, however, it is intriguing that physicians had little to say on the contraction of syphilis. This silence certainly suggests that the early generation of physicians was not interested in improving public health generally but in preventing the spread of disease among families of means. But it remains a curious omission because the spread of syphilis was also often attributed to urban prostitution and physicians urged legislators to regulate the practice. Prostitution (or anything considered sexual immorality) was the assumed genitor of syphilis even if transmission occurred

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through other means. The appearance of the disease in married women of “good”
families, for example, was ascribed to the moral indecency of young husbands. The
social understanding of syphilis at the time would suggest that physicians either expected
that domestics had some association with prostitution or had sexual liaisons with men
who also had liaisons with prostitutes. Perhaps the issue of how wet-nurses contracted
syphilis was either obvious or irrelevant, but as household dependents their sexual
behavior fell under the supervision of their patrons and had implications about how
families maintained their authority over domestics. These types of families, of course,
included the physicians themselves and their peers and neighbors. They were likely
constrained by social mores from drawing explicit connections between the sexual lives
of servants who “slept-in” and the spread of venereal disease.\(^68\)

The medical discourse on the dangers of domestic caregivers was an ambiguous
one, perhaps acknowledging the absolute centrality of wet-nurses and nannies to
Brazilian families. While physicians delineated the potential dangers of “mercenary
nursing,” they consistently offered suggestions on how a nurse should be selected—
always with the assistance of a physician. They warned that families could not trust their
own judgment in choosing a nurse, and much less the judgment of the lady of the house
left to her own devices. One physician wrote condescendingly that women put more
thought into choosing a dress than in selecting the woman who would nurse their
children. Professional medical examination was necessary because nurses could have

\(^{68}\)Several theses discussed the risk of syphilis contraction through wet-nursing, including Antônio de
Alberto Santiago Ferreira, “Do aleitamento mercenario,” 1913, FAMEB, 113-E; Joaquin Gentil Ferreira da
casamento,” 1906, FAMEB, 106-G; and José Soares de Vasconcellos, “Prophylaxia da syphilis no
aleitamento,” 1906, FAMEB, 106-C.
hidden diseases that escaped the perception of untrained family members. An appearance of health might mask a hidden illness, and a pleasant disposition might obscure a dubious character. Syphilis could be latent and only perceptible by medical examination of the nurses’ own children. Her character was in question because of the unresolved question on the transmission of moral traits and attitudes, but also because physicians assumed that these women lied when asked about their age and previous illnesses. Nurses were to be treated with suspicion, and only a trained professional could see beyond their bodily and intentional deceptions.69

Containing the Threat

Beyond promoting medical examinations of wet-nurses, the city government attempted more widespread measures to address the fear of domestics with infectious disease. Control of infectious disease in the 1880s meant controlling domestic labor and formalizing relations between patrons and servants that seemed to be in flux as slavery rapidly diminished in the city of Salvador. In 1887, the City Council approved a measure that would require the official registration and certification of all domestic servants living the capital of Salvador. Every “free or freed” person wishing to work in household service was to be recorded in a police registry and receive a passbook, renewed annually at the domestic’s expense. Historian Sandra Lauderdale Graham describes a similar passbook system in Rio de Janeiro in the 1880s. The surviving records indicate that nearly 800 persons were registered in Salvador between 1887 and 1893. To register, domestics were required to provide the name and address of their

69 Antonio Salustiano Vianna “Do regimen lacteo,” 1881, FAMEB, 0110; Joaquim Augusto Tanajura, “Letalidade infantil,” 1900, FAMEB, 100-D; and Joaquim Gomes Corrêa de Oliveira, “Aleitamento materno,” 1907 FAMEB, 107-C.
current employer, presumably as documentation of a binding agreement and possibly as a reference and tracking method should he or she ever need to find a new position.

The act of January 1887 determined special provisions and punishments related to disease. Any person determined to suffer from a contagious disease or to “cause repugnance” was denied from enrollment in the registry. Any wet-nurse found to have hidden a disease would be fined 20$,000 réis or sentenced to 4 days imprisonment. A medical inspection would be required of potential wet-nurses and administered by a physician designated by the Council or Police Office. Though it seems that medical inspections for wet-nurses were never seriously carried out by the city government, these provisions demonstrated that public authorities considered disease to be a criminal issue. To reduce transmission of infectious disease, servants, particularly those caring for children, had to be tightly controlled and subject to official medical surveillance and police authority.

The domestic servant registration resembled a criminal process or perhaps was reminiscent of the inspections of the slave auction. In addition to age, marital status, and parentage, the registrar noted the characteristics of each domestic servant which included detailed physical descriptions and any suspicion of disease. The registrars noted identifying marks such as freckles, scars, and missing teeth. In 1887, seventeen-year-old Lourença Ritta Epiphania, an ama secca (or dry nurse), was only given the description of having “signs of smallpox on her face.” Andreza Maria da Conceição was 24 years old when she enrolled in the registry in 1893. Daughter of an “africana” called Leopoldina (no surname given), Andreza worked as a criada and was described as “black, medium stature, long face, black eyes, sparse eyebrows, course hair, large-flat nose, large mouth, 70 Fraga Filho, 333.
with missing upper teeth.” Jovita Candida Ribeiro, a 29-year old *ama secca*, was identified as “*cabra*, regular stature, oval face, black eyes, regular eyebrows, course hair, thin nose, large mouth, freckled face” and registered in April of 1887. Maria dos Praseres da Conceição, age 24 in April of 1887, was an *ama de leite*: “black, tall stature, long face, large black eyes, regular eyebrows, course hair, flat nose, large mouth and white teeth.” Adelaide Maria dos Prazeres, daughter of Esperança (another *africana* with no surname), enrolled in 1887 at 30 years of age having also worked as an *ama de leite*. The registrar described Adelaide as “black, regular stature, round face, black eyes, regular eyebrows, course black hair, flat nose, regular mouth with some lower teeth missing, no unique features, does not know how to read.”

It seems that these detailed physical descriptions were meant to afford some type of guarantee of suitability for domestic service. With the patron’s name to verify gainful employment and a physical inspection to verify a healthy appearance, the city’s registry offered both a moral and corporal guarantee, excluding persons with infectious disease from working in household service. According to historian Walter Fraga Filho, the 1887 legislation and accompanying registry were the city’s response to the *famílias bahianas* who insisted on some mechanism of control and assurance of household labor to replace the dying master-slave relationship. What is interesting is that control was medicalized. Certification of domestics illustrated the growing influence of medicine in Brazilian society, the entrance of public authority into private, family issues, and importantly the overlap of these two processes with the deconstruction of slavery.

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71 “Registros da Secretaria de Polícia da Bahia para a inscrição das pessoas que sendo livres ou libertas queiram trabalhar como empregados domesticos, 1887-1893,” APEB, Polícia, Série: Correspondência/Registros.
A Counterpoint

Though wet-nursing continued to be a common topic at the Medical School of Bahia, a number of physicians were reversing the argument about nursing and syphilis after the turn of the century. These physicians warned that syphilis transmission often occurred from infant to nurse which they considered to be more dangerous than the infection of a child by his or her nurse. Since they identified domestics as major transmitters of the disease within Bahian society, physicians considered these women to be more likely to infect numerous people than would an infant suffering from the disease. Unlike wealthy women who were always victims of inconsiderate and immoral husbands, black women were transmitters (even if they acquired the disease from an infant) due to their work in childcare and assumed sexual relationships with men of all colors.

Because of privacy issues, physicians warned that family doctors could not inform a nurse if her charge tested positive for syphilis. Rather, doctors were to urge the father of the family to dismiss her with indemnification to prevent the infection of others in the nurse’s own family or possible other infants in her care. The health of the nurse was left to the discretion of her employer – that is, to the male head of household where she worked. In the case of a nurse and charge that were both infected, physicians urged their peers to do everything possible to convince the nurse to continue to care for the child. A nurse already infected with syphilis was the best scenario for an infected child, but physicians argued that a healthy woman should never be sacrificed. This was more due to the risk of transmission rather than an effort to protect her own health and well-being.72

72 Among the many theses that dealt with nursing and syphilis, see Flaviano Innocencio da Silva; “Prophylaxia pública da syphilis,” 1900, FAMEB, 100-G; and José Soares de Vasconcellos, “Prophylaxia da syphilis no aleitamento,” 1906, FAMEB, 106-C.
Interestingly, while physicians worked to raise awareness about syphilis, they fought against superstitious beliefs that purported black women to be immune to infection. As one physician described in 1900,

“Among us, where the health of the population is not given much importance, these facts are not rare, and epidemics of syphilis have been observed due to – to tell the truth – to the scrupulousness of some physicians, who recommend for manifested hereditary syphilis that [the infant] be nursed by a very black, robust woman. This recommendation is based on the erroneous common preconception that these women are immune to syphilis and even have curative properties: salsa do paiz, they are called.”

The “salsa do paiz” may be a variation of a similar stereotype from the colonial period that Gilberto Freyre identified in *The Masters and the Slaves*. According to Freyre, young white men of the Big House sought to cure their syphilis in the *senzalas*, believing there to be “no better purge for the disease than a young Negro virgin.” He further argued that these young girls in adulthood helped to spread syphilis throughout the Big House and *senzala*.74

The issue of domestic service, syphilis, and sexual relations within the patron’s home is a complex one. In his text, Freyre related the intimacy of nursing to a sexual intimacy between white men and black women. He wrote that the enslaved *mucama*, or young nursemaid, was often the first sexual partner of the plantation master’s son. For Freyre, this coerced sexual availability in the Big House and the memory of an infant’s pleasure when nursing led to a precocious sexuality in young men and a lifelong preference for black women as sexual partners. These unequal and violent sexual relations that Freyre euphemistically called “forms of love” forged in the Big House between white men and their mammies and *mucamas* formed the basis of Brazilian

74 See Freyre, 324-325.
miscognition and therefore Brazilian nationality. But beyond the issue of syphilis, physicians at the Medical School had little to say about sexuality in relation to childcare. As described above, syphilis as a disease was often unconnected to sexual transmission in discussions of childcare and nursing. At times they warned that domestics, if left unsupervised, would carry on illicit affairs compromising the moral upbringing of their charges. But this was not the most common topic to appear in the literature. Whether physicians concurred with Freyre that female servants often contracted syphilis in the patron’s home cannot be established, but there was certainly no parallel in the medical literature to Freyre’s romantic description of sexual relations between master and slave.

While modern physicians dismissed the idea of black women’s immunity to syphilis, they agreed with Freyre that these women were “great transmitters” of the disease moving between wealthy and poor. Regardless of the method of contraction, even after an “innocent” contraction through wet-nursing, the domestic servant posed a serious danger of transmission according to both Freyre and his contemporaries at the Medical School. Even as victim, she was perpetrator.

Syphilis, more than other disease, was connected to wet-nursing as a destroyer of families and degenerative agent in Bahian society. For physicians and public authorities, the remedy to this problem was vigilant control and massive education in hygiene and the eugenic principles of the day. Addressing degenerative agents, and specifically providing methods of prevention, afforded the medical profession unprecedented significance in Brazilian society by the early 20th century. This allowed medical issues to move beyond

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76 Freyre, 325.
the pages of little-read theses at the Medical School and to justify a medicalized approach to social problems.

**Domestic Healthcare**

The preceding analyses offer a bleak picture of the status of wet-nurses and black and brown household domestics at the beginning of the 20th century. It may seem surprising, therefore, that a sophisticated public health system developed in the interwar years focusing on the health and welfare of these women and their children. How was this possible? As recently as the mid-19th century, black women’s maternal activities had been greatly constrained, and many women were denied outright the opportunity to raise their own children and constitute their families as they saw fit. Beginning in the mid-1920s, assisting this very sector of women in raising healthy children (the majority of whom continued to work as domestics) came to symbolize the modernity of the state. In this process racial terminology fell out of usage, the responsibility of domestics toward their own children superseded their responsibilities to their charges, and physicians turned their attention to poor women and their own children. Rather than harbingers of disease and agents of infant mortality, these women became “abandoned and helpless mothers,” mães desamparadas. It was exactly this sector of women and their children who became the primary target population for private and public maternal welfare services as the 20th century progressed. How did poor women transform from mães pretas to mães desamparadas in Bahia, and how much difference truly existed between the two conceptions of black maternity?

An initial answer to this question can be found at the Medical School of Bahia. Although physicians wrote primarily of the dangers wet-nursing posed for “respectable”
families and their infants, by the early 20th century there were some hints that medical attention would soon turn to poor families. A few physicians argued that “mercenary” nursing always came at the expense of a health baby because the nurse’s own baby was left abandoned. In 1903, for example, a Dr. Cerqueira asked, “How can we recommend maternal nursing for the rich and fortunate woman while encouraging the poor woman to abandon her child?” He accused wealthy women who hired wet-nurses of taking advantage of another woman’s poverty by requiring that nurse to neglect her baby. Failure to nurse an infant was akin to abandonment in the Medical School literature for a few reasons. First, like their contemporaries around the world, Bahian physicians argued that women did not become mothers simply through the act of giving birth but rather it was by maternal breastfeeding that women truly fulfilled their sacred duty. They warned that children often formed closer bonds with the women who nursed them than with their biological mothers. Maternal instincts could even cause a wet-nurse to harm her charge as the infant represented the deprivation of the nurse’s own baby. Second, physicians warned that the children of wet-nurses were left to animal milk and inadequate care while their mothers cared for their charges, often leading to disease and death. Finally, there was the issue of abandonment of infants to the Santa Casa de Misericórdia due to familial poverty which is covered in detail in Chapter 5. The children of wet-nurses were at such high risk that one physician advised they be placed under the tutelage of the state just like other orphaned and abandoned children. These few examples demonstrate that a small number of physicians saw wet-nursing as a danger for poor children, not only for privileged ones. For them, public hygiene could not entail trading one infant life for another.  

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77 Januario Cyrillo da Silva Telles, “Regimen alimentar da primeira infancia,” 1908, FAMEB, 109-G;
The shift in discourse on wet-nursing foreshadowed a more significant shift in thinking about poor women and maternity in the interwar years. New medical ideas contended that poor women failed to fulfill their maternal duties not solely due to their poverty and “ignorance”, but also due to the failures of a male partner, the state, and Brazilian society generally to assist them in caring for their children. This is the shift from the *mãe preta*, whose social role is determined by mothering her charges, to the *mãe desamparada*, whose social role is to raise her own children but lacks the proper assistance. Rather than decry the dangers that childcare caused for wealthy families, physicians wrote of the domestic who could not afford to properly care for her own family. They wrote of the poor woman who needed the protection of the state and private institutions to safely give birth and raise her children. This was in opposition to the poor woman under patriarchal authority tending to the patron’s children and fundamentally different from the middle and upper-class woman who was expected to be a household economist, a scientifically-educated professional in childrearing, and an ally in the effort to save poor children from premature deaths.

In 1942 Dr. Álvaro Bahia, a leading pediatrician and president of the *Liga Bahiana contra a Mortalidade Infantil*, defended the single mother and attributed her struggles to a social failure rather than an individual one. Like Jéca Tatú, the single mother “became so” because the state and society at large had failed to provide social services to those in need, leaving her abandoned. How did so many young women

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Mario Cardoso de Cerqueira, “Prophilaxia alimentar na primeira infancia,” 1903, FAMEB, 103-F; and Alberto Santiago Ferreira, “Do aleitamento mercenario,” 1913, FAMEB, 113-E.

78 For a fascinating example of these ideas, see Antonio Simões, “Casa da Mãe Pobre,” *A Tarde* (Salvador) 17 June 1943.

79 Middle-class maternity is discussed in greater detail in Chapter 3.

80 Author Monteiro Lobato created the character of Jéca Tatú in 1914 in a series of widely-read articles. In the original essays Jéca Tatú was an impoverished and ignorant hick from the backlands of São Paulo, a
come to be “mães desamparadas” in the state of Bahia? For Dr. Bahia, these women were

“naïve girls from the interior attracted by the ease of gaining a domestic service in the capital, or factory workers and domestics and inexperienced young women from the most modest social conditions who allowed themselves to get entangled, without caution in the nets twisted by the subtle ordinances of love. They quickly find themselves expelled from their own homes, or dismissed by the patrons, and scorned by the seducer, just in the distressing predicament of life when they most need help…worn-down, they are inclined to abandon the one whose life is an obstacle rather than an enchantment. Or they leave them in semi-abandonment, which is what leaving the child in the care of an ignorant caregiver amounts to, that with time consumes a good part of the mother’s limited salary and helps send the poor unfortunate child to an early death.”

This excerpt from Dr. Bahia’s speech provides an apt illustration of these changing perspectives on poor women and maternity. His speech highlighted the continual poverty that domestic servants lived in while trying to raise children, the culpability of fathers and a society that did not hold them financially responsible for their children, and widely-held notions of honor and respectability that would cause a family to eject a pregnant, single woman from her home and employ or refuse her employment because maternal duties could conflict with faithful service. It was a class-based, structural analysis of Brazilian infant mortality, rather than one that placed blame on poor women for reckless behavior resulting in infant death. Lacking a partner, her sole salary is insufficient to truly mother her children. The mãe desamparada is the victim of her economic and social circumstances.

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caboclo whose inherent laziness and backwardness symbolized racial degeneracy. Responding to new ideas about hygiene and disease in his 1918 revision, Lobato changed the story and presented Jéca Tatù as a diseased citizen of the interior who only needed government health and education services to become a productive contributor to his county. For a succinct analysis of Lobato, see Thomas Skidmore Black into White: Race and Nationality in Brazilian Thought 2d ed. (Durham: Duke University Press, 1993), 180-185. 81 Álvaro Bahia “Maternidade Desamparada.”
Both local and national factors contributed to this discursive change from mãe preta to mãe desamparada. First, by the 1940s, Bahian physicians had decades of experience in working with poor women and their children through private institutions such as the Bahian League against Infant Mortality, the Children’s Protection and Assistance Institute, Pro-Matre and other state-run facilities. They viewed firsthand how poor families struggled to raise their children against formidable challenges. Second, this shift occurred concurrently with changing ideas about the poor and poor families generally due largely to the rhetoric of President Getúlio Vargas. Rather than lazy, shiftless, and diseased, working people of the 1940s were the bedrock of Brazil’s economy whose labors were fundamental to national progress. For Vargas and his administrators, what was needed was rational organization of their labor and moral education in patriotism and in how to live an ordered and stable lifestyle. Finally, poor women of color being seen as “desamparadas” reflected the influence of ideas about harmonious racial development in Brazil, most often attributed to Gilberto Freyre. These were ideas which purported that the Brazilian nation was constructed through the positive contributions of three races, enslaved and free peoples, and both men and women (though white women played a lesser role than indigenous, African, and mulata women). In this view, a highly patriarchal and ordered social hierarchy was natural and even desirable because of the deleterious influence of slavery, not necessarily due to a hierarchy of superior and inferior races. The influence of all of these factors encouraged a shift to understanding poor mothers as abandoned dependents.

This discursive shift had important concrete outcomes. Concern over infant mortality and mães pobres e desamparadas had become so widespread that physicians
(like Dr. Bahia of the *Liga*) founded free health and welfare services in the early century, following the example of similar British, French, and U.S. institutions. These services were fully developed in Salvador by the 1930s, became incorporated into the state government, and included: prenatal, infant, and child hygiene clinics; medical facilities for sick children; milk dispensaries of both breast milk and sterilized animal milk; maternal kitchens; institutional and in-home birthing assistance; maternal subsidies; free daycares; and puericulture education. The emergence of this elaborate public health system centered in a medical approach that foregrounded the maternal needs of poor women represented a watershed change from the 19th century where this analysis began.

In Bahia, the racial composition of the poor meant that the target population for free maternal and child welfare services was obvious. Although race was not always explicit in discussions and documents, it is abundantly clear that the Bahian maternal and child health movement centered around women of color. This is easily demonstrated by analyzing the records of clinics that offered free services. Though comprehensive and chronological data for all health and welfare programs does not exist, a few examples are sufficient to establish that domestics and their children were the overwhelming majority of clients for public health services. In 1926, for example, 766 women went in for prenatal examinations in two clinics run jointly by the State of Bahia’s Children’s Hygiene Inspectorate and the *Liga Bahiana contra a Mortalidade Infantil*. Eighty-four percent of these women were “*pretas*” and “*pardas*” and 69% worked in domestic service. Of the remaining women, 13% were listed as factory workers and 18% had no profession.82 A set of 786 records from the 3rd Health Center in Salvador (1933-1934)

demonstrates that 82% of prenatal patients were “mestiças, morenas, pardas and pretas” and 91% worked as “domestics.” This figure included a small number of women listed as “cooks, laundresses, servers, ironers, embroiderers or seamstresses.” A final example demonstrates the proportion of black and brown domestics who took advantage of free services for infant children. In 1926, 2,332 women brought their infant children for hygiene and medical services at three public clinics: Regina Helena, Adriano Gordilho, and the Hospital de Santa Izabel at the Santa Casa de Misericordia. Ninety-two percent of these women worked as domestics (including laundresses, seamstresses, and specialized servants such as ironers, servers, and embroiderers) and 75% of their children were classified as “pardo” or “preto.” These same patterns are clear in other clinics when racial and employment data were recorded.

Given this socioeconomic and racial reality that was reflected in the free health care system, it must have been obvious to any observer that public maternal and child programs served primarily black and brown domestics and their families even when race was not recorded in explicit terms. Therefore, identifications such as “domestic,” “wet-nurse,” and “impoverished mother” were not racially-neutral terms in Bahia. In the maternal and child welfare movement, a clear dichotomy existed between a white, educated elite (both male and female) who advocated for health reforms and the poor black and brown working women who accessed public services. It is impossible to understand the development of the public health system without taking the racialized nature of Brazil’s social structure seriously.

83. “Registro de matricula do 3º Centro de Saúde 1933/1934,” APEB, Caixa 4050/Maço 56.
How did women’s own needs and priorities help determine how maternal and child health programs were implemented in Bahia? Unfortunately, institutional health care records do not provide much evidence for seeing how women reacted to new health care options. Their actions, however, help to elucidate both the absolute need for free medical care and women’s own commitment to utilizing these services to raise healthy children. Despite physicians’ assertions that poor women were too traditional to understand the benefits of modern health care, pregnant women and women with young children filled the waiting rooms at the clinics. Thousands of women sought maternal and child services during the first decades of the 20th century suggesting that women’s interest was a function of availability of medical care rather than a fear or aversion to modern medicine. While it appears that poor women were eager to access free care, the evidence also indicates that their responses to certain types of health services prompted changes in administration.

For example, women initially rejected the preventative approach of “child hygiene” and insisted that sick children be treated in free clinics. This demonstrates the high incidence of childhood illness in Bahia and that mothers did not initially comply with the call to monitor their rearing of healthy children. Preventative medicine or “well-baby care” was the cornerstone of puericulture theories; this is what was meant by “infant or children’s hygiene.” Rather than allocate resources to treatment, puericulture, like other eugenic programs, held the possibility of medical intervention before illness. Dr. Martagão Gesteira, head of Bahia’s Child Hygiene Services and first president of the *Liga Bahiana contra a Mortalidade Infantil*, regretted that preventative clinics had not been successful in 1924 of convincing mothers to bring healthy infants in for consultation.
despite a rigorous propaganda campaign undertaken by their brigade of visiting nurses. He intended the first hygiene clinic, “Regina Helena,” to be a center for periodic medical examinations of healthy infants and puericulture education for their mothers. Gesteira admitted that attending to “well-babies” exclusively was an impossibility given the lack of medical facilities in Salvador as well as mothers’ reluctance to bring in healthy children. According to Gesteira, many poor women adhered to the old adage that “children that are weighed do not grow nor prosper.” He cited the distribution of free medications at the center as the major attraction for mothers with young children and argued that well-baby care was not possible in the current environment with a population that he charged was uneducated and unprepared for such services.85

Gesteira’s observation that mothers were primarily interested in medicine from the well-baby clinic is suggestive. The Liga was forced to solicit local pharmacies for donations due to the sheer volume of requests from women with sick infants and children who visited the clinic daily in search of medications. Their behavior suggests continuity in the tradition of maternal control over infant health rather than ceding complete control to the physician, which would be the result of using the clinic for preventative visits only. Mothers obviously depended on physicians’ expertise, but seeking medications meant that the process of healing sick children would be performed at home, likely in conjunction with other traditions of healing that may have included particular foods and other remedies. Though Bahian health documents did not record such information, one may suspect that healing was closely linked to religious beliefs as anthropologist Nancy

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85 “crianças que se pesam não crescem nem prosperam,” See Martagão Gesteira, “Os serviços de Higiene Infantil na Bahia em 1924” (Bahia: Impresa Oficial do Estado, 1925) and “Relatorio do Serviço de Higiene Infantil da Bahia, Apresentado ao 4º Congresso Americano da Criança,” 1924, APEB, Caixa 4084/Maço 117.
Scheper-Hughes argues for the case of rural Pernambuco. It is important to remember that home remedies were an integral part of women’s general understandings of health, illness, spirituality, and family and were likely used in conjunction with biochemical medications obtained at the clinic.

Their willingness to seek medications certainly demonstrates that women trusted in clinical practice as an option for healing sick children. This would not necessarily have been the case in the 19th century and illustrates a much larger trend of the expansion of biomedicine across the globe in the early 20th century. Well-baby care began to catch on in Bahia within the first five years of clinical services. Perhaps women’s initial objection to well-baby care and preference for using the clinic only as a treatment facility was a rejection of the intrusion into their family lives that was required for enrollment in the infant hygiene program. A visit to the children’s hygiene clinic did not only entail babies being weighed and measured. Upon enrollment, mothers were asked to provide a great deal of personal information about their family histories and living situations. In addition to basic identification data, women where asked about the condition of the homes they lived in, the cost of their rent, and to list all residents. They were asked about their place of employment and that of the child’s father including questions on their salaries and number of hours worked per day. On their family history, mothers were asked to list the number of living and deceased children they had given birth to, the number of miscarriages, and the causes of death for each of their deceased children. Finally, on the background of the child being enrolled, mothers were asked about the legitimacy of the child, the person who assisted in his or her birth, and to explain why they did not
breastfeed if applicable.\textsuperscript{86} One can imagine this to be an extremely uncomfortable situation for a poor black or brown woman to have her family life investigated by a medical official, particularly in a rigidly hierarchal social system like that which existed in Bahia in the 1920s.

The right to a private familial domain without supervision and oversight may have held particular significance in this context, causing women to initially avoid the experience of entering the clinic unless their children were in need of medical treatment. This idea parallels historian Teresa Meade’s arguments about the attempted introduction of mandatory smallpox vaccinations in the city of Rio de Janeiro in 1904. Rather than lower class fear of science or modern health care, Meade argues that the citywide riots following the introduction of this policy reflected a widespread popular discontent with the priorities and methods of government-funded modernization projects which disproportionately impacted the poor.\textsuperscript{87} A similar process likely took place in the well-baby clinics. Dr. Gesteira’s and others’ own biases were evident when they accused mothers of being too superstitious and uneducated to agree to preventative care. Perhaps women were reluctant to open their family lives to medical scrutiny, particularly in a culture where questions of such a private nature would never have been asked of well-to-do families.

Poor women took full advantage of medical services when available and were the first advocates for the health and welfare of their own children. Throughout the period, thousands of pregnant women and women with infants and older children sought out free

\textsuperscript{86} “Relatorio do Serviço de Higiene Infantil da Bahia, Apresentado ao 4º Congresso Americano da Criança,” 1924, APEB, Caixa 4084/Maço 117.

\textsuperscript{87} Teresa Meade, “Civilizing” Rio: Reform and Resistance in a Brazilian City, 1889-1930 (University Park: Pennsylvania State University Press, 1997).
services. Their actions belied the term “desamparadas” as their resourcefulness in using the free infant hygiene centers made it obvious that these programs were an important option for preventative health care and treatment. In the urban context of Salvador, medical facilities were an option for many women, perhaps even for the majority living in the center of town by the 1940s. The center is an important reference because the government offered few and irregular services to families living in the suburbs of Salvador and almost completely neglected those in the vast interior of the state.

Where this dissertation argues that Bahian women were child-advocates, in her fascinating yet controversial book, anthropologist Nancy Scheper-Hughes found that maternal indifference to infant death was a common strategy among desperately impoverished women in the state of Pernambuco. Scheper-Hughes describes a heartbreaking context of poverty, disease, and hunger in a small community that led to cruelly high levels of infant mortality. The constant ritual of birthing and burial caused mothers to make limited emotional and resource investment in infants, seen as temporary visitors in this world who would quickly return to Heaven to ease their suffering. For Bahia, this research uncovered only one reference to “angel-babies” in the health literature that recalls Scheper-Hughes’s arguments on poor women’s use of a stoic resignation and popular Catholicism to cope with inhumane levels of infant mortality. In 1900 Dr. Joaquim Augusto Tanajura, one of the first Bahian physicians to call attention to the problem of infant mortality, claimed that female factory workers refused

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88 The policies, practices, and clients of Bahian free maternal and child health services are discussed in detail in Chapter 4.
to assist in the treatment of their children at the Luiz Tarquínio clinic. With demeaning language he condemned the ignorance “desta estupida gente” whom he described as indifferent to infant death, preferring that children should die at a young age because they were sure to go directly to Heaven. As mothering strategies, advocacy and indifference would fall on opposite poles, but the context of hunger, insecurity due to intense and periodic drought, and lack of medical services were likely not as acute in 1940s Salvador as in rural Pernambuco in the 1960s.

Interestingly, despite the changing emphasis from mãe preta to mãe desamparada in the pages and practices of Bahian medical authorities, poor women’s maternity was never fully divorced from an assumption of subservience and an understanding that black and brown women’s bodies held particular utility in the rearing of children. This is demonstrated by the fact that poor mothers of infants receiving welfare services continued to be referred to as “nutrices,” or wet-nurses, through the 1950s. How was this possible when modern maternal and children’s advocates argued that poor women were powerless mothers who struggled to raise their children? The use of the term “nutriz” or “nutriz pobre” to refer to poor women receiving public assistance reflected two ideas. First of all, some of these women were at times asked to provide milk for the local human milk dispensary in return for welfare support. But in a larger sense, being a “nutriz” meant providing a service to the nation by breastfeeding one’s own children. This came from French legislator and child advocate Paul Strauss’s well-known vision that poor women, particularly single mothers, should be the “paid wet-nurses of their children.” To Strauss and others, children belonged as much to the state as

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to their own mothers because of the future utility of their labor for industry, agriculture, and warfare.\(^91\)

As argued above, “nutriz” was not a racially-neutral identification, meaning that the term carried very different connotations than the French “nourrice.” A Brazilian nutriz was a black or brown woman, a household dependant and through most of the 19\(^{th}\) century, a slave. The use of the term to describe poor mothers in the mid-20\(^{th}\) century suggests that the mãe desamparada was not a complete departure from the mãe preta. Despite the new modern view of maternity and poverty, black and brown women were still wet-nurses and servants in many of the documents. That conflation of identifications: “black woman,” “household domestic,” “mãe preta,” and “nutriz pobre” clearly marked black and brown women’s place in Bahian society as well as the relationship between their maternal activities and the larger society.\(^92\)

By providing breast milk for the dispensary or nursing their own little future laborers, black and brown women’s bodies had a public utility that was not ascribed to white women due to both color and class. Though all women regardless of color were expected to fulfill their sacred mission by birthing, breastfeeding, and rearing healthy children for the nation, the nutriz’s role went beyond the private and familial. She continued to be a servant in both the literal and figurative sense, serving the nation by raising future workers, serving the community by proving breast milk to needy infants, and of course for most of these women serving in their patron’s households. The efforts


\(^92\) Maternal welfare programs are discussed in more detail in Chapter 4. What is relevant here is that in all of the documents related to these subsidies (1938-1953), poor women were referred to as “wet-nurses” or “poor wet-nurses.”
of these women undoubtedly saved the lives of hundreds of infants, but the labeling of poor mothers as “nutrizes” demonstrated how constricted their social roles were in “freedom” and how much the new society resembled its predecessor.

“Brazilian tradition leaves us in no doubt on the subject: when it comes to a wet-nurse, there is none like a Negro woman.”

Freyre’s romantic vision of black maternity existed in a tense complementarity with medical and public authorities who pushed for greater control over household labor after emancipation as a remedy for infectious disease and infant mortality. Where Freyre remembered a self-sacrificing and loyal caregiver “civilized” through the unifying social interactions of enslavement, physicians initially warned of a dangerous and corruptive element that threatened the health and harmony of good families. By the interwar years, medical attention had shifted from a caregiver-as-contagion discussion to a larger mission of assisting the hardworking, single woman in fulfilling her maternal duties. But the modern health and welfare projects showed great continuity with the past, labeling poor women as wet-nurses and emphasizing the fixed nature of their position in a changing society. In many ways, that incomplete transition from mãe preta to mãe desamparada in the maternal and child hygiene movement symbolizes the larger pattern of conservative social modernization that took place in Bahia and Brazil more generally during the early 20th century. It was a controlled progression where the state took on new functions, elaborated a scientific (even medical) approach to social problems, and

93 Freyre, 380.
assumed more responsibility for health and education without acknowledging the possibility of substantial social change.

The development of maternal and children’s health and welfare programs in the state of Bahia occurred within a much broader national and global intellectual context. Creating a healthy, “progressive” population was a key issue for physicians, scientists, and politicians around the world in the late 19\textsuperscript{th} century, and they elaborated and exchanged various theories on the relationship between degeneracy, eugenics, hygiene and nationalism. In Brazil, as in many countries, maternal and child welfare movements were the result of this exchange of ideas, seeing health as an indicator of civilization and modernity and seeing illness and death as markers of national weakness and backwardness.
CHAPTER 3
The Science of Motherhood

Modern science, disengaging from the romantic sentimentalism of poetry and viewing woman from the social perspective, sees in her an extremely important factor to the progress and greatness of a nation. In the performance of the sacred mission of motherhood, it falls to her to instill in the young souls of her most beloved ones, with the first kisses of love and caring, the healthy and pure principles of honor and duty—blessed seeds that will germinate and give to the new citizen the energy necessary to win over the biases and interests that have always hindered the perfection of humanity. (Dr. Julio Pereira Leite, 1893)

The complex union between medicine and motherhood in the late 19th century began from a general scientific conquest of the female body. The Brazilian medical obsession with the female body and particularly with classifying the differentiating characteristics between female bodies and the male “norm” dated back to the mid-19th century. Physicians debated the effects of environmental factors such as an excess of education or cultural pursuits on women’s ability to conceive and properly raise children. They insisted that a physician’s guidance was vital in the correct management of women’s “nature” to tame the universal precarious hold that all women had on physical and emotional health. Contemporary dialogues about the significance of a healthy population and eugenically-sound offspring for a strong nation fueled medical interest in women’s health and reproduction. According to historian Ana Paula Vosne Martins, “What the physicians of the 19th century attempted to ingrain in the body and minds of women was that their nature was not solely a selfish or individual issue, as in the

94Julio Pereira Leite, “Consequencia para a mulher do casamento de um syphilitico – Transmissão da syphilis pelo casamento,” 1893, FAMEB, 093-C.
transmission of the bloodline and the family name. Rather, it was an issue of much more important collective value [of] the race, the vigor of the people, and the bloodline of the nation.  

This 19th century conquest of the female body was a typical feature of the expansion of biomedicine across the globe. In this way, the history of gynecology and obstetrics in Brazil falls in line with familiar stories in many parts of the world. It is clear that biomedicine as a science has its own inertia that naturally relates to local conditions, but largely responds to international theoretical exchanges. The shift away from midwifery in the 20th century, as an example, was not solely an issue of social control or patriarchy (though these factors were fundamental) but it was also the result of a process of professionalization of Brazilian medicine. Physicians’ desire to professionalize the practice due to their own self-interest has to be taken seriously as a historical problem as well. What makes the rise of scientific motherhood in Brazil unique and relevant is the specific context and the constraints imposed by social, political, and cultural ideas and realities. While Brazilian physicians may have hoped to quickly enact radical changes in how women gave birth and reared their children, they soon realized that Brazilian women had their own deeply-entrenched notions of “proper motherhood” and were unwilling to simply disregard those practices for vague concepts of “modernity.” Brazilian developments are illustrative in that this history demonstrates how issues of childrearing and motherhood are culturally-loaded with gendered, racialized, religious, and classed understandings that greatly shape how biomedicine could enter those realms. In Brazil, political and economic constraints were always present particularly since individual

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physicians and nurses and private medical institutions were linked to the state. And the state was often disorganized and underfunded. Conversely, cultural and political constraints also informed what the biomedical community attempted to do as they promoted that shift to scientific motherhood. The gendered compromise between traditional midwifery and the emerging science of obstetrics in Bahia provides an apt example of the negotiations between physicians and women of the upper and lower classes and challenges the common scholarly assumption that male-dominated medicine easily overpowered traditional female knowledge, pushing female practitioners into irrelevance.

The history of medicalized mothering in Bahia is also demonstrative of other central transitions in Brazilian social history. Obviously, social constructs such as gender have their own trajectories as well that are separable from the recent history of biomedicine, but importantly, gender is also informed by that history of biomedicine perhaps more than any other intellectual development of the modern period. Brazilian physicians, like their counterparts in many parts of the world, were greatly interested in women's medicine and birthing, but this was long the domain of popular midwives, requiring the male medical community to confront issues of gender, class, and religion. Middle and upper class women were the first female advocates for scientific motherhood and used the new public interest to further their own organizing, professional, and educational goals. Midwifery and middle and upper class motherhood became “modern” in the 20th century in novel ways through alliances with physicians and public health institutions, but even these transformations were appropriate for Brazilian understandings of gender and class in what was essentially a conservative movement.
Women’s health, childbirth, and childrearing had long been private issues governed by gendered social customs that were assumed to be natural, requiring no scientific intervention. As the practice of medicine in Brazil gained attention and prestige, physicians made deliberate attempts to gain access to these traditionally female-controlled areas. Medical discourse consciously sought to delegitimize women’s knowledge and non-medical female health practitioners, to train women in scientific birthing and childrearing, and thus to form allies among the middle class. But “scientific motherhood” became a profession by the early century amid debates over the roles of educated, middle and upper-class women in a modern society. Many of these women embraced the occasion provided by these debates and the “scientific motherhood” campaign to gain greater opportunities for education, civic participation, and employment. Through the professionalization of fields such as gynecology, obstetrics, and pediatrics, male physicians and biomedical methods replaced women as the authorities on issues of women’s and children’s health as well as birthing. But even as biomedical authority overtook traditional methods such as midwifery, the involvement of women ensured that this was a gendered process, more complicated than men simply replacing women in practice. Rather, women’s involvement as practitioners, professionals, and advocates gave legitimacy to the science of motherhood and made possible the slow shift from traditional wisdom to modern medicine.

This chapter analyzes three roughly chronological “stages” that elucidate women’s involvement in the rise of scientific motherhood. It traces the turn-of-the-century discourses that simultaneously glorified motherhood while questioning women’s competence to perform births and properly care for infants. Despite physicians’ serious
misgivings about midwifery, for example, they never maintained significant influence—due to their small numbers and women’s resistance—to exert control over midwives’ practices or women’s preference for midwives over male physicians. By the 1930s therefore, the medical community, recognizing the power of local midwives, attempted to convince them to employ biomedical birthing techniques by offering monetary and other incentives. Attempting to force medical standards upon midwives would be no more effective than it had been with wet-nurse registration earlier in the century. The medical community simply lacked the authority and infrastructure to suppress midwifery without the confidence and cooperation of various sectors of Bahian women which would take years to build. That negotiation between physicians and local women took root through educational programs in puericulture, which were an old strategy from 19th century France, reinterpreted for the Bahian context of the 1930s and 1940s. Middle and upper class women embraced professional and medical training in puericulture and the resulting surge in female advocates for scientific motherhood had the long-term effect of displacing midwifery though women continued to be the dominant providers of birthing assistance in the state. Scientific motherhood was about more than just birthing; however, and the educational alliance ensured that those influential sectors of women would not only change their own childrearing practices but would serve as health care providers and vocal advocates of a new “modern” vision of maternity.

Stage One: Diagnosing Maternal Failure

The case of medical literature on maternal breastfeeding provides a compelling example of this gendered battle between science and custom. Concern over breastfeeding at the Medical School of Bahia began in the late 19th century, but these issues continued
to be the foundation for how physicians justified the need for comprehensive medical interventions right through the mid-20th century. A brief analysis of this discourse, therefore, provides the ideological starting point for understanding how gender and maternalism related to class. For example, physicians of the period were full of recommendations for mothers on how to raise healthier children. They advised women to rest for 40 days before and after giving birth, to create a regular and organized schedule for infants, and to practice accepted norms of domestic hygiene. They imagined an idealized bourgeois domesticity. No issue concerned the medical community more than to convince women, particularly of the middle and upper-classes, to nurse their own children. Brazilian physicians’ championing of maternal breastfeeding was typical of global trends in the 19th century; however, the tone of their admonishments of well-to-do women was extremely harsh. And it is obvious that they sought to discredit the possibility that even women of this social standing would make the healthiest decisions for their children without physician supervision. By criticizing the childrearing practices of middle and upper class women, physicians contended that their own influence was absolutely essential to the health and rational organization of the modern home. They argued that nursing was a sacred duty and women who willfully choose not to nurse were not true mothers. “Being a mother is not just giving birth, it means to cherish, to teach honor and duty, to raise; therefore, only she who has breastfed [her child] with her own breast…is deserving of that holy name.”

To deprive a newborn of the maternal breast, according to this literature, meant to expose the child to the dangers of wet-nursing (as detailed in Chapter 2). If a woman chose vanity or pleasure over nursing, she endangered her child’s life and failed in her
obligations as a mother and a wife. The medical literature often took a religious tone by
describing maternal breastfeeding as a “sacred duty” or woman’s “holy mission.” In
failing to nurse, women failed in God’s purpose for the female sex. Bahian physicians
wanted local women to know that infant deaths due to a lack of maternal breastfeeding
were the mother’s own fault. As one physician wrote in 1900, “maternal breastfeeding is
a sacred right of the child whom the woman-mother should not deprive. [To deprive the
child] is to prepare him for the worst consequences for which she alone will be solely
responsible.” Nursing was also the key to a mother’s health, according to the medical
literature, and failure to do so could cause illness, fevers, “degeneracy,” and even death.

Physicians analyzed wet-nursing carefully in their literature and strongly
advocated for maternal breastfeeding. But they also sought explanations in contemporary
culture and social norms for why women were turning away from maternal nursing, even
though wet-nursing was a traditional practice. They posed two basic explanations for why
the majority of mothers who did not nurse failed to do so. Physicians condemned the
supposed vanity and selfishness of middle and upper class women who preferred the
theatre, dances, and social outings to staying home with their infants. They often
attributed this failure to a vague notion of the seductions of modern life that turned
women toward social pursuits and away from familial obligations.  

96 Both this quotation and the one in the previous paragraph were taken from: Octaviano de Abreu Goulart,
“Hygiene alimentar na primeira infância,” 1900, FAMEB, 100-A, 21.
97 Several theses at the Faculdade de Medicina da Bahia took on the topic of maternal breastfeeding, see for
example: Antonio Salustiano Vianna, “Do regimen lacteao,” 1881, FAMEB, 0110; Alberto Ferreira Freitas,
“Ligeiras considerações sobre a hygiene da mulher grávida,” 1904, FAMEB, 104-E; Joaquim Gomes
Corrêa de Oliveira, “Aleitamento materno,” 1907, FAMEB, 107-C; Mario Cardoso de Cequeira
“Prophilaixa alimentar da primeira infancia,” 1903, FAMEB, 103-F; Antonio Fernandes de Carvalho Braga
“Hygiene alimentar na primeira infância,” 1906, FAMEB, 106-D; Joaquim Augusto Tanajura “Letalidade
infantil e suas causas,” 1900, FAMEB, 100-D; and Antonio de Azevedo Borba Junior “O aleitamento
materno sob o ponto de vista medico-social,” 1913, FAMEB, 113-B. Also Martagão Gesteira, “Relatorio
do Serviço de Higiene Infantil da Bahia,” 1924, APEB, Caixa 4084/Maço 117.
Dr. Calcida Vieira dos Reis made this point quite clearly in 1927 by arguing that the modern young woman knew “the sounds and rhythms of music, the latest news in the social and political world, but often lacked knowledge of the best rules for nourishing her baby.” For Reis this problem was generational and familial. She wrote that parents forgot to educate daughters in domestic duties and in how to be a wife and “true” mother. Addressing the issue of vanity, Reis criticized women whose pride and fear of losing their figures prevented them from nursing. Reis painted a picturesque, romantic scene of the experience of nursing. She challenged any woman who would choose vanity over intimacy with her child.

Even if nursing distorts the figure, what does it matter? It should be much more beautiful and delightful for a woman to have the little being of her womb at her bosom, between her loving arms. Little head suspended...little mouth sucking slowly, sweetly, daintily...And soon, satisfied of hunger, the little head slowly leans lightly, the eyes close, the little hand loosens from the source of life...This scene is much more beautiful than even the most beautiful figure that any mother could possess.98

Dr. Reis and other physicians who admonished affluent women as selfish and urged them to be their children’s primary caregivers acknowledged a tension between modern life and maternal duties. Yet that tension did not necessarily mean that modern life and maternity were incompatible. Reis herself was an atypical Bahian woman, completing medical school in 1927 and working at the Liga Bahiana contra a Mortalidade Infantil. Rather than eschew modernity, physicians urged middle and upper class women to take on motherhood itself as a scientific profession. A professional mother would be her children’s primary educator, intelligent and knowledgeable in modern scientific methods. Good middle-class mothers were well versed in puericulture,

understanding and implementing the latest medical techniques and tips for the moral education of the child. They would also be advocates for healthy childcare among the more “ignorant” classes of women. This advocacy opened new opportunities for middle-class women to find employment outside the home, often a necessity in an increasingly competitive, consumer society.

Beyond forming alliances with the “professional class” of mothers, the medical community also turned their attention to discrediting their greatest competitors for authority over women’s and children’s health—the traditional class of Brazilian midwives. This was also a worldwide trend by the late 19th century as male physicians gradually replaced female midwives in birthing assistance and general women’s health issues. The global medical conquest over traditional forms of healing and birthing evidenced a very gradual acceptance of biomedicine as the most legitimate source of knowledge and method of curing the human body. The Brazilian medical community, long dependent on imported models and theoretical treatises more than observation, also competed with traditional midwives for access to women’s bodies. The attack on midwifery accompanied a body of literature that purported women’s sexuality to be pathological causing over-sentimentality, weakness, hysteria, and promiscuity that could easily lead to disease, miscarriage, and infanticide.99 Understanding women’s physical and emotional states as naturally precarious and maternity as vitally important to the nation, physicians contended that women’s expertise in birthing and child-rearing was inadequate and even dangerous. In this climate where the future of the Brazilian nation

depended on the health and number of its future citizens, these issues were not to be left
to popular cures, religious authorities, and uneducated women.

**Stage Two: Of aparadeiras, parteiras, comadres, and curiosas**

The popularity and influence of local midwives posed the greatest challenge to Bahian physicians who hoped to become the dominant health care providers for pregnant women, mothers, and young children. In the 19th century, their attack on midwifery was only discursive as physicians wrote of the dangers of “untrained” birthing assistance. It was not until the 1930s that the state organized educational programs for local midwives and other professional women. Despite these new developments, traditional midwives continued to comprise a significant sector of birthing assistants and family health care providers through the mid-20th century.

Brazilian physicians inherited a range of beliefs about women’s bodies from Europe, understanding “illness, abortion, birthing, and death as the results of defeats, excesses, or norms of women’s physiology.” Thus had been the state of the Brazilian medical field, such as it was, since the colonial period. By the late 1800s, however, physicians embarked on a campaign to professionalize their practice by expanding into new fields such as women’s health and birthing. Women’s bodies represented an unexplored realm of medical knowledge. With little real world experience, “menstrual cycles, pregnancy, birthing, breastfeeding, the constitution of female genitalia, and women’s diseases (originating in the physical or spiritual world) marked the frontiers of knowledge to be tamed by physicians in Brazil and elsewhere.”

Gaining mastery over this field of knowledge was paramount to the professionalization of medicine, and the

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growing importance of women’s and children’s health in the national imagination gave the practice of medicine and physicians themselves more prestige.

Midwifery faced a wholesale attack across the world in the early 20th century. In Bahia, midwives were even more sinister characters than wet-nurses in the medical literature. Physicians questioned their competence in assisting births and in attending to the first treatments of the newborn. If wet-nurses were the assumed culprits of infant mortality, midwives were charged with responsibility for high incidence of stillbirth and maternal fatalities during childbirth. Physicians were well aware that traditional midwives assisted in the majority of births and that women often preferred to give birth with the help of a midwife rather than in a hospital.

The campaign to “redefine childbearing as a medical event” resulted from new medical priorities and the (conservative) modernization of gender roles. As the Brazilian medical academy sought to professionalize the teaching and practice of medicine, physicians needed access to women’s bodies. Historian Anayansi Correa Brenes argues that the great push to get women to give birth in clinics was evidence of a larger initiative to make women’s bodies available for medical study in ways that had never been possible until the late 19th century. The medical challenge of the era was to use science to demystify “women’s nature” which had been only theoretical and literary to that point. Physicians needed to study bodies to achieve control over the reproductive process and mastery of women’s assumed instabilities—what one scholar referred to as the “normalization of the feminine soul.”

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101 Peard, 109.
102 Barreto, 143.
Interestingly, Brazilian physicians were largely indifferent to the practice of midwifery until the mid-19th century and did not produce a literature on the need for scientific birthing methods. Historian Ana Paula Vosne Martins explains this indifference as a result of seeing childbirth as a social event with little relevance to the practice of medicine. Lacking much experience in birthing, physicians tended to believe the authors of foreign travel accounts from the colonial period who contended that “tropical women,” both Africans and Indians, gave birth more easily than Europeans and did not require assistance. The travelers purported to have seen “tropical” women give birth without assistance and immediately return to arduous physical labor. It was “civilization” and lives of luxury and ease that caused women to experience painful and difficult labors. Given these stereotypes, the Brazilian medical community saw nothing of interest in the birthing process and made few attempts to compete with midwives. This began to change by the mid to late 19th century as the medical profession became increasingly more interventionist.

Professionalization of medicine was a key component of the secularization of society that modernizers promoted during the period, replacing “superstition” with reason and promoting science as the most rational form of organization for the nation. It represented the transition from a traditional society where patriarchs governed their families with the support of the local priest to model where the hygienic family was carefully supervised by medical authority and reason. The Church was an important point of opposition as well as priests generally supported the continued prevalence of midwifery over the indecency of male physicians’ manipulation of women’s bodies.
Physicians charged midwives with using superstition rather than science to advise pregnant women and practicing birthing methods that endangered the lives of both mother and unborn baby. Their popularity was as great as their ignorance according to one contemporary critic. “Many are the number of mothers who have paid with their lives and those of their children for the imprudence and ignorance of these sad figures of the death circuit.”

The following case study from the Health Department’s Pre-Natal Service provides an apt illustration of how physicians juxtaposed the rational, scientific methods they employed with the supposed rash and dangerous practices of the untrained midwife.


She came to the Service 9-months pregnant (!) because she had experienced a large hemorrhage without cause, without pain and that desisted without treatment.

The advice of the pre-natal specialist was in vain, as some days later we learned of the death of the patient due to repeated hemorrhages during labor.

Naturally, this would not have happened if the patient had listened to the advice given and came to the Maternity Center where she would have received the perfect technical assistance for her case (Braxton-Hicks, caesarean, etc.). They could have also used medications that she could not have had access to in her home (blood transfusions, cardiotonics, serum).

The author of this case, Dr. Domingos Machado, emphasized the specialized nature of medical birthing assistance, the rigorous scientific method of excluding all possible factors and thus determining the specific needs of the individual. His patient chose not to seek medical advice during her pregnancy and only turned up at the Health Clinic as a last resort in her 9th month. She sought treatment in the clinic when prenatal experts could have offered her prevention. As Machado explained, only through medical

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assistance could a pregnant woman have access to modern medications and procedures. Ultimately the patient’s death was her own fault because she trusted in methods of the *aparadeira*, rather than the rational physician. Her “ignorance” coupled with that of her untrained birthing assistant caused death in a case where biomedicine could have surely cured her. In Dr. Machado’s words “This was a case that ended in maternal fatality by the woman’s own fault exclusively and that of an ‘*aparadeira*.’”

Physicians drew a sharp distinction between “*aparadeiras*” or untrained and “ignorant” midwives and “*parteiras*” who were formally-educated nurses also called “diplomaed midwives” or “nurse-midwives,” although sometimes the generic term “*parteira*” was used to refer to the popular class of midwives as well. Modern science and civilized nations were all moving away from *aparadeiras* according to Bahian medical literature of the time. In the absence of a male physician, pregnant women needed to be assisted by *parteiras*，“not the ignorant and unconscientious mercenary woman from the streets.” A pregnant woman needed “a woman with education and a diploma at the head of the bed as she prepared to fulfill the most noble of her missions.” In addition to “*aparadeira*,” traditional midwives were also called by more demeaning terms like “*curiosas*” and “*comadres*” to emphasize what physicians saw as

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106 Eduardo Leite Leal Ferreira, “A puericultura intra-uterina e formação da prole,” 1906, FAMEB, 106-F, 45-46. Ferreira’s use of the term “mercenary woman” is interesting as this label was commonly used to refer to wet nurses. This language certainly suggests that Ferreira believed midwives and wet nurses belonged to the same class of women whose ignorant methods of caring for those entrusted to them resulted in preventable deaths. The class implications of his language are striking. “Mercenary women” such as midwives and wet nurses came from the streets whereas competent women with the proper education were assets to the cause of scientific motherhood rather than hindrances.
the superstitious nature of their knowledge. In the 19\textsuperscript{th} century, physicians recast the term “\textit{comadre}” (a co-mother) as an insulting label to refer to the ineptitude of traditional midwives. Historian Renilda Barreto explains, however, that the term “\textit{comadre}” has a very long history, dating back to medieval Europe. It was always a term of esteem and affection signifying the close relationship between families and their midwives. In Europe and Brazil, women referred to their midwives as co-mothers because of their involvement before, during, and after the birth. Traditionally, the role of the midwife also included carrying the newborn to his or her baptism and being at the front of the procession along with family members and godparents.\textsuperscript{107}

The practice of midwifery involved more than assistance during labor and delivery. Brazilian midwives offered advice and support to women from the earliest stages of pregnancy. Their work was full of mysticism, spirituality, and a sense that supernatural forces influenced birthing and revealed the outcomes of certain pregnancies. The work of Hildegardes Vianna, historian of Bahian folklore, helps to recapture the recommendations and practices of midwives in the early 20\textsuperscript{th} century. Vianna recorded the methods and ideologies associated with midwifery through interviews with practicing midwives beginning in the 1950s; many of her informants were elderly women at the time. From Vianna, we learn that midwives advised their clients to follow specific daily routines during pregnancy to ease birth and avoid behaviors that could curse the baby. Midwives knew how to manipulate diets and environments and take advantage of natural occurrences like a full moon. To ensure that a child would grow up loving his parents, the mother was advised to sew the first apparel from pieces of the mother and father’s own clothing. They knew how to read signs in nature and in the client’s body to

\textsuperscript{107} Barreto.
determine whether labor would be easy or difficult and to determine the sex of the fetus. For example, one midwife recommended placing a specific flower (flor de jericó) in a vase with water as labor began. If the bloom opened immediately, it was a sign that the birth would be rapid. If it opened slowly, the birth would take much longer. Failure to open signaled that the child would not live, but the woman would not suffer pains or contractions.

Midwives offered as many prohibitions as recommendations for pregnant women, however, as everyday behaviors could impact both the conditions of birth and have lasting consequences for the child. Pregnant women were advised not to lie across their beds as it would cause the baby to lie crosswise in the womb, causing a more difficult birth. They were told to avoid certain foods during pregnancy such as fried fish and pork, beer, and particular fruits that could result in twins. Women were advised to avoid crossing their arms and legs while pregnant to ensure a smooth delivery. They were counseled to avoid petting animals so their unborn babies would not take on beastlike traits. They were to avoid the homes of the recently deceased. Following all the prohibitions involved in pregnancy must have required rigorous diligence. But midwives also had cures for common ailments both in pregnant women and newborns. Thus, their involvement with their clients extended far beyond the labor itself, and the relationships formed between midwives and their clients were more intimate than clinical.

Like their counterparts in many other parts of the world, Bahian midwives often saw their profession as a spiritual calling. Prayer and invocation to the saints were a common response to difficult births and an integral part of the practice of midwifery. When asked how to handle complications, for example, many responded that particular
prayers and green ribbons and colors could help ease along a difficult birth. According to Ernestina da Paixão Alves, who was 70 years of age with decades of experience at the time of her interview,

If the child “crowns” and gets stuck, send someone to find holy water at the church and use it to wet the entire stomach of the woman, praying in faith: “Green was the hope that took Saint Joseph and Holy Mary to Egypt with the Child Jesus. Green was the forest where Mary hung the Child’s clothes to dry. Green was the path that Jesus walked as a man. Green was Mary’s veil when she cried over the death of her beloved son. Green was the rope that rang the bells of Saint Peter’s church in Rome during the first mass.” Then make a mark with a green pencil from the navel to the groin and continue praying: “This is the way you must take with the power of Jesus, Mary, and Joseph. Be born in the name of the All-Powerful Father God, your path is already marked.” Afterwards, light a candle to the Holy Family and tell the woman to be strong.

According to Melania Margarida dos Santos who had 35 years of experience at the time of her interview in 1950,

If there is space in the house, you should light a candle to Our Lady of Childbirth that should be on the headrest of every woman who is having a baby and another to Saint Raymond. If the woman is a comadre of Our Lady of Childbirth or if she has a son named Raymond, she can relax because she will not die in childbirth and the pains are always weaker.108

This melding of folk Catholicism with the practice of birthing is perhaps another reason why midwifery found so much support within the Catholic Church. Competition with midwifery also helps to explain why many physicians campaigned to get birth registries taken away from the Church. Between this popular class of midwives and the parish registries, local physicians had very little access to statistical information about births until well into the 20th century.

Midwives also attended to the first cares of the newborn. They employed various methods of curing the umbilical cord with powders and ashes. “Curing” the umbilical

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cord was not simply a treatment on the infant’s body but also recognized that the disposal of the cord had significance for the child’s future. According to midwife Sinha Coló, burying the umbilical cord under a banana tree would make the infant grow and prosper. Burying the cord under the bed would make the child loving while throwing it in a flood of water would mean the child would always move forward. These immediate post-natal measures were a common concern of physicians who campaigned against midwifery. Physicians were well aware that failure to disinfect the umbilical cord immediately after birth was a major cause of umbilical tetanus, also called the “mal de sete dias” in Brazil. Umbilical tetanus, in fact, was attributed solely to the practices of popular midwives. According to Dr. Álvaro Bahia, the existence of umbilical tetanus in Brazil was “a discredit to the progress of the people and should be banned in cities that claim to have modern sanitary organization – because the illness results exclusively from untrained birthing assistance, from the ignorance of the ‘aparadeiras’ or ‘curiosas’.”

The issue of umbilical tetanus opens an intriguing analytical question about the relative safety of midwife versus physician-assisted birthing. Existing records do not allow for a true comparison, but it is certainly possible that midwives were more likely to leave the umbilical cord untreated or treat it with burned ashes or herbs. If this were indeed the case, then physician’s promotion of hygienic birthing methods and the use of sanitized instruments certainly provided a critical benefit to Bahian women and newborns for the prevention of tetanus. Clinical birth did not necessarily mean a reduced risk of infection as is detailed later in this chapter. By the 1930s, however, clinics were much safer than they had been in the 19th century so the danger of umbilical tetanus was likely much lower for newborns born in the Maternity Center than for babies delivered by

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midwives in private homes. Midwives’ practices were widely recognized as less intrusive than clinical ones and this was a benefit of home birth over clinical birth. What is clear, however, is that the medical community’s demonizing of midwifery was not solely a concern over the very real problem of umbilical tetanus. Their critique encompassed a vilification of a certain sector of Bahian women analogous to the vilification of wet nurses described in the previous chapter.

Physicians also accused midwives of practicing abortions and assisting with infanticide. In fact, abortions were attributed to two sources in the medical literature: midwives and practitioners of candomblé, “feiticiores; mães e pães de terreiros.” For physicians it was in the terreiro, where debauchery and sinister African practices reigned, that all sorts of crimes were planned and committed to the beat of the batuque. Midwives, however, were accused of gross ignorance and lacking the moral sense to refuse to practice abortions. French medicine had already identified midwives as the main perpetrators of abortions so it is not surprising that Brazilian physicians would draw the same conclusion about women who practiced midwifery locally. The word “aborto” or “aborto criminoso” from turn-of-the-century medical literature is more accurately translated as “intentional miscarriage,” usually having nothing to do with surgical procedures as is the current connotation. Interestingly, the midwives that Vianna interviewed in the 1950s did concede to having knowledge about provoking miscarriages. They suggested teas and purgatives that could be used to induce miscarriages. These remedies were mixtures of ingredients such as castor oil, honey, vinegar, and specific herbs.\footnote{For examples of medical theses dealing with intentional miscarriage and infanticide, see Manuel Celso Tourinho “Abortamento criminoso,” 1907, FAMEB, 107-A; Theodoro de Brito Pontes, “O aborto...}
Fulfilling all of these spiritual and health functions related to birthing, midwives were cherished members of the local community who were not easily displaced from their roles. Rather, the medical community attempted to reconcile biomedical birthing practices with Bahian midwives who were the dominant birthing practitioners. Lacking the resources to fully replace midwifery in the early 20th century, public health facilities in the city of Salvador turned their attention to monitoring and re-educating popular midwives. In June 1931, the 3rd Health Center began by enrolling 21 midwives in a program to track their activities. The program included training and partnering the traditional midwives with visiting nurse-midwives to supervise their activities and encourage clients to go to the Maternity Center at the first sign of problems. Dr. Virgilio de Carvalho cited the enthusiasm of local midwives to participate in the program and to relay their positive results, often accompanying their clients to the clinic or maternity ward. After the first year of the program, enrolled midwives had delivered 139 babies without a single maternal or infant death.111

By 1939 Dr. Álvaro Bahia, the State Inspector of Prenatal and Children’s Hygiene, reported that a comprehensive birthing assistance program in the state was still an impossibility given the small staff of four nurse-midwives. In lieu of the possibility of

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111 Secretária de Educação e Saúde, “Relatorios dos trabalhos executados pelo 3º Centro de Saúde,” 1933/1947, APEB, Caixa 4060/Maço 76. It is difficult to compare this statistic with general rates of maternal mortality and stillbirth due to a lack of data. In 1942, Drs. Adeodato Filho and Domingos Machado estimated that approximately 6 women died in childbirth in the city of Salvador for every 1000 births. This estimate was based on data from 1929-1939. During this same period, the physicians estimated that 13,664 infants were born deceased compared to 118,258 live births. This would mean that approximately 12% of Bahian infants were stillborn. However, stillbirth rates are generally calculated in relation to the total number of births – in thousands. In 1933, Dr. Álvaro da Franca Rocha estimated that 67.42 infants were stillborn in Salvador for every 1000 births. This was based on data for the period of 1923-1932. See José Adeodato Filho and Domingos Machado, “Assistencia Social-Obstetrica na Bahia” Revista Médica da Bahia, X no. 5 (May 1942): 111-119 and Álvaro da Franca Rocha, “Nati-Mortalidade na Cidade do Salvador, Bahia, no Decennio de 1923-1932” Pediatría e Puericultura 3 no. 2 (1933): 229-252.
sending professional nurses to deliver babies, practicing “aparadeiras” were invited to their local clinic to enroll. Monetary awards were offered to the midwife who presented the lowest number of stillbirths and prenatal deaths.\textsuperscript{112} According to records from the 3\textsuperscript{rd} Health Center in Salvador, that award should have been given to Amancia Pereira da Conceição who delivered 126 newborns and seven stillborn children in 1940. Amancia must have been one of the most sought-after and experienced midwives in her region, considering that she delivered many more babies than the average among women enrolled in the registry. The remaining women delivered an average of 20 infants that year. Taking the surviving 1940 records from the 3\textsuperscript{rd} Health Center as an example, it is quite clear that midwives delivered the vast majority of Bahian children. Those registered women alone delivered nearly 700 infants which must represent only a fraction of the total number of births that occurred in homes with midwife assistance.\textsuperscript{113} The Health Centers were only mildly successful in registering and tracking midwives.

Though it is impossible to accurately document the number of births attended annually by Bahian midwives, a few data samples can provide estimates of the proportion of midwife versus biomedical professional birthing. In 1926, for example, of the 2,332 infants enrolled in hygiene programs or undergoing medical treatment for illness in the three infant clinics: Regina Helena, Adriano Gordilho, and the Hospital Santa Izabel, 77\% had been delivered by traditional midwives, aparadeiras. The remaining children were delivered by physicians (13\%) and by trained female midwives or parteiras (10\%). A second example comes from the Infant and School-Age Children’s Hygiene Directory

\textsuperscript{112}Álvaro Bahia, “Relatorio apresentado ao Diretor do Dept. de Saúde pela Inspetoria de Higiene Pré-Natal e Infantil,” 1939, APEB, Caixa 4062/Maço 81.
\textsuperscript{113}Secretaria de Educação e Saúde, “Boletim de notificações de assistência indouta ao parto do 3\textsuperscript{º} Centro de Saúde,” 1940, APEB, Caixa 4033/Maço 27.
which enrolled 1,986 infants in the Children’s dispensaries in 1928. Of those infants, 74% had been delivered by *aparadeiras*. Of the remaining children, 20% were delivered by physicians and another 6% by medically-trained female midwives. Certainly, all of the children from both samples came from average Bahian families of limited means. Over 90% of the patients represented above were the children of women who worked in domestic service. Their fathers had much more varied occupations, but the professions that were recorded most often included artists and artisans, factory workers, soldiers, vendors, and employees of public projects like the streetcar line. Approximately 75% of these children were classified as *preto or pardo* in color.\(^{114}\)

Though this data cannot be taken as a representative sample, it is in line with contemporary estimates. In 1933 Dr. Álvaro da Franca Rocha estimated that 85% of women in Salvador gave birth with the assistance of a traditional midwife. Nearly 10 years later, doctors José Adeodato Filho and Domingos Machado gave an estimate of 75 percent. Of course, all of these estimates were specific for women who utilized free, public services. They do not reveal whether midwifery was as common an option for more privileged women.\(^{115}\)

Tracking was not the only goal of the state’s midwifery program. The Health Centers also hoped to train enrolled midwives in scientific and hygienic methods for birthing assistance. The physicians offered an obstetric kit to midwives who came in for training which included alcohol, medicinal soaps, cotton, quinine capsules, and silver.


nitrate drops among other items. According to Dr. Álvaro Bahia, the clinics attempted to receive midwives enthusiastically and emphasize what not to do during delivery in a kind and simple manner. For Dr. Bahia the goal was to teach them “to commit fewer errors and be less culpable for the problems they unintentionally cause” particularly umbilical tetanus—the *mal de sete dias*. Aparadeiras were asked to report each birth within an eight day period. Regardless of physicians disdain for midwives, neither private clinics nor the State of Bahia had the resources to attend to the number of annual births during the period. The lack of staff resulted both from the paucity of resources allocated to state health programs and the fact that the number of physicians and nurses trained in birthing at the Medical School was inadequate to meet demand.

Though the history of the study of obstetrics and gynecology in Bahia is long, these academic tracks did not prepare physicians for the practice of assisting births until the early 20th century. A course in obstetrics was first added to the Medical School curriculum in 1818 at the specific request of Dom João VI. It was not until 60 years later, however, when practical experience was added to theory and students had the opportunity to actually witness the birthing process. The Medical School did not even maintain a facility for women until 1875 when the *Hospital São Cristovão* of the *Santa Casa de Misericórdia* added a birthing room. Few women were willing to give birth in the hospital, refusing the idea of being confined there. Sanitary conditions in the women’s examination room at *São Cristovão* were notoriously bad. In addition, the hospital in 19th century Brazil was the last resort for the most indigent people: for slaves, prisoners, and

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the mentally ill. The appalling conditions and dreadful reputation were enough to keep sick and pregnant women from entrusting their care to hospital physicians.117

Sanitary conditions improved when the birthing room was moved to the Hospital de Santa Isabel in the Nazaré neighborhood in 1893 and the number of patients slowly increased. Yet in the 19th century, it was common that only 2 or 3 births would even take place at the Medical School during the entire duration of the obstetric course. These numbers were slowly increasing at the turn of the century according to Dr. Francisca Prageur Fróes who recorded 22 births at the School in 1902.118 The lack of opportunity to train new physicians in birthing was a paramount issue as the Medical School attempted to offer specialization in gynecology and obstetrics. Without patients to observe, graduating physicians had much less legitimacy as experts in birthing than did their midwife rivals.

The first independent maternity facility in Bahia was founded in 1910 as a joint venture of the state government and the Santa Casa de Misericórdia. Named after its first director, the Maternidade Climério de Oliveira was the first institution of its kind in Brazil. The client base consisted of indigent women. Adequate facilities, however, were only the first challenge Bahian physicians needed to overcome in order to become experts in birthing. As discussed above, they needed to convince women to turn away from midwives and consent to giving birth in a hospital. Though the medical profession was growing in prestige, women were hardly likely to turn to clinical birth simply because physicians insisted on it. According to historian Julyan Peard, physicians encountered difficulties in attracting business away from traditional midwives for several reasons.

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117 Brenes.
First, women were well aware that physicians had little experience or expertise and entrusted childbirth to midwives who represented generations of knowledge. Second, Brazilian women were largely illiterate and unaware of advances in medicine that could make birthing more comfortable and safer so they did not organize to press for greater access to medical facilities and procedures as their counterparts did in the United States. Finally, gender mores insisted that women not display their bodies before men, and this cultural tradition would take time to soften.

By the end of their first decade, physicians at the Climério de Oliveira Maternity Center were delivering hundreds of babies per year. This number represented only a fraction of the total number of infants born in Bahia annually and the Maternidade continued to be the only institutional birthing option in the state. Historian Renilda Barreto argues that following the efforts of Dr. Climério de Oliveira and his mentor the Barão de Itapuan, “birthing came to be considered a man’s business.” But this was not exactly the case. With the establishment of the Maternity Center and physicians’ insistence that giving birth was a medical event to be directed by a medical professional, it is true that male expertise in obstetrics was firmly established. Male physicians, however, did not attain a monopoly over birthing assistance. Through the mid-20th century, women continued to deliver the vast majority of Bahian babies.

Replacing midwifery with obstetrics would be a long process. Just as the medical community attempted to re-train popular midwives through programs at the Health Centers, the Medical School also reached out to a wealthier and more educated sector of women to establish a pool of nurse-midwives, enfermeiras-partéiras. The Medical School of Bahia had actually begun to offer a midwifery course in the mid-19th century.

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119 Barreto, 142.
Like the program in medicine, though, the early midwifery course included no practical experience or observations of births and attracted very few students. It was not until the 1930s that a significant number of women began to receive degrees in midwifery from the Medical School. Like medical students, these midwifery students probably gained practical experience at the Climério de Oliveira Maternity Center. Between 1930 and 1950, the School graduated 214 *parteiras* and 5 *parteiros*.\(^{120}\)

Midwifery was not the only medical specialty to attract female professionals. During this same interval, the Medical School graduated approximately 50 female physicians. Only eleven had graduated prior to 1930, following in the footsteps of Dr. Rita Lobato Velho Lopes who in 1887 became the first female physician trained in Brazil upon graduation from the Medical School of Bahia. Most of these women likely studied obstetrics and infancy and many completed internships with the *Liga Bahiana contra a Mortalidade Infantil*. Male doctors and medical professors accepted the idea of training women in medicine with little resistance in Bahia. This was because women could apply biomedical techniques in prenatal care, birthing, and children’s medicine without encountering the gendered problem of access to female bodies and women’s issues. Physicians also saw the entrance of women into the medical profession as sign of modernization because Western nations were already experiencing these trends, and female seclusion and the lack of education for women was an embarrassing reminder of Brazilian “backwardness.” Historian Julyan Peard argues that Bahian physicians railed against popular midwives and their unscientific methods but accepted medically-trained women as physicians and midwives without reservation. Peard suggests that biomedical training trumped gender in medical circles, and the growing numbers of female professionals.

\(^{120}\) FAMEB.
physicians and nurse-midwives in the early century demonstrate that the campaign against traditional midwives was a technical battle not a gendered one. She fails to emphasize the importance of hierarchy in this process, however. With the exception of the small number of practicing female physicians in Bahia, scientifically-trained women were the assistants of men in what traditionally had been a realm dominated by female practitioners and female expertise. Female physicians were far outnumbered by medically-trained women who worked as nurses; nurse-midwives; and nursing, clinical, and laboratory assistants. Even these female doctors were largely confined to obstetrics and infant hygiene due to cultural mores. While women trained in and practiced obstetrics and related specializations, they did not reach a social status equal to their male counterparts.121

Female experts in medical childbirth procedures were a critical element of the shift from traditional midwifery to science-based birthing assistance by the 1930s. The Climério de Oliveira Maternidade could only accommodate 60 patients and was far from adequate for attending to all the births in the city. Medical officials also realized that many women could not leave their families unattended for a long stay at the Maternity Center. Many preferred to give birth at home where they could continue to manage their households. Given institutional constraints and women’s preference for midwives, the State expanded in-home birthing assistance programs as did private institutions such as Pró-Matre and the Childhood Protection and Assistance Institute (Instituto de Protecção e Assistência à Infância) which also offered these services. These programs relied on the expertise of trained enfermeiras-parteiras. By the 1930s, public and private institutions

121 On female medical graduates and interns, see “Lista das mulheres que obteram grau em medicina, 1887-1968” FAMEB, and “Atestos,” 1938-1950, LIGA. See also Peard, 123.
were assisting hundreds of women through at-home birthing programs, and nurse-midwives delivered the majority of newborns serviced through these programs. At the 3rd Health Center, for example, nurses made over three thousand visits to pregnant women in Salvador in 1932 and the in-home birthing program delivered 229 babies. In 1938, the six Health Centers combined assisted 710 at-home births compared to only 194 cases consulted on in the Climério de Oliveira Maternity Center.\(^{122}\)

In many ways, medical in-home birthing programs were not so unlike traditional midwifery in that puericulture theory’s emphasis on “hygiene” or preventative medicine required a holistic approach, focusing on prenatal care, birthing assistance, and infant and child hygiene. Like traditional midwives, *enfermeiras-pardeiras* made home visits to pregnant women and to new mothers, counseling them on prenatal hygiene and proper infant care. They encouraged women to enroll in the local clinics for continued prenatal and children’s hygiene examinations. In this way, the role of the “diplomaed midwife” was much more ample than just assisting on the day of delivery, and these professionals were an important link between poor women and the new health services offered by the state. Traditional midwives, *aparadeiras*, who were enrolled in state-tracking programs contributed to this connection as well, but the Health Centers were only mildly successful in reaching them. Professional midwives, therefore, were critical to this transition from traditional knowledge to a scientific approach to women’s health and childbirth in particular. Though male physicians maintained an almost complete monopoly over

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\(^{122}\) Virgilio de Carvalho, “Um ano de atividade pre-natal no 3º Centro Sanitario,” *Pediatria e Puericultura*, 2 no. 4 (1933): 139-143 and Álvaro Bahia, “Inspetoria de Higiene Pré-Natal e Infantil, Boletins do movimento da seção de expediente,” 1938/1939, APEB, Caixa 4032/Maço 24. The first private charitable institution to provide an in-home birthing assistance program was Pro-Matre da Bahia, founded by Dr. José Adeodato Filho in 1938. See Domingos F. Machado, “A proposito do Exame Pré-natal,” *Pediatria e Puericultura*, 11 (1941): 51-64.
scientific training, female experts had much greater access to other women’s bodies. It was the alliance of these two sectors of the medical community that helped to legitimize obstetrics and gynecology within the larger society. Training as an *enfermeira-partreira* was just one type of puericulture profession open to educated women in Bahia. The efforts to educate women in childrearing went far beyond birthing. As gynecology, pediatrics, and obstetrics emerged as medical fields, expertise was conferred through degree rather than experience.

**Stage Three: (Re)Educating Women**

Educating women in scientific motherhood served the twin goals of forming alliances with middle and upper class women in the campaign for healthier mothers and babies and counteracting the wisdom that women had shared for generations about childrearing with new scientific principles of children’s hygiene. Puericulture education had its roots in 19th century France and maintained a lifelong and vocal advocate in Dr. Aldolpe Pinard. Pinard and many of his contemporaries agreed that female education in childrearing was the key to solving the nation’s depopulation and infant mortality problems, making puericulture training an issue of national regeneration. For Pinard, education for girls and aspiring school teachers was not complete without scientific training in childcare. “We must imbue the young girl with this idea, namely: that if she has breasts, it is for feeding. We must ceaselessly prepare her for that function which is so natural, so great and so beautiful, *motherhood of the breast.*”123 To achieve this, he advocated for the establishment of puericulture education as a part of primary schooling and personally taught school girls throughout his career. As in Brazil, the French

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123 Pinard quoted in Klaus, 79. This section of the chapter was aided immensely by Romilsa Almeida’s ongoing institutional history project at the Liga Álvaro Bahia contra a Mortalidade Infantil.
approach to female education reflected physicians’ suspicion that maternal errors and superstitions were responsible for childhood fatalities. Therefore, puericulture education in the schools focused primarily on educating girls for their future roles as wives and mothers. The course objectives did not include preparing these young students to be social advocates for infant health.

In Bahia, puericulture education in the schools was greatly-discussed and little-realized. There were noteworthy efforts to organize this program, but there is not sufficient evidence to suggest that puericulture education was ever institutionalized within the public school system. Instruction in puericulture did find its way into the Normal School of Bahia, a teacher-training institution, very early in the century, however. The first physician to organize and teach puericulture to aspiring Bahian teachers was Dr. Alfredo de Magalhães president and founder of the Childhood Protection and Assistance Institute, founded in 1903. Dr. Martagão Gesteira of the Liga Bahiana contra a Mortalidade Infantil also organized a training program for puericulture nursing assistants in 1934. Puericulture education was theoretically mandated by law for all the Normal Schools in the state of Bahia by 1935. These were the initial but limited approaches to educating women in childrearing, generally prioritizing teacher training. Before moving to Rio de Janeiro in 1936, Dr. Gesteira laid the foundations for a much more comprehensive educational institute to address the perceived need for training in scientific motherhood.

The Liga Bahiana contra a Mortalidade Infantil founded the Escola de Puericultura Raymundo de Magalhães in 1937 thanks to a large donation made by the

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sons of a well-known sugar industrialist and named in memory of their father. The Puericulture School was the first institution of its kind in Brazil, established to provide “teaching and propaganda on infant hygiene particularly to prepare future mothers.” The School was inaugurated to great fanfare during Children’s Week with the participation of several important public figures including Minister of Education and Health Gustavo Capanema and Bahian Interventor Juracy Magalhães whose government also contributed 60 contos de réis for the founding of the institution. The educational program of the Puericulture School was based on three academic tracks and three distinct profiles of students. The primary course, called the “elementary” track, was directed to primary school girls and poor mothers receiving health services at the Puericulture School’s hygiene clinic. There was an intermediate course for senhoras and senhoritas who wanted specialized training in puericulture for their own roles as mothers and in preparation for community work. The final track offered at the School was an advanced course, called the “superior” course for medical students from the Medical School of Bahia to gain specialization in infant hygiene.  

The elementary program for young girls, called the school for little mothers or the “escola de mãesinhas” was an imported idea from the United States. Child advocate Dr. S. Josephine Baker conceived of the idea for a Little Mothers’ League and founded the first of these clubs in New York City in 1910. At the time, Baker was the director of the New York Child Hygiene Bureau and would become one of the best-known and most influential child advocates in the history of the United States. Alarmed by the high rates

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of infant mortality among immigrant tenement residents in New York, Baker had specific
goals for the Little Mothers’ Leagues. She was well-aware that preteen and teenage girls
often held key childcare responsibilities at home, particularly in supervising younger
siblings while their parents worked long hours in factories. Instructing and reaching out
to these young girls through small Leagues and in-school puericulture classes held the
possibility of helping to reduce infant mortality. Baker also saw immigrant girls as an
important assimilation factor for parents who often did not speak English and perhaps
were unfamiliar with child-rearing conventions in the United States. Therefore, the Little
Mothers’ Leagues offered civic education as well. Proponents hoped that by educating
young girls in scientific childcare techniques, these children could exert influence over
their own mothers’ behaviors. By 1915, there were dozens of Little Mothers’ Leagues
across the United States working with nearly 50,000 girls. Unlike French precedents of
women’s education in puericulture, Little Mothers’ Leagues encouraged young girls to
become community advocates for better children’s health.\textsuperscript{126}

In the \textit{escola de mãesinhas} at the Puericulture School, young girls were taught the
basics of caring for infants and small children. In Bahia, this type of scientific child care
program for girls predated the founding of the School by at least ten years. The \textit{Liga
Bahiana contra a Mortalidade Infantil} had maintained a similar program for school-aged
girls annexed to the Fernandes Figueira daycare since the late 1920s.\textsuperscript{127} The \textit{escola de
mãesinhas} certainly shared many of the same goals as the Little Mother’s Clubs in the
United States. It is somewhat difficult to determine whether the Brazilian programs were
aimed at poor girls as were the Little Mother’s Clubs. Certainly, Bahia never had a poor

\textsuperscript{126} See Klaus and Meckel, 145.
\textsuperscript{127} Álvaro Bahia, “Relatório dos trabalhos executados pela Diretoria de Higiene Infantil e Escolar no anno
de 1929,” APEB, Caixa 4026/Maço 14.
immigrant population of any significance comparable to New York, and unfortunately data on the background of escola de mãesinhas’ participants was either never collected or no longer exists. There are some suggestive clues to the socioeconomic status of the families these children belonged to, however. School attendance is one factor. It is not clear whether girls enrolled in this program also attended regular school or whether school-attendance and literacy were required in order to participate. Little Mother’s Clubs in the United States drew their participants from local public schools, but in Bahia this is not clear. In 1937, Dr. Álvaro Bahia wrote that the Liga could not reach an agreement with the state Department of Education on how often girls would attend puericulture classes and, therefore, made the decision to keep matriculation in the escola de mãesinhas open and independent from the public education system.

Considering that poor adult women who used the School’s health services were also theoretically on the “elementary” track, it is likely that literacy was not a requirement as most of these women would not have been literate.

Comparing enrollment rates in the escola de mãesinhas with the older students at the Puericulture School, it is clear that the dropout rate was much higher for the elementary course than for the intermediate course. Like their American counterparts, poor young girls in Bahia would have had family responsibilities that may have prevented their participation in a 4-month course. This would be less likely for children of well-to-do families who employed servants and nannies to perform household tasks and care for young children. Looking at the first six years of courses at the Puericulture School, on average 73% of students who began the intermediate course graduated with a diploma after the 4-month program concluded. By comparison, only 31% of the girls in
the *escola de mãesinhas* remained in the course until its conclusion. The most telling
evidence comes from contemporary photos of the graduates of each track. Even
accounting for the difference in ages, the students of the elementary course were
noticeably darker-skinned and more plainly dressed than their seniors at the Puericulture
School. All of this evidence taken together suggests that the student base of the *escola de
mãesinhas* was similar to Little Mother’s Clubs in the United States, and the program
certainly reached a poorer sector of society than did the School’s intermediate course.

At the Puericulture School, sanitary nurses taught classes in the elementary
program, educating young girls about child care using dolls in the *apartamento de
boneca*, the doll’s apartment. Students who frequented the *escola de mãesinhas* were
typically between ten and fourteen years of age, and they learned basic principles of
infant hygiene, diet, and sewing using toys and props. Girls also practiced feeding and
bathing with the children enrolled in the School’s free daycare. In addition to the obvious
gendered nature of female domestic education, the girls’ program at the Puericulture
School revealed a great deal about contemporary attitudes and models of hygienic family
organization. In the doll’s apartment where students practiced managing a home,
separation of spaces for specific functions was paramount. Each space had a definitive
purpose, and children were to sleep in bedrooms separated from adults which was a
major complaint that hygienists had with the living situation of many poor families.
“Future mothers” also learned the importance of maintaining an orderly home with their
dolls. The wall clock was a key feature within the apartment so mealtimes and bedtimes
could be rigorously observed. Within its first eight years of offering courses, the
Puericulture School graduated 91 Little Mothers. Like Pinard’s model puericulture
instruction program for girls in France, at the Puericulture School little girls were prepared for their future roles as mothers and not necessarily to become community child health advocates. This was a major objective of the intermediate course.

The real heart of the *Escola de Puericultura* was the intermediate course, the *curso médio*, for young women from the best Bahian families. The intermediate course was a rigorous introduction to the scientific principles of puericulture taught by the physicians of the *Liga Bahiana contra a Mortalidade Infantil*: Dr. José Adeodato, Dr. Ruy Santos, Dr. Álvaro da Franca Rocha, and Dr. Álvaro Bahia. The program truly embodied the goal of training women in the latest puericulture principles; obviously it was geared to non-specialists but certainly without completely diluting the scientific basis of the theories. Coursework for intermediate students included: infant hygiene, pathology, general hygiene, children’s physiology and anatomy, diet and sewing. The dietary and sewing courses were taught by women, Professors Amelia Rocha and Lourdes Oliveira. In Dr. Bahia’s infant hygiene class, for example, women were instructed on the origins and theories of eugenics and puericulture, prenatal and infant care, as well as social issues such as legislation, foster care, public health institutions, and social services. The instruction women received at the Puericulture School was completely in line with the new scientific expectations of middle and upper class women. Graduates would have the scientific background to supervise domestic responsibilities within their homes and to perform certain childcare duties themselves. Intermediate students also gained practical training through internships that offered the opportunity to practice their new principles on the infants enrolled in the School’s free daycare and the
foundlings at the *Santa Casa de Misericórdia*. The School maintained high enrollment, graduating **222 puericultoras** in the first eight years of its existence.\(^{128}\)

The most salient feature of the intermediate course was its focus on women as educators and advocates for children’s health. In fact, practical experience and activism were even incorporated into the design of the program and the building where classes took place. In order to guarantee that the puericulture education program would never become divorced from the larger mission of advocating for poor children and their mothers, the School itself housed infant and prenatal hygiene clinics, a maternal cantina, a children’s hygiene museum, and both human milk and sterilized milk dispensaries in addition to the free daycare already mentioned. Like all of the programs of the *Liga Bahiana contra a Mortalidade Infantil*, these were free services directed at poor women in the community. The marriage of theory and practice at the Puericulture School represented its founders’ commitment to instructing wealthy Bahian women in advocacy. Perhaps puericulture students had limited interaction with the women who utilized these health services, though they “practiced” on their children, but the integration of education with public health clinics meant that the School set its sights on a larger mission than simply educating affluent women to be hygienic mothers.

President of the *Liga Bahiana contra a Mortalidade Infantil* Dr. Álvaro Bahia consistently reminded his students that they were not simply learning to be better “future mothers,” but that their certificate came with specific obligations to their society and their nation. They were becoming *puericultoras*—champions of the health and welfare of

defenseless children and advocates for abandoned and single mothers. The larger ramifications of puericulture education for women were not lost on the program’s students either. Students wholeheartedly embraced their mission as scientific mothers as one that would change the nature of Brazilian society. As one student observed in 1939, “When all the young women out there learn of the necessity of puericulture education, the problem of childhood will be reduced to a minimum and the average type of Brazilian man will be different.”129 Students also expressed the specific responsibilities that women of their class yielded in modern times, practicing the profession of scientific motherhood by advocating for child health issues among the poor. Student Leticia Trigueiros best expressed this mission in 1941 when she addressed her classmates on the occasion of their graduation as puericultoras:

The objective of the modern woman then would be the conquest of the professions for which she is most apt, and that do not complicate—on the contrary that facilitate—her activities in the home which constitute her primordial concern… [The] ideal which should be the ideal of all women…[is] the elevation of the cultural level of our poor classes. Infant hygiene and prenatal clinics, hospitals, dispensaries are not worth anything if we do not have a population capable of utilizing and enjoying their benefits. It is this work that is required of women in our days.

As Trigueiros explained in her eloquent graduation address, modern women need not become the competitors of men. Rather, educated women could fulfill a public, professional occupation through social work which was more suited to women’s specific talents and energies than to men’s. 130

129 “Exemplo a seguir para todas as moças bahianas,” Estado da Bahia (Salvador) 24 July 1939.
130 Leticia Trigueiros quoted in “Inculcada nas puericultoras o desejo de servir,” Estado da Bahia (Salvador) 25 November 1941. Few documents reveal much about the women who attended the puericulture courses; therefore, Trigueiros’ address is particularly significant. Her erudite language and the scholarly, biblical, and scientific references in her speech leave no doubt that the women in these courses were among the most-educated members of society even prior to their training in puericulture.
Even within the home, the practice of professional, educated motherhood held particular significance for the continuing process of national modernization. Educated women of this class performed a patriotic duty by nursing and rearing the next generation of great men, giving Brazil “strong sons, for her increased greatness.” The obvious gendered nature of this notion of national progress is interesting. At the Puericulture School, participants and visitors argued that ultimately men would produce Brazilian modernization and that women must have the intellectual tools to properly raise these men from their infancy. Women’s roles were not less important than men’s, but their social and national contributions in modern times were inseparably linked to childrearing and nurturing men’s activities. When the second graduating class of 1941 invited Maria Esolina Pinheiro as a guest speaker at their ceremony, she expressed this perspective quite clearly. At the time Pinheiro was Technical Assistant of the Children’s Biology Laboratory of the Federal Secretary of Health and Assistance and the former director of the Social Services School in Rio de Janeiro. She was in Bahia in 1941 to conduct an advanced course in social work on behalf of the Red Cross of Brazil. Pinheiro’s fascinating address warrants an extended excerpt here:

My dear young puericultoras:
What a beautiful course you have just completed! The child represents the man of tomorrow. And what doesn’t the world expect of this Man? It requires him to be healthy and balanced, beautiful as an expression of his race, strong as an expression of his power, calm to express his education, kind as an expression of his superiority, and finally it requires the personality to adjust to his social function. And who fulfills this educational role – woman! . . . .

Young women, Brazil has not yet begun to show the world the force of her destiny, the heights of her greatness. The more we protect her human capital, the sooner this hour will strike. The factory workers, artists, and thinkers are protected, eugenically, socially, and intellectually – each preparing the foundation that will place Brazil among the Best Nations of the World. It is woman at par
with man who is preparing this foundation, every time she breastfeeds her little son, protects her husband, educates the youth, and beautifies her life.\textsuperscript{131}

Pinheiro’s speech should also be read in the context of a nation preoccupied with wartime. Pinheiro was an important and vocal advocate of women’s mobilization to serve the national war effort, as professional nurses, social workers, teachers, and volunteers. For Pinheiro the home front contributions of men and women were as significant to national defense as were the efforts of Brazilian soldiers. When she spoke of the requirements of men and the educational role of women, therefore, she was making specific reference to Brazilian involvement in the war and arguing that both men’s and women’s patriotism were critical to seeing the nation through the difficulties of the modern age.

Graduation at the Puericulture School was mainly an event for the participants and their families, but on occasion the ceremonies attracted influential citizens whose participation added legitimacy to a key project of Bahian modernization and reminded everyone in attendance of the state and national governments’ interest in family issues. Graduation ceremonies were held twice annually and always covered by the local media which consistently published names of graduates for each class. When media magnate Assis Chateaubriand addressed the graduating class of 1944, he congratulated the state of Bahia for having identified and worked on the problem of childhood for years. The connections between the Puericulture School in Bahia and child and maternal politics on

the national level are significant. For example, Chateaubriand’s influence was decisive in encouraging President Getúlio Vargas to relocate Dr. Martagão Gesteira founder of the Liga Bahiana contra a Mortalidade Infantil to Rio de Janeiro to head a National Puericulture Institute. The National Puericulture Institute, founded in 1937, was quite similar in organization to the Puericulture School in Bahia. Like its predecessor, the National Puericulture Institute included an educational program as well as prenatal and child hygiene clinics. The National Institute in Rio de Janeiro also incorporated a few new services, expanding on the Bahian model to include prenuptial eugenic counseling, a pediatric treatment facility, a birthing center, and a research branch.

The establishment of the Puericulture School is fascinating as it evidences the overlap of various tensions of Brazilian modernization. The School opened its doors at a time when women’s education, familial roles, and access to professional employment were intensely debated topics particularly among female activists. In terms of the medicalization of Brazilian society, progress and education for women were a paramount objective as was female mobilization. As the case of the Puericulture School clearly demonstrates, mobilization of well-to-do women in favor of the crusade to improve children’s health and reduce infant mortality presumed civic participation. It suggests that most male physicians in Brazil were not against the idea of education for women in general, but insisted that education never detract from women’s roles as wives and mothers or place them in a position of professional competition with men. The purpose of women’s education should always be to create better mothers for the next generation.
of Brazilian men and to support women’s mobilization around issues that were gender and class-appropriate.  

Historian Susan Besse best captured this idea by referring to this period as a “restructuring of patriarchy.” During the Republican period conceptions of motherhood, supported by the imposition of medical authority over family issues, allowed women’s household and public roles to modernize without being fundamentally redefined. In the case of puericulture education and the maternal and child welfare movement more generally, it is important to note that affluent women did find opportunities for professional education and increased social participation. Though this campaign was not particularly “radical,” the modernization of scientific motherhood did entail seeing women’s social roles and citizenship in new ways. Women organized around these new principles, becoming professional mothers and child welfare activists. Mothering, and social work by extension, conveyed a type of civic duty so a distinction between women’s organizations either focused on (feminist) activism or philanthropy focused on women’s traditional roles is misleading.

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132 Brazilian physicians carried on their own debate about women’s education during the period. One of the best examples of this literature comes from Bahian physician Dr. José Lino Coutinho. In 1849, he wrote the first text on female education in Brazil, *Cartas sobre a Educação de Cora*, as a detailed description of the type of education he envisioned for his daughter based on a program of moral, physical, and intellectual pedagogy. Coutinho’s *Cartas* is considered the classic example of hygienic education for middle-class Brazilian women in the 19th century. See Martins, 223-261 and Dinorah d’Araujo Berbert de Castro, *Cartas sobre a educação de Cora do Dr. José Lino Coutinho* (Salvador: Beneditina, 1977).
The emergence of scientific motherhood tells a story of gender roles in transition—making motherhood a profession and establishing formal medical knowledge as the legitimate source of information about women’s bodies, birthing, and childrearing. Middle and upper-class women largely embraced this modernized vision of maternity that they helped to create because it did offer new opportunities for education and new avenues to civic participation. Their involvement may have been somewhat conservative, reinforcing patriarchal social models while incorporating women’s activities into a modern, patriotic exercise. But social and clinical work and community advocacy entailed challenging, professional work based on a rigorous educational foundation. While physicians pressed these women to give up their wet-nurses, families still relied on nannies, cooks, and other household domestics, allowing affluent women to take advantage of opportunities for education and activism. All of this professional and charitable work of middle class women was made possible by women like those described in Chapter 2.

Like their counterparts in other parts of the world, Brazilian physicians sought to discredit women’s knowledge about birthing and question the ability of even well-to-do women to raise their children without the guidance of a physician, urging mothers to turn away from custom in favor of modernity. In fact, the participation of women of science was a critical factor in the transition from traditional (female) expertise to medical (male) expertise in women’s and children’s health and birthing. Long before male physicians delivered the majority of Brazilian babies in hospitals, medically-trained female nurses and midwives assisted women in their homes, providing advice on prenatal care and the latest principles of puericulture. The rise of the science of motherhood entailed a
gendered but contradictory process. Modern ideas about scientific motherhood in the early 20th century impelled the decline of midwifery and the professionalization of biomedicine at the expense of traditional women’s knowledge, but also represented an unprecedented mobilization of women in favor of maternal and infant health.
“It is always indispensable to associate a private effort with a public one in these types of campaigns...Completing our puericulture installations in this manner and maintaining them in regular operation, I have no doubt that the calamity that so saddens and embarrasses us will be substantially decreased in a very short time.” (Dr. Martagão Gesteira, 1923)

Medical interest in mothers and children led to an unprecedented expansion of health and welfare services in Brazil during the 1920s through the 1940s. After decades of internal debate, physicians were finally able to manifest their concerns over infant mortality and scientific motherhood into concrete programs. The history of public health and social assistance or welfare in Brazil really must be studied jointly as one social development. In our present-day understanding of these issues, health is one concept and well-being another—even political institutions devoted to these causes are separate. But health and welfare particularly relating to mothers and children had been intertwined issues in medical discourse since the 19th century. Child welfare arose as a public concern during the Old Republic; however, the early attempts to address this issue were sporadic and disorganized. The first generation of attention to children’s issues focused more on juvenile delinquency than advocacy. The “protection” of mothers and children model did not develop until the Vargas years. The First Republic years, however, marked a period of “official charity” according to historian Irene Rizzini where government agencies authorized private institutions to supply health services that were provided for by state and federal law.

133 Martagão Gesteira, “Discurso proferido na sessão solene da inauguração da Liga Bahiana contra a Mortalidade Infantil” (Salvador: Liga Bahiana Contra a Mortalidade Infantil, 1923).
The history of maternalist institutions in Bahia provides a clear example of the “hybrid” nature of the welfare state in Latin America to use historian Donna Guy’s terminology. Where governmental services were absent or underfunded, private institutions pooled money from influential families and provided free health care and welfare assistance to the poor. Additionally, public services relied on the expertise, resources, and infrastructure of private institutions to provide health and welfare services that were constitutionally the responsibility of the state. In Bahia, private and public institutions partnered from the initial establishment of maternal and children’s health programs in the 1920s. In fact, Bahian public and private organizations maintained such an overlap in leadership and staff that untangling the state from the private is in itself an analytical challenge. They even shared office and clinical space, meaning that some reporting of preventative and medical services was collaborative.

The Bahian welfare state was also hybrid in its intentions. Because concern over family welfare was an outgrowth of a medical interest in reducing infant mortality and improving Brazilian health in general, local physicians and their supporters focused on providing preventative health services, safe childcare options, and nutritional support. Better nutrition, particularly, for infants was at the heart of all three of these types of programs. Enabling mothers to nourish their infants with breast milk or sterilized animal milk was a paramount goal in the campaign to reduce infant mortality. Social assistance programs for mothers, even those providing monetary support, were designed with this goal in mind. Better nutrition for better health was also the aim of free daycares and maternal cantinas though these programs may seem to be more concerned with welfare
than health. In Bahia therefore, family health and social assistance were two intertwined elements within the same movement for a healthier citizenry.

Maternal and child health and welfare institutions took inspiration from French and U.S. models. Well-baby clinics, maternal stipends, milk depositories, and free daycares for working mothers were inventions of the French pronatalist movement of the late 19th century. Though the Bahian campaign imitated certain aspects of the U.S. child welfare movement, the U.S. movement was characterized by the mobilization of women as leaders of institutions such as the Children’s Bureau founded in 1912. Female advocacy was fundamental to institutional development in Brazil as well, but there were few examples of medical organizations led by female physicians. Despite some key similarities, the Brazilian welfare state developed in a manner that was distinct from the U.S. and European models that have been so thoroughly analyzed. A high degree of state intervention, as in the French model, was coupled with an absolute dependence on private organizations and charities as in the United States. Though Brazilian governments of the 20th century were basically authoritarian in their administrations, a relatively high priority was placed on social welfare, but the state lacked the resources and the reach to enact its policies without the cooperation of local institutions and wealthy benefactors. Historian Donna Guy suggests that this model was common across Latin America and represents a new arena of inquiry for scholars of the region.134

Bahia’s First Maternalist Programs

The origins of maternal and child health and welfare programs in Bahia have a unique history, owing to the collaboration of federal, state, and private interests in the

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1920s. The federal government was deeply involved in disease eradication in the Bahian 
*sertão* and actually took control of Bahian public health services, subordinating state-
level programs to federal ones. The Brazilian Sanitary Code of 1920 allowed Dr. Carlos 
Chagas as National Director of Public Health to intervene in state health services which 
meant a new program to combat rural epidemics of yellow fever, hookworm, and malaria 
in the Northeast. Through Chagas, the Federal Department of Public Health replaced the 
State of Bahia in a cooperative agreement with the Rockefeller Commission. Thus, the 
federal government and the Rockefeller Commission were partners in the first public 
health movement in Bahia under the umbrella of the Rural Hygiene Service whose 
director, or Rural Health Inspector, was also named director of the Federal Sanitary 
Service of Bahia. Though these programs were primarily directed at disease-eradication 
efforts, the involvement of the federal government meant funding for other public health 
projects as well as federal supervision. In fact, funding for maternal and child hygiene 
programs was part of the federal agreement with Bahia since an Infant Hygiene 
Inspector’s Office already existed in Rio de Janeiro. The federal Inspector of Infant 
Hygiene was Dr. Fernandes Figueira, a prominent pediatrician who agreed to extend 
federal services into Bahia through the Sanitary Service. In 1923, the Sanitary Service 
established the Infant Hygiene Service in Bahia which was quickly reorganized under a 
new institution in 1925: the Directory of Infant and School-Age Hygiene. Governor 
Goés Calmon created the Sub-Secretary of Health and Public Assistance in 1925 (which 
included the Infant and School Hygiene Office) and named Dr. Barros Barreto, a federal 
health inspector and Director of the Rockefeller Commission in Bahia, as Bahian
Secretary of Public Health.\textsuperscript{136} It is obvious, therefore, that governmental organization of maternal and child hygiene in Bahia was a strange and mix of federal interventions and local administration right from the beginning.

The Infant and School-Age Hygiene Office was the first of several permutations of state institutions dedicated to children’s health and welfare. The Bahian public health system stayed in an almost constant state of reform and reorganization in the early century, meaning that women’s and children’s services moved from one bureaucratic department to the next. The duties of the Infant and School-Age Hygiene Office encompassed attending to “all that is the interest of the lives of children.” Apparently, this mission involved establishing 1) puericulture and prenatal programs in maternal clinics 2) conducting home visits by sanitary nurses 3) examining healthy children in the well-baby clinics, in institutions, and in impoverished homes 4) conducting medical examinations of wet-nurses 5) teaching and distributing propaganda in infant hygiene and nutrition and 6) prevention of contagious disease. In addition to those services provided by the State itself, these governmental organizations were also tasked with supervising all private institutions in Bahia that worked with or for children.

Beyond these two institutional actors, the federal and state governments, perhaps the most fundamental organization in the development of maternal and child health and welfare programs was the Bahian League against Infant Mortality (the \textit{Liga}). Though it was a private organization, the \textit{Liga Bahiana contra a Mortalidade Infantil} was founded

\textsuperscript{136} Antonio Luis C.A. de Barros Barreto, “Relatorio da Sub-Secretaria de Saúde e Assistencia Publica anno de 1926” (Bahia: Imprensa Official do Estado, 1927), 175. The federal government was much more interested in the rural campaign than in infant hygiene in Bahia. Dr. Barros Barreto’s report for 1926, for example, deals overwhelmingly with the rural campaign with only a few pages dedicated to the joint state-federal infant hygiene programs. See Luis A. de Castro-Santos, “Power, Ideology and Public Health in Brazil, 1889-1930” (Ph.D. diss., Harvard University, 1987) and “As origins da reforma sanitária e da modernização conservadora na Bahia durante a Primeira República” \textit{Dados} 41 no. 3 (1998).
jointly with the Infant Hygiene Service of the State of Bahia. As explained in the first chapter of this dissertation, Bahian physicians had been concerned about high infant mortality rates as an indicator of Brazilian degeneracy since the 19th century. The main protagonist behind the founding of the Liga was Dr. Martagão Gesteira of the Medical School of Bahia. According to Dr. Gesteira, he had a long-held interest in founding an organization devoted to reducing infant mortality in Bahia and saw an opportunity with the federal intervention in Bahian public health. Gesteira reasoned that this type of private institution could only be successful in partnership with a public agency. Thus, Gesteira, Dr. Álvaro Bahia (the Liga’s second president), and five of their colleagues founded their institution in 1923, taking the name from Pierre Budin’s Parisian institute. The Liga inaugurated its first infant hygiene consultation center, a well-baby clinic, in conjunction with the inauguration of the federal services in Bahia so the clinic belonged to both institutions. In other words, the Liga administered the infant hygiene services in Bahia which were co-sponsored with federal funding. Gesteira himself was a Hygiene Inspector for the Rural Sanitary Service. In this way, the genesis of maternalism in Bahia was actually the result of a three-way institutional partnership though the Liga was the leader in administration and service.\footnote{Martagão Gesteira, \textit{Discurso proferido na sessão solene de inauguração da Liga}.}

The infant hygiene clinic was a center for preventative care, mostly developmental tracking and puericulture education for local mothers. All services were provided free-of-charge. The Liga’s own resources donated by private benefactors largely subsidized the Infant Hygiene Service during its first year. In fact, Gesteira wrote in his first official report as Hygiene Inspector that the Liga planned to fund the state’s projects until (at least) April of 1925 when public money would become available.
Gesteira had a small staff which was appointed by the Federal Department of Public Health. No school existed in Bahia in 1923 to train nursing assistants and visiting sanitary nurses so the Liga trained its own staff, including 20 nurses in the first year of service.

The Infant Hygiene Service attended poor women and babies in clinics and performed home visits for expectant mothers and newborns. According to the stated policies of the Infant Hygiene Service, physicians and nurses focused on preventative services rather than treatment. Preventative services included home visits to pregnant women, distribution of educational pamphlets on puericulture, clinical examination of infants, hygiene inspections of homes, daycares, and orphanages, and vaccination against smallpox. Despite Gesteira’s hope that the service could be dedicated to “preventative hygiene, puericulture, and education,” the high occurrence of infant illness and disease made this goal impossible. Gesteira also claimed that working mothers (mães proletarias) resisted bringing healthy children to the clinics, and instead avoided health care services until their babies fell ill. As babies who arrived at the clinics were often already sick, Infant Hygiene Service physicians and nurses distributed medications—donated by local pharmacies—and attended sick children in addition to their preventative programs. Despite the intention to serve only healthy babies as Budin’s well-baby model suggested, the hygiene clinics were often treatment centers.138

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138 Martagão Gesteira, “Os serviços de Hygiene Infantil na Bahia em 1924” (Bahia: Impresa Official do Estado, 1925), 8. Gesteira’s report also provided more descriptive information about the 2483 infants attended in the clinics. Under “color” of infants, Gesteira explained that 22.15% of the babies seen in the clinics (550 children) were white. “Pardos” or mixed-race children made up 50.14% (1245) of the attended children. Finally, the remaining 688 children—27.70%—were classified as “pretos” or black. The physicians attended approximately equal numbers of male and female children, 47.24% and 52.75% respectively. Gesteira also recorded approximately half of the children as “legitimate” (1182 or 47.60%) and the other half as “illegitimate” (1301 or 52.39%). The majority of their mothers (63%) were domestic servants. The majority of the fathers were factory workers (58%)—of those who reported a father’s
Internal hygiene services took place in a number of specialized clinics. The first Liga clinic Regina Helena was founded in October 12, 1923, named in honor of the daughter of newspaper director Ernesto Simões Filho, and served infants exclusively. Fellow Liga founders Drs. Álvaro Rocha and Hélio Ribeiro attended along with Gesteira. Gesteira attended the most difficult cases personally, taking the patient to classes at the Medical School of Bahia. Over the years, the Liga partnered with the Medical School to provide practical training for students of pediatrics. The Regina Helena clinic saw more than 20 children daily, most with digestive disturbances and respiratory infections. Within the first 3 months of services, the clinic saw over 1,000 babies. According to Gesteira, little by little, mothers began to bring their healthy children to the clinic for weighing and examination, particularly if the infant had previously been treated there for an illness. The year of 1924 was an important one for the Infant Hygiene Service as five new clinics were added to the Liga’s Regina Helena Central Clinic.

The Liga with the Infant Hygiene Service expanded their activities with two “mixed” clinics for children founded in the summer of 1924 designed to serve both infants and preschool children. The Adriano Gordilho clinic was inaugurated on May 14, 1924 in conjunction with the daycare (creche) at the Fábrica Luiz Tarquínio. The Adriano Gordilho clinic was located in a building which belonged to another factory: Fábrica Bôa Viagem adjacent to the daycare for children of the factory workers. The Infant Hygiene Service added another mixed clinic next to the Santa Isabel Hospital on occupation (40% did not). See also “Estatistico do movimento dos consultorios Regina Helena, Adriano Gordilho, Hospital Santa Isabel” 1926, APEB, Caixa 4032/Maço 24.  

139 Audiface, 125. The Liga also had two office staff members: Celina Pontes Bahia (wife of Dr. Álvaro Bahia) who handled registration of babies and filing and Albertina Minho who helped apply dressings and administer injections.  

140 Gesteira, 8.
July 6, 1924 in a space donated by the Santa Casa de Misericórdia. All three of the clinics specialized in vaccinations. The Service also offered pre-natal services in two clinics founded especially for pregnant women. The first pre-natal clinic was inaugurated on May 14, 1924 and the second on November 5, 1924 in the Maternity Center: Maternidade Climério de Oliveira.

While attending so many infants in their clinics, the doctors and nurses of the Infant Hygiene Service also made home visits to supervise the sanitary conditions of poor households with babies. Dr. Álvaro Bahia oversaw the home-visit nurse service. The institution was able to secure the civil registry from the Secretary of the Interior to systemize their work. Nurses attempted to pay home visits to all families with newborns in the city. Upon finding the infant in an affluent home, the nurses would offer pamphlets on puericulture to the parents. If the family was of a lower class, nurses would make regular visits and register the baby in one of the well-baby clinics. Nurses would also inspect public daycares, particularly those attached to factories such as the daycare at the Villa Operaria Fábrica Luiz Tarquinio. The Infant Hygiene Service founded its own daycare the Creche Fernandes Figueira (named in honor of carioca physician Dr. Antonio Fernandes Figueira) on October 12, 1924 for domestics who did not have the opportunity to take their infants to a factory daycare. Wet nurses were hired at Fernandes Figueira (after rigorous medical examination) since caretakers refused to use artificial milk and had to assist mothers whose employers would not allow them to leave during work hours to nurse at the daycare. The addition of a daycare indicated that the Liga

141 Audifeace.
142 This was Federal Decree 16.300 of 31 December 1923. See Reinaldo Menezes Martins, “Sumário da legislação de proteção à maternidade e infância no Brasil” in História da pediatria brasileira: coletânea de
extended its mission beyond strictly health and into social assistance issues. This distinction is actually an anachronism in fact because Bahian child advocates did not separate questions of children’s health from their familial well-being. These advocates, including the *Liga* staff, argued that reducing infant mortality and morbidity could be achieved through free daycare centers by protecting children from “incompetent” caregivers and the dangers of unsterilized animal milk.

The *Liga* opened one of its largest clinics in 1928: the *Instituto Arnaldo Baptista Machado*. The institute was named for the father of its benefactor Alice Machado Catharino who was the wife of Álvaro Martins Catharino and among the wealthiest families in Salvador. The Regina Helena clinic and Fernandes Figueira daycare were relocated to the new building. The *Liga* also rented one floor of the new building to the Secretariat of Health for a public health clinic. Several years later in 1935, the *Instituto* also became home to the State’s Children’s Department, a division of the Department of Public Health and Assistance. The Federal Inspectorate of Infant Hygiene had been disbanded in 1930 at the command of President Washington Luiz so Bahia no longer had cooperative agreements with the federal government to provide maternal and children’s services. Dr. Martagão Gesteira and his colleagues heralded the support and intelligence of Interventor Juracy Magalhães in establishing the new organization in 1935 which was the first state-funded Children’s Department in the country.\textsuperscript{143} Gesteira was named the new institution’s first director. Of course, the Children’s Department was not sufficiently funded to exist separately from the *Liga Bahiana contra a Mortalidade Infantil*. The

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\textsuperscript{143} One of Brazil’s most famous pediatricians, Dr. Moncorvo Filho, founded a Departamento da Criança in Rio de Janeiro in 1919. But this was an exclusively privately-funded program.
Department rented a floor in the *Instituto Batista Machado* and used all the *Liga* staff. In essence, the two agencies were the same but state money was earmarked exclusively for preventative services. By the 1940s, the Children’s Department oversaw puericulture services in six public clinics: the Sanitary Center on Rua Dr. Seabra (1932), the Mario Andréa Sanitary Center at Calçada (1932), the Abrigo dos Filhos do Povo clinic at the *Santa Casa de Misericórdia* (1933), the Health Post at the Estrada de Liberdade (1935), and the Health Post at Rio de Vermelho (1935) in Salvador plus the Suburban Maternal and Children’s Hygiene Service which was ambulatory care program. The puericulture services at the Rio de Vermelho, Estrada de Liberdade, and the Santa Izabel Hospital on the grounds of the *Santa Casa de Misericórdia* were joint efforts of the state and the *Liga*.

The public health posts in Salvador maintained their own staff and served thousands of pregnant women and children per year. Prenatal and child health care represented only one activity of the health posts, but they did offer both preventative care and treatment at some locations. Treatment included dental care, otorhinolaryngology, and medication and follow-up for children and adults infected with syphilis and tuberculosis. Visiting nurses associated with the public clinics also made tens of thousands of home visits just as *Liga* nurses did, distributing information about prenatal and children’s health and encouraging families to bring sick infants into the clinic for treatment. Following the commitment to nutrition and welfare, some of the clinics also maintained milk depots and maternal cantinas where women were served free daily meals.

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144 Secretária de Educação e Saúde, “Relatorios dos trabalhos do 2º Centro de Saúde, 1931-1941” and “Relatorios dos trabalhos executados pelo 3º Centro de Saúde, 1933/1940,” APEB, Caixa 4060/ Maço 76.
While the *Liga* operated several clinics in conjunction with the State of Bahia, they also undertook a major renovation of the Foundling Home at the *Santa Casa de Misericórdia* beginning in 1934. Most of the new health services assisted foundlings living at the Home and their mothers though not exclusively. This history is covered in detail in the following chapter, but the modernization of the *Santa Casa* added a new children’s policlinic in the city of Salvador, a prenatal and children’s hygiene clinic, and an additional free daycare.

The opening of the Puericulture School in 1937 added an additional prenatal and children’s hygiene clinic and a free daycare for children between two months and one year of age. The facility also maintained a maternal cantina to provide a daily meal to women who utilized the clinical services. The milk depot (*lactario*) at the Puericulture School provided breast milk in addition to sterilized cow’s milk, giving this institution the distinction of being the first human milk bank in Brazil. Interventor Magalhães provided an apparatus called the Bettinoti Poly-extractor as a gift to the milk bank. The machine allowed eight women to pump breast milk simultaneously. The *lactario* at the Puericulture School was the only one in Bahia with refrigeration capacity so milk could be stored. This was critical because the demand for breast milk for sick and needy infants was extremely high. The other three milk depots—at the *Santa Casa*, the State Health Posts at Rio Vermelho and Estrada de Liberdade—did not have refrigeration capacity and sent milk immediately to needy babies. Women living at the Maternal Shelter of the *Santa Casa de Misericórdia* and other poor women in the city donated their milk to the human milk bank, receiving a meal or small fee according to the number of liters provided. The human milk program was originally intended to serve the foundling
population, but the frequency of requests particularly by local physicians and other families (including many of highest classes) necessitated expanding the program to work through the state’s health posts. The four posts combined distributed millions of liters of breast milk between 1937 and 1945.\textsuperscript{145}

The critical issue to remember concerning the establishment of all of these public health services is that prior to 1923, the state of Bahia maintained no facilities of any kind dedicated to preventative health or treatment for women and children. At the end of the period analyzed for this dissertation, there were dozens of facilities run by both public and private agencies and including maternal cantinas, free daycares, well-baby clinics, prenatal services, in-home birthing assistance, treatment centers, a maternity hospital, and a children’s hospital. All of these services were offered free of charge and served the poorest residents of the city. Even with all of these programs, the maternalist movement could not fully meet the health and welfare demands of all those in need in Bahia. Yet the development of these programs in the early century stood in stark contrast to the late 19\textsuperscript{th} century period. The state of Bahia was undoubtedly a leader and an innovator in the larger Brazilian movement for healthier mothers and babies. When President Getúlio Vargas made “protection of mothers and children” a priority of his family policy in the 1930s and 1940s, his administration encouraged states across the nation to adopt programs identical to those which had existed in Bahia for decades. The connections between the Vargas government and the Bahian maternalist movement are developed further in the sixth chapter of this dissertation.

\textsuperscript{145} “Desde 1937 que ha, na Bahia, serviço de fornecimento de leite humano,” \textit{Estado da Bahia} (Salvador) 1943 and “10.738 litros de leite humano para os bébés!” \textit{Estado da Bahia} (Salvador) 30 January 1941.
Reaching out to Poor Mothers

As the availability of maternal and child health care expanded, thousands of pregnant women and mothers sought out health services. The clients who used the free clinics were overwhelmingly poor working women from the city of Salvador. The majority of them were women of color who worked as household domestics. This, of course, is to be expected of the poor female population in Salvador. Wealthy families generally avoided institutions and had private physicians visit them in their homes in the case of childbirth or illness in the family. Poor mothers obviously sought out public clinics and assistance for the health and well-being of their families as their only option for professional care. What they may not have known was the emphasis that health advocates placed on influencing the childrearing practices of poor families. While public health physicians and nurses attempted to usher as many clients as possible into the well-baby clinics and made periodic home visits, one of their major goals was to re-educate mothers in how to raise their children. In fact, all the focus on prevention of infant death and disease meant that maternal education was a major objective of the puericulture movement even among the poor and, therefore, not restricted to the privileged students at the Puericulture School.

Clinical and home visits included mini-lessons on child care and hygiene. When visiting nurses made their rounds, they came armed with flyers and brochures and literally distributed tens of thousands of pieces of material each year. What exactly did Liga staff hope to change in the way Bahian women raised their children? They hoped to influence the process of mothering from marriage selection all the way through children’s early development, and this was completely in line with the puericulture theory that
healthy procreation began before conception and continued through adolescence. The visiting nurses distributed a series of flyers with various messages; all sharing the title “For the Good of Children.” On premarital medical certification, the flyers stated, “The failure to consult a physician before marriage is the cause of a great number of illnesses and the most serious ones among children.” On prenatal health, “The pregnant woman, who thinks of the happiness and health of her future child, makes the sacrifice of spending the time of gestation in tranquility. And resting 40 days prior to the birth will benefit the child.” On midwifery, “How desirable it would be if all births were attended by competent persons! Lacking such a person, at least protect the newborn by inserting a solution into the eyes that protects against one of the most serious diseases.” On maternal breastfeeding, “The child who is breastfed exclusively until six months of age has enviable development and better resistance against contracting illnesses than other children. Avoid them then and let’s all continue with wisdom.”

Certainly, it is important to remember that the vast majority of Bahians were illiterate so flyers were only one strategy that health advocates employed. At the *Liga* for example, they were completely aware of the need to incorporate images into the puericulture propaganda. To achieve this, the staff filled patient waiting rooms with posters that had illustrations and simple messages that could be inferred even without reading. For example, two prominent posters at the Arnaldo Batista Machado clinic reminded mothers of the superiority of breast milk over cow’s milk. The first poster depicted a sickly cow next to a large glass of milk infested with menacing-looking insects. The short caption read, “Cow’s Milk: Full of Microorganisms.” In the second

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146 Martagão Gesteira, “Relatorio Serviço de Higiene Infantil da Bahia, 1924,” APEB, Caixa 4084/ Maço 117.
poster, a woman held a clean and pure glass of milk up to the sun. The caption read, “Woman’s Milk: Does Not Contain Microorganisms.” Regardless of the method of dissemination, the message was basically the same: mothers of healthy children consulted medical professionals at every stage and rigorously observed their instructions. Healthy childhood did not happen by chance, but rather resulted from the choices that mothers made everyday.

After ten years of distributing propaganda and counseling mothers on an individual basis, the Liga borrowed a more systematic model for spreading the message of “modern” childrearing through the Better Baby Contest. The Better Baby Contest originated at the Iowa State Fair in 1911. Two concerned mothers, one of whom was a physician, designed the contest as an experiment to determine whether a competitive event at the fair would encourage Americans to invest in “bettering” the human breed the way that such competitions had improved the quality of livestock. Popularized through women’s magazines and linked to State Fairs across the country, the Better Baby or Eugenic Contests drew attention to the U.S. race betterment movement. The organizers sought the “perfection of American babyhood” in historian Alisa Klaus’s words. Employing medical standards for evaluating baby health, organizers used these events as a means to inform parents of how and why their children failed to reflect the model of development. The difference in the Brazilian version of the competition was that the impetus for organizing this type of event came from the medical community. It was not the result of a women’s mobilization for infant health as occurred in the United States. And certainly, Brazilian Better Baby Contests were not racially segregated as they were in the U.S.

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147 Klaus, 145.
The first Better Baby Contest was held in Bahia in 1933 and was a joint effort of the *Liga* and the local chapter of the Rotary Club. The initial contests were actually private affairs open to all babies regardless of their socioeconomic background which did not really embody the educational goals of the *Liga*. With the founding of the Children’s Week program, however, the Better Baby Contest became an annual event hosted by the *Liga*, Rotary Club, and the Bahian Press Association and open only to children enrolled at the local hygiene clinics. In fact, enrollment in a local clinic was a prerequisite to entrance into the contest. This requirement was an added incentive for families to register their children and reinforced the organizer’s goals of using the Better Baby Contest as a means to bring more poor families into the children’s health movement. All babies between three months and one year of age and enrolled in a clinic were eligible for participation. Eventually, children up to two years of age would be eligible to compete.

Every child brought for inspection by the contest staff received a toy and baby layette. But prizes and medals were reserved for infants whose mothers could confirm that they had breastfed exclusively for a minimum of three months and continued to breastfeed even with the addition of other nutrients for an additional three months at minimum. Additionally, these babies were only eligible for the “health award” if they had been enrolled in their clinic from the age of two months or earlier. In addition to the baby layette, these children medaled as “healthy” received a deposit in the National Bank worth either 50$000 or 100$000 depending on the level of their award: gold, silver, or bronze.¹⁴⁸

¹⁴⁸ “Bases do concurso de robustez entre lactentes, a realizar-se nesta capital, por iniciativa e sob os auspícios do ‘Rotary Club’ com a colaboração da Liga Bahiana contra a Mortalidade Infantil e da ‘Associação Bahiana de Imprensa,’” LIGA, Pasta: “ Expedidos 1933-1935 – JA.”
All babies who were entered into the Better Baby contest were meticulously examined while the contest staff investigated their mothers’ histories and childcare practices. Staff recorded the state of health of each contestant’s parents along with the number of healthy births, still births, and miscarried pregnancies experienced by the mothers. Additionally, they asked about living and deceased siblings including the causes of death of the latter. One of the most important pieces of the background investigation included questioning mothers about how and when they fed their children—how long they breastfed (if at all) and whether they rigorously observed a feeding schedule. The medical examination part of the contest centered on weighing, measuring, and performing developmental evaluations in order to compare babies to established medical norms for their ages. Babies with the best assessments won the gold medal and often had their pictures taken for the Children’s Week spread in the local paper. In 1937, this honor went to 3-month-old Walter Tapuz Ramos and his mother Lindaura who had their picture taken with the Federal Minister of Education and Health Gustavo Capanema while the minister was in Bahia examining the state’s maternal and child assistance programs.¹⁴⁹

The Better Baby Contest was the highlight of Children’s Week in Bahia, but the celebration of Children’s Week had its own history. The Liga organized the annual contests in the 1930s, but the first Children’s Week in Bahia took place in December of 1927 and was an academic conference. It was jointly sponsored by a number of prominent medical organizations including the Medical and Surgical Society of Bahia, the Medical Society of Bahian Hospitals, and the Bahian Committee of the Pan-American Child Congress. By 1933, Liga physicians decided that Children’s Week would have more significance as a popular event rather than a medical/legal conference. By the

¹⁴⁹ “Concurso de robustez: folha de inscrição, October 10, 1941,” LIGA, Pasta: “Mov. Financeiro, 1943.”
1930s Children’s Week had also become a collaborative event joining the Liga with the state’s new Children’s Department. Later Children’s Weeks included open houses at local daycares and tours at the Foundling Home for wealthy local residents who left impressed by the modern medical facilities available in Bahia. With the cooperation of the Rotary Club and the Bahian Press Association, Children’s Week received a great deal of media coverage throughout the 1930s and 1940s, highlighting the latest institutions and services, providing a forum for medical and social debates about mothers and children, and of course advertising the Better Baby Contest.

*Liga* folklore maintains that Dr. Martagão Gesteira selected October 12 for the annual commemoration of Children’s Day across the country in honor of the October 12, 1923 inauguration of the Regina Helena clinic in Bahia. This date continues to mark the annual celebration which is a national holiday in Brazil. This is certainly possible since Gesteira moved to Rio de Janeiro to head the National Puericulture Institute in 1936 at the request of President Getúlio Vargas; unfortunately however, it cannot be definitively confirmed through the existing documentation. Minister Capamena originally proposed a March date for the national commemoration of Children’s Day when the National Children’s Department was founded in 1940. The reason behind moving the holiday to October is not documented. Whether the date for Brazilian Children’s Day originated with the *Liga* in Bahia or not, the promotion of a national day to draw attention to the challenges facing poor mothers and children certainly did.150

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Welfare at Work: The Prêmio de amamentação

As outlined at the beginning of this chapter, nutritional welfare support was a fundamental goal for child advocates attempting to improve the health of Bahian babies. Welfare support in the form of cash payments originated in Bahia as a measure to help impoverished women maintain custody of their children and to reduce infant mortality by encouraging these women to stay home and breastfeed rather than work outside the home, nourishing their children with potentially dangerous animal milk. As was also typical of the maternalist movement in Brazil, welfare support was a joint effort of private institutions and the state government. Following the 1934 addition of a Maternal Shelter on the campus of the Santa Casa de Misericórdia (discussed in detail in Chapter 5), the Liga partnered with the Pre-Natal and Child Hygiene Inspectorate to offer a welfare stipend program to impoverished mothers called the prêmio de amamentação or breastfeeding award. The program was the first of its kind in Brazil. Mothers could live temporarily with their newborns at the Shelter after giving birth at the Climério de Oliveira Maternity Hospital. During their residency, participants lived at the Shelter caring for their infants and receiving a 30$00 cruzeiro monthly stipend to be paid in full upon their discharge from the facility. They could also earn additional money by donating breast milk to the milk depository also located on the grounds of the Santa Casa. Thirty cruzeiros was a low wage in 1940s Bahia, but certainly not an insignificant amount of money. To contextualize the “value” of this amount of money, one may consider that laundresses who worked for the Liga earned a monthly wage of 50$00 cruzeiros. Servants in the Liga-administered Foundling Home on the grounds of the

raça,” A Tarde (Salvador) 12 October 1943; and “Prosseguam as comemorações da ‘Semana da Criança,’” Diario da Bahia (Salvador) 14 October 1944.
Santa Casa (the Pupileira Juracy Magalhães) earned 40$00 cruzeiros per month, and aides in the children’s hygiene clinic earned 30$00 cruzeiros.

The breastfeeding award program had a fascinating and complicated genealogy based both on international and local conditions. The Bahian program was very obviously modeled after similar programs in France. There were a number of French precedents for financial assistance programs aimed at pregnant women and nursing mothers, dating back to the 18th century. The more contemporary attempts at this type of assistance arose in the last decades of the 19th century, however, and were at times publicly-funded and at times the result of collaborations between private charities and local governments. Beginning in 1856, for example, Public Assistance of Paris offered stipends of one-month’s payment to a wet-nurse for poor mothers of infants. This program was largely ineffectual because many women could not afford to continue paying the wet-nurse after the first month so the stipend only afforded a very brief delay to their employment and child-care crisis. Later programs were more comprehensive, providing travel fees to send Parisian infants to the countryside to their wet-nurses’ homes and up to 10-months of wages to pay her. By 1894, Public Assistance was providing up to one year of monthly stipends to poor mothers along with a layette and crib though the stipends were insufficient to relieve the need to seek employment and only a minority of those mothers requesting assistance in Paris were able to actually obtain it.151

In Bahia, the Liga literally intended to pay women to nurse their own infants, sending infants out to the countryside until weaning was not a tradition in Brazil as it was

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in France. The staff consistently referred to women who received the support as “nutrizes” or “wet-nurses” in all of their internal literature and public reports. This terminology was even used at times in the local newspapers to refer to poor mothers. As argued in Chapter 2, the term “wet-nurse” connoted that women were the paid wet-nurses of their own children as French pronatalists advocated for replacing rural nurses with their own mothers. But Brazilian traditions were different from French ones, and the wet-nurse was a cultural icon representing slavery and miscegenation. Labeling poor women as wet-nurses was obviously a racially-loaded term and reflected continuing association of color with servitude and poverty. This also complicates the question of why welfare support was extended in Bahia in the first place. Was it an element of a modern welfare state in construction? Or did the use of the term “wet-nurse” reflect a much older cultural understanding of the black and brown female poor as servants and household dependents in need of the patronage of the wealthy? Actual wet-nursing was also built into the prêmio program as well because women at the maternal shelter were asked to provide breast milk to the milk dispensary and the public clinics at the rate of 4$00 cruzeiros per liter as described above.¹⁵²

Liga physicians like their French counterparts also saw the prêmio as means to prevent mothers from abandoning their young children. They were convinced that most women gave up custody of their children for financial reasons not moral ones, meaning that Brazilian physicians avoided this debate that raged among physicians and politicians in France. The question of marriage as a prerequisite for public assistance also was not a polemic issue in Bahia as it had been in France. Bahian physicians saw the short

residency in the Maternal Shelter as a time for mother-child bonding and, coupled with
the subsequent stipend, a means of keeping families intact. In their terms, they sought to
maintain the “mother-child binary” for the health and well-being of Bahian children. The
history of mothers and foundlings is discussed in detail in the following chapter, but Liga
physicians believed that welfare support would provide both the emotional attachment
and financial resources necessary to prevent mothers from relinquishing custody of their
children.

As of July 1937, the breastfeeding stipend program was expanded to benefit
women and infants (under age one) that did not reside at the Maternal Shelter. The Liga
received regular requests, for example, from the Bahian chapter of the Brazilian
Assistance League with recommendations of mothers who were in desperate need of
help. Outside of the Maternal Shelter, mothers receiving support were required to
register their infants in the local children’s hygiene clinic, bring them in for weekly
preventative care appointments, and receive the visiting nurse from the Directorate for
inspections. Certainly, the welfare program could not accommodate all women who were
in need in Bahia, not even all those who came through the Maternity Center. So how did
the Liga staff make determinations about whom to enroll in the program? Not
surprisingly, the overwhelming majority of mothers in the program worked as domestics,
with only a few rare exceptions. Most were single mothers, but not exclusively so. The
one characteristic that all the participants seemed to share was that they were all mothers
to more than one child. In fact, the program organizers obviously also made a particular
attempt to support women with twin infants. In any given month, mothers with twins
accounted for approximately half of all participants.
Many of the women in the *prêmios de amamentação* program had several children and their brief profiles suggest how challenging motherhood must have been for Bahian women in the early 20th century given the uneven medical knowledge about difficult pregnancies, high infant mortality rates, and few options for birth control. Adding to these difficulties for the mothers referenced here was the struggle to raise families on the paltry wages provided by domestic service. Apolinaria Bispo, who worked as a laundress and began receiving stipend payments in December of 1942, provides an apt example. Apolinaria had given birth to twins Jurandir and Yaci in October of that year. At 31 years of age, she had already experienced seven pregnancies – three of which ended in miscarriage. In 1942, Apolinaria had three living children including the twin babies. Her older three children had died in infancy. At the very least Apolinaria had a husband to help support her and the evidence suggests that married Brazilian women, whether impoverished or not, experienced multiple pregnancies throughout their reproductive lives. Tragically, miscarriage and infant deaths were also common. For single women, such as Fernanda Lopes who entered the program after the birth of her twins Cleonice and Carlos in December 1941, the economics of family life could also be precarious. The records do not reveal, however, whether unmarried women like Fernanda had long-term partners so it difficult to accurately reconstruct her family life. Both Apolinaria and Fernanda found themselves in the same situation of need after the birth of their twins, demonstrating that poverty was often acute for Bahian families whether parents were legally married or not. 153

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153 For Fernanda’s case the existence of a consensual union seems probable given the surnames of her two children: “Cleonice and Carlos Cunha Camacho.” This is a reminder that infants labeled as “illegitimate” were not necessarily raised by single-mothers.
Approximately 20 women could live at the Maternal Shelter and participate in the program at one time. But it seems that finances were the only limitations to the number of participants residing in their own homes. By 1941, the “prêmios” program had already benefited 500 Bahian children and their mothers. By the close of 1945, the number of babies had climbed to a total of 1,173 so the program obviously had a significant impact in the lives of hundreds of families. Mortality rates were also well below average among the population of children whose mothers received the stipend. The Liga physicians attributed this success to medical supervision, maternal education, and of course the health benefits of breastfeeding rather than bottle-feeding.\textsuperscript{154}

The prêmios de amamentação program resulted from a collaboration between the public and private in more ways than one. Obviously, the Liga partnered with the Prenatal and Children’s Hygiene Inspectorate to provide the necessary financial and medical resources for the program. But in addition to this, Dr. Álvaro Bahia, president of the Liga, simultaneously served as the director of the state’s maternal and children’s services within the Health Department, Division of Public Health. His official position was the Technical Inspector of Prenatal and Children’s Hygiene—an appointment he had gained in 1938 with the reorganization of the Secretariat of Education and Health. This type of leadership situation was typical of all public health programs focused on maternal and childhood issues in Bahia. Dr. Bahia had previously served as director of the state’s Children’s Department as had his predecessor in the Liga presidency Dr. Martagão Gesteira. In fact, when Gesteira founded the Liga in 1923, he was also the Head of Children’s Hygiene for the state of Bahia within the Federal Sanitary Service described at

the outset of this chapter. When the public health system was reorganized once again in 1942, Dr. Bahia was named director of the Division of Maternal, Childhood, and Adolescent Assistance. Dr. Bahia was also appointed a member of the Conselho de Assistência Social (Social Assistance Council), a state organization charged with administering tax money to maternal and child assistance programs. Both Dr. Bahia and Dr. Alfredo Ferreira de Magalhães (president of the Children’s Protection and Assistance Institute) were members and simultaneously presidents of institutions that received grant money from the Conselho. Obviously Gesteira, Bahia, and Magalhães were among the best-known puericulture experts in the state so their participation in public service is to be expected on some level. But these joint appointments further solidified the financial and political interdependence of private organizations and the state’s health care system. Certainly, governmental appointment also had concrete financial benefits. It is important to remember that the state health department allocated grants to private institutions. In 1940 for example, while Dr. Bahia served as a council member, the Conselho allocated a 30,000$00 grant to the Liga and another 38,000$00 for the Liga’s Puericulture School—by far the largest awards given by that organization to maternal and child assistance institutions. Present day observers would consider these types of arrangements to be the definition of the term “conflict of interest.” In Bahia, however, this was just another example of the overlap between the private and public sides of health care and the continued importance of small networks of influence in local politics.

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155 Secretária de Educação e Saúde, “Relatorio das atividades do Conselho de Assistência Social, 1940,” APEB, Caixa 4092/Maço 181.
156 Beyond the breastfeeding award program, the Liga and the State of Bahia worked cooperatively to modernize and reform the Foundling Home at the Santa Casa de Misericórdia. This history is developed in detail in the following chapter.
In 1938, Interventor Isaias Alves reorganized the public health system once again, creating a Secretariat of Education and Health with the Inspectorate of Prenatal and Children’s Hygiene as one of seven divisions within the Health Department. His most controversial move was the closing of Bahia’s Children’s Department, a much-celebrated legacy of the state’s first interventor Juracy Magalhães that was founded in 1935. Alves’ successor, Interventor Renato Pinto Aleixo abolished the Prenatal and Children’s Hygiene Inspectorate in 1942 in favor of a Division for Maternal, Childhood, and Adolescent Assistance. All of this restructuring reflected the instability of the public health system and political maneuvering of its leadership to model Vargas-era terminology, but it was also a reflection of the growing priority of maternal and children’s welfare issues. By the 1940s, these issues were firmly entrenched in national discourse about Brazilian social services, and political leaders needed at least the appearance of a commitment to healthy families. In Bahia, that commitment was not merely illusory; important programs were created and each successive department did expand services.157

The cooperative endeavors between the Liga Bahiana contra a Mortalidade Infantil and the State of Bahia were not the only local efforts dedicated to maternal and infant health though their programs were the most comprehensive and certainly reached more Bahian residents than any other. The oldest organization in the state was the Bahian Children’s Protection and Assistance Institute (IPAI) founded by Dr. Alfredo Sub-Secretaria de Saúde e Assistencia Publica, Lei N. 1811 de 29 de Julho de 1925, Organiza a Sub-Secretaria de Saúde e Assistência Pública, Decreto N. 4144 de 20 de novembro de 1925, Approva o Código Sanitario do Estado (Bahia: Imprensa Official do Estado, 1926); Antonio Luis C.A. de Barros Barreto, Relatorio da Sub-Secretaria de Saúde e Assistencia Publica-- anno de 1926, (Bahia: Imprensa Official do Estado, 1927); and Isaias Alves, Educação e Saúde na Bahia: Na Interventoria Landulpho Alves (Abril 1938-Junho 1939) (Bahia: Bahia Graphica e Editoria Ltd., 1939).
Ferreira de Magalhães in 1903 and modeled after Dr. Moncorvo Filho’s institute in Rio de Janeiro of the same name. The IPAI offered many of the same services as the Liga: prenatal care and birthing, children’s hygiene and treatment, a milk dispensary, maternal cantina, and lessons in childcare and homemaking for young girls. Dr. Magalhães’ Institute was also successful, serving thousands of mothers and infants per year and even opening a hospital in 1936 (the Alfredo Magalhães Children’s Hospital) that treated children between two and 14 years of age.\(^{158}\) Other significant maternal and child health organizations in Bahia included Pro-Matre (founded in 1938) and the Brazilian Assistance League (founded in 1942). Like the Liga, all of these organizations received some sort of subsidy from the state government. The Liga and the Children’s Protection and Assistance Institute were by far the largest of all such institutions and the most influential with the greatest impact on the lives of poor women and children.

**Women at Work**

The 1930s ushered in an intense period of female activism in Brazil particularly in urban areas as middle and upper-class women organized to demand suffrage. In Bahia and across Brazil, women’s participation in philanthropic and religious organizations had a long history. Yet the interwar period brought something new which was the emergence of female associations centered on issues particular to women such as social, economic, labor, and legal rights. These were organizations with the specific goal of supporting “women’s progress,” and some had ties to national and international feminist movements.

\(^{158}\) Alfredo Ferreira de Magalhães, “Instituto de Protecção e Assistência á Infância” *Gazeta médica da Bahia* XXXVIII no. 7 (January 1907): 313-331 and “O Instituto de Protecção e Assistência á Infância — Reinaugura varios de seus serviços,” *Estado da Bahia* (Salvador) 12 November 1938. Also Conselho de Assistencia Social “Relatorios do Instituto de Proteção e Assistencia á Infancia, 1943,” APEB, Caixa 4092/Maço 131 and “Noticiario -- Instituto de Proteção e Assistencia á Infancia da Bahia,” *Revista Médica da Bahia* Volumes 2 no. 1 and 3 no. 4 (January 1934-April 1935).
The feminist movement in Bahia of the 1920s and 1930s warrants further study. But it is clear that upper and middle class Bahian women, like their Southern counterparts, organized principally around issues of suffrage and access to education. Though many types of groups addressed the elusive idea of “progress,” the focus here will be on organizations that had explicit ties to the medical child and maternal health movement. These organizations were distinguished from other types of female charity work by their close ties with the medical community and the fact that their efforts were publicly praised by physicians and others for the contributions they made in addressing Brazil’s most pressing social issue. Society women were allies of the medical campaign, and their organizing and leadership on health issues seemed natural and appropriate for their sex and lives of privilege. For these advocates and their admirers, they played a special role in modeling female activism on behalf of the nation’s children.

Institutions like the Liga Bahiana contra a Mortalidade Infantil could always count on the charitable contributions of women such as the students of the Normal School who regularly provided clothing and linens for needy children and their own puericulture students who held fundraising parties to support the Liga’s health programs. Beyond these sporadic efforts, society women were also organizing in the 1930s with the explicit goal of assisting in the campaign for healthier mothers and babies. One of the challenges of reconstructing the history of Bahian middle-class women’s organizational efforts on behalf of child and maternal health and welfare is the unfortunate lack of surviving documentation. It is possible to characterize the types of activities that well-to-do women sponsored, however. Medical organizations differed from religious and feminist organizing in that these organizations tended to be founded by male physicians. This
pattern dates all the way back to 1903 and the long campaign to raise funds to construct the first Maternity Center in Bahia. Dr. Climério de Oliveira formed a group of 18 women called the *Comitê de Senhoras da Sociedade Bahiana* or the Bahian Society Women’s Committee to assist in putting on shows to raise money for construction. The play that Dr. Oliveira wrote himself was appropriately entitled “*Maternidade*” and held at the Politeama Theater in Salvador. It is not clear whether the organization continued to exist after the foundation of the Maternity Center in 1910.

Like the *Comitê de Senhoras da Sociedade Bahiana*, women’s organizations of this nature were often offshoots of private health institutions. One such association was the *Damas de Assistência à Infância*—Childhood Assistance Ladies—a female charitable arm of Dr. Alfredo Magalhães’ Childhood Protection and Assistance Institute founded in July of 1915. The role of the women’s organization was to assist the public health installations in ways that were socially suitable for women of their class. They provided clothing for sick children and poor mothers who used the Institute’s services. They held Christmas and São João parties for impoverished children and sponsored small banquets, bazaars, and concerts to raise money for the Institute. The *Damas* also maintained an *Escola do Lar*, or Homemaking School, where they instructed young girls of 8 to 18 years of age from the poorest sectors of society in household work. The *Escola* organizers expected the “direction and advice of sensible, educated *senhoras*, the taste and neatness gained through company with well-educated young women along with the teacher’s lessons to certainly bring great benefits to the young girls of the *povo*.”

The Childhood Protection and Assistance Institute also worked with an organization called the *Sociedade Beneficente Bello Sexo*—the Fairer Sex Beneficent
Society. The principle role of this society of mães de família was to assist with the in-home birthing program, meaning that the women of this organization took responsibility for providing clothing, linens, and supplies for prenatal patients. The Institute hoped to supply each prenatal patient with a “maternity box” containing linens, medicine, soaps, and sterilizing agents. The Sociedade Beneficente Bello Sexo supplied the resources for this program in conjunction with volunteers from the Normal School.

Another important health organization composed primarily of women was Pró-Matre, founded by Dr. José Adeodato Filho in 1938 and modeled after a similar organization in Rio de Janeiro (1918). Pró-Matre da Bahia provided a number of free services to pregnant women including prenatal consultations and meal distribution. The heart of the Pró-Matre program, however, was the in-home birthing assistance service. Though Pró-Matre employed the services of male physicians, women were integral to the leadership of the organization. The general assembly of Pró-Matre da Bahia was divided into two sections. There was a directorate headed completely by women and a technical directorate made up primarily of male physicians. The governing body also included committees where women fulfilled traditional roles of managing fundraising parties, supplying clothing and linens, and collecting donations. The example of Pró-Matre demonstrates that women did fulfill leadership roles in organizations run by male physicians even when many of their activities were “traditional” ones for their sex and class.

One organization that did not follow the pattern of male-physician directorship was the Legião Brasileira de Assistência, the Brazilian Assistance Legion (L.B.A.) founded in 1942. The L.B.A. was an independent organization but unlike the others
mentioned above, it did not form initially as an institution focused primarily on women’s and children’s health. The L.B.A. was a patriotic home front mobilization effort that sought to support Brazilian soldiers serving overseas and their families who waited back home. This Legion of thousands of Brazilian women sponsored myriad programs over the course of the war such as training women in social work, sponsoring a radio broadcast to facilitate communication between soldiers serving in Italy and their families, distributing food and clothing, providing medical care, and planting victory gardens, among other activities. The L.B.A.’s distinguished membership included the First Lady of Brazil who acted as president, her daughter, and the First Ladies of several Brazilian states. Within a couple years of its existence, the organization quickly turned its attention to issues of maternal and child health and well-being, looking to serve the poor generally and not exclusively the families of soldiers. The largest national project undertaken by the L.B.A. was the *Campanha de Redenção da Criança*, a fundraising campaign with the goal of establishing puericulture clinics across the country, the first of which was instituted in Bahia in 1944. In Bahia, the L.B.A. was headed by the First Lady of the state, Ruth Aleixo, who supervised the establishment of many services during the war years, including a suburban puericulture clinic, two free daycares—the *creche Darcy Vargas* and the *creche Estrada da Liberdade*—and a maternal welfare center called the *Casa Maternal*. In conjunction with the *Liga*, they aided individual families by helping to procure welfare support for mothers with infants whose husbands were serving in the war effort. A major project for the Bahian L.B.A. was the school lunch (*merendas escolares*) program, a national effort of food distribution for public school students.
This analysis of women’s involvement as maternal health advocates would be incomplete without a brief consideration of the women who were formally employed in public health institutions. Professionalization of scientific motherhood did not only provide a boost to women’s charitable activities, but many women also gained employment opportunities due to the rise in interest in women’s and children’s health. Unfortunately, gaps in the existing records prevent a complete picture of the total number of women employed in public and private institutions. However, a few examples can demonstrate patterns, indicating that women fulfilled key positions and often outnumbered men in these organizations. The Children’s Department in Bahia, for example, employed 15 male physicians compared to 24 female visiting nurses and clinical assistants in 1935. In fact, all nurses and assistants within the Department were female, and the expansion of the nursing profession during this period was closely tied to the maternal and child health movement. At the Liga Bahiana contra a Mortalidade Infantil female head nurses ran laboratories, x-ray services, and nutrition programs such as the Lactario Júlia de Carvalho and were aided by other women who worked as assistants. Not surprisingly, nurses also supervised the free daycares, the pupileira, and the maternal welfare posts. Beyond Salvador

Though these and other smaller organizations provided a number of services to city residents, they did little to no work in the suburbs of Salvador where the need for medical care and assistance was acute. In fact, suburban residents lived in the most extreme levels of poverty in the urban region. Health conditions in the suburbs of Salvador were precarious, and no medical services existed for infants or children. The
state government created a roving medical center for residents of the suburbs in 1937, serving the neighborhoods of Periperi, Pirajá, and São Caetano. The Ambulatory Medical Social Assistance Service was a new division of the Children’s Department and headed by *Liga* physician Dr. Eliezer Audiface. The suburban service was under-funded and financial problems prevented repairs on their vehicle, causing the service to operate irregularly. By 1943, the Social Assistance Council constructed a Maternity Center in the suburbs to serve the communities of Periperi and Paripe. The Maternity Center was small with capacity for 20 patients. Beyond these efforts, the suburban population remained largely ignored, and mothers had to travel into the center of the city for prenatal care or to seek out medical services for their children.¹⁵⁹

Bahians living in the interior of the state had even fewer resources though physicians pleaded with the state to expand health services into the interior throughout the 1930s and 1940s. In 1936, Dr. Martagão Gesteira as Director of the State’s Children’s Department identified Castro Alves, Itabuna, Santo Amaro, and Alagoinhas as the most appropriate sites for the Department’s extension of services outside of the capital city. The small town of Castro Alves was among the first interior cities selected for installation of a Puericulture Post. Castro Alves was selected because the town already had a privately-run Maternity Center opened that same year by a Dr. Jayme Coelho. The Children’s Department moved quickly to establish the posts in the selected cities. The first milk depot in the interior—the *Lactario Lavinia Magalhães* named for

¹⁵⁹ Álvaro Bahia to Luiz Lessa, General Director of the Health Department, 17 June 1943, APEB, Caixa 4039/Maço 36 and Secretária de Educação e Saúde “Relatorio apresentado ao Diretor do Dept. de Saúde pela Inspeção de Higiene Pré-Natal e Infantil, 1939,” APEB, Caixa 4062/Maço 81. See also “Caravana da Caridade! O que é o serviço suburbano de higiene infantil e maternal,” *O Imparcial* (Salvador) 16 December 1937; “Nova mobilização para o soccorro á infancia dos suburbios,” *Estado da Bahia* (Salvador) 10 January 1941; and “Iniciada ontem a Semana da Criança,” *Estado da Bahia* (Salvador) 19 October 1942.
the first lady of state—opened in Castro Alves in October of 1936 in cooperation with the

*Liga Castroalvense contra a Mortalidade Infantil*. Gesteira intended for the State’s

Puericulture Posts to work in conjunction with existing services. This was also part of

the logic behind the selection of Itabuna and Santo Amaro. Both towns had child welfare

organizations. In fact, the *Liga Santoamarense contra a Mortalidade Infantil* even

supported a Maternity Center. In 1944, the Brazilian Assistance League chose the town

of São Felix as home to the first Puericulture Post of their Campaign for the Redemption

of the Child. These Puericulture Posts in the interior of Bahia offered prenatal and

children’s preventative medical services and milk dispensaries. Other than the city of

Itabuna which is 227 miles from Salvador, all of these towns were relatively close to the
capital—within 100 miles. These were close distances in a state extending over 200,000
square miles. So the State’s extension into the interior, though significant, did not reach

Bahians beyond the city’s immediate vicinity.160

The Laws and Policies of Maternal Assistance

The institutional apparatus that organized public maternal and child advocacy

programs underwent several transformations between 1930 and 1945 as mentioned earlier

in this chapter. All of these institutional changes can be tracked through Bahian and

national legislation.161 Without a doubt, the most important legislation during this period

160 Álvaro Bahia, “Departamento de Saúde, Divisão de Saúde Publica-- Inspetoria de Higiene Pré-Natal e

Infantil, 1938,” APEB, Caixa 4032/Maço 24. Also “Serviços de Higiene Infantil no Interior,” A *Epoca de

Itabuna* (Itabuna, BA) 12 May 1936 and “Lactario Lavinia Magalhães,” *O Castroalvense* (Castro Alves,

BA) 10 October 1936.

161 The Infant and School-Age Hygiene Division was established with the reorganization of the Sub-

Secretariate of Health and Public Assistance by Law 1,811 of 29 June 1925. See Sub-Secretaria de Saúde e

Assistencia Publica, *Lei N. 1811 de 29 de Julho de 1925, Organiza a Sub-Secretaria de Saúde e Assistência

Publica, Decreto N. 4144 de 20 de novembro de 1925, Approva o Codigo Sanitario do Estado* (Bahia:

Imprensa Official do Estado, 1926). The next reorganization created the State Children’s Department

through Decree 9,471 of 22 April 1935. Under the administration of Interventor Alves, the Health

Department was reorganized once again and the Prenatal and Children’s Hygiene Inspectorate created by

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established programs, provided for the founding of clinics and maternity centers and their staff, and gave the state the right to inspect the health and sanitary conditions of institutions that housed children. This began with Bahia’s adoption of the first Sanitary Code in 1925, a condition of its partnership with the Federal Department of Public Health. Another important role of this type of legislation was the coordination and supervision of all private and public organizations under the auspices of the appropriate official state division: whether the Infant and School-Age Hygiene Office (1925), the Children’s Department (1935), the Prenatal and Children’s Hygiene Inspectorate (1938) or the Maternal, Children’s and Adolescent Assistance Division (1942). Beyond the decrees that established institutions, however, maternalist legislation was critical for program funding and even provided rights and benefits for women.

Article 141 of the federal constitution of 1934, for example, established that 1% of tax revenues collected at the federal, state, and municipal levels be reserved for maternal and children’s programs. In Bahia, this revenue was delegated to various institutions through the Social Assistance Council, making possible large subsidies to the Liga, the Santa Casa, the IPAI, the Pre-natal and Children’s Inspectorate and maternity centers and puericulture posts in the capital and the interior. This provision did not reappear in the Constitution of 1937, however. Article 141 creating the maternal and child assistance funding was similar to the 1921 Sheppard-Towner Act in the United States both in its nationwide scope and its quick repeal. The Sheppard-Towner Act

provided federal matching funds to states that created child welfare organizations that focused on education in maternal and child hygiene. Brazilian legislators with an interest in maternal and child advocacy would have undoubtedly been familiar with the Sheppard-Towner Act and perhaps this law influenced Article 141 of the Brazilian Constitution. It would be a few years later, however, when federal legislation would go beyond the allocation of stipends to states and attempt to create a national network of state-level maternal and child bureaus.

The majority of Brazil’s social welfare legislation as related to mothers and children emerged during the long presidency of Getúlio Vargas and warrants special mention here. The Vargas administration took an unprecedented interest in the social welfare of working families as is described in Chapter 6. This was part of a much larger mission to avoid class and racial conflict by promoting patriotism and rhetorically centering the working poor as the cornerstone of Brazilian society. Social welfare for mothers in the 1940s most often took the patriarchal approach of “protecting” women from the dangers of the workplace in order to safeguard their primary role as mothers of the nation. In this way, the discourse of protecting maternity equated women to the status of children whose labor continued to be exploited in Brazilian factories. The Vargas administration introduced new legislation that would reduce the hours women were allowed to work outside of the home, but this new legislation also provided for maternity leaves, workday breaks for nursing mothers, and stipends for poor families and those with exceptionally large numbers of children. In practice, both the restrictions and the benefits were generally ignored.
A few pieces of legislation should be highlighted here. In January of 1940, the federal Maternal and Childhood Assistance Division ratified a document called the Rights of the Brazilian Child, modeled after a similar and pioneering code adopted in Uruguay in 1927. Certainly, the 1924 United Nations Geneva Declaration of the Rights of the Child was also influential in Brazil, but the Uruguayan code that came out of the Inter-American Child Protection Institute was more detailed than the Geneva Declaration and inspired similar legislation across Latin America. The Rights of the Brazilian Child had 12 articles and guaranteed the right to health; education; safety from violence and exploitation; family; nutrition; maternal love; and freedom from judgment based on family background, illegitimacy, poverty, race, religion or mental or physical deformity. The document had a much different spirit than the 1927 Minor’s Code passed before Vargas took power which focused on controlling children and making provisions for children from poor families through the juvenile court system.

While Bahian maternal and child advocates were concerned with maintaining the “mother-child binary,” President Vargas and his Minister of Education and Health Gustavo Capamena placed greater emphasis on the traditional patriarchal family. This was apparent in new family legislation on the federal level. Beyond the protection of women in the workplace, the Vargas administration also developed new legislation that would encourage marriage by reducing fees for poor couples and providing special loans to newlyweds to establish their households. Other new decrees gave preference in public employment to married men over single men and gave stipends to fathers in public service based on number of children. Poor families were eligible for federal, state, and municipal assistance in the form of food aid, monetary stipends, or institutionalization of
their children. Unlike the state of Bahia, the Vargas government did not promote any programs to specifically aid single mothers or to assist mothers based on their own needs and the needs of their children without the condition that aid come through male heads of household. Social assistance for the Vargas administration was based on a definition of family that excluded single mothers who suffered the most extreme levels of poverty.

Both the Rights of the Child and the Vargas Family Assistance Law of 1941 seemed to embody more symbolism than substance. The Rights of the Child did not outline new legal procedures that would guarantee children’s rights or protect them from want and abuse. The Family Assistance Law was detailed in its terms but vague in the specifics of how Brazilians could actually access their benefits, and it certainly did not provide any legal or institutional oversight to ensure that families received what they were entitled to by law. Additionally, it was never clear where the funding would come from for these programs or how stipends would be distributed to qualifying families. This lack of financial commitment was a significant characteristic of the maternalist and pronatalist movement in Brazil. This was also a key difference between the State Children’s Departments in Brazil and the U.S. Children’s Bureau which they emulated. In the United States, the Sheppard-Towner Act, for example, fell to political opposition whereas in Brazil children’s bureaus and welfare programs suffered from lack of funding eventually causing their irrelevance. As a result, public projects (whether national or local) depended on the resources of private organizations. The history of maternalism in Bahia reveals this trend quite clearly.\footnote{Martagão Gesteira, Director of the Departamento da Criança to Presidente do Conselho de Federação das Obras de Assistencia Social, 11 October 1935, APEB, Caixa 4039/Maço 36. See also Conselho de Assistência Social, “Relatório dos atividades do Conselho de Assistência Social, 1940/1942,” APEB, Caixa 4092/Maço 181. See Martagão Gesteira, “Medidas legislativas de amparo à maternidade e à infância”}
Measuring the Movement

Any attempt to measure the success of maternalism in Brazil through infant mortality rates is inherently incomplete because statistics cannot capture the improvement in quality of life or the alleviation of suffering, for example, gained by mothers and children who had access to medication and treatment during times of illness. Likewise, historical analyses cannot uncover how families were impacted nutritionally or emotionally by the prêmio stipend, for example, which likely meant the difference between eating and going hungry. We cannot know how many additional children would have been separated from their families due to poverty or illness had it not been for the existence of such assistance programs. Therefore, infant mortality rates, though of inarguable value for understanding the impact of the maternalist movement, only provide a glimpse into a larger story.

Reducing infant mortality was the explicit mission of the Liga and other institutions, so it is appropriate to investigate whether or not these rates did indeed fall as more and more children and mothers gained access to medical and educational services. One method of investigating this issue is to look within the programs themselves, using their own reported data on mortality among children enrolled in preventative health services. When the Infant Hygiene Service was founded in 1923, local physicians estimated the infant mortality rate for the state at approximately 300 deaths per 1000 children born. During certain years of those first two decades of the 20th century, that

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atrocious statistic was as high as 400 per 1000 infants born. By the late 1930s, Liga doctors such as Martagão Gesteira and Álvaro Bahia regularly commented that mortality rates had fallen well below city averages among the children receiving the breastfeeding stipend (prêmio de amamentação) and those living at the Liga’s foundling home at the Santa Casa de Misericórdia. Among the children benefiting from the stipend, Dr. Bahia recorded a mortality rate of 3.48% in 1938, representing 9 deaths out of a total of 258 enrollments. By 1940, after 500 children had participated in the program, the Liga reported a total of 21 deaths or 4% mortality. At the Santa Casa, mortality rates among children between 0 and 2 years of age fell continually after the Liga took over their care. From a mortality rate of 24.35% in 1936, this percentage fell to 17.2% by 1945 with a low of 9.56% in 1943. Of course, these prêmio and foundling children were the ones who were most closely monitored by physicians and had the greatest access to preventative medical care and treatment. Unfortunately, the health posts did not maintain regular data regarding mortality among children enrolled in their programs. Even without data from the health posts, it is clear that children aided by Liga programs had greatly reduced risk of death before age two than their counterparts in the city without such assistance.

Using statistical methods to analyze the impact of these programs on a larger scale is also complicated because of inaccurate or missing data on births and infant mortality in the capital city and across the state of Bahia. In the capital, infant mortality rates remained high (as high as 184 per 1000) throughout the 1930s among children who were registered with the state which was in line with patterns for the entire northeastern

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region. Approximately 10,000 children born in the city of Salvador were registered each year during the decade of the 1930s. This number obviously does not represent the total number of children born in the city because many children were born at home and not registered with the state. Unfortunately, therefore, the estimate of 10,000 births per year is inherently flawed, but it can be used as a point of comparison. If approximately 100,000 children were born during this time period, Liga records would suggest that the institution only served a fraction of them – perhaps 30-40%. A high estimate would be 50% of children born in Salvador were eventually enrolled in a well-baby or children’s hygiene program. Though the Liga and the Children’s Department were extremely significant for the health and well-being of tens of thousands of solteropolitano children and families, infant mortality statistics for the city as a whole are not an accurate reflection of their efforts. This of course tells us nothing of the vast interior of the state where the majority of Bahians lived. The discrepancy between registered births and unregistered births in the interior was even greater than in urban Salvador. In addition, infant mortality data were unevenly collected in the interior until well into the 1960s. Contemporary analysts concluded that infant mortality rates for the state of Bahia could only be estimates and used visiting sanitary nurse reports and death registries to attempt to complete the overall picture of childhood death in the state. The conclusion, therefore, must be that surviving records cannot provide a true estimate of the impact of public health programs for the state as a whole before the 1970s.\footnote{According to author José Duarte de Araújo, birth registrations continued to be incomplete in Salvador into the 1970s. In the interior, both birth and death statistics were incomplete where the state’s Biostatistics Service did not begin to keep data until 1968. See José Adeodato Filho and Domingos Machado, “Assistência social-obstétrica na Bahia,” \textit{Revista Médica da Bahia} 10 no. 5 (May 1942) and José Duarte de Araújo, “A mortalidade infantil no estado da Bahia, Brasil,” \textit{Revista de Saúde Pública} (São Paulo) 7 no. 1 (March 1973).}
Even with incomplete data, it is clear that infant mortality rates fell over the course of the first half of the 20th century. According to the Biostatistics Service, the infant mortality rate in the city of Salvador fell to 162.6 per 1000 births in 1949 to 147 per 1000 births in 1960. By the end of the decade of the 1960s, infant mortality rates in Salvador had fallen to 70.5 per 1000. A large decrease in the number of infants who died of gastroenteritis, or disturbances of the gastrointestinal tract, was the primary cause of falling mortality rates among children. Better sanitation including water treatment in the city and a greater understanding of hygiene in general were responsible for the decline in infant gastroenteritis, a condition that took the lives of thousands of Bahian children. Hygiene in feeding was among the most important issues that child advocates shared with Bahian families. Despite these gains in Salvador and in its immediate environs of the Bahian Recôncavo where mortality rates also fell to 153.4 by the 1950s, determining overall patterns for the state proves more difficult for the problems of registration mentioned above. It is clear that mortality rates in the interior of the state continued at appalling rates, exceeding 200 deaths per 1000 children born and remaining above 300 in some localities. There was great regional variation, however, and including the city of Salvador in an overall analysis of the state brought that rate down to 175 per 1000 due the lowest incidence of infant mortality in the capital city. This rate meant that infant mortality was lower in Bahia than in neighboring northeastern states such as Pernambuco and Paraíba, but the health of the region was still a far cry from the south of Brazil where infant mortality rates had generally fallen below 100 per 1000 children born by the 1950s.165

Using their own objective of reducing infant mortality, it is fair to conclude that the *Liga* was successful in improving the health and saving the lives of thousands of Bahian children. The difficulty in Salvador and throughout the state of Bahia was always the extension of medical services due to lack of funding and at times poor organization. The *Liga* and public health posts provided a high quality of modern preventative, medical, and social assistance, but large populations of mothers, children, and families, would never have the opportunity to benefit from them. There were greatly underserved populations in the suburbs just beyond the boundaries of the city and in small towns throughout the state’s vast interior. These were the children whose lives were most at risk, living in some of the poorest regions of the Western Hemisphere with little to no state presence or safety nets even during a period of state expansion and growing commitment to social welfare.

The long-term partnership between the Bahian League against Infant Mortality and the government of Bahia reveals a great deal about state-building in Brazil during the first half of the 20th century. Though the accomplishments of this partnership in lowering infant mortality and sowing the first seeds of a welfare state were unique and groundbreaking, the larger story of public intervention through private organizations was typical across Brazil. It was also a history with precedents in earlier periods. Bahia’s intervenors in the 1930s and 1940s wanted a comprehensive program to address the needs of poor mothers and children but lacked the infrastructure to provide it without the

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Duarte de Araújo.
help of the *Liga*. This pattern also repeated on the national level with the National Children’s Department. This was similar to the 18\textsuperscript{th} and 19\textsuperscript{th} centuries when state governments in Bahia and elsewhere had wanted to provide care for orphans and foundling children but completely left that responsibility to the lay brotherhood of the *Santa Casa de Misericórdia*, offering inadequate financial support to assist them in their efforts.

Beyond the political and institutional aspects of building the welfare state, the Bahian example is also fascinating in considering the scope of activities that maternal and child advocates hoped to execute. The incredible aspirations of the programs and their staff are illustrative as well. This analysis may provide a stimulus for new debates about the development of the welfare state in Latin America as a region. In Bahia, maternal and child advocates truly encouraged a holistic approach to social welfare. By providing such a diversity of services, they intended health and welfare programs to impact all aspects of poor families’ lives. In this way, the leaders of this movement were quite idealistic in thinking that the best way to address extreme inequality was for a poor state like Bahia to attempt to continually expand to mitigate the consequences of that inequality. One of the contradictions of the developing welfare state in Latin America was that governments and constitutions theoretically provided for an impressive number of services as a right of citizenship, but social and economic inequality remained extreme and largely accepted as the natural order of society. While politics and policies embraced these “welfare rights,” the infrastructure was not present to tangibly and comprehensively address the needs of the poor. Therefore in Brazil, as in the rest of
Latin America, the 20th century welfare state had “many facets, many supporters, but few resources.”

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CHAPTER FIVE
Mothering the Abandoned, Rejected, and Impoverished

In nearly all the foundling homes in our Nation, in nearly all the Brazilian establishments dedicated to housing these unfortunate little ones for whom the cruelty of fate and human malice have condemned from birth to the deprivation of a home, of a name, and of maternal affection, there exists a horrible and nefarious institution of the Middle Ages that…must be definitively abolished in the name of humanity, of progress, and of science.
(Dr. Martagão Gesteira, 1934)

As much as maternal and child welfare advocates focused on transforming the norms of childrearing practices within typical Brazilian families, they did not fail to perceive the social problem of motherless children. They subsequently sought to implement the latest puericulture tenets with foundlings, a population whose health and welfare were far from a public concern but who posed a unique challenge for those arguing that mothering was the key to Brazil’s future. In Bahia, children “found exposed” in the streets or “rejected” by their mothers were placed in the Foundling Wheel and taken in by the local Santa Casa. Few institutions were as traditional or as closely associated with the colonial past as the Santa Casa de Misericórdia—a lay brotherhood that arrived in Brazil shortly after the Portuguese made landfall in the early 16th century. By updating the Foundling Home at the Santa Casa, modernizers truly inserted themselves in the most traditional of childcare practices and institutions and demonstrated that maternalist and pronatalist concerns could even be applied to motherless children.

Modernizing the Foundling Home was conflict-ridden process pitting the *Santa Casa*’s administration against the Bahian League against Infant Mortality in what was essentially a debate over the ideological underpinnings of foundling care. The *Santa Casa* saw the role of the Foundling Home as primarily religious, saving the souls of abandoned children and protecting the honor of Brazilian families by keeping “unwanted” births secret. The *Liga*, and its president Dr. Gesteira in particular, fought for a Foundling Home that would be a model puericulture institution because reformists defined the prevalence of foundling children as a “social problem,” resulting from poverty and illness. While the administrators of the Home clung to traditional understandings of foundling care, Dr. Gesteira represented the modern medical community who saw themselves as crusaders against antiquated methods of childcare. For Gesteira and his colleagues, these antiquated methods included the use of largely unsupervised wet nurses and institutionalization in substandard conditions at the Foundling Home, both circumstances leading to tragic levels of childhood mortality. In order to address these concerns, Gesteira launched a campaign to completely reform the Foundling Home and overhaul the institution’s practices for caring for children under 2 years of age.

When the maternalist movement took off in the 1920s, the *Liga Bahiana contra a Mortalidade Infantil* in conjunction with the State of Bahia and the *Santa Casa* sought to modernize childrearing practices for children without families. Through foundling and orphan services, the State took on a new role in the lives of the poor, creating the option of temporarily separating children from their struggling families. While the *prêmios de amamentação* or breastfeeding stipend program discussed in the previous chapter aimed
to prevent separation of families, these modernization projects sought to make temporary separations easier both at the *Santa Casa*’s Foundling Home and through foster care. But, obviously, temporary or long-term separations did little to address the root cause of familial disruption which was poverty. In addition to facilitating the separation of children from impoverished families, the reform projects attempted to bring scientific healthcare practices and current ideas about childhood development to the old-fashioned institution of the Foundling Home.

These modernization programs were solutions elaborated in the 1920s and 1930s, but caring for foundlings was an old public concern. Foundling care had always been a collaborative project in Brazil bringing together local government resources and the brotherhood of the *Santa Casa de Misericórdia*. The maternalist movement of the 20th century brought new attention to the problem of mothers abandoning their children and the deplorable conditions that awaited those children in the *Santa Casa*’s Foundling Home. The movement also sought to redefine the problem as one originating in Bahian poverty and not primarily in Bahian culture. These projects evidence how public and private organizations worked to transfer maternal duties from poor families to modern puericulture institutions and eventually to foster families. Leaving an infant to the care of a foundling institution may seem an extreme measure, but many Bahian women faced extreme circumstances, motivating them to relinquish custody of their children.

*Maternidade negada*\(^{168}\)

Brazilians used two interchangeable terms to refer to foundlings. They were either “*crianças enjeitadas*” meaning rejected or abandoned children, or “*crianças

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\(^{168}\) The title for this section is taken from Renato Pinto Venâncio’s article of the same name in *História das mulheres no Brasil* ed., Mary del Priore (São Paulo: Editora UNESP, 1997).
"expostas" which translates more closely to “foundlings,” that is children found alone exposed in the elements. Both terms carried the connotation of a broken or failed bond between mother and child. Like the black wet-nurse, the foundling child was another iconic cultural symbol from colonial Brazil. The foundling, however, was a tragic figure who paid for the sins of his or her parents, doomed to social anonymity and a solitary life on the margins of society. Contemporary observers agreed that any mother who willingly left her child either “abandoned” or “exposed” placed no value on the child’s life and did so to hide the existence of the child or to unburden herself of a “problematic” birth. They charged the mothers of foundlings with immorality and lack of responsibility. In the contemporary literature on wet-nursing analyzed in Chapter 2, physicians argued that birthing alone was not sufficient to transform a woman into a “true mother.” How much further from true maternity could a woman be if she “rejected” or “exposed” her child? Brazilian society had always attempted to protect the children of these supposedly failed mothers with limited success. Therefore, the history of foundlings is intimately related to the cultural history of maternity as well as the building of the welfare state in the early 20th century.

Not surprisingly, historians have dedicated much of the literature on foundlings in colonial and imperial Brazil to understanding why mothers willingly gave up custody of their children to unknown persons or to the Foundling Wheel. They agree that issues of honor and poverty explain the great majority of cases of mothers who left their children to be raised as foundlings. Though many historians cite poverty along with honor, the
“urgent need to conceal”\textsuperscript{169} has certainly received the most critical attention as a cause of infant abandonment. This was also the explanation that most contemporary observers of the 19\textsuperscript{th} century understood to be the root of the foundling problem. As evidence of the honor/shame motive, historians point to the fact that the majority of babies left to the \textit{Santa Casa de Misericórdia} in the late 18\textsuperscript{th} century through the end of the 19\textsuperscript{th} century were white infants. At the \textit{Santa Casa} in Salvador, for example, white infants made up between 50\% and 60\% of the foundling population between 1758 and 1850.\textsuperscript{170} Race has been the primary evidence in histories of the foundling problem that see issues of honor and shame as the motive for separations of infants from their birth families. But this explanation supposes that white skin and wealth were synonymous in 18\textsuperscript{th} and 19\textsuperscript{th} century Brazil which they were not – highly correlated, undoubtedly, but not synonymous. It also presumes that the absence of children of color was due to a lesser significance placed on familial honor among the general, majority population. Without discounting the possible importance of poverty as a driving mechanism of the foundling wheel, it is clear that upper-class white women carried the burden of cultural understandings of familial honor.

The maintenance of familial honor and consequences for its erosion fell disproportionately on women in colonial and imperial Brazil. The chastity, morality, and sexuality of women were carefully guarded among families of means, and individual women’s behaviors were considered to reflect on the honor of an entire family. Enforcing female honor, through social convention or violence, was one way that elites


distinguished between common folk and *gente decente*. The female members of *famílias bahianas* were not only expected to maintain their virginity until marriage but were also expected to avoid conversations with non-related men and even public appearances. It was not uncommon during the colonial period for these women to remain concealed in their homes or secluded in religious institutions if they lacked full-time male supervision. Violations of honor were taken very seriously and had severe consequences. As familial honor—not merely individual honor—was entrusted to women, women who failed to conform to expectations of behavior could be subject to violent punishments or murder by husbands and male relatives.\(^{171}\) It is certainly imaginable, therefore, that women of high social status would resort to leaving a child in the Foundling Wheel rather than endure the consequences of having an illegitimate child.

Before the 20\(^{th}\) century, most women left their newborns at the *Santa Casa* without any identifying information though infants at times arrived with a note indicating the child’s name and whether or not he or she had been baptized. Parents rarely sought to justify the motive for leaving the child in the *Santa Casa*’s care. Though few children arrived with a note, fine blankets, baby clothes, and swaddling cloths provided clues about the upper-class origins of many children. The lack of information about the birth families of these children served as fodder to the imaginations of contemporary critics who condemned the “dishonorable” women who sought to “unburden themselves” at the *Santa Casa*. In the mid-19\(^{th}\) century, physicians agreed that the anonymous abandonment of foundlings to the *Santa Casa* was a necessary evil. The system was necessary to protect the honor of disgraced women and their families. By leaving the child to a

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religious charity, both mother and baby could be saved from social death and infanticide, respectively. Though physicians considered all foundlings to be “children of sin,” there was a certain ambiguity in their opinions about the mothers. One the one hand, the mothers of foundlings were accused of being adulteresses, women whose bad conduct must be obscured thus allowing her to repent and save her family from destruction. On the other hand, Brazilian physicians also described the mothers of foundlings as innocent victims of dishonest seducers and false promises of marriage.¹⁷² At the Medical School of Bahia, physicians had less to say about the foundling issue than did their counterparts in Rio de Janeiro. When foundlings were written about, physicians concurred that these children were “the products of an error” whose secrecy must be safeguarded so as to maintain family honor – the basis of Bahian society.

The emphasis on honor and clandestine late-night deposits in the Foundling Wheel should not give the impression that “problem” pregnancies were actually kept secret. As historian Muriel Nazzari explained, secrecy was more of a social construct than an actual state of unawareness. “Webs of secrecy” involving family members, neighbors, and priests perpetuated the illusion that certain women had not given birth and placed their children in the Foundling Wheel. The ultimate illustration of this myth of secrecy was the prevalence of women who baptized their own birth children as foundlings and raised them as foster children.¹⁷³ Some women who left their infants in the Foundling Wheel also left identifying ribbons or personal items which would theoretically allow them to reclaim the child later under of the guise of extending

¹⁷³ See Nazzari, “An Urgent Need to Conceal.”
Christian charity to a motherless child. The incredibly high mortality rates at the *Santa Casa* would make this dream of reclaiming a child all but impossible as is discussed later in the chapter.

Studies of honor and shame in colonial society have often failed to highlight the prevalence of illegitimate children and of single mothers as heads of households in Brazil. It is important to contextualize this issue in terms of class and the diversity of life experiences that befell women during the 18th and 19th centuries. The ideal of the secluded Christian mother was merely that. The vast majority of Brazilian women, regardless of skin color, did not conform to the expectations of the elite class and this was common knowledge. Concubinage and single motherhood were common facets of Brazilian family dynamics in the 19th century and had been since the early colonial period. Perhaps the greatest illustration of these trends in the state of Bahia comes from the *devassa* of 1813 in which an Ecclesiastical Visitor toured twelve southern villages, requesting denunciations on residents practicing or known to have practiced “sins and excesses.” More than half of the accusations collected (60.5%) involved residents accusing their neighbors of sexual immorality: concubinage, illicit relationships, “living as if married,” and spouses living apart. Many of those accused had a child, many children, and even adult children, suggesting that non-formalized unions were stable and often lifelong. The *devassa* also revealed that the prevalence of consensual unions and single-motherhood was generalized across color and class lines. The lessons of the 1813 *devassa* and other studies of concubinage and illegitimacy are somewhat ambiguous.

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Non-formalized unions and the children of single mothers were certainly common and accepted features of society, but these situations could still be considered immoral by neighbors and by the Church. It seems clear that relationships among single adults and the children of marriageable parents were not judged as harshly by the Church or society as were unions that could not be legitimized—as in cases of adultery. As long as adults were in unions that could theoretically someday become Christian marriages (which by law would retroactively legitimize all children), they were far from social outcasts.

Because single motherhood was not uncommon in Bahian society, it follows that many women compelled to leave their newborns in the Foundling Wheel particularly felt the burden of dishonor. As historian Renato Pinto Venâncio has demonstrated, illegitimacy within the general population of the city of Salvador is not a reliable indicator of increases or declines in the foundling population. Mothers who turned to the Santa Casa to hide the existence of a child, therefore, must have come from the most privileged tiers of society. That is from the numerical minority, even within the white population.

The numbers of white foundlings clearly suggest that issues of honor were critical factors in explaining why a mother would choose not to raise her child. The dramatic and relatively curt change that occurred in the initial decades of the 20th century is more difficult to explain and suggests that skin color is a complicated measure by which to determine the cause of infant abandonment. Beginning in the 1930s, the Santa Casa de Misericórdia began to compile detailed records about foundlings and their birth families due to a comprehensive reform of the Foundling Home in 1934 as discussed further in this chapter. These records allow for a much clearer demographic picture of the
foundling population and families’ motives for turning their children over to the Foundling Home. Additionally, the 20th century records evidence a major shift in the race of foundlings admitted to the Home. Based on a sample of 400 records covering the period of 1934-1942, the children living in the Foundling Home were overwhelmingly classified as “pardo” in color: 63%. The foundling population by the 1930s was basically the inverse of the 19th century statistic of 60% white infants living in the Home. Of the remaining children in the sample, 29% were classified as white and only 8% as pretos. The change in the racial composition of the foundling population obviously demonstrates a shift in the socioeconomic background of the majority of women leaving their children to the Santa Casa’s care. This data suggests a rethinking of older patterns as well.

In the first years of the Republic, the numbers of white children entrusted to the Santa Casa plunged dramatically, but continued to be proportionate to the overall population of whites in the city. If honor issues were the only variable at play amongst the white community, one would not suspect the percentages to work out so perfectly. After all, not all white families in Salvador were members of the elite, those whose honor was most carefully guarded. Rather, the percentage of white foundlings suggests that the Santa Casa may no longer have been the refuge for mothers seeking to hide the existence of a child. Those women may have resorted to other means to

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175 There were actually 453 foundlings in the 1934-1942 sample, however, racial data was only recorded for 400 of these children. The “branco” statistic includes one child labeled as “clara” in color. Among those I collapse into the “pardo” category are 6 children labeled as “morenos.” See “Livro da Roda ou Registro de Admissão de Expostos, 1889-1945” Santa Casa de Misericórdia da Bahia (hereafter SCMB), Livro #29, código 1799 and “Crianças entradas, mensalmente nos cinco anos posteriores à abertura do Escritório,” and “Asilo dos Expostos, Ano de 1935-Ano de 1942,” LIGA, Pasta, “Correspondências com a Sta. Casa de Misericôrdia, 1933-1956, Expedidas.”

176 The proportion of white Bahians in the 1930s cannot be precisely identified because the statistic service did not collect racial data as part of the 1920 or 1940 censuses. According to the 1890 census, 26% of Bahians were white. Forty-six percent were listed as mestiço and 20% as black. A small number, 8%, were listed as caboclo. By 1950, Bahia was 30% white, 51% “brown” or pardo and 19% black according to the census of that year.
maintain their secret by the close of the 19th century once the *Santa Casa* had become so closely associated with poverty and desperation. In the two years following abolition, the number of white foundlings admitted to the *Santa Casa* fell to 6 percent. This was likely due to the extraordinary difficulties families of color faced during the immediate post-emancipation period and the fact that white mothers ceased to leave their children in the Foundling Wheel due to threats to familial honor. It follows, therefore, that the resurgence of white foundlings in the twentieth century were children whose mothers sought out the Foundling Home for other motives. Despite the early preponderance of white children, this dissertation argues that the primary motive compelling mothers of all colors to leave their children in the *Santa Casa*’s care was poverty. Extreme poverty, followed by parental illness, destroyed Bahian families and caused children to suffer premature deaths and permanent or long-term separation from their families.

The majority of the impoverished were black and brown families who turned in desperation to the *Santa Casa* to assume the cost of raising an infant, but not exclusively. Poverty had driven mothers to leave their babies since the *Santa Casa* began taking in foundlings in the early 18th century. The predominance of white babies before the 20th century, however, obscured this fact explaining why contemporary observers saw the foundling population as victims of threats to familial honor. White babies were predominant for two reasons: 1) due to the obvious honor issue and 2) because among the poor, white mothers were most likely to leave their children in the Foundling Wheel. Mothers of color were less likely to turn to the *Santa Casa* until the dawn of the 20th century for issues related to the persistence of slavery in Brazil.
First of all, on a very crass level, the children of enslaved mothers had an economic value to slave masters. Turning over slave children to be raised as foundlings represented a financial loss to slave owners. Part of the folklore of the history of the foundling issue is that slave owners gave over slave infants to unburden their mothers, freeing them to earn money as wet-nurses. However, this is impossible to document and slave owners who attempted to reclaim children from the Santa Casa were denied. Though all foundlings were free by law, scandalous stories of foundlings fostered to dishonest caretaker families and later sold as slaves were common in Brazilian newspapers. Bahian newspapers of the 19th century attest to the sale of newborns and infants. Therefore, free black mothers understood the very real possibility that their children could be enslaved and likely were reluctant to turn to this option in order to protect their children. When children of color were left in the Foundling Wheel, they were at times accompanied by notes testifying to their “free” status or in some cases to explicitly certify that the child was white.

Given the culture of anonymity for the families of foundlings and the relative small numbers of children of color due to slavery, documenting the motives behind abandonment is a difficult task. The records following the 1934 modernization allow for a much deeper investigation. Thousands of mothers turned to the Santa Casa when financial despair offered them little other option. Unfortunately, the Foundling Home registrars were not consistent in recording the causes of admission. Of course, parents continued to have the option of admitting their children without stating the motive even after the reform. It is clear, however, that the failure to record this information fell on the Santa Casa administration because after June of 1939 motives are generally absent from
the records. Of the records that do list motives, lack of financial resources to raise the child was explicitly recorded as the primary cause in most of the cases. This held true for women of all colors. For families who lived at the margins, the birth of a child, illness, or death of a parent could easily leave them without means to support the entire household. This was the case for 27-year-old Ermita de Almeida who took her five-year-old daughter Waldete and newborn Maria Luci to the Foundling Home in late October of 1941. Ermita’s husband João had recently died and she was left in a dire position, surviving on her earnings as a laundress. The foundling registry provides no information of what ultimately happened to Waldete, but Maria Luci lived in the Home for one year before dying of pneumonia. Though there are several cases of mothers left without resources due to the death or flight of a partner, even more fathers turned to the Santa Casa in desperation after the death of their infant’s mother. Pedro Victor da Silva lost his partner Santina Francisca de Jesus just three months after she had given birth to their son José on New Year’s Day 1936. Pedro who worked as a gardener at the Hospital de Valença was left to care for three children in addition to the infant. He had José baptized the day after his mother’s passing and took him to the Foundling Home the following month. José was raised at the Santa Casa and eventually transferred to the Escola São Geraldo probably at the age of 8. After José’s transfer, the Foundling Home made no further updates to his record.

Familial poverty was also evident because the majority of women who turned their children over to the Foundling Home had given birth in the public Maternity Center, an institution that provided birthing assistance free of charge to impoverished women. One of these women was Maria do Carmo da Conceição who gave birth to her son José.
Augusto at the Maternity Center on February 23, 1937. Maria remained at the *Santa Casa* in the Maternal Shelter with her son as part of the *prêmio de amamentação* program. By November, Maria could no longer nurse and was compelled to leave her son at the Foundling Home due to an “absolute lack of resources” to care for him. Fortunately, Maria was able to return for her son and retrieve him from the Foundling Home just 3 months later.

Kinship ties provide another clue to the socioeconomic situation of foundlings’ birth families when direct statements of poverty were not listed in the records. Using the logic of scholars of the 19th century, this chapter argues that the prevalence of legitimate children and children from consensual unions suggests that poverty was a major factor explaining their admittance to the Foundling Home. If children with two parents in their lives, godparents, and extended family still ended up in the care of the *Santa Casa*, this suggests that none of these relatives had the means to care for them. Honor certainly could not be a factor among children whose parents were legally married. Not surprisingly, the number of foundlings who were specifically listed as “legitimate” at the time of their registration is low. These children made up approximately 18% of the foundling population. In another 14% of the cases, however, the admissions registry recorded the names of both mother and father. Because consensual unions were more common than official marriages among the poor, the presence of a father’s name in the foundling registry is a better indicator of whether or not the child came from a maternal-headed household. Though recording the name of fathers cannot be taken as definitive

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177 This number includes children who were specifically listed as “legitimate” and those whose parents’ shared surnames can be reliably assumed to be married names. This methodology is necessary because the admissions staff at the *Santa Casa* was not consistent in their recording procedures over the 8-year period under investigation.
evidence that these men were active caretakers of their children, the recording of their names is suggestive because the majority of foundlings (about 70%) were admitted as children of single mothers.

Many foundlings also had godparents and other extended familial relationships; however, godparents and relatives were either unable or unwilling to prevent these children from being institutionalized. About 30% of children arrived at the Foundling Home having already been baptized in their local parish. For the majority of these children, their godparents’ names (and at times addresses) were listed in their admissions records. Other relatives such as grandparents and aunts and uncles were also mentioned but less frequently. All of this evidence clearly demonstrates that the vast majority of foundlings were not without families and loved ones.

Though historians have often assumed that childhood illness drove many families to turn over their children, the majority of children entering the Foundling Home were deemed healthy upon arrival. Nearly 70% of children were admitted in an apparent state of health, and among the sick only 5% were “gravely ill” or “near death.” Another 2% of the ill were listed as sick due to “need,” a reference to children in a state of starvation. The fact that illness was only a factor in 30% of the admissions was likely due to new treatment options available to poor families by the 1930s, including a free clinic on the grounds of the Santa Casa. The existence of public clinics by the 1930s certainly offered parents an option for assisting a sick child, however, maternal illness (particularly for children of single-mothers) often left families of infants with little choice.

Mothers who were too ill to care for their families or in need of hospitalization often admitted their children to the Foundling Home. Children whose mothers suffered
from physical and mental illnesses were regularly registered as foundlings. In September of 1940, Margarida dos Santos had her 5-month-old son Djalma admitted to the Foundling Home. Djalma’s father Pedro Alexandrina da Anunciação lived out of state and his mother Margarida was severely ill with tuberculosis. Until September, both mother and baby were being cared for along with Margarida’s 8-year-old son by Margarida’s mother (who had previously suffered “insanity”). Trapped in a precarious situation, Margarida turned to the Foundling Home. Djalma was raised there until the age of 13 when an aunt removed him from the Santa Casa’s care.

All of the above examples demonstrate that the Foundling Home was a solution for mothers and families in desperate situations of poverty. Historian Renato Pinto Vênancio has argued that the only option for poor Brazilian families confronted with these situations was to give up custody of their children. But turning over custody was not the only option available to Bahian families by the 1930s as the maternalist movement expanded and spawned new welfare programs, but even in Salvador relinquishing custody was one of very limited options. The previous chapter demonstrated that the State of Bahia did maintain family welfare programs after 1938--through the prêmios de amamentação. This program was never sufficient to aid all the Bahian families who lacked the necessary resources to care for their children—particularly children over the age of 2 who were not eligible. By the early 20th century, the Foundling Home had ceased to be a refuge for hiding socially-unacceptable children and had become an institution for housing impoverished children. If familial honor continued to drive some portion of mothers to admit their children, these cases are obscured by the numerous stories of poverty, illness, and death. If honor continued as a
motive, it was hidden in anonymity just as poverty was obscured by race in the colonial and imperial period.

The foundling issue is not only significant for understanding family and social dynamics of the period. The modernization of the Santa Casa in the 1930s is a critical element in analyzing how the state redefined its roles and responsibilities towards the Brazilian citizenry and particularly the most impoverished and vulnerable. The state’s involvement in foundling care intersects with the missions and activities of both the Santa Casa and the Liga Bahiana contra a Mortalidade Infantil. The local government in Bahia, for example, had a centuries-old relationship with the Santa Casa based on a tense cooperation in the effort to care for foundlings. Understanding the roots of this cooperation is essential to explaining why the modernization was necessary and how the public and private overlapped in Bahian social welfare.

A Santa Casa de Misericórdia da Bahia

The Santa Casa de Misericórdia, a lay Brotherhood of Our Lady, Mother of God, Virgin Mary of Mercy dates back to Lisbon at the end of the 14th century. An institution dedicated to charitable assistance, the Santa Casa de Misericórdia in Salvador, Bahia was founded in 1552 and best known for constructing and administering the city’s only hospital in the colonial period. The Santa Casa de Misericórdia and the Municipal Government of Salvador shared responsibility for caring for foundlings in the 16th and 17th centuries until this duty was formally turned over to the Santa Casa exclusively in 1726. Caring for foundlings was a typical mission of the various Santa Casa brotherhoods across the Portuguese empire who saw the extension of charity as a means of earthly repentance. According to Portuguese law, all municipal governments in the
empire officially held responsibility for caring for foundlings. This entailed paying a small stipend to temporary families, “famílias criadeiras,” who agreed to care for a child found in the streets or left on a doorstep. Families were eligible to receive the stipend until the death of the child or the age of 7 (whichever came first) in hopes that adoptive families would bond and retain the child until adulthood. In some cases that occurred, in others 7-year-olds were returned and institutionalized until another solution could be found. For Catholics, taking in a foundling was an act of Christian charity and many families took on that responsibility for religious reasons. Unfortunately, foundlings were also a source of cheap labor, however, and many were exploited as servants and slaves.

The Santa Casa would continue this procedure in the 18th century, placing foundlings in private homes for three years with wet nurses in exchange for a small stipend. Most of these wet-nurses were free poor women of color. After 3 years, children were placed up for adoption which often eventually entailed domestic service work for girls and apprenticeship or military service for the boys.

The foundling issue reached a tragic crisis point in the early 18th century when municipal funding was no longer available to support these children and the Santa Casa could not afford to care for them. While municipal authorities and Santa Casa board members bickered over funding, innocent babies were left abandoned in the streets, at the shore, and on the doorsteps of churches and convents. Not surprisingly, many of these children died of starvation, animal attacks, and exposure and the presence of dead infant bodies in the streets of Salvador caused a public scandal. After a long and contentious battle in 1726, the municipal government agreed to make an annual contribution to the cost of rearing foundlings at the Santa Casa. The institution was also granted the right to
maintain a butcher shop, providing another source of income. Despite these contributions, the *Santa Casa* still relied on private charity to offset costs which often exceeded income, leaving the institution indebted to the wet-nurses who cared for foundlings.  

Part of the negotiations between the officials of the *Santa Casa*, local administrators, and the viceroy included the establishment of a foundling wheel—opened in 1734. The Foundling Wheel or *roda dos expostos* was a revolving compartment on a street-facing façade of one of the buildings within the *Santa Casa*’s complex. A medieval invention used across Southern Europe, the “turning wheel” was first established to receive infants at the Hospital of the Holy Spirit in Rome in 1198. When an infant was placed inside the *roda dos expostos* at the *Santa Casa*, the entire compartment could be rotated to face the inside of the institution, thus allowing the caregivers inside to retrieve the child without ever seeing the face of the person who deposited him or her there. According to the institution’s Board, the Foundling Wheel was established “to prevent the horror and inhumanity that some ungrateful and unloving mothers practice upon their newborns.”

Secrecy was the paramount issue for members of the brotherhood, who sought at all costs to protect the anonymity of those leaving children at the *Santa Casa*’s doorstep. The commitment to secrecy was intended to protect the honor of those abandoning

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179 Russell-Wood, 295.
180 Marcílio, 147.
children and as a preventative measure against infanticide which many believed to be the common recourse of women faced with potential threats to familial honor. For historian Renato Pinto Venâncio, there was a certain ambiguity in Bahians’ social understanding of child abandonment. Though many saw foundlings as the fruits of sinful and immoral parents—born of mothers unworthy of the title, there was also the common sentiment that these children were blameless and should be protected and baptized. Foundlings suffered from a social stigma and were assumed to be born-criminals and prostitutes, but many Bahians also felt that they were innocent victims of their circumstances.

Before the 20th century the Santa Casa was not a child-rearing institution, rather the members of the confraternity saw their mission as primarily spiritual. In fact the Foundling Home, Casa da Roda, was not a “home” at all before 1847, but rather an area in the hospital where infants were kept until leaving for the homes of their wet-nurses. Instead of housing children, the brotherhood’s paramount goal was to ensure that abandoned children received the baptism sacrament before death. Like most irmandades, the Santa Casa brotherhood sought to provide a “good death” for its members and the foundlings entrusted to its care. Children left anonymously in the Foundling Wheel were baptized immediately if there was no note indicating that the sacrament had already been performed. Unnamed children received the name of the Saint for the day of baptism whenever possible. One of the brothers of the Santa Casa would serve as godfather, giving the child his own last name. All children were also given the last name “Mattos” in honor of João de Mattos Aguiar, a former provedor and one of the first benefactors of the Santa Casa de Misericórdia in Bahia. The last name “Mattos” was even added to the surname of children who had already received the baptism sacrament before entering the
Foundling Home. All children who passed through the Foundling Home continued to receive the “Mattos” name at registration regardless of their length of stay when the system was reorganized after 1934.

Immediate baptism was absolutely necessary to fulfill the mission of the institution because most children who entered the Foundling Home died within months or even weeks of their arrival. Admittance to the Foundling Home was almost tantamount to a death sentence for thousands of Brazilian children. The institutional records reveal the enormity of the tragic fate of these infants and young children. Between 1758 and 1870, the average yearly mortality rate at the *Santa Casa de Misericórdia da Bahia* was 649 per 1000 children admitted. Foundlings had higher rates of mortality than any other population in colonial and imperial Brazil. Unfortunately, administrators did not systematically record the causes of death until quite late in the 19th century. The most common causes of death for the brief period for which data exists were digestive problems, respiratory disease, tuberculosis, and scabies. Additionally, administrators’ social prejudices were evident when they commonly attributed high mortality rates to hereditary weakness due to degenerate parents and the ineptitude of the poor black and brown women who served as wet-nurses and caregivers to foundlings.  

The *Santa Casa* did attempt to fulfill a patriarchal role for the foundlings who survived past infancy, particularly for young girls. Girls outnumbered boys in the Foundling Home. Female orphans stayed in the institution until adoption by a family, placement in domestic service with “tutors”, marriage, or reaching their majority at 20 years of age.  

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182 Between 1892 and 1894, for example, the ratio of girls to boys was almost 4:1. *Santa Casa de Misericórdia da Bahia, “Relatorio apresentado a Meza e junta da Casa da Santa Misericórdia da capital do Estado da Bahia pelo Provedor Comendador Manoel de Souza Campos no Biennio de 1892 a 1894”* (Salvador: Litho-typographia de João Gonçalves Tourinho, 1895).
years of age. In fact João de Mattos de Aguiar’s 80,000 cruzado legacy, donated in 1700, was specified for the construction of a retirement home for “honorable” women and orphaned girls (the Recolhimento do Santo Nome de Jesus 1716) and for their upkeep and future dowries. Once the Recolhimento was constructed, a small number of older foundlings—above the minimum of 7 years of age—lived there in seclusion with the other residents. In some cases, women who had reached their majority left the Santa Casa to live on their own. In the case of marriage, the Santa Casa would provide a dowry of 400 mil reis (in 1863), clothing, shoes, towels, sheets, and a wedding dress. Marriages were often negotiated directly with the administration which received requests from local single men for marriageable foundlings at the Retirement Home. A French sisterhood, the Irmãs de Caridade de São Vicente de Paulo, administered both the Recolhimento and the Foundling Home starting in the mid-19th century.\(^{183}\)

Boys had fewer options; one was an orphanage Casa Pia e Colégio de Órfãos de São Joaquim founded at end of 18th century. The Santa Casa tried to get them apprenticed or enrolled in training programs for military service. Foundling boys were considered pre-criminals so providing them with structure or a trade was a key objective. Protecting young boys from dishonor or abuse was not as important a goal as it was for young girls. Rather, institutions sought to find controlling environments for male foundlings. Like the girls, boys could be sent to work for a tutor or a family, receiving a salary if they were above 12 years of age which should have been kept for them and turned over at majority. Sadly, too many young boys were considered difficult to place—particularly as they entered adolescence. If these boys fell through the cracks of the

\(^{183}\) See Russell-Wood and Costa.
system and managed to get beyond the *Santa Casa*’s care, they were left to fend for themselves at a young age.

**Abolishing the *Roda* and Modernizing the Foundling Home**

Before the 20th century, the fate of older and adult foundlings was a minority issue due to the outrageous childhood mortality rates at the *Santa Casa*’s Foundling Home. In the early 1920s, Dr. Martagão Gesteira, president of the *Liga Bahiana contra a Mortalidade Infantil* and State Inspector of Children’s Hygiene commenced a campaign to alert the public to the exceedingly high infant mortality rates at the *Santa Casa de Misericórdia da Bahia* and convince the institution’s leaders to initiate reforms. Brazilian physicians like Gesteira noted that annual mortality rates in the nation’s *Santa Casas* consistently exceeded 50%. In years of epidemic disease, mortality rates often exceeded 70%. The focus of Dr. Gesteira’s campaign was the abolition of the Foundling Wheel—the *roda dos expostos*. Gesteira’s concern with the *Santa Casa* was twofold. Obviously, he hoped to work with the institution to lower mortality rates which were apparently not widely known to the public thanks to the secrecy that surrounded much of the *Santa Casa*’s procedures. The secrecy of the Foundling Wheel also worked to permanently separate mothers and children which Gesteira believed was both unnecessary and dangerous to children’s chances of survival.

For Gesteira and his *puericultor* counterparts around that world, the state of preventative medical and social care for orphaned and institutionalized children was unacceptable. As Inspector of Children’s Hygiene for the State of Bahia, Gesteira sent one of his physicians, Dr. Álvaro Bahia to observe the *Santa Casa* in 1924 and report on conditions there as required by the National Department of Public Health. Based on Dr.
Bahia’s report, Gesteira composed a detailed and disturbing letter to the provedor of the Santa Casa, urging him to make several procedural reforms and relating just how bad conditions were in the Foundling Home. Among the worst evidence to come out of Dr. Bahia’s report was the fact that children were improperly fed, basic rules of hygiene were not observed, and children with serious illnesses and healthy children shared facilities leading to the rapid spread of contagious diseases. Gesteira accused the Santa Casa of experiencing a 90% mortality rate among children left in the roda in 1923. All of these observations and Gesteira’s recommendations were detailed in the local press.  

Gesteira’s suggestions regarding the feeding, hygiene, and isolation issues were not surprising and completely in line with general puericulture concerns. He recommended that the Foundling Home institute scientific feeding methods, avoid artificial milk and whenever possible contract wet-nurses (who had been checked for syphilis) or use sterilization methods when breast milk was not available. He advised that the institution establish separate facilities for children with infectious disease and make provisions for the disinfection of the children’s clothing by installation of a stove where clothes could be washed in hot water. Gesteira urged the provedor to establish cleaner facilities to help combat the fly problem within the Foundling Home.

Beyond these reforms, Gesteira argued vehemently for the Santa Casa to abandon the use of the Foundling Wheel. Gesteira railed against the Foundling Wheel which he described as a gruesome, nefarious institution of the Middle Ages that all civilized nations had abandoned “in the name of progress, in the name of science, and in the name  

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184 “Cifras Apavorantes -- Das crianças que passam na ‘Roda’ 90% não vingam!,” A Tarde (Salvador) 20 November 1924; “O Progresso vence a rotina -- os dias da ‘Roda’ estão contados,” A Tarde (Salvador) 3 December 1924; “A ‘roda sinistra,’ Porque morrem as crianças do Asylo dos Expostos?,” A Tarde (Salvador) 26 November 1925.
of humanity.” In fact, the roda was technically illegal in Brazil, having been outlawed by the regulations of the Children’s Hygiene Inspectorate of 1923 and the Codigo de Menores. The legal prohibition of the Foundling Wheel, however, was ineffective and Santa Casas and other institutions across Brazil continued the practice. Gesteira refuted the common argument that the Foundling Wheel was a necessary evil, safeguarding secrecy and preventing infanticide. First, he argued that secrecy was not a major cause of abandonment as demonstrated by fact that only small minority of babies were left within the first days of birth. Poverty and single motherhood were the causes of abandonment to the Santa Casa. Secondly, according to Gesteira, all the health care providers involved knew exactly who the parents of each child were and why the baby was being abandoned. Secrecy had little to do with the roda, and open enrollment would not take away the option of anonymity if desired. Finally, Dr. Gesteira challenged all those who maintained that the Foundling Wheel prevented infanticide by explaining that the majority of babies left there died.

Like all child advocacy institutions, the Santa Casa should work to maintain the “mother-child binary” in every possible situation according to Gesteira. Rather than anonymous abandonment, Gesteira argued for an open enrollment system or an “escritorio aberto” where incoming foundlings would be registered and their parents’ names recorded. An open system would allow mothers in desperate situations to temporarily leave their children but return when their financial resources improved. Impoverished mothers and children did not have to be permanently separated if provisions allowed for mothers to maintain contact with their institutionalized children and reclaim them at a later date. Based on his reading of international literature, Gesteira
argued that women were often discouraged from abandoning their children when offered an alternative like retrieval or free daycare. Having an open system would likely result in fewer permanent abandonments (rather than more as the officials at the *Santa Casa* worried) and fewer children would be denied their right to the maternal breast and heart—condemned to death or a life of anonymity.¹⁸⁵

The *provedor* of the *Santa Casa* Isaias de Carvalho Santos did not welcome Gesteira’s very public criticisms and recommendations. He eventually agreed to convene a junta to discuss the physician’s recommendations, but a full year would pass before Santos made a public response. The *provedor* responded in detail to each of Gesteira’s comments in the local paper. The gist of his reply was that the *Santa Casa* was already aware of several of the issues that Gesteira highlighted and had been working since the reform of 1916-1918 on addressing problems related to the Foundling Home. During those earlier reforms, they identified various causes of death in the Foundling Home: principally the “miserable” state of health in which children entered the *Santa Casa*, lack of access to breast milk or sterilized cow’s milk, lack of trained staff members, failure to disinfect clothing and other materials, and finally aging and unhygienic facilities required children to mix in close proximity making transmission of disease unavoidable. Milk sterilization and scientific feeding methods were in place though the *provedor* added that the resident physician was not permanently on site; and therefore, it was impossible to know if food quantities were distributed according to the latest medical guidelines. Wet-nursing had been attempted on several occasions and abandoned due to the difficulty of finding nurses. Santos failed to cite the absolute catastrophe of 1836-1837 when the

¹⁸⁵ Martagão Gesteira, “Em prol dos nossos enjeitados: A ‘Roda de expostos,’” *Pedriatrica e Puericultura* 1 no. 3 (March 1932) and “Assistencia aos menores: as ‘rodas de enjeitados’-- Necessidade de trabalhar pela sua extinção no Brasil,” *Pedriatrica e Puericultura* 3 no. 3/4 (March-June 1934).
Santa Casa made its first attempt to house infants onsite rather than send them out to wet-nurses. Of 75 children admitted during this period, 68 died within the one year period due to a lack of sterilized milk available to feed them.\textsuperscript{186}

Despite Gesteira’s passionate arguments, the provedor countered that discontinuing the roda was an impossibility given the need for secrecy in infant abandonment. He explained that 30 children had been left in the roda in the past few months. What would have become of them if the roda were not an option? He did concede that an open registration system could be established if the leadership of the Santa Casa agreed to change their statutes. But the open registration would only operate in addition to the traditional anonymous Foundling Wheel.\textsuperscript{187}

The result of this resistance was that the Santa Casa and the Liga Bahiana contra a Mortalidade Infantil would not reach an agreement until 1930. And the terms of their first agreement of cooperation did not include the establishment of an open enrollment system for foundlings. Gesteira continued exerting pressure on the institution for an additional 4 years before open registration procedures were adopted. One of the critical outcomes of the open enrollment system was the ability to collect data on the children left at the Santa Casa and the families they came from. Most importantly, this data provided a greater understanding of why mothers turned to the Santa Casa and began to help advocates develop strategies to aid them in keeping their children at home. The majority of children, however, continued to be registered without any explanation. The importance of secrecy was maintained as well with the new system as mothers were not

\begin{footnotesize}
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\item[186] Venâncio, 108.
\item[187] “Cifras Apavorantes -- Das criancas que passam na ‘Roda’ 90% nao vingam!,” A Tarde (Salvador) 20 November 1924 and “A ‘roda sinistra,’ Porque morrem as criancas do Asylo dos Expostos?,” A Tarde (Salvador) 26 November 1925.
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forced to provide information if they preferred not to. Any child under six months of age could be admitted without explanation. Children over the age of one were always the rare exceptions in the system.

One of the major advantages of an enrollment system over the traditional Foundling Wheel was the opportunity that the new method presented for staff members to attempt to convince mothers not to abandon their children. In the terms of agreement between the *Santa Casa* and the *Liga*, Dr. Gesteira requested that signs be placed prominently at the reception desk. “Think carefully before abandoning your child. By handing him over to the shelter or depositing him in the Foundling Wheel, you definitively lose all rights to the child.” He urged his staff to exert great effort in helping mothers understand that they could not retrieve a foundling at will. “An abandoned child is a lost child,” as signs confirmed. They asked each mother whether a little assistance “*um jeito ao caso*” from the *Liga Bahiana contra a Mortalidade Infantil* in the form of a space in the free daycare or medical treatment could help this mother keep her child. The other option for mothers who elected to use the open enrollment system was to maintain contact with their children living in the *Santa Casa* which staff members greatly encouraged.188

The existing evidence does suggest that Dr. Gesteira and his colleagues were correct in arguing that families would return for their institutionalized children if the system were modernized and the insistence on anonymity abandoned. Between 1934 and

188 Little data remains to confirm whether or not staff members were successful in encouraging families to make periodic visits. Of 99 children living at the Santa Casa in 1943, for example, 59 received periodic visits from their mother, father, godparents, or other relatives. One mother requested to receive updates by mail. The remaining children were either rarely visited (10 children) or completely abandoned (23 children). This is the only year for which complete data are available. See “Crianças atualmente internadas no Asilo N.S. da Misericórdia,” LIGA, Pasta: “Correspondências com a Sta. Casa de Misericórdia, 1933-1956, Expedidas.”
1942, 177 children out of a total of 453 enrolled were removed from the Foundling Home. The majority of these cases (61%) were children whose families or godparents returned for them and removed them from the institution’s care. The ability of birth families to return for their institutionalized children was not a completely new phenomenon after the modernization, but it had been much less common. In the 19th century, approximately 16% of foundlings were eventually collected by their families. The vast majority of children who left the Foundling Home’s care during that period had been there for less than one month. One may assume that these were cases where mothers changed their minds and decided to retrieve their newborns.

The records from the first years of the open enrollment system reveal a very different picture. Only a small number of children who were eventually removed from the Foundling Home between 1934 and 1942 left within a year of their arrival. Most of these children were wards of the Foundling Home for more than 5 years, and 38% of them had been under the institution’s care between 10 and 19 years before their families returned for them. This was an astonishing change from the earlier period as many children lived out their entire childhoods in the institution and returned to their families as adolescents. In March of 1941, for example, 17-year-old Zulmira Santiago admitted her infant daughter, Regina Lucia to the Foundling Home. Zulmira worked as a domestic and had managed to take care of her daughter for three months, keeping Regina Lucia in good health. The child was raised as a ward of the Foundling Home until Zulmira returned to take custody of her daughter in 1955 when Regina Lucia had reached 14 years of age. Boys had better odds of leaving the Foundling Home sooner than did the little girls,

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189 Of the remaining children, 27% were sent to live with tutors or adoptive families, 4% were sent to other institutions. No information was recorded on the destinations of 8% of the children.
probably because boys could be put to work at a younger age. Margarida Souza Paraiso and Crispiniano da Conceição admitted their infant son, Juarez, to the Foundling Home just a month after his birth. Margarida returned for her child in May of 1951 when Juarez was 11 years old. This evidence demonstrates that the open enrollment system did allow families to maintain ties with their institutionalized children even if it is impossible to establish how many of these children were visited regularly at the Foundling Home. Far from forgotten or rejected, the families of foundlings maintained the desire to bring their children home over several years or even for more than a decade. It is likely that these families waited for their children to reach an age where their daily care was less of an expense on familial resources. Teenage children could certainly have contributed some amount of income to their families in 20th century urban Salvador, and this fact likely made the difference as to whether an impoverished family could afford to have their children living in the household.

Despite these gains, the Board of the *Santa Casa* would not close up the Foundling Wheel. Gesteira gathered letters from fellow *puericultores* across Brazil condemning the continued use of the Foundling Wheel and presented them to the Board of the *Santa Casa* to no avail. He appealed to the State Director of Public Health in an attempt to have the government force the *Santa Casa* to close the Foundling Wheel using the legal statutes that prohibited its existence. This attempt was also unsuccessful.\(^{190}\) Even after years of cooperation between the *Santa Casa de Misericórdia* and the *Liga*, the two institutions continued to disagree about the existence of the Foundling Wheel. Despite the *Santa Casa*’s reluctance to formally abolish the Foundling Wheel, the creation of the open enrollment system put it out of use as families overwhelmingly

\(^{190}\) Martagão Gesteira, “Assistencia aos Menores.”
preferred to complete the registration process rather than leave their children anonymously. Between the first day of service on August 9, 1934 and July of 1937, only 9 children were left in the *roda* compared to 264 infants who entered the institution through the registration process. This must have made a significant difference in the administration of the Home and in the lives of the children living there considering that an average of 176 infants were left in the Foundling Wheel in the 5 years preceding the establishment of the open enrollment system.\(^\text{191}\)

The terms of the agreement between the *Liga* and the *Santa Casa* allowed the *Liga* to oversee widespread changes beyond just the addition of an open enrollment system. The *Liga* staff proposed and successfully implemented a full-scale modernization of the Foundling Home at the *Santa Casa*. Basically, the *Liga* agreed to provide free services to children living in the *Casa da Roda* in exchange for the *Santa Casa*’s agreement to make several fundamental changes and modernize their buildings and procedures. The *Santa Casa* also agreed to provide space for public child health programs that attended to the general population of Bahian children. These programs were three-party partnerships between the *Santa Casa*, the *Liga* (and its benefactors), and the State of Bahia. The new partnership allowed *Liga* President Dr. Gesteira and his staff to put a number of puericulture tenets into practice. By providing better hygienic, medical, and social assistance to children within the system and those at risk of being abandoned, the *Liga* sought to reduce mortality rates related to institutionalization and to separation of children from their birth families.

\(^\text{191}\) “Crianças entradas, mensalmente nos cinco anos posteriores à abertura do Escritório,” *LIGA*, Pasta: “Correspondências com a Sta. Casa de Misericórdia, 1933-1956, Expedidas.”
Finding that the older children at the Foundling Home were comparatively well taken care of, the Liga focused on the infants and toddlers who fell within the age range considered most critical to puericultores. The Liga took over all responsibility for children under 2 years of age and provided all medical care for sick children up to 8 years of age. The Santa Casa agreed to enact various architectural reforms in the Foundling Home to allow for the modernization of health services and enact many changes related to the hygiene of existing buildings and procedures—including better isolation of sick children from healthy ones, a modern laundry facility for properly cleaning the children’s clothing, and verandas to provide ventilation in the buildings where children lived.

Under the new procedures, all incoming children admitted to the Foundling Home were required to spend 30 days in a separate observation room before transferring to live among the general population in an attempt to prevent the spread of contagious disease.

The Liga’s modernization of the Foundling Home did cause mortality rates among the children to fall. Reformers quickly realized that deplorable mortality rates at the Santa Casa were not due to contagious disease alone; the conditions under which foundlings lived were inexcusable. As late as 1934, Gesteria and then-Provedor Arthur Newton de Lemos had a heated exchange by mail concerning conditions at the Home which Lemos denied. Gesteira charged that both he and the State Interventor had personally witnessed underfed and nude children in the Home due to a deficient kitchen and an “absolute lack of clothing.”

Due to these deplorable conditions, the modernization project focused on better medical care, hygiene, isolation, and feeding. These changes caused mortality rates to fall rapidly and sharply from the appalling 19th

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192 Gesteira to Arthur Newton de Lemos, 18 August 1934, LIGA, Pasta: “Correspondencias com a Sta. Casa de Misericordia, 1933 a 1956, Expedidas.”
century levels. By 1940, the mortality coefficient for children under 2 years of age had fallen to 9.72%.  

One of the first modern installations at the *Santa Casa* was a new pavilion called the Maternal Shelter or *Abrigo Maternal*, later renamed the *Pavilhão Martagão Gesteira* in honor of the *Liga*’s founder. The Maternal Shelter was constructed in 1934 thanks to funding provided by the State Interventor Juracy Magalhães. It was perhaps the central element in the plan to reduce abandonment of foundlings to the *Santa Casa*. The Shelter provided temporary housing for poor women who had either just given birth at the Clímerio de Oliveira Maternity Center, who were recommended to the Shelter by the staff at one of the city’s free clinics, or who requested admission due to lack of resources. Dr. Gesteira and the physicians of the *Liga* intended the Maternal Shelter to be a refuge for women in desperate situations who, barring this option, would have left their infants in the Foundling Home.

In the Maternal Shelter, mothers shared accommodations with their infant children. These women were often referred to as wet-nurses in the institutional records as living in the Shelter came with the expectation that all women would breast feed their babies. In addition to clothing, meals, and a stipend, mothers received instruction in the “proper” care of their infants. Thanks to the Medical School of Bahia, a small museum on infant mortality, prenatal hygiene, and childhood development was added next to the *Abrigo* and assisted in the effort to educate mothers in puericulture. The *Pavilhão Martagão Gesteira* had a separate section dedicated to caring for newborns during their first months of life at the Foundling Home.

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193 “Relatorio da Provedoria da Santa Casa de Misericórida da Bahia, relativo ao bienio de 1939 e 1940; Apresentado á nova administração em sessão de 1º de Janeiro de 1940 pelo Provedor Clovis Moreira Spinola,” SCMB.
To address the feeding issue in particular for infants and newborns, the *Liga* founded the *Julia de Carvalho Lactário* in 1934 as a central milk dispensary serving the entire city. The State of Bahia helped to fund the project through the Social Assistance Council. It provided thousands of liters weekly of sterilized milk and other liquid nutrients suitable for babies (such as coconut milk and porridges) for distribution to families using the State’s free health centers and to infants in the polyclinic. Sterilization was a life-or-death issue for Bahian children because the state government had always been unsuccessful in maintaining and enforcing safety guidelines for milk distribution, making digestive disease a primary cause of infant mortality. In addition to sterilization and distribution services, the *Lactário* offered breast milk purchased from mothers living in the Maternal Shelter and from other poor women in the city. Women living in the Maternal Shelter earned a monthly stipend of 30$000 during their stay plus additional funds of $1.50 per liter for any excess breast milk donated to the *Lactário*. The entire sum was turned over upon dismissal from the Shelter. This program established with the founding of the *Julia de Carvalho Lactário* was the genesis for the *prêmio de amamentação* stipends discussed in Chapter 4.

In order to isolate and focus on the needs of the very young, the *Liga* constructed the *Juracy Magalhães Pupileira*\(^{194}\) in 1935 again with financial support from the state government and named in honor of its interventor. The *Pupileira* was dedicated exclusively to caring for foundlings under the age of 2 for whom the *Liga* held full responsibility. Babies who entered the foundling system would spend a short time in the newborn shelter of the *Pavilhão Martagão Gesteira* and then be transferred to the

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\(^{194}\) The term “pupileira” comes from the French *pouponnaire*, meaning a childcare center for very young children. This type of puericulture institution has no contemporary English equivalent.
Pupileira. The existence of separate facilities for children of this age allowed the staff of the Liga to concentrate on the developmental stage which puericultores considered to be the most fundamental. It was this age range that presented the highest incidence of childhood mortality and when deprivation was most likely to cause irreparable damage. Liga physicians expected the Pupileira staff to function as a sort of surrogate family for foundling children. The women working there as head nurses and attendants were to provide “motherly care” to their charges, tending to the physical and moral aspects of their upbringing. It was the attendants’ responsibility to attempt to inspire a “joy of life” in children deprived of a home and motherly attention. “The attendants do not work on a circuit so that their dedication and work for the children under their care would be like that of a family,… seeking to awaken that sentiment that lies latent in every woman --- the maternal sentiment.” For the physicians, an affectionate caregiver in the Pupileira was the best chance these children had—second only to foster care—of growing up without developmental delays caused by institutionalization. Children who stayed within the foundling system past the age of two were mainstreamed into the general population of children living at the Santa Casa.

Naming the Pupileira in honor of Juracy Magalhães was a shrewd decision and certainly reflected at least the media’s consensus that the construction of a modern Foundling Home represented the interventor’s personal commitment to the needs of the

Bahian populace. In media reports, the *Pupileira* stood as testimony to the “honesty,” “intelligence,” and “vigor” of a leader whose administration confronted the issues of the people with logic not rhetoric. Bahia was grateful for a leader who took their concerns seriously and worked for the collective social and economic advancement of the state with a government “of the people, governing with the people, and for the people.” By the 1930s, foundling care ironically had come to represent governmental commitment to the welfare of all Bahians. By investing in the modernization of the Foundling Home, Interventor Magalhães became a local hero and seemed to mark a new chapter in public expectations of state responsibilities. The value placed on foundling care, as evidenced by media stories and the actual modernization project itself, was a watershed change from the 19th century and earlier periods when foundlings lived tragically short, deprived lives and the general public seemed not to notice.

Local papers reported in great detail about the modern installations of the new institution. The *Pupileira* had space for 80 children, separated into glassed-in units that could hold six cribs each, a bathroom, and a scale for daily weigh-ins. The *Pupileira* also had special facilities for attending nurses and medical examinations. Finally, visitors to the new institution were impressed by the large play room or *sala de brinquedos*—a rare addition for institutionalized babies. This modernized puericulture institution was a far cry from the old Foundling Home where toddlers continued to be transferred after their second birthday. Inaugurated on Christmas Day, the new *Pupileira* opened its doors to visits by *senhoras* of the highest society and participated in the tradition of distributing clothes and toys to poor children. One journalist observed that the construction of the
*Pupileira* was “the best Christmas present that Juracy Magalhães’ government could have offered to the people.”

One of the most significant developments to come out of the modernization project was the fact that the *Liga* was able to convince the *Santa Casa* leadership to extend their radius of action to include new services for poor children and their families outside of the confines of the Foundling Home. New public health programs were established with the help of the State of Bahia and a personal donation from a wealthy old money family, and included the Arnaldo Batista Marques Polyclinic founded in November of 1930—named in honor of the deceased son of its benefactor. The *Liga* staff considered the construction of a polyclinic for medical treatment to be a “preventative measure against abandonment” so this was the justification for adding a public clinic to the *Santa Casa’s* mission of foundling care. The polyclinic was constructed as part of the 5th Health Post of the State Children’s Department – all on the grounds of the *Santa Casa de Misericórdia*. The logic behind having both of these institutions side-by-side was to give impoverished families an option for treatment if their children were too sick to stay at home and enrolling them as foundlings seemed the only choice to get medical help. The polyclinic offered more specialized services than did the Health Post (which was mainly preventative), offering simple surgeries, laboratory testing, eye and dental care as well as otorhinolaryngology. The number of children

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served at the polyclinic increased steadily throughout its first decade; by the 1940s the clinic saw an average of 3,636 patients per year.\footnote{197}

Between the closing of the Foundling Wheel and the construction of the Maternal Shelter, Julia de Carvalho Milk Dispensary, Juracy Magalhães Pupileira, and Arnaldo Batista Marques Policlinic, the colonial Santa Casa had definitively entered the maternalist movement of the 20th century. In Dr. Álvaro Bahia’s words, the old institution had become a modern partner in the fight against infant mortality—“pro-puericulture and no longer simply a Holy House of Mercy.”\footnote{198} The irony was that, without discounting the vastly improved circumstances for children living in the Foundling Home, the Santa Casa, the Liga, and the state continued to explicitly support the idea that separating mothers and children was an acceptable, scientific, and modern approach to dealing with poverty. Barring the case of illness for which medical treatment options were expanded, separation and institutionalization continued to be the remedies for poverty. The modern Foundling Home took in many more infants than were aided by the much smaller prêmio de amamentação program. And families took advantage of this alternative as long-term childhood institutionalization became a survival strategy for the poor. Institutionalization, obviously, was an impractical solution given the weight of poverty in Bahia, and the Liga commenced a new campaign in the 1940s to establish a foster care system to assist this same population of impoverished children.

Deconstructing Families and Building Foster Families

Like his predecessor, when Dr. Álvaro Bahia took over the presidency of the *Liga Bahiana contra a Mortalidade Infantil* in 1937, he continued the organization’s commitment to foundlings and orphans. Dr. Bahia’s personal interest was in remediying what he saw as the deleterious affects of illegitimacy and single parenthood on impoverished children. He was the first vocal and influential advocate for social welfare programs for single mothers, the *mães desamparadas*, in Bahia. Dr. Bahia took full advantage of his personal appearances, at the Rotary Club or during the opening speeches of Children’s Week, to speak out on behalf of single mothers who were separated from their children by economic necessity. Certainly, the *Liga* and the state had already established the *prêmios de amamentação* program to assist this sector of women in keeping their babies, but Dr. Bahia was the first to really argue that systemic economic and social problems led to many women’s inability to care for their children. He also argued that despite the best efforts of modernizing the Foundling Home and similar institutions, collective living for children could never provide an environment equal to a familial home. Children could not grow and flourish in institutions which stifled individual development, socialization, and self-esteem. Institutionalized children always bore the stigma of being “*enjeitados,*” rejected and forgotten.

The best and least expensive option for protecting children, according to Dr. Bahia and his supporters at the Rotary Club, was for state and private agencies to assist single mothers financially so they could keep their children at home. Even an imperfect home, Bahia stated, was better for children than growing up in an institution. In cases where this was simply impossible, Bahia made a strong case for the state of Bahia to
initiate and grow its foster care system. The experience of growing up in a home and as part of a household would be morally and physically beneficial for foundlings, providing them if not with maternal love—at least with the love of an adoptive mother. To Dr. Bahia, a woman was always a mother if not in fact, then in sentiment. 199

The foster care system was first established in Bahia in October of 1939 – the first such program in Brazil. Foster care was a responsibility of the Family Placement Service—a division of the State’s Prenatal and Children’s Hygiene Inspectorate of which Dr. Álvaro Bahia served as director. Thus, when Dr. Bahia championed the cause of foster care, he was simultaneously representing the Liga and the state public health system. In the first year of service, the Family Placement Service placed 4 infants with families. During the next four years, the service placed nearly 100 more children—the majority babies under one year of age. Seventy percent of the children were separated from their birth families due to extreme poverty or parental illness so the program operated in a similar fashion to the Foundling Home. Foster care in Bahia was not adoption because the state retained responsibility for supporting foster children, and birth parents were encouraged to maintain contact and even reclaim the child if possible. Birth parents also were given the opportunity to approve or disapprove of potential foster families. The state provided a monthly stipend to foster families along with a bed and bedding. The state also provided milk (including breastmilk when possible) for newborns. In return, foster families were expected to care for the child as a member of the family and submit to weekly or bi-weekly supervision by the visiting nurse or physicians. Stipend payments were only made to foster parents who had their record

199 Álvaro Bahia, “Collocação Familiar,” Rotary Bahiano 19 (1940); “A família é indispensável à criança” O Imparcial (Salvador) 7 June 1940; and “O discurso do Dr. Álvaro Bahia -- Ante-Hontem,” O Imparcial (Salvador) 11 October 1938.
book signed by their supervising physician. After seven years of age, children were either returned to their birth families, transferred to state facilities, or adopted depending on the situation. In this way, the modern foster care system recreated the colonial relationship between the state and *famílias criadeiras*.

According to Dr. Bahia, candidates for family placement included children who were “victims of social maladjustments”: the illegitimate, abandoned, orphaned, ill or children of ill mothers. A few examples of children that entered the foster care system demonstrate these priorities and also reveal a great deal about the social and cultural dynamics of Bahian society. Though the foundling-care system may have modernized into foster care, nothing had changed in terms of which children were most at risk for being separated from their birth families. Two cases reveal issues of poverty, and the third is obviously the story of an illegitimate child born to a mother of a well-to-do family. In 1939, a five-month-old baby (C.P.J.) was removed from her birth home because her mother suffered from tuberculosis. Though C.P.J. was the daughter of a married couple, her mother’s illness caused her transfer to a foster family. The family was childless, but proved their suitability because they had already raised a niece who grew up to be a teacher. The child’s record reflects that the foster family treated her as their own. Another example is the case of a little girl (V.E.C.) who entered the foster care system at the age of 18 months. The cause of her social maladjustment and resultant need for foster care was listed as “immorality.” According to her record, the child’s mother “deviated into prostitution [and] wanted to remove her daughter from that environment.” V.E.C. was placed with an affectionate family and continued to maintain contact with her mother who held out hope of one day retrieving her. Unfortunately, the
record does not reveal whether or not this was the case. The final example illustrates a common situation with a peculiar (and extremely fortunate) resolution. The child, E.J. L., entered the foster care system just twelve days after his birth due to an issue of “secrecy.” Because of the secrecy issue, it was the obstetrician who delivered the baby who requested the child be placed with a foster family. The physician was also acquainted with another couple who had recently lost a baby to illness and was able to arrange for E.J.L. to become their foster child. This placement meant that E.J.L. could be nursed by his own foster mother which had great cultural significance. The record indicates that E.J.L. was well loved by his foster family who “traveled and summered” and did not make any distinction between him and their natural children. In all three of these cases, these children would have been placed in the Foundling Home if not for the recent establishment of the foster care system.

Foster families were very rigorously selected for participation in the family placement program. In fact, in the first five years of service only 55% of the families who applied for a foster child were accepted into the program. Families were expected to treat their foster children like one of their own. What profile, therefore, did families need to fit in order to represent a model Brazilian family? According to Dr. Bahia, the Family Placement Service examined the “moral, sanitary, educational, pedagogical, hygienic and financial” conditions of the potential foster home. Many of the questions for enrollment were quite specific. The Service inquired about all living, deceased, and stillborn children of the potential foster family. Staff considered the age of potential parents as well as the constitution of the applying family. Childless couples were preferred to larger families, and women who could nurse were obviously the first choice for infants.
Familial homes were also closely inspected to determine sanitary and hygienic conditions such as how the home received water and the state of their sewage system. Staff were interested in the number of rooms and beds in the potential foster home, whether the family owned or rented, and if they did any farming or raising of animals. All of these questions seemed relevant to determining the suitability of a potential foster family because they were expected to be advocates for the health and educational needs of their foster children which were closely monitored through weekly medical visits and home inspections. The rigorous selection of foster families, participation of birth families, and importance placed on medical care and hygiene conditions certainly distinguished the modern incarnation of foster care from the colonial system.

The Prenatal and Children’s Hygiene Inspectorate created a Family Placement Center in 1943 located in the small rural town of Santo Amaro. The Center was a network of health professionals responsible for supervising foster families in the area and linked to the local Puericulture clinic of the Santo Amaro League against Infant Mortality. The program brought together foster families and health specialists in a central location; therefore, children in need of homes in Salvador, for example, were transferred to available foster families in the town of Santo Amaro. As part of the program, foster parents and their charges were required to submit to regular medical examinations and receive weekly inspections by the visiting nurse of the Santo Amaro Liga. Again, this was a marriage of public and private institutions. These procedures were certainly expectations that the Family Placement Service staff held of all foster care
situations, but restricting the number of children enrolled and limiting the location to the small town of Santo Amaro made supervision more feasible.\footnote{“Lares para as crianças desamparadas na Bahia,” Estado da Bahia (Salvador) 6 October 1943. See also Álvaro Bahia, “Colocação Familiar na Bahia (Um Quinquenio de Observação),” Pediatria e Puericultura, 13 no. 2 (1943): 63-96.}

The establishment of the Family Placement Center in a town like Santo Amaro was also intentional. Santo Amaro was only one of two cities outside the capital that maintained puericulture facilities, a foundling home, and even a maternity center. But beyond having the public health infrastructure to support the Center, experts considered the more rural setting to be a healthier atmosphere for foundling centers. If children had to live in foster homes, the small town could provide a more moral environment where children would learn about work and become productive contributors to their society. This was a continuity of the old idea that foundlings were the next generation of criminals, prostitutes, and vagabonds if left without comprehensive intervention. According to this perspective, the status of being “enjeitado” put children at moral risk of growing up to be a burden on the larger society.

Despite the lofty aspirations of the Liga and the Prenatal and Children’s Hygiene Inspectorate, the family placement program quickly suffered financial problems and difficulties in maintaining full support of the dozens of children enrolled. Just like the situation at the Santa Casa’s Martagão Gesteira Pavilion and Pupiliera, available resources could never keep up with the needs of Bahian families. At the Santa Casa, the situation was precarious despite expertly designed facilities and the expertise of Bahia’s top puericultores. Even with these advantages, the institutions just did not have the financial resources to truly embody the ideals of its modernizers. There were too many children in need (particularly after falling mortality rates kept the institution at full-
capacity) and an insufficient, under-trained, and under-paid staff. Dr. Bahia, for example, repeatedly complained about the staff at the Pavilhão Martagão Gesteira whose daily responsibilities exceeded any reasonable expectations and certainly prevented them from providing a high level of care. According to Dr. Bahia in 1940, the small staff of six assistants was responsible for 40 children under the age of one which translated into “taking 40 temperatures, giving 60-80 baths, feeding 200 meals, and changing an average of 300 diapers per day.” The president of the Liga was also disappointed with the quality of the Santa Casa staff. He attributed the constant staff turnover to the practice of hiring poor women with little to no education who had no concept of modern hygiene. Of course, the Santa Casa could not expect to attract well-trained nurses due to the poor wages offered and outrageous workload.²⁰¹

Ultimately, foundling services and foster care could not be a substitute for comprehensive reform of the social and economic disparities that existed in the state. Without reform, Bahian families were trapped by larger structures that kept them in poverty, having little access to education, decent housing, formal employment, or upward mobility and limited by the continued oppression of Brazilian racism. This situation of living with instability, just beyond the margins of subsistence, left their children at risk of

separation from their households. Modernizers envisioned and implemented admirable improvements to the sad state of foundling care, but fundamentally these were small-scale interventions in a historically and structurally unequal society.

Paradoxically, the modernization of foundling care also tells another story about citizenship and state-building in Brazil. By investing in foundlings, foster care, and “preventative measures,” the state government took responsibility (in theory) for its most vulnerable citizens and to a certain extent recognized that poverty deeply affected families and children’s development. State-directed modernization and private charity were so fundamentally intertwined that it is impossible to argue that public welfare emerged solely from a modern conception of citizen’s rights. Certainly, an older culture of “alms to the poor” was also present in the development of foundling care and social services more generally. But it is also important to acknowledge the intellectual strain represented by Gesteira, Bahia, and others who argued that children and mothers had a right to basic levels of welfare and that a modern nation had to work to try to guarantee them. Clearly, these hints of a politics of citizens’ rights were extremely limited within the public health system, and modernization and reform efforts sought to mitigate the effects of poverty not to diminish it. Privileged Brazilians, whether formally connected to the state apparatus or not, feared lower class mobilization and mobility and supported the notion of progress but without changes in social structure that might upset their privilege. Therefore, the public health and welfare system provided alternatives to impoverished living situations for children without discussion of better education, higher wages, or more opportunities for civic participation for their parents.
CHAPTER SIX
Maternalism, Getúlio Vargas, and the Bahian *Estado Novo*

“Assisting the pregnant woman, before and after birth, creating clean and healthy daycares, prohibiting women’s labor in certain industries and at night, liberating her …from the obligation to turn [her salary] over to her husband, often an obstinate drunkard…the Brazilian *Estado Novo* demonstrates that it maintains the highest concern for the woman who needs to work, and who deserves all types of assistance because the future of the race and the health of the nationality depend on her.”
(Hirosê Pimpão, 1942)

The eight-year dictatorship of President Getúlio Vargas was marked by unprecedented consolidation of the Brazilian state, making Vargas the most influential political figure of the 20th century. Committed to national progress and economic development, the Vargas administration created an enduring model for the role of the state in labor relations and social policy. In 1937, Vargas announced the beginning of the *Estado Novo*, or New State, a regime designed to meet the challenges of an industrializing and modernizing society unencumbered by the burdens of party politics and representative democracy. Interestingly, Vargas’ call for national change included shoring up the traditional Brazilian patriarchal family, in particular by helping working men establish, maintain, and control their families. In return, the President hoped these men would become stable, productive, and compliant laborers.

Study of the *Estado Novo* has generated a rich historiography on the political consequences of Vargas’ effort to establish a central, corporatist state and the social and cultural effects of widespread censorship and promotion of a state-sanctioned national...
identity. Perhaps the dominant historiographical trend analyzes President Vargas’ attempt to harness industrial labor during the Estado Novo by courting workers with minimum wages, unionization programs, and labor courts as a precursor to his reinvention as a populist in 1951. Despite the various approaches of these studies, they do have one key point in common – their regional focus on the industrial centers of Southern Brazil. Does this regional limitation suggest that the New State held little relevance for the majority of Brazilians? If Vargas’ efforts at reform only reached São Paulo and Rio de Janeiro, this would suggest that the Estado Novo was really not nationally significant. Certainly, defense of the Brazilian laborer against the immigrant interloper had little relevance to residents of the Northeast since states in this region were not part of the wave of European immigration that brought hundreds of thousands to the South. Conversely, does this regional limitation indicate that Vargas truly did surpass regional distinctions by creating a New State that was uniform in its extension, characterizations, and authority across such a diverse nation?

Analyzing the Estado Novo in the provinces, in particular the Northeastern state of Bahia, greatly expands our understanding of the period and allows for a more complete conception of what the Vargas era meant for Brazilians outside of the industrial South. A new national interest in health and welfare linked the Estado Novo with progressive Bahian programs that began at the turn of the 20th century. In Bahia it was Vargas’ social

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policies on maternity and childhood assistance that symbolized the modernity of the *Estado Novo*. Viewing the Vargas years from the Northeast rather than São Paulo demonstrates that the *Estado Novo* was not an exclusively Southern affair. Bahians participated in the push for national change by recasting the president’s call for reform and revitalization as a movement for a healthier citizenry. When the New State began in 1937, Bahian maternal and child welfare advocates had already been campaigning for decades for the expansion of social programs to reduce infant mortality rates and aid poor women in raising healthy children.

President Vargas proclaimed the New State on November 10, 1937 by addressing the Brazilian people via radio, informing them that upcoming elections were cancelled and he would remain in the presidency. The president argued that Brazil had entered a period of crisis caused by subversive elements and the failures of the political parties. Such extraordinary circumstances called for the Head of State to have the courage to make exceptional decisions, he argued. To avoid chaos, restore the legitimacy of political institutions, and provide for growth and security, Vargas announced that he would continue “serving the nation.” The president stated that “to readjust the political organism to the economic necessities of the country and to guarantee the measures indicated, no other alternative is possible other than the one taken, instituting a strong regime of peace, justice and work.”

Influenced by fascist constitutions such as those of Italy, Poland, and Portugal, Vargas named his new corporatist constitution, *O Estado Novo*. His *auto-golpe* came seven years after the “Revolution of 1930” which placed him in power following a failed

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205 Vargas, 28.
attempt to win the presidency through elections. No official political party accompanied the advent of the new government. The declaration of Vargas’ New State ushered in an authoritarian regime characterized by centralization of federal authority, state intervention into the economy and industry, and social legislation aimed at improving conditions for the average Brazilian worker. The regime was also a period of promotion of Brazilian nationalism over regional identities and interests, strengthening of the federal military, and importantly the repression and censorship of dissent. Since that declaration, generations of historians have attempted to analyze the complex amalgamation of propaganda, institutions, and policies that emanated from this period and all their social, political, economic and cultural manifestations.206

Understanding the effects of the *Estado Novo* outside of the South is crucial given Vargas’ explicit goal of reforming and remaking the Brazilian populace. But the Vargas years in the State of Bahia are virtually unanalyzed.207 The regional distinctions between Bahia and the industrial South should not suggest that the politics of the Vargas regime failed to resonate with many Bahians who eventually would become strong supporters and look to the President for inspiration. The *Estado Novo* years were absolutely fundamental to the economic and political development of modern Brazil through Vargas’ labor policies and promotion of industry. But President Vargas left another

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207 Of the few sources that analyze the 1930s and 1940s in Bahia, most do not connect Bahian society and politics with the Vargas regime, nor the Estado Novo period in particular. For studies of this era in Bahian history, see Consuelo Novais Sampaio, *Poder & representação: o Legislativo da Bahia na Segunda República, 1930-1937* (Salvador: Assembleia Legislativa da Bahia, 1992); Dain Borges *The Family in Bahia, Brazil, 1870-1945* (Stanford: Stanford University Press, 1992); Eul-Soo Pang, *Bahia in the First Brazilian Republic* (Gainsville: University Presses of Florida, 1979); and Anadelia Alicia Romo, “Race and Reform in Bahia, Brazil: Primary Education, 1888-1964” (Ph.D. diss., Harvard University, 2004).
legacy from this period; he became known as the “Father of the Poor.” This moniker resulted not only from Vargas’ semi-populist rhetoric but also his championing of the average Brazilian family as the heart of Brazilian society. President Vargas as father of the needy and patron of maternal and child welfare issues was incredibly significant in the state of Bahia.

Maternal and child welfare issues resonated in Bahia where a conservative political and elite class favored social modernization and economic development without fundamental social change. The official maternalist rhetoric of the Estado Novo recast “protection” and “assistance” of mothers and children as a responsibility that educated sectors and the government itself owed to the future greatness of the Brazilian nation rather than an act of elite piety or benevolence to impoverished families. The limits of federal institutions and authority, however, and webs of local and national patronage ensured that a state-directed social modernization project and a more conservative tradition of aid through private and religious charities would meld together in Bahia. Bahian programs, similar to federal legislation for working women, sought to support women’s traditional caretaking roles and encourage women to perform wage-labor only when absolutely necessary. The modernizing discourse maintained that providing for the health and welfare of future generations was an act of patriotism and nationalism, understanding women as worker’s wives and the bearers of future laborers. Advocates attempted to usher in a period of progress and change that fell right in line with traditional values.

This chapter attempts to analyze three broad questions about maternal and child welfare within the state and national politics of the Vargas years. Why and how did
maternal and child health and welfare, long a public issue in Bahia, finally become a
national concern with the presidency of Getúlio Vargas and in particular within the
policies of the Estado Novo? How did the new national emphasis on maternity, children,
and families impact local initiatives in Bahia, and how did the political culture of the state
matter in the implementation of national programs? Finally, how can an examination of
the maternal and child welfare movement in Bahia help us to rethink the reach of the
Estado Novo beyond the Center-South? To begin to explore these issues, this chapter
examines several critical themes of the Estado Novo such as propaganda, social
legislation, institutions, and local and national mobilizations to uncover the intersections
between Bahian and national politics and to determine the limits of federal policies.

Bahia Receives the Mensagem do Natal

It is difficult to understate the symbolic importance among maternal and child
advocates of President Vargas’ Christmas Eve telegram to his state interventors. For
years advocates would hold up Vargas’ famous 1932 “Mensagem do Natal”208 as
evidence of the president’s personal commitment to maternal and child welfare as an
indisputable priority of his administration. In the telegram, President Vargas argued that
no other issue was more closely connected to the perfection of the race and the progress
of the nation. Brazil’s future was compromised by lack of attention to children. He
pointed out that infant mortality rates in the capital city of Rio de Janeiro were only
comparable to “tropical” places in Africa and Asia. Vargas urged his interventors to pay
more attention to the development of the child from before birth through adolescence
because it was a matter of national salvation. Assistance to maternity was necessary as

208 The “Christmas Message.” See Getúlio Vargas, Telegram of 24 December 1932 (Circular aos
Interventores dos Estados), Centro de Pesquisa e Documentação de História Contemporânea do Brasil,
(hereafter CPDOC), GC, rolo 60, 538.
well to address the pre-natal needs of the child. In the telegram, Vargas announced that he would soon convene a national congress to draw together experts from across Brazil and create a nationwide strategy.

With this mensagem, Bahian advocates won an ally in President Vargas who would continue to be the symbolic patron of the health and welfare movement throughout his years in power. The President’s explicit request that maternal and children’s issues be made a priority of public initiatives gave credibility to a movement that was already in full force in Bahia and dated back to the first years of the century. Prior to Vargas’ telegram, maternal and child welfare had never received federal, much less presidential, attention. Throughout the Estado Novo advocates could always invoke the name of the nation’s top leader as the ultimate champion of maternal and child welfare. What was in the interest of Bahian mothers and children was close to the President’s own heart and the key to Brazilian prosperity.

One of the most explicit debates over the meaning of the Estado Novo for Bahian maternal and child programs accompanied the closure of the State Children’s Department in 1938. Interventor Landulpho Alves caused a public uproar that year by closing down the Children’s Department as part of a restructuring of the Health Department. The activities of the Children’s Department (formally an autonomous institution) were subsumed under the authority of the Health Department and a new branch called the Pre-Natal and Children’s Hygiene Inspectorate was created. Opponents claimed that the

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209 Concern over infant mortality rates in Bahia began at the Medical School in the late 19th century. However, the first institution created with the mission of improving mothers’ and children’s health was the Instituto de Protecção e Assistência à Infância (IPAI), founded by Dr. Alfredo Magalhães in 1903. The IPAI of Bahia was based on a similar institution of the same name founded by Dr. Carlos Moncorvo Filho in Rio de Janeiro in 1889.

closure put Bahia out of line with the goals of the *Estado Novo* and was a personal affront to wishes of the President. Hadn’t Vargas himself outlined the government’s commitment to maternal and child welfare in the famous *Mensagem do Natal* six years earlier? And didn’t President Vargas “govern all of Brazil?” For opponents, this action seemed to signal that Bahia was moving backward rather than forward. An unsigned article in the newspaper, *A Nota*, condemned the closure and suggested that Alves’ failure demonstrated a lack of comprehension of President Vargas’ program for national regeneration. “In the *Estado Novo,*” argued the author, “we cannot allow that the delegates of personal confidence of the President of the Republic are the saboteurs of his programs.”

Even Dr. Martagão Gesteira, founder of the Bahian League Against Infant Mortality, commented on the closure from his new home and new federal position in Rio de Janeiro. Gesteira expressed disbelief that such a meritorious and successful organization could be abolished when the policies of children’s welfare were the “most impressive directions of the *Estado Novo,*” connected to President Vargas’ plan for the “restoration of the vital energies of the nationality.” Gesteira stated his protest against Interventor Alves’ actions before the National Academy of Medicine in the federal capital and organized an official letter of objection sent from the Academy to President Vargas.

Isaias Alves, Bahian Secretary of Education and Health and brother of the Interventor, issued a heated response to Dr. Gesteira’s accusations which had been

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211 “O Presidente Getulio Vargas governa o Brasil inteiro -- Deve ser restaurado a Departamento da Criança na Bahia,” *A Nota* (Salvador) 10 September 1938.
relayed nationally in the press. Alves contended that, despite Gesteira’s shock at hearing of the closure of an institution he had founded personally, organization of public services had only been restructured. Children’s welfare remained a priority in Bahia just as it had been when Gesteira became the first president of the Children’s Department in 1935.

For Alves, the Children’s Department had made the mistake of attempting to treat the problems of childhood in isolation. Technicians familiar with the topic agreed that treating childhood as an individual problem—without addressing its related issues such as nutrition, disease, and habitation—could not aid in finding solutions. Alves explained that the new organization would be more efficient and less isolated from other social and health concerns. With an increased budget, the new Pre-Natal and Child Inspectorate would also offer new services that the old Children’s Department had not, including human milk dispensaries and a program of in-home birthing assistance. Reorganization of the sanitary nurses would allow them to attend to entire families by district rather than the concerns of mothers and infants separately. The Inspectorate would also offer more services to interior of the state whereas the Children’s Department health posts were run by private organizations and only subsidized with public funds. Clearly angered by the accusation of failing to heed the Mensagem do Natal, Alves argued, “the Government of Bahia does not need lessons in how to execute the call of President Vargas, fulfilling the patriotic duty to support the cause of the child.”

The fervor over the closure of the Children’s Department demonstrates that local issues of maternal and child welfare had been decisively linked to the philosophies of the

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213 “A supressão do Departamento da Criança,” A Tarde (Salvador) 14 September 1938 and “O rotula não adeanta -- Supresso o Departamento, mas conservados e até ampliados os serviços de defeza da criança” A Tarde (Salvador) 8 September 1938.
Estado Novo. For advocates of these issues in Bahia, the President’s 1932 mensagem and perhaps references in the 1934 and 1937 Constitutions left little doubt that mothers and children were paramount issues to national regeneration. In condemning the closure of the Children’s Department, critics not only highlighted Bahian deficiencies but also contextualized these problems within the goals of the Vargas government. Similarly, the state Secretary of Health and Education responded that the closure was part of a larger attempt to fulfill the President’s call for public assistance to the health and welfare of mothers and children. Whether through the Children’s Department or another institution, both sides agreed that attention to maternity and childhood was a duty of the state and characterized Vargas’ program for a reformed and rejuvenated Brazil. All understood maternal and child programs as Bahia’s contribution to larger issues of national regeneration and insisted upon the importance of aligning Bahian politics with the priorities of Vargas’ reforms.

Propaganda and Civic Culture

The extensive use of the press and radio to promote national policies and encourage a patriotic confidence in the Vargas administration is a familiar story to scholars of the period. Not surprisingly, maternal and child welfare issues were prominent in presidential speeches, official pamphlets for public consumption, and even in educational radio programming through the Serviço de Radiodifusão Educativa. The best example of this propaganda was the annual commemoration of the Semana da Criança, an event that actually began in the state of Bahia and was declared a national program with presidential decree 2.024 in 1940. Although “propaganda” seems an

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214 Both constitutions established the Brazilian family as the basis for society and afforded the family special protections.
inaccurate and simplistic term to describe the nationalization of Children’s Week, it is helpful in understanding how the Vargas administration connected family, health, and progress as fundamental to national identity, expressed the government’s intended institutional and political role in the maternal and child welfare movement, and advocated for popular mobilization.

The first national Children’s Week was celebrated in October of 1941 under the auspices of the National Children’s Department, founded the previous year. Children’s Week was not new in Bahia, however. In fact the first Bahian Children’s Week was held in 1927 when Dr. Martagão Gesteira convened a congress of specialists in the issue of childhood: physicians, hygienists, sociologists, educators, and legal experts. Following this inaugural professional approach to childhood, Children’s Week was commemorated annually in Bahia and transformed into a popular event with the explicit goal of making the public aware of the campaign for healthier children and “better” child-rearing.²¹⁵

Children’s Week went national in 1941 possibly due to the influence of Dr. Martagão Gesteira who had relocated to a federal position in the nation’s capital. The programming goals were the same as they had been for years in Bahia, “to revive the consciousness of public opinion to the necessity of being more vigilant and extensive in the protection of maternity, childhood and adolescence.”²¹⁶ Children’s Week speeches pronounced by radio and dispatched across the nation provided an opportunity to express the administration’s views on the importance of protecting and promoting the traditional

family. These speeches marked the official recognition of problems that affected the most vulnerable Brazilian children such as malnutrition, abandonment, and disease. It was an occasion to affirm the importance of social and financial mobilization in support of this cause and encourage Brazilians to join their own private resources with federal efforts. Children’s Week provided the perfect platform for patriotic speeches to honor of the accomplishments of the *Estado Novo* in addressing these social concerns and for highlighting Brazil’s bright feature. Protection of children was a duty of the state that President Vargas had promoted even before the *Estado Novo* was established and was one whose centrality would not diminish despite the difficulties that WWII posed to the Brazilian nation. In the President’s own words, “Today our children are educated for work, for intellectual creativity, for peace, for war, for happiness, and for sacrifice.”

Children’s Week promoted a vision of a unified nation where Brazilians were joined together in a common mission to eradicate the social impediments that kept Brazil from reaching its full potential as an economic and political world power. In October of 1942, for example, Minster of Education and Health Gustavo Capanema pronounced his address on national radio, marking the inauguration of Children’s Week. Clearly responding to the tensions of wartime, Capanema used the occasion of his Children’s Week address to remind Brazilians that their national identity was not based on racial prejudice and domination; therefore, any social distinction resulted from differences in health and morality. Capanema stated, “Now, if Brazil bases its civilization on the perspective that all men are equal, that human nature is singular, we can only base our superiority on the principals of moral and physical health as opposed to racial prejudice.

We proclaim, therefore, that the principle of humanity is a question of health.” And to date, Capanema went on to argue, Brazil did not demonstrate the desired levels of health which could only be remedied through strengthening families and aiding them in raising healthier children. By 1945, Capanema would declare the Vargas government victorious in this endeavor to definitively mobilize the entire population in favor of children’s health and finally coordinate a network of local protective services across the nation.218

In Bahia in the 1940s, Children’s Week was also an opportunity to praise the Estado Novo and remind Bahians that protection of mothers and children was a long-held philanthropic tradition in the state. Beyond paying homage to local and national progressivism, maternal and child welfare advocates also used the occasion to draw attention to the incompleteness of public health initiatives, the continuing high infant mortality rates, and the need for more resources.219

Looking at Children’s Week on both the national and state levels demonstrates that propaganda worked in two ways to bolster the maternal and child cause. First, the events served to continually bring the issues of childhood and maternity to the fore, even encouraging Brazilians to join the movement and devote their personal resources to the civic campaign. Second, patriotic speeches and carefully-posed journalistic photographs reminded citizens of the various ways that both governments were working to solve the pressing problems of child welfare and child-rearing. In newspapers and over the radio, state and national political figures enumerated their accomplishments in this arena, never failing to credit President Vargas’ foresight in connecting children’s health to national progress and racial perfection in 1932.

218 CPDOC, 13 October 1942, GC rolo 07, 690-691 and GC rolo 62, October 1945, 58.
Maternity Legislation and Bahian Realities

Vargas’s *Mensagem do Natal* foreshadowed many initiatives designed to draw the government closer to day-to-day lives of ordinary Brazilian families. These initiatives began legislatively with a number of presidential decrees offering state “protection” for the Brazilian family and the national worker. Strengthening the family and placating the industrial working class were critical aspects of Vargas’ plan to bolster Brazilian nationalism and affect a corporatist restructuring of society. Protection of female and child laborers could assist both goals by reifying the importance of family, child-rearing, and children and by demonstrating to the restive worker that the government sought to protect his wife and children from abuses. Yet Vargas-era legislative reforms made little impact in Bahia where industrial labor was not a possibility for the majority of working mothers. For Bahians, the series of decrees related to family and labor may have symbolized the president’s commitment to these issues, but they would not be enough to provide for better conditions for working mothers.

Federal support of maternity and childhood had been written into the Brazilian Constitution since 1934. According to that Constitution, the Union, the States, and the Municipalities held responsibility in the following seven areas: “to secure assistance for the invalid; to promote eugenic education; to support maternity and childhood; to assist large families; to protect youth against all manner of exploitation – including physical, moral, and intellectual abandonment; to adopt legislative and administrative measures to reduce infant mortality and morbidity and social hygiene measures that impede the transmission of communicable disease; and to care for mental hygiene and promote the fight against social poisons.” The Constitution stated that “capable” women should have
preference in helping to fulfill these duties of the state, particularly those duties relating
to supervision, the home, and female labor.\textsuperscript{220} Bahia did not lack “capable” female social
advocates such as the educated, society women trained at the Puericulture School who
prepared to lead the campaign for “scientific motherhood.”

President Vargas and his Minister of Education and Health Gustavo Capanema
would formalize and institutionalize many of the responsibilities established by that
Constitution, in part through legislation of female labor. The right to paid maternity
leave, periodic breaks in the workday to breastfeed infants, and protection from firing due
solely to pregnancy had already been established in 1932. Legislation under the \textit{Estado
Novo} would expand upon these protections. For example, Article 171 of Decree 1,713
dated October 28, 1939 required employers to grant three months of paid maternity leave
to pregnant women in their employ, following a medical inspection. Significantly, this
decree (and all of its precedents) failed to outline how such measures were to be
implemented or enforced locally. In fact, many of the labor laws benefiting women and
child laborers were ignored in practice.\textsuperscript{221}

Unfortunately, pro-maternity workplace legislation would have little relevance to
most women in the State of Bahia anyway. While many women were moving into
industrial labor in the textile factors of São Paulo and Rio de Janeiro, the majority of
working Bahian women continued to be employed in domestic service. A significant
number also found employment in the informal sector as street vendors or artisans.\textsuperscript{222}

\textsuperscript{220} “Disposições constitucionais, legais, e regulamentares relativos a MENORES,” 8 July 1941, CPDOC,
GC, rolo 61, 437.
\textsuperscript{221} Robert Levine, \textit{Father of the Poor? Vargas and His Era} (Cambridge: Cambridge University Press,
1998).
\textsuperscript{222} According to the 1940 National Census, 73\% of Bahian women (above age 10) listed “domestic activity,
educational activity” as their principal activity. It is unclear whether urban housewives and rural women
who performed no wage labor were folded into this occupational activity or whether they fell within the 9\%
Labor codes did not apply to domestics and informal workers. These women would find little to no protection in the new labor codes designed for factory employees.

Balancing motherhood with the insecurity of domestic or informal market labor placed these women and their children in a precarious situation. Anecdotal accounts from physicians suggest that employers were often unsympathetic to their maids’ maternal responsibilities. The lack of set working hours was also hostile to raising children. Domestics who became pregnant often feared they would lose their jobs, and nursing an infant while working was a near impossibility. Women who “slept in” would be separated from their own children and would need to secure caregivers. Physicians attributed a large portion of the infant mortality rate among poor children to this practice. Children of domestics would be fed animal milk and other nourishments to supplement the inability of their mothers to nurse, opening the possibility of digestive disease related to contamination.

The most comprehensive and controversial piece of legislation dealing with maternal and familial issues was the failed Estatuto da Família, the Family Statute, composed by Minister Capamena in September of 1939. The Estatuto demonstrated both the influence of the conservative Catholic Church and Capanema’s own authoritarian

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Ferreira Filho.

Bahian physicians had warned of the connection between use of domestic servants, wet-nursing, animal milk and infant mortality since the late 19th century. Graduating theses from the Medical School of Bahia are the best source for analyzing this discourse. See for example, Dr. Octaviano de Abreu Goulart, “Hygiene Alimentar na Primeira Infância” (1900), Dr. Joaquim Augusto Tanajura, “Letalidade infantil e suas causas” (1900) and Dr. Mario Cardoso de Cequeira “Prophilaxia Alimentar da Primeira Infância” (1903) among many others, FAMEB.
approach to social reform. Minister of Justice Francisco Campos and Minister of
External Relations Oswaldo Aranha disagreed with various elements of Capanema’s
proposal, eventually causing the statute to be significantly modified and ultimately
simplified into a decree on maternity, childhood, and adolescence. Despite its failure, an
examination of the original statute provides insight into Capanema’s vision of the place
of women and the family in relation to the New State.

With the *Estatuto da Família*, Capanema proposed a deep and lasting reform of
the Brazilian family with the explicit intention of using the financial, censorship, and
punitive resources of the state to protect the family from potential “threats” to its
survival. In the proposed decree, Capanema wrote that “the primordial duty of the State
is to stimulate population growth, by all means, as the greater the number of Brazilians,
the more prosperity, power, and prestige for the Nation.” He defined the family as a
“community constituted by indissoluble marriage with the goal of creating, rearing, and
educating its descendants -- it is considered the primary foundation of the Nation.” Due
to its importance and vulnerability to corruption, the family would fall under the special
protection of the government, ensuring is “formation, development, security, and
honor.”

To administer the special protections that the family warranted, Capanema
proposed a far-reaching set of measures that would shore up the patriarchal family by

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225 Minister Capanema to President Vargas, 7 September 1939, CPDOC, GC, rolo 60, 897. “Cuidando do
Brasil nas fontes da sua grandeza de amanhã: Assinado pelo Presidente da Republica o Decreto que
organiza a protecção à Maternidade, à Infância, e à Adolescencia,” *O Imparcial* (Salvador) 20 February
1940. Also Simon Schwartzman, “A Igreja e o Estado Novo: o estatuto da família,” *Cadernos de pesquisa
da Fundação Carlos Chagas* 37 (May 1981); Simon Schwartzman, Helena Maria Bousquet Bomeny, and
Vanda Maria Ribeiro Costa, *Tempos de Capanema* (São Paulo: EDUSP, 1984); and Sueann Caulfield, *In
Defense of Honor: Sexual Morality, Modernity, and Nation in Early-Twentieth Century Brazil*, (Durham:
providing financial incentives for marriage and employment preference for fathers, charging special taxes on single people and childless couples, promoting family through propaganda and censorship, recognizing illegitimate children, and penalizing crimes against the family among other articles. The central roles of maternity and child-rearing were clear in this statute. Women’s roles as mothers would be reinforced from childhood by an education system that would instruct and prepare them for marriage, child-rearing, and home administration. Their participation in the workforce would be discouraged and limited through employment restrictions. Poor married women would become eligible for special stipends from the government if they gave birth to more than eight living children. The *Estatuto da Família* also provided for state-sponsored maternity and childhood assistance and protection which were the only measures of those listed above that made it to the final version of Decree 2,024 in 1940.

The authoritarian tendencies of top *Estado Novo* leaders were tempered by the pragmatism and conciliatory style of the administration. The failed *Estatuto* more than any other piece of legislation reveals that the defense of maternity was obviously not about empowering working mothers across the entire country; rather it was an affirmation of the administration’s commitment to the patriarchal family as the basis of Brazilian nationality and a primary site for social change. In the final version of the decree, Capanema argued that Brazilian children were raised “defectively” owing to the ignorance or misery of their families. At stake was “the quantitative and qualitative formation of our race.”

Pro-maternity legislation had less to do with women’s right to decent working conditions outside the home than with a desire to provide women with

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226 Minister Capanema to President Vargas, 12 February 1940, CPDOC, GC, rolo 61, 135, and December 1938, GC, rolo 60, 641-643.
the support necessary for them to better fulfill their duty to raise healthy Brazilian children.

Certainly any *effective* legislation that could help balance the demands of paid labor and family responsibilities would be a welcome change for millions of working Brazilian women. As the Bahian case demonstrates, however, women outside the industrial sector found no new support or benefits from these decrees. A low degree of industrialization and lack of social mobility in Bahia ensured that labor codes and unionization were not an effective means to support working women with families. This reality would have been apparent to any advocate of maternal and child issues. Rather, Bahian advocates campaigned for free health services, childcare programs, and monetary supplements to assist poor mothers whether married or not. This model of supporting women raising children through free services and personal connections fit with Bahia’s social realities and likely related better to social conditions in most of the non-industrial regions of the nation than did federal legislation emanating from Rio de Janeiro.

**Institutions and Strategic Alliances**

The organization of public maternity and child services followed the general pattern of *Estado Novo* institutions. That is, Vargas and Capanema attempted to centralize and vertically organize all maternal and child health and welfare services in the country under the direction of a federal ministry, the Ministry of Education and Health. In 1940, Vargas signed the decree that created the National Children’s Department which he, Capanema, and Director Dr. Olinto de Oliveira envisioned as a federal headquarters that would coordinate and oversee the activities of an entire network of state-level Children’s Departments and juntas on the municipal level. The organization of this
network of facilities encompassed a complicated and extensive bureaucracy. The National Children’s Department (D.N.C.) was charged with supervising all public and private institutions and research centers that dealt with issues related to maternity, childhood, and adolescence as well as promoting the creation of new facilities. Their goals for this new institution were overly ambitious. Capanema intended the D.N.C. to be “a system of complete and efficient services designed to assure all mothers of the most favorable conditions for conception, pregnancy, birth, puerperium, and rearing and to give all children a guarantee that their physical, moral, and intellectual development would be normal and happy from birth through adolescence.”227 On the financial side the federal government and state governments committed to providing subsidies to private institutions through the National and State Departments. As prevailing theories understood maternity and childhood to be particular social issues set apart from general public health concerns, the D.N.C. was created as an autonomous institution, directly subordinated to the Ministry and not falling under the authority of the National Department of Health.

Though the decree called for the establishment of State Children’s Departments in 1940, more specific details on how these institutions should be organized were slow to emerge. Capanema issued a statement in 1944 that set general guidelines on the types of assistance that State Children’s Departments could provide without setting specific expectations. Capanema wrote that Children’s Departments should execute the orders emanating from the National Children’s Department which would supervise and control their local activities. State Children’s Departments were authorized to open dozens of programs under four general categories of service: medical maternity assistance, social

227 Minister Capanema to President Vargas, 12 February 1940, CPDOC, GC, rolo 61, 135. Italics added.
maternity assistance, medical-hygienic protection of children, and social protection of children. Clearly, the sheer number of projects that fell within these general boundaries indicates that state authorities were largely left to their own discretion to design maternal and children’s programs if any were offered at all.\textsuperscript{228}

In Bahia, a Children’s Department had existed since 1935 when it was established under the interventorship of Juracy Magalhães. Despite the general championing of Magalhães as the first defender of Bahian maternity and childhood, the building where the Children’s Department operated and its medical and administrative staff were all the property of the \textit{Liga Bahiana contra a Mortalidade Infantil} (\textit{Liga}). The State Children’s Department had never functioned as an autonomous governmental institution, fully-funded with public resources as is explained in Chapter 4. It was closed down in a public debacle two years prior to the establishment of the D.N.C. when Bahian Secretary of Education and Health Isaias Alves completely reorganized the state’s health and education services. Interestingly, Bahia did not immediately respond to the federal order to establish State Children’s Departments in 1940, which would have been a re-establishment in the Bahian case. Interventor Landulfo Alves who had installed his brother Isaias as Secretary of Education and Health did not heed the requirement to (re)establish a Children’s Department during his term. The Bahian Children’s Department was not reestablished until 1944 after a new interventor, Renato Pinto Aleixo, had taken office.\textsuperscript{229}

The Bahian example demonstrates that despite encouraging maternal and children’s welfare as a governmental priority, the Ministry of Education and Health could

\textsuperscript{228} 19 October 1944, CPDOC, GC, rolo 62, 96.
not control how states interpreted this mandate nor determine their fiscal decisions.

Centralization efforts in social welfare were undermined by the weakness of institutions, and the flexibility that this afforded for local politicians to set their own agenda. The weakness of the Children’s Department was apparent from its establishment, and the inability of its Director and Minister Capamena to designate specific procedures, timelines, or evaluation methods. In Bahia Interventor Landulfo Alves and his brother had already set a maternal and child health policy when they reorganized the Health Department in 1938. They had been forced to defend it publicly when several prominent citizens protested the reform by arguing that a state Children’s Department was an inadequate and antiquated idea and their restructuring was perfectly in line with the social goals of the Estado Novo. It must have seemed politically imprudent to reverse this discourse just two years later and dismantle the complicated bureaucracy supposedly created to increase services for poor mothers and children. For four years following the establishment of the National Children’s Department, Alves would keep his brother’s structure intact and leave the issue for the next state leader.

The weakness of the D.N.C. during the Estado Novo meant that it would never reach Capamena’s goal of uniting all maternal and child assistance programs under one strong federal institution. This failure was due to both financial constraints and the limited reach and authority of the Vargas government to require state compliance with federal initiatives. Though advocates imagined more comprehensive and far-reaching maternal programs than would ever become reality, the Vargas government did provide financial resources to support local programs in Bahia. The Estado Novo certainly did not create an adequate health care infrastructure to attend the health needs of all poor
mothers and their children. In fact most women and children outside of state capitals would have very limited access to health care, but the federal government did provide subsidies across Brazil to private institutions aiding women and children. Though Vargas’ commitment to the Brazilian family may have manifested in propaganda more than programs, it is important to note that federal money did support already existing Bahian programs. In general, the Estado Novo did not create new local institutions but rather relied on privately-controlled ones to execute its call for “maternal and childhood assistance” under the supervision of the state. Significantly, these private institutions offered free services to the poor, substituting for a state-directed public health care system and perpetuating a type of patronage of the poor by influential and connected society members. An examination of federal funds available to Bahia demonstrates the prioritizing of maternal and child issues as the most important type of social welfare program. It further helps to elucidate how the Estado Novo functioned outside of Rio de Janeiro with an emphasis on favored private institutions and political connections among influential people.

The establishment of the D.N.C. in 1940 provided a vehicle for subsidizing infant and maternal welfare programs existent across Brazil.\textsuperscript{230} The Bahian League against Infant Mortality (Liga) and the Santa Casa de Misericórdia received the largest awards granted in the State of Bahia. Between the Santa Casa of the capital and its smaller sister institutions in the interior, the brotherhood received approximately half of the total federal subsidies given to Bahian programs. This award was completely in line with the general trend of the Vargas government to rely on the Santa Casa to provide most social assistance, particularly outside of the Federal District. With large subsidies such as those

\textsuperscript{230} Olinto de Oliveira to Álvaro Bahia, 30 June 1943, LIGA.
awarded in Bahia, the *Santa Casa* became “essentially a state charity” under the *Estado Novo*. By 1944, the *Santa Casa* had greatly expanded upon its traditional role as a Foundling Home to include a maternity center, human milk and infant food dispensary, medical clinic, and a free daycare. Beginning in the 1920s the *Santa Casa*, a colonial institution and favored charity of elite families, was effectively modernized according to scientific theories of hygiene and childrearing thanks to its relationship with the *Liga* and access to public funding.

In Bahia federal subsidies to humanitarian causes were the most important examples of public-private cooperation as evidenced by a series of reports delivered to Capanema at the President’s request during the first year of the *Estado Novo*. Subsidies were made possible by special taxes whose resources were destined specifically for private institutions with educational and social goals. Of the thirty-six Bahian organizations that had received subsidies under the Vargas administration, nearly half of them were local chapters of the *Santa Casa de Misericórdia* as mentioned above. Among the other organizations (orphanages, shelters, hospitals, and parochial schools), the *Liga* and the Childhood Protection and Assistance Institute (IPAI) claimed approximately 70% of the remaining allocation. This data obviously demonstrates the importance of federal grants to the *Liga* and the IPAI. However, it further demonstrates that infant and maternal welfare causes enjoyed a funding priority over the other types of charitable work being done in the State of Bahia.

Like the *Santa Casa* the *Liga* also fared well in federal allocations, receiving a subsidy that was among the largest awarded in Brazil to any institution other than the

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231 Levine, *Father of the Poor*, 118.
232 Álvaro Bahia to Minister Capanema, 3 June 1938, CPDOC, GC, rolo 68.
various sites of the *Santa Casa de Misericórdia*. In fact, the *Liga* and the *Santa Casa* of Bahia claimed 60% of federal money available for child and maternal programs in the entire state of Bahia.\(^{233}\) At that point the *Liga* had been aiding women and children for twenty years in partnership with the state government of Bahia and the *Santa Casa de Misericórdia*. By 1944 the *Liga* administered all of the *Santa Casa’s* services mentioned above in addition to a Puericulture Institute\(^{234}\) and several pre-natal and child hygiene clinics. By the end of the *Estado Novo*, Bahian public and private resources and institutions were so completely intertwined (and had been for decades) that the distinction became almost meaningless. Both the *Liga* and *Santa Casa* received state and federal grants as well as housed and administered “public” clinics. The medical and administrative leadership teams for these private facilities were the same as the directors of the Children’s Department. The *Liga* was the largest and most comprehensive maternal and child health institution in the state which explains why its subsidy was so high. But, of course, the *Liga* also had a standing relationship with President Vargas and Minister Capanema since the establishment of the *Estado Novo*.

Both Vargas and Capanema personally visited the installations of the *Liga* before the establishment of the *Estado Novo*. During a 1936 visit to attend the inauguration of Bahia’s Cacau Institute, President Vargas toured the Juracy Magalhães Pupileira at the *Santa Casa* accompanied by the physicians of the *Liga* and the Climério de Oliveira Maternity Center. It was during this visit that Vargas invited the *Liga’s* president Dr. Martagão Gesteira to relocate to Rio de Janeiro and help create a national puericulture

\(^{233}\) “Total das subvenções recebidas pelas instituições de proteção à maternidade, à infância e à adolescência nos Território do Acre, Estados, e Distrito Federal,” 21 October 1944, CPDOC, rolo 62, 26.

\(^{234}\) The Raymundo de Magalhães Puericulture Institute was founded in 1937 and offered various classes in the latest scientific methods of child-rearing for elementary school girls, society women, and medical students interested in specializing in pediatrics. See Chapter 3.
institute. Minister Capanema also visited these institutions the following year during Children’s Week and attended the inauguration of the Liga’s Puericulture Institute. Capanema was an honored guest at the inauguration ceremony sitting alongside Governor Juracy Magalhães and Dr. Martagão Gesteira who was by then the Director of the National Puericulture Institute in Rio de Janeiro. The Estado da Bahia reported that Capanema was “visibly excited” and spoke with enthusiasm in praise of the work being done for child and maternal welfare under Governor Magalhães. Capanema also awarded a gold metal, clothing, and a savings account worth 100 milréis from the National Bank to 3-month-old Walter Tapuz Ramos, winner of the Healthy Baby Contest sponsored by the Liga in conjunction with the local Rotary Club. These visits and the personal connections between the Liga founders and Vargas and Capanema were consistently mentioned in appeals for subsidies in the 1940s.235

The fact that the Vargas government largely left social projects in the hands of charitable organizations, particularly those with deep local connections like the Liga and Santa Casa, meant that state support combined with local modes of patronage. Rather than a fundamental break with the past, the Bahian maternal and child welfare movement demonstrated that modern social programs could be rooted in traditional notions of patronage and charity. The largest personal benefactors of the Liga, for example, illustrate this convenient union between old money and a newer scientific approach to social problems. Between its foundation in 1923 and the end of the Estado Novo, the Liga gained a number of installations and facilities donated in full by illustrious Bahian families. Many of these families represented agricultural elites, and several were the

inheritors of the old colonial sugar aristocracy. The names of these benefactors were permanently linked to buildings where social services were offered and graced invitations to fundraisers and special events. Their financial support was critical to the institution’s success and part of a long tradition of elite patronage of social causes particularly through religious organizations such as the *Santa Casa*.

A few examples of some of the maternal and child movement’s greatest sponsors demonstrate this marriage between traditional influence and welfare institutions that had become strongly linked to the state. For example, José and Sinhazinha Batista Marques, whose family owned the “*Passagem*” sugar refinery in Santo Amaro, sponsored the creation of a children’s polyclinic on the grounds of the *Santa Casa de Misericórdia* in 1930. The polyclinic was named “Arnaldo Batista Marques” in honor of the couple’s deceased son. Sugar exporter, businessman and descendant of one of Bahia’s oligarchic Recôncavo families, Carlos Costa Pinto donated for the foundation of the Martagão Gesteira Pavilion also located within the *Santa Casa*. The sons of sugar baron and commercialist Raymundo Pereira de Magalhães donated the prized Puericulture School in 1937 which was given their father’s name. Other important benefactors included Alice and Álvaro Catharino, both descendents of two of Bahia’s wealthiest and most influential families: Alice the granddaughter of Manuel Machado and Álvaro the son of Comendador Bernardo Martins Catharino. Both Machado and Catharino were Portuguese immigrants who made their fortunes in Bahia as owners of two of the most successful textile industries: *Confecção e Tecidos Paraguaçu* and *Companhia Progresso União Fabril*. The Catharinos donated a building, the *Instituto Batista Machado* (named after Alice’s father João Batista Machado) that would become the new headquarters for the
Liga in 1929 and the State Children’s Department after 1935. These surnames would have been instantly recognizable in Bahia in the 1930s and 1940s while the connection to such power and wealth added prestige to the maternal and child health movement.

Because the public and private were completely intertwined, these financial contributions connect an earlier period of patronage, philanthropy, and the concentration of wealth and power among landed elites with the modern period of state-consolidation. This melding of old and new helps explain how the government executed social projects during this period despite institutional limitations. Much of the work was left to private institutions whose social legitimacy and financial viability depended on connections with local power-holders. In Bahia, modernization and traditional rural interests were never fully divorced, particularly in regards to a movement that easily melded progressive ideologies such as state-directed change with conservative values such as patronage, charity, and the supremacy of family. The persistence of old rural agricultural interests concurrently with Vargas’ push to weaken the influence of this class should not imply that Bahia (and other states) were left out of or passed over for modernization projects.

Webs of patronage and strategic alliances between powerful people and good causes did not necessarily contradict the goal of creating a public infrastructure to attend to maternal and child welfare. While Vargas and Capanema spoke of access to maternal and child health programs as a right of Brazilian citizens and a responsibility of the government to the national worker, they did not have the resources to provide services

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across Brazil without reliance on local programs and precedents. When Bahian elites
donated to public-private institutions as a charitable gesture to the downtrodden, they
were participating in a slow process that extended the reach of the state into the daily
lives and family dynamics of average people. The *Estado Novo* began this process by
which public health and welfare would become expected responsibilities of the
government. Although the *Estado Novo* leadership worked towards centralization and
the suppression of state interests to federal authority, the realization of this responsibility
was slow and uneven. Despite Vargas’ commitment to the end of regionalism, the central
importance of webs of local and national patronage in Bahia suggests that the actual
dynamics of the *Estado Novo* may have contributed to increased regional divergence—at
least in issues of social welfare.

Through federal funding to private programs, the Vargas government did help to
provide health and welfare services to hundreds of thousands of women and children in
Bahia. Despite the rhetoric of citizenship and nationalism within the *Estado Novo*, social
welfare programs endorsed by the Vargas government were ultimately paternalist in
nature. Financial subsidies to private welfare institutions (however limited and
inadequate) helped to extend the patronage of the state via influential local actors, setting
up the president as the symbolic father of those in need. This marriage of local
commitment to maternity and childhood in Bahia (filtered through traditional social
hierarchies) with the family-centered rhetoric and patronage politics of the *Estado Novo*
created an alternative path to social modernization in a state that lacked the
industrialization that spurred a economic development in the South.

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237 Levine, *Father of the Poor.*
Bahia and the *Legião Brasileira de Assistência*

The reliance on private resources for welfare programs was not solely the result of weak institutions, Vargas and Capanema also explicitly called for the populace to mobilize private funds to aid the cause of maternal and child welfare. One important example of these efforts was the *Legião Brasileira de Assistência* (The Brazilian Assistance Legion), an organization that was explicitly linked to the goals of the *Estado Novo*. Founded as an assistance program during wartime, the *Legião Brasileira de Assistência* took on maternal and child welfare as their central issue in 1943.

In 1943, the *Legião Brasileira de Assistência* (L.B.A.) began an ambitious, national campaign in support of the Brazilian child. The *Campanha de Redenção da Criança* (The Campaign for Redemption of the Child) was spearheaded by First Lady Darcy Vargas and media magnate Assis Chateaubriand who served as one of the organization’s vice-presidents. Ruth Aleixo, wife of the state interventor, served as president of the Bahian chapter. Darcy Vargas and Chateaubriand envisioned a program to raise funds from among Brazil’s most affluent families and redirect those resources to construct and support Puericulture Centers in the abandoned hinterlands. This charitable but paternalistic vision of societal reform reflected Chateaubriand’s own political leanings. Hailing from the Northeast, he was an influential figure of the *Estado Novo* who advocated for a highly-structured and hierarchical social order. Chateaubriand fell in and out of favor with Vargas over the years, assisting his candidacy in 1929 and advocating for the return to democracy that would oust him in 1945. He was a highly influential figure; however, and it is clear that his personal support for cause of infant
health persuaded the president. He advocated for a strong, interventionist federal government that would promote economic and social development.\textsuperscript{238}

First Lady Vargas outlined the goals of the \textit{Campanha de Redenção da Criança} in a personal letter to Minister Capanema in September of 1944. The campaign was a mission in “human solidarity,” instructing the Brazilian people of their duty to the nation’s children. Puericulture Centers would be established with private resources obtained with the publicity assistance of the \textit{Diários Associados} (a conglomerate of newspapers owned by Chateaubriand), and the National Children’s Department would take responsibility for providing technical support. Though the campaign was billed as a private effort in partnership with a public institution, First Lady Vargas did not rule out the possibility that the Campaign might at some point be granted a federal subsidy. And, in fact, the L.B.A. was greatly supported by federal funds for years. To promote this effort, Minister Capanema personally chose “Protection of Children in Collaboration with the Brazilian Assistance Legion and the Campaign for the Redemption of the Child” as the national theme of Children’s Week in 1945.\textsuperscript{239}

Perhaps Darcy Vargas was the ideal maternal figure for a Brazil preoccupied with women’s roles in the development of “the race.” She was an influential woman who put her maternal instinct to a patriotic usage and encouraged other progress-minded citizens to do the same. Prominent public figures heralded her leadership and dedication to the cause. To Minister Capanema, Darcy Vargas ushered in a new phase in the campaign for


\textsuperscript{239} “Relatorio da Divisão de Proteção Social da Infância,” \textit{Anais do Ministério da Educação e Saúde} (June 1945), 162.
healthy children, inspiring and coordinating illustrious female hearts driven by love of children and love of country. Rather than be content with an elite lifestyle and the concerns of her own family, Darcy Vargas turned her attention to something greater – the future health and prosperity of her pátria. Hosannah de Oliveira, a prominent Bahian pediatrician, praised Vargas, assuring Bahians that many local accomplishments would surely result from L.B.A. initiatives—testimony to the “selflessness, intelligence, and patriotism of the illustrious Lady who presided over its destiny.”

For Chateaubriand, even Princess Isabel would have considered the First Lady “as much a queen to the Brazilian people as herself.” Darcy Vargas’ leadership of the L.B.A. was of significance, therefore, because she represented a particular vision of elite motherhood and of channeling the political and organizational energies of influential women into their traditional roles as champions of family and charity.

In anticipation of the Campaign’s initiation, the L.B.A. conducted a tour of some of Brazil’s most deprived regions to determine where Puericulture Centers were most needed. The exploratory team consisted of Dr. Hermes Bartolomeu of the National Children’s Department,Josefina Albano of the L.B.A. and Rosa Alvarez of the Serviço Especial de Saúde Pública. In Bahia, the team visited several locations and concluded that the small town of São Felix which sits on the Bahian Recôncavo should be home to the first L.B.A.-sponsored Puericulture Center. Financing for the São Felix center came from a 200,000 cruzeiro donation made by the prominent Morganti family of São Paulo. Construction on the São Felix center was initiated in a grand ceremony on

240 Hosannah de Oliveira, “Mais Uma Semana da Criança,” O Imparcial (Salvador) 16 October 1943.
241 “A fé no progresso é a fé na criança,” Diário de Notícias (Salvador) 29 November 1944.
242 “Convocadas todas as fortunas para a grande campanha pelo Brasil,” Estado da Bahia (Salvador) 13 January 1944; “Demos à Criança aquilo que é seu direito exigir,” Diário de Notícias (Salvador) 15 January
March 7, 1944 attended by honored guests from the L.B.A. and the National Children’s Department. Following the raising of the Brazilian flag and the singing of the national anthem, the mayor of São Felix delivered an impassioned speech about the significance of the day and the choice of his town as the site of the first Center. The national pride of that important day was obvious since the crusade was, in Mayor Julio Ramos de Almeida’s words, “the most patriotic fruit of the campaigns initiated by the Estado Novo.”

The selection of São Felix for the first puericulture center built by a national campaign is suggestive. Most of Bahia’s traditional rural aristocracy hailed from the Recôncavo, and it had been the site of political infighting among clans that provoked a federal intervention in the 1920s. But it is unclear what impact any of this would have made on a national audience reading about the Campanha in one of Chateaubriand’s many newspapers. Certainly São Felix warranted health services, but many other regions of the state and the nation did as well. The tiny, rural town in a tobacco-producing region on the Paraguaçu River may have conjured images of depression and need for wealthy paulistas like the Morgantis. Despite the concentrated wealth, São Felix and the State of Bahia generally probably suggested backwardness and a region in desperate need of the modernizing influence of a consolidating nation. In fact, few regions could have better symbolized the past: agricultural, black, and oligarchic. If health services could improve

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243 “Concluídos os trabalhos da caravana da Campanha de Redenção da Criança na Bahia,” Diário de Notícias (Salvador) 8 March 1944.
the population of a small traditional town like São Felix, Brazil could still hope to engineer a populace suitable as a basis for economic progress.

While the Campanha de Redenção da Criança received a great deal of national press, the Bahian chapter of the L.B.A. was busy with its own local initiatives. The first major project of the State Chapter under the leadership of Ruth Vilaboim Aleixo, president and First Lady of the State of Bahia, was the installation of a modern “creche” in the Graça neighborhood of the capital city. The creche, or free daycare, was appropriately named after Darcy Vargas and had space for 30 babies up to age one. The following year in 1944, the Darcy Vargas creche was expanded into a “Casa Maternal” where domestics and factory workers could leave their children up to age three while they worked. The expanded “Casa” included a small playground for the children and a cafetera where mothers were served a “succulent” bowl of soup after nursing their infants.245

The Bahian Legião Brasileira de Assistência also worked collaboratively with other maternal and child welfare programs. A series of requests from Chapter President Aleixo provide evidence of the organization’s partnership with the Liga Bahiana contra a Mortalidade Infantil. On several occasions, Aleixo wrote to the Liga naming a poor and desperate mother who was in need of immediate financial assistance and requesting that the organization award the “prêmio de amamentação”246 to her. Such was the situation of Maria de Nazaré Portela, wife of a Bahian soldier, as Aleixo explained in 1943.

245 “Prosseguam as comemorações da ‘Semana da Criança,’” Diário da Bahia (Salvador) 12 October 1944 and “Inaugurada a crêche ‘Darcy Vargas,’” O Imparcial (Salvador) 19 October 1943.
246 The “prêmio de amamentação” or breast-feeding award was a subsidy program sponsored by the Liga in conjunction with the State of Bahia. Poor women with infant children were eligible to receive a small subsidy in cash to promote breast-feeding among women who would have to seek employment without assistance. The program also sought to prevent women from giving up their children due to destitute financial circumstances. This program is discussed in detail in chapter 4.
Portela had a one-month-old infant and was in an “extremely precarious” situation. Aleixo requested the immediate assistance of the “prêmio de amamentação.”\textsuperscript{247} The partnership between these organizations started to dissolve in the mid-1940s as the Bahian L.B.A. began to increasingly devote its resources to aid orphans and other institutionalized children. This created somewhat of a philosophical conflict with the Liga whose president and affiliated physicians insisted that child advocates should expand options for family placement of orphaned children rather than allocating resources for improving institutions.

Assis Chateaubriand, vice-president of the L.B.A. and main promoter of the Campaign through his media network, was a significant ally of the movement in Bahia. Chateaubriand had been familiar with maternal and child advocacy in the state since the early 1930s. He was certainly a political “insider” in the Vargas government, despite a complicated and conflict-ridden relationship with the president over the years. Chateaubriand made several trips to Bahia in support of maternal and child welfare programs. In November 1944, he was an honored guest of the graduation class from the Puericulture School. In a flowery and enthusiastic speech, Chateaubriand argued that protection of pregnant wives and children represented the greatest protection the state could provide for the Brazilian worker, whether urban or rural. Chateaubriand insisted that national progress began with a public commitment to the Brazilian child.\textsuperscript{248}

Chateaubriand’s connection to the Bahian infant welfare problem began nearly 10 years earlier with a 1935 visit to the state to incorporate Estado da Bahia, a local newspaper, into the Diários Associados network. During that visit Chateaubriand was

\textsuperscript{247} Aleixo to Dr. Álvaro Bahia, Director of the Liga Bahiana contra a Mortalidade Infantil, 23 February 1943, LIGA.

\textsuperscript{248} “A Fé no Progresso é a Fé na Criança,” Diário de Notícias (Salvador) 29 November 1944.
invited by Interventor Juracy Magalhães to visit the infant care installations supported by the state government. A second visit followed in November of 1936. Impressed and impassioned, Chauteaubriand returned to Rio de Janeiro and wrote to President Vargas urging the creation of a National Puericulture Institute that would serve as a model for all of the states. Chauteaubriand recommended Dr. Martagão Gesteira of the Bahian League against Infant Mortality to head this model institution, and eventually Gesteira received a personal invitation from the President to relocate to the federal capital to help conceive and construct it. In fact, Gesteira credited Chateubriand’s personal advocacy, persistence, and clout with the president for the eventual opening of the Institute. For Chauteaubriand, building these types of institutions was the real work of the Estado Novo, taking control of the national destiny by ensuring the healthy development of its future generations, just as Mussolini had done in Italy. “A strong state,” he argued, “must consider children’s welfare and the eugenic defense of the race as cornerstones of its structure.”

Chateaubriand believed strongly in investing in human capital to elevate Brazil to the level of the most advanced nations. Though he favored a strong, authoritarian state, Chateaubriand also argued that the press and the wealthy held a responsibility to allocate a share of their resources to the cause of national development. He sponsored dozens of national campaigns with this goal in mind from 1938 to end of his lifetime.

Gesteira’s relocation to Rio de Janeiro in 1937 and the foundation of the National Puericulture Institute would be far from a smooth process, evidencing the gap between

\[249\] Martagão Gesteira to Capanema, 24 January 1937; Gesteira to Capanema, 29 April 1937; Gesteira to Capanema, 19 May 1937; Gesteira to Capanema, 5 November 1937; and Gesteira to Chateaubriand, 25 March 1938, CPDOC, GC, rolo 3, 480-485.

rhetoric and practice in the government’s commitment to maternal and child welfare issues. The foundational stone was laid for the Puericulture Institute in 1937 in a public ceremony attended by the President himself. But it took more than a year for construction to actually begin and the Puericulture Institute had more than 80% of its initial budgetary allocation reapportioned for other government initiatives.\textsuperscript{251} The National Puericulture Institute continually suffered from lack of resources and autonomy after being incorporated into the Faculdade de Medicina da Universidade do Brasil (the Medical School of the University of Brazil) and was plagued with conflicts of overlapping services with the Divisão de Amparo à Maternidade e à Infância (the Maternity and Childhood Support Division), headed by influential carioca physician Dr. Olinto de Oliveira.\textsuperscript{252} Despite Vargas’s own emphasis on family welfare, various related decrees, and a series of institutional reforms, his government did not prioritize its new institutions devoted to this cause. These institutions often struggled for resources as would the National Children’s Department after 1940.

Between Chateaubriand, Vargas and Aleixo of the L.B.A., Minister Capanema, and eventually Gesteira, it certainly seemed that the maternal and child movement in Bahia had friends in high places. But the ambitious programs promoted by idealistic maternal and child advocates always seemed to outpace the financial resources available. Even if maternity and healthy children were the keys to national progress, it appears that the priority Vargas and local politicians placed on supporting programs was directly related to their expense. Bahia had been one of the first states to attend to the health

\textsuperscript{251} Assis Chateaubriand, “O Instituto de Puericultura,” Jornal do Brasil (Rio de Janeiro) 24 March 1938.
needs of women and children, and Bahian maternal programs and institutions continued to be among the most advanced. Through this lens the state seemed to be right in line with the modernizing efforts of the federal government, though in actuality most *Estado Novo* policy was designed with the industrial centers as the model. Federal maternal and child health initiatives were an exception to this pattern. The State of Bahia provided foundational ideas, key figures, and model institutions to this movement though this was rarely acknowledged publicly within the official rhetoric of the Vargas government.

The preceding overview suggests that the maternal and child welfare movement offers insights into what the *Estado Novo* meant outside of southern Brazil and how it functioned. The reform of the Brazilian family was a favorite rhetorical topic of the president and important legislative precedents were set during the *Estado Novo*, but transformative investment in health care and social welfare was neither a priority nor a reality of the first Vargas administration. Where federal institutions fell short, local organizations could call upon traditional webs of patronage that then became intertwined with governmental initiatives. In Bahia, the *Estado Novo* years represented affirmation of a decades-old campaign to draw public attention to the plight of poor mothers and the nation’s high infant mortality rates. Improving the health conditions of the masses seemed to offer a cure for the apparent “backwardness” of Bahia which continued to lose national prominence as the progressive cities of the South became hemispheric centers of growth and industry. In Bahia, therefore, the apparent commitment of the nation’s leader to these issues merged with local concerns which were much more relevant than Southern problems such as the pacification of labor. This local resonance made maternal and child welfare a symbol of the Bahian *Estado Novo*. 
The “new” directions of the federal government were no less significant for politically-active Bahians than for Brazilians from other regions. Like most privileged citizens, they supported a conservative modernization – a reform in harmony with the foundational principles of Brazilian society: an emphasis on family as the basis of society and the desire to channel social issues through relationships with powerful interests rather than through conflict. In this way, the maternal and child welfare movement offered near universal appeal as a reform option compatible with Bahian concerns and social realities. Even the most ardent Vargas detractors would not argue against the strengthening of family and the importance of women’s roles as mothers to the potential of future generations. It also promoted the mobilization of upper-class women into an acceptable public arena that was “civic-minded” and therefore “modern,” yet not threatening nor political. It is also likely that poor women who struggled to raise families and received free care and support attributed those new assistance opportunities to the benevolence of the president. The offer of state assistance was never unconnected from the patronage of the wealthy families, of the interventor, and of the president by extension. He was, of course, the “Father of the Poor.”

Historians have argued that the Vargas regime lacked ideology. Robert Levine, for example, argued that Vargas was a pragmatist who valued negotiation and opportunity over ideology. This is in contrast to Brazilian historians such as Angela de Castro Gomes who contended that the valorization of labor and of the Brazilian worker was the ideological innovation of the Vargas regime. As argued above, this vision of the Estado Novo as primarily an era of labor reformism bore little relevance to the State

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253 Levine, Father of the Poor, 10. Lúcia Lippi Oliveira, Monica Pimenta Velloso and Angela Maria Castro Gomes, Estado novo: ideologia e poder (Rio de Janeiro: Zahar Editores, 1982).
of Bahia and probably to most states outside the Center-South which continued to have largely agricultural economies. This irrelevance should not suggest that the *Estado Novo* was an irrelevant development in Bahia, nor was it non-ideological. Rather, maternal and child advocates in Bahia adopted that which was pertinent and recast that message as the cornerstone of the new political regime. For Bahians, the “new” ideology of the “new” state was a traditional one: championing the family as the central institution of Brazilian nationality. This would be achieved through the amplification of privately and publicly-funded medical and welfare services to poor families – services that would be controlled by formally-educated and influential members of society guiding the poor and “ignorant” to fulfill their patriotic duty by rearing healthy “future citizens.”
CONCLUSION

In 1943, just 10 years after Maria Magdalena dos Santos enrolled in the prenatal program at the 3rd Health Center, another young woman with a similar background accessed the maternal services offered by the State of Bahia. This time, the woman was 27-year-old Honorata Pereira Brito, a mother of healthy 9-month-old twins Edna and Antonio. Like Maria, Honorata worked as a domestic. She was a single woman struggling to raise her children in conditions of extreme poverty. Honorata was one of several women receiving the breastfeeding stipend that year—the prêmio de amamentação. Her participation in the program entitled Honorata to a 60 cruzeiro stipend each month, and in return she agreed to enroll her children in the well-baby program at Salvador’s 5th Health Post. Maternal reform advocates frowned upon the use of traditional healers and midwives so as a member of the program, Honorata was expected to go to the Health Center for all the health needs of her children.254

In many ways, Honorata’s story represents both the development and continuities in the maternalist campaign by the 1940s. Though she had a great deal in common with Maria introduced at the beginning of this dissertation, Honorata had even greater options for health and social assistance for her children. The Department of Health in conjunction with the Bahian League against Infant Mortality paid Honorata a monthly stipend and provided free medical care for her children. Though the program expected her to refrain from working outside the home, Honorata could leave her twins in one of several free daycares if she needed to work. If she had chosen to give birth with the assistance of a medically-trained midwife, one would have been sent to her home free-of-

254 Departamento de Saúde, Inspetoria de Higiene Pré-Natal e Infantil, “Serviço de auxílio as nutrizes, premio de amamentação,” LIGA, Pasta: “Prêmio de Amamentação, 1940-1943.”
charge or she could have checked into the Maternity Center. Either option would have been subject to very limited availability, but theoretically these services were offered to any poor woman in need. Honorata was exactly the type of mother that the prêmio program sought to support, a “nutriz”: single, unmarried, with multiple children, and working in domestic service. From the program organizers’ perspective, Honorata’s children were in danger of being left at the Foundling Home because of these characteristics, and the monthly stipend was the only means of keeping her family intact.

Whereas women of her mother’s generation would have been without social assistance of any kind, Honorata could turn to the state and various private programs. Something had definitely changed between the prior generation and Honorata’s whose relationship to the state had been fundamentally redefined. For Honorata and others, citizenship entitled them to request health and welfare aid from their state though the line between charity and basic rights was still blurry at mid-century. In the 1940s, the state of Bahia had a legal responsibility to provide free health and welfare programs for mothers and children in need—though this responsibility was often passed along to private institutions such as the Bahian League against Infant Mortality and the Santa Casa de Misericórdia. Governmental commitment to mothers and children came right from the top as it was an explicit policy of President Vargas’ Estado Novo. When the Bahian state supported poor families, it was fulfilling a call to action that came directly from the president. Legal responsibilities often fall short of practice; however, and neither the local government nor the national one ever provided sufficient funding to address the serious needs that existed in Bahia. The prêmio program provides an apt example. In a city of
more than 350,000 residents, the program could only offer a few dozen awards per year and none whatsoever outside of Salvador.

The monthly financial and medical assistance was certainly of central importance to Honorata and her twins and could well have meant the difference between death and survival for her children. But a few months of support would not change some of the fundamental challenges that her family faced. After the breastfeeding stipend program ended, Honorata would still be a poorly paid and illiterate woman struggling to raise her children. She likely would return to domestic service as it was one of very few options for lower-class women in urban Salvador, particularly women of color. Domestic service is arduous and insecure work, and often women are expected to prioritize the needs of employers above their own families. Furthermore, household labor did not provide a living wage that could support a family. What would have become of Edna and Antonio then and millions of small children like them? Though maternalist reformers held the lofty goals of producing more and healthier children for the common good of Brazil’s future social and economic well-being, health and welfare reforms could only really influence certain arenas of society particularly given their financial constraints. And cycles of poverty caused by Brazil’s long-standing tradition of social and racial inequality simply fell outside their radius of action. Public health programs could assist mothers like Honorata and certainly were extremely significant in their lives, but without transformative social change, their children would eventually face many of the same limitations imposed by an unequal society. These contradictions of modernization are revealed through Honorata’s story and others from the maternalist movement: the inequalities of citizenship, the championing of mothering with insufficient resources, the
commitment to poor peoples’ well-being with no allowance for social mobility or political inclusion, the expansion of the state through private institutions, the reliance on “modern” women while restricting them to traditional roles, and racial marginalization in a racial democracy.

The maternalist movement of the turn of the 20th century is a significant analytical site for understanding the conservative modernization of race, gender, and politics in Brazil. It reveals that citizenship and state-building are not merely vague academic notions; rather the arguments of this dissertation demonstrate that these concepts had real life consequences for how average people, particularly poor black and brown women and their families, were incorporated into the state. Before the advent of the Republic, the local and federal governments, when not completely absent, represented primarily an agent of coercion for the majority of Brazilians. In the few arenas where the state was supposed to provide services, such as sanitation and arbitration, it was notoriously inadequate. The idea that average people could extract benefits from their government in the early 20th century was a watershed change from the oppressive slave society that existed just a few decades prior.

Integration and the consolidation of new models of citizenship represented the second realm of negotiations after abolition. According to the Golden Law of May 13, 1888, slavery was “declared extinct in Brazil” without any reference to the legal, social, or political rights of the newly-freed and much less their comparative status to the population that was free before abolition. According to the first Republican constitution of 1891, all those born on Brazilian soil or of Brazilian parents and those legally naturalized were officially citizens – a designation that could only be suspended due to
criminal act, “physical or moral incapacity”, or allegiance to another nation. The
constitution also guaranteed a series of inviolable rights to the Brazilian citizenry
including the right to “liberty, personal security, property” and “equality before the law.”
But what would citizenship mean in real terms during the Old Republic and what degree
of changing relationships between social sectors would be possible? Would the
establishment of a liberal government inspire a new place for women, for Afro-
Brazilians, for children, and for the marginalized poor? This contested battle over
citizenship continues to plague Brazilian society into the 21st century. A century ago,
intellectuals, physicians, and politicians were acutely aware of the “problem” of the
Brazilian citizenry as this dissertation has argued. For these elites, the Republic could
bring change and even greater inclusion, but ultimately they hoped the Brazilian people
themselves would experience the greatest transformation in order to fit a 20th century
model of national progress. Strangely, progress and citizenship were compatible in
certain conversations such as the pursuit of a healthier population and in others they were
almost conflicting ideas because progress and development were never meant to imply
equality of citizenship. Brazilian myths of social and racial harmony represented at least
a rhetorical compromise between these tensions of restricted inclusiveness. For many
elites, progress meant conforming Brazilians into imagined ideal families and workers.
This was particularly the case during the authoritarian regime of President Getúlio
Vargas (1930-1945). “Progress” did not necessarily mean granting equal status to all and
certainly not extending voting rights or political power. Republican Brazilian society,
though liberal, was resolutely undemocratic.
On the other hand, inherent to the discourse of Brazilianness and inclusion in the post-emancipation and Vargas periods was an incorporation and recognition of the Brazilian masses. Intellectuals and politicians agreed that Brazil’s future depended to some degree on the “fitness” of ordinary people, and they held out hope that scientific interventions would redeem the population and push their nation to the forefront of global power. Certainly, the assumption that Brazilians needed redemption from their own “ignorance” and “backwardness” was a reflection of the racism of the time. And in the late 19th century, many elites would have gladly replaced Brazilians full-scale with immigrant labor. With the rise of eugenic and hygienic thinking by the early 20th century, however, reformers agreed that racial background did not make Brazil beyond restoration. Most importantly, social and economic modernization mandated an explicit role for the Brazilian population—if progress were to come, common Brazilian people had to play an integral part of that process. Brazilian family life was at the heart of the methodology for achieving progress. The modernization of family traditions and traditions related to mothering and child-rearing provide a fascinating example of these trends as has been carefully analyzed in this dissertation. The discourses of modern maternity exemplify the characteristics expected of women in order to be considered contributors to Brazil’s future progress rather than impediments. They also demonstrate how these characteristics were qualified by race and class. On the policy side, reformers created new institutions to serve mothers and their children and transformed old ones like the Santa Casa to offer the benefits of proper mothering even to those children raised away from their birth families.
The institutional, political, and medical side of the maternalist movement only represents a part of the story particularly as it relates to the twin goals or opposite poles of progress and citizenship. Understanding how the majority of Brazilians thought about the future of their nation and their role and rights within it is a much more difficult arena of historical inquiry. For Afro-Brazilians “progress” meant full citizenship and certainly improved social and economic opportunity in the new century—what historian Kim Butler referred to as being “full free.” The maternalist movement in Bahia demonstrates that the incorporation of Afro-Brazilians and the expansion of citizenship and the state itself was a complex and negotiated process involving representatives of the state, private interests, and individual actors. This dissertation has argued that although the intentions of women may be beyond the reach of historical research methods, their actions do evidence a strong desire to benefit from the modernization of family medicine in Bahia, not an aversion to biomedicine or a rejection of the state. What is also clear in the priorities and programs of the maternalist movement is the significance of enduring ideologies (both intellectual and folkloric) from the colonial and imperial periods that were simultaneously reinforced and contradicted by modernization. These gendered cultural icons—the midwife, the wet-nurse, the abandoned single mother—were quite literally built into the state’s public health system and influenced the types of services offered and the experiences that poor black and brown women would have within the system. “Full freedom,” therefore, would be sullied and ultimately elusive because there were coexisting advancements and enduring limitations imposed by the conventions of a racially unequal and gender-inequitable society. While this dissertation proposes a rethinking of Brazilian modernization through a close analysis of the interactions

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between the state, private institutions, and individuals, it argues that these negotiations between old and new ideas about race and gender, the proponents of such ideas, and the emerging sector of would-be citizens is ultimately the most useful model for understanding this crucial period in Brazilian history.

Finally, another important continuity in the conservative modernization of Brazil and Bahia specifically was the sustained importance of the politics of patronage. The significance of patronage is certainly clear in the history of maternal and child institutions such as the Bahian League against Infant Mortality and the *Santa Casa de Misericórdia*. Both of these institutions benefited greatly in their work through long-held associations with influential local and national elites. The existence of those networks and relationships allowed both institutions to access resources that were reserved for those individuals and interests within the circle of power. Patronage politics are also evident on another level of analysis, however, because the maternalist movement demonstrates the intertwining of a discourse of public charity with civic rights. Historian Maria Luzia Marcílio argues that the early 20th century represented a “philanthropic” stage in the history of resource allocation to the poor –specifically abandoned children in her work. Marcílio distinguishes philanthropy from colonial and imperial concepts of “charity” and the later development of the welfare state. But the history of maternalism and public health in Bahia clearly reveals that charity, philanthropy, and the welfare state cannot be so easily separated. All three of these concepts and practices of assistance existed simultaneously within the Bahian maternalist movement and this relates back to the issue of patronage. Brazilian reformists did participate in an international dialogue about civic rights—particularly the rights of the child—and the idea that poor mothers, their children,

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and even institutionalized children had the right to health care and minimal level of
decency of life was present in Bahia. It was present on a national scale due to the
rhetoric and policies of President Getúlio Vargas. More often, however, there was a
persistent idea that these sectors of society were defenseless and abandoned dependents
in need of protection and assistance from the state and private benefactors. In some
ways, public and private institutions expected to fulfill the role of patron to poor mothers
and children; and therefore, ideas about patronage and charity were integral to the
emerging welfare state. Though many intellectuals may have seen modernization as the
antithesis of Brazilian tradition; culturally, socially, and politically the two concepts were
inevitably intertwined.

Analyzing the development of public health and welfare through the triple lens of
ideology, institutions, and individual experiences also avoids the trap of seeing the quest
for modernization as either a top-down or a bottom-up process. The creation of a health
and welfare system that focused on the needs of poor mothers and children did not result
from a Machiavellian plot by the wealthy nor was it an act of pure Christian benevolence.
This history is neither the story of selfless medical heroes/heroines nor a deliberate
attempt by Brazilian elites to create a generational cycle of racism, poverty, and
exclusion. On the other hand, the analysis certainly evidences poor Bahian women’s
commitment to family health and well-being. But it would be a mistake to downplay the
historical and contextual constraints of a hierarchical society that limited their ability to
independently create the priorities and practices of health care institutions. Therefore,
this history of modernization focuses on the interplay between intellectualism, culture,
women’s experiences, and Brazilian institutions, and power-holders. This approach is
most appropriate for the history of maternal and child health and welfare, and it contributes to a new visualization of the inputs and consequences of modernization based on changes and continuities of race, gender, and citizenship.
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