

# Hygienist policy for children in Latin America: the cases of Argentina and Brazil (1890-1925)<sup>1</sup>

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**Abstract:** This article problematizes which hygienist policies were designed and innovative for childhood, at the end of the 19th century and beginning of the 20th, in Latin America (Argentina and Brazil)? The relevance of the object of study is justified by carrying out an investigation into an important topic in the field of the history of education and childhood, with the intention of revealing how hygienist thinking was shaped in the care and education of children in these representative countries. The objective of the article was to discuss hygienist policy for children in Latin America, especially in Argentina, in the city of Buenos Aires, and in Brazil, during the period in question, highlighting the actions and measures in the care and education of children at the end of the century. XIX and beginning of the XX. The methodology adopted was of a historical nature and of a bibliographic and documentary nature. The main documentary sources used were educational legislation, reports and educational printed materials, in the period from 1890 to 1925. An analysis of the sources made it possible to identify that the hygienist movement in Argentina and Brazil played an important role in combating infant mortality and the diseases that affected specific portion of the population. In the context of childhood, in two countries, doctors disseminated their precepts to families with guidance for mothers, as well as in the school context, through medical-sanitary inspections, which had the purpose of cleaning and moralizing the child's body in the direction of forming a strong and healthy childhood to contribute to the progress and civility desired in the republican ideology.

**Keywords:** Hygiene; Infancy; Argentina; Brazil.

## 1 Introduction

Hygienism originated in Europe with the Industrial Revolution in the 18<sup>th</sup> century. The precariousness, overcrowding and lack of urban planning, consequences of industrialization, led to the emergence of a series of health problems that generated the adoption of

<sup>1</sup> This work was carried out with the support of the National Council for Scientific and Technological Development - CNPq.



measures by European states, endorsed by doctors who identified with this health movement. This led the governments of different countries to promote healthy eating habits and exercise among their populations, especially in the workplace. It was a movement aimed at controlling the health of cities, fighting plague and the stench - miasma - as a sign of moral and social disorder (Corbin, 1987).

According to Merlin and Choay (2015), hygienism is a current of urbanistic thought that is based on a set of political and social theories and practices, which aim to design public health actions in the urban space, applying rules and habits of hygiene, prevention and combating epidemics in order to preserve and improve collective and individual health.

The origin of hygiene is linked to the Pasteurian revolution, led by the Frenchman Louis Pasteur (1822-1895), who attributed the occurrence of diseases to microbes and in his studies argued that it was possible to improve the health of individuals through vaccines, which brought another perspective for thinking about the relationship between health and disease, since, until the end of the 19th century, the causes of diseases were sought in the unhealthy air of cities (miasms). In the miasmatic<sup>2</sup> conception, pestilential odors, which circulated in the city's air, were considered a risk factor for the health of the population (Chasles, 2016).

The ideology of the hygienist movement often went hand in hand with eugenicist thought, which was based on theories such as Social Anthropology and Social Darwinism, and postulated a set of ideas aimed at the selection and improvement of the race. In Latin America, eugenics emerged in the context of the First World War, encouraged by the need to think about racial formation and national identities in Latin American countries, where well-organized eugenic movements emerged, which included the creation of eugenic societies, periodicals and events specialists who contributed to the dissemination of its precepts (Stepan, 2005).

The hygiene movement, especially at the end of the 19th and 20th centuries, had an impact on children in Latin America. With hygienist and sanitary policies, children gradually became a major concern, especially in relation to infant mortality and, consequently, the formation of a strong and productive generation, made up of healthy individuals, free of addictions and disciplined to be useful to their respective nations. Governors, intellectuals, reformers and doctors, the so-called "men of science", were great advocates of hygienist actions and policies, in favour of defending and adopting hygienic measures and protocols, which intended to extirpate society's bad habits, prevent the proliferation of diseases and act on subjects from a process of moralization and education of the body (Soares, 2014).

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<sup>2</sup> According to Corbin (1987), the miasmatic conception originated from the reflections of researchers such as Athanasius Kircher, who developed studies in the 17th century indicating that diseases were transmitted by atmospheric air contaminated by particles that generated decomposition of matter. Thomas Sydenham was a doctor who also defended the existence of particles in the air that generated contamination and disease.

Argentina and Brazil, the focus of this study, were countries that experienced the hygiene movement in a considerable way and, to a certain extent, went through processes that were similar. Both were affected by epidemic outbreaks, which claimed the lives of a considerable portion of the population, which presupposed hygienist and sanitary interventionist measures for a society that lacked urban infrastructure and had no knowledge of how to prevent and treat certain diseases.

Public education was the target of hygiene policies in both Argentina and Brazil. School institutions were conceived as a place to disseminate hygiene practices and principles, which extended to homes and families. The aegis of hygienist thinking, in the school context, materialized in the construction of buildings, furniture, the rationalization of school time and routine, the cleaning and maintenance of educational establishments, medical and sanitary inspection, daily hygiene habits and educational practices.

From this perspective, the aim of this article is to discuss the hygiene policy for children in Latin America, especially in Argentina, in the city of Buenos Aires, and in Brazil, in the city of Belém do Pará, highlighting the actions and measures in the care and education of children in the late 19th and early 20th centuries.

The methodology is of a historical nature, of the bibliographic and documentary type, as well as approaching Comparative History, which is the method that delimits two or more fields of observation and analyzes their sources based on this comparison in a systematic way, highlighting what to compare and how to compare (Barros, 2014). In the present study, we sought to establish a comparative relationship between the manifestations of hygienist policy for children in Argentina and Brazil, emphasizing the context of insertion and hygienist actions in these two countries, which were going through a historical moment that was similar due to the establishment and consolidation of the republican regime. The main documentary sources used were educational legislation, reports and educational printed materials, in the time frame that corresponds to the period from 1890 to 1925. Such demarcated periodization, based on the documentation found in this research, shows that it is from the end of the 19th century and in the first decades of the 20th, hygienist thinking materialized in Brazil and Argentina. The analysis of the sources was carried out in dialogue with the academic production of authors who discuss hygienist thinking and the relationship between hygiene and school.

The article is structured in three parts: the first presents considerations on the configuration of the hygienist movement in Argentina and Brazil; the second deals with the relationship between hygienism and childhood in the Argentine reality, in particular in the city of Buenos Aires, with regard to the implications of this current of thought on actions and practices in the school sphere; and the third deals with hygienism in Brazil, with a focus on the city of Belém do Pará, discussing infant mortality and the role of doctors in combating

this problem, which was one of the main focuses of hygienist policies, as well as highlighting the insertion of hygienism in public education, with regard to medical and sanitary measures for the care and education of children.

## **2 The hygiene movement in Argentina and Brazil: some considerations**

The hygiene movement had its first repercussions on the South American continent at the end of the 18th century and in the first decades of the 19th century. The first attempts to improve the state of health can be seen, for example, in Buenos Aires, during the Viceroyalty of Vértiz. An initiative that achieved few results but anticipated a concern: the city was a problematic focus for the spread of disease.

The emergence of this new sensibility valued hygiene and cleanliness as a manifestation of the civilized spirit and deplored the filth and stench that became a singular presence at the end of the 19th century. When the construction of sanitation works lowered the level of contagion of epidemics and led to a decrease in mortality from cholera, yellow fever, typhoid fever, among others. Hygienists focused on poverty and the need for care through public institutions and the actions of individuals.

In fact, it was at the end of the 19th century that the hygienist movement acquired a notorious presence in the speeches of doctors and political and intellectual leaders, not only of the ruling elite, but also of party expressions such as socialism itself. There were several factors that favored the dissemination of these ideas, among them, one that engraved the awareness of these leaders that the health of the population was a public policy problem was what happened with yellow fever in the city of Buenos Aires in 1876.

But if this was an event that marked the city's history, the changes that the country underwent were no less important, as it embraced the motto of "order and progress" at the end of the 19th century. This *slogan* was an expression of the search for the modernization of society, the triumph of civilization over barbarism. If Argentina embraced this modernizing project as an agro-exporting country on the world market and a recipient of processed products and capital, on the other hand, it would open its doors to receive immigration that would provide the country with skilled labour.

These expectations of progress didn't necessarily match up with what social reality ended up showing. As Terán (2000) aptly put it, the dynamics of progress could change the static order. In fact, the big cities of Argentina, particularly Buenos Aires, despite not being linked to an industrial trend, suffered from a series of conditions that led to the promotion of hygienism.

The arrival of immigration, mainly from southern Europe (especially Spaniards and Italians, although migrations from different parts of the European map), was not what was

expected. This immigration not only brought poverty, but also foreign ideologies (anarchists and socialists) that jeopardized the stability of the nation. On the other hand, unplanned urban growth was perceived as another symptom of disorder.

Since the first decades of the 20th century, the city of Buenos Aires has faced serious housing problems. Overcrowding and the tenement culture restricted the lives of national and immigrant workers to the old homes of elite families that had been abandoned years before due to the yellow fever epidemic. These mansions were overcrowded with families staying in rooms, most of them made of wood and dirt floors, with very few bathrooms compared to the number of people living in the houses.

However, concerns were not only focused on these mansions, farms, slaughterhouses, cemeteries and workshops, but they were also seen as a focus for the development of infectious diseases (Armus, 2000; Barrancos, 1996). In this way, medical language permeated public policy. There was talk of preserving the physical health of the nation's body. The health of this collective "body" was a way of guaranteeing the order and stability of the Republic.

Undoubtedly, the project to socialize behavioural habits aimed at preserving physical health had relative reach in the urban and rural sectors of the population, which had high morbidity and mortality rates and low life expectancy. The problem was carrying it out with the material conditions that existed at the time: most Argentine families prepared food, washed and cleaned their homes, clothes and people, and didn't have adequate bathrooms or kitchens.

People lived in tenements or small farms, dirty and poorly ventilated, without the possibility of accessing the technical advantages that were widely publicized. Medicine at that time demanded a hygienic mandate from the popular sectors that was not accompanied by sufficient material resources. It was far from guaranteeing adequate salaries to access proper housing, or to have water, sewage and trash collection.

The hygienist perspective in Argentina, according to Khol (2006), was marked by different ideas and practices, as can be seen above, which were based on a conception that believed in the population's potential for reflection, to thus form a society that was considered as an ideal along the lines of what was thought of as a model of civility and progress.

In the 20th century, with the advent of the republican regime, medical-hygienist principles became a more intense and present part of strategies to carry out urban sanitation and instill care for the body in the population. Concern about health was an important issue to be dealt with in the Republic, due, among other things, to the external dependence of the Brazilian economy, which could be jeopardized if health problems left the ports along with the exported products and/or entered with the immigrants (Luz, 1982). In this context of trying to assert the national economy in the face of the international market, the main Brazilian cit-

ies underwent considerable urban reforms, with the aim of organizing and sanitizing public spaces, as well as members of the less privileged classes.

It is noteworthy that in the Brazilian reality, the miasmatic theory was the bias that initially founded hygienist actions, based on the promotion of sanitation in order to combat sources of contamination in cities. In Argentina, the intervention nature was based on the Pasteurian perspective, whose principle was based on immunization measures and the control of unhealthy environments to improve people's health (Corrêa, 2011).

The actions taken by the rulers were, in some cases, authoritarian, as they sought to intervene in the lives of the population to adapt and discipline them to the new ideal of society that they wanted to build. The mentality of the rulers was dominated by the idea of a beautiful city, so anything that could make the urban space ugly was targeted for intervention, because inspired by a model of a Europeanized city, it was not acceptable for beggars, peddlers and street vendors to be part of the public streets. However, it is worth noting that the city in its entirety was not considered to be "organized" according to the precepts of a European aesthetic, as it only intervened in areas of interest to the political and economic elites, removing a considerable part of the population from enjoying these urban changes (Costa, 2013).

In the north of Brazil, at the end of the 19th century, Belém, the capital of Pará, was undergoing major political, economic and cultural changes because of the rubber extraction economy. The commercialization of rubber<sup>3</sup> led to an intense migration process to the Amazon, with people coming from different parts of Brazil and abroad to work in the rubber plantations or to take up jobs that were created as a result of the commercialization of rubber. In this context, with the presence of immigrants, it was necessary to open streets to accommodate the new inhabitants (Sarges, 2010). However, part of this population went to live in places near rivers, streams and flooded areas, in other words, in unhealthy spaces with no urban infrastructure.

By 1900, the population of Pará was 445,356; by 1910 it had jumped to 783,845. Such increases generated "unfavorable health indices due to the major epidemics that ravaged the capital, such as yellow fever, malaria, cholera, smallpox and bubonic plague" (Abreu Junior, 2018, p. 78). As a civilizing project in Pará, republicans began to take responsibility for public health, especially in containing infectious diseases. Although doctors had a leading role in the region when it came to working on public health issues, there weren't enough medical professionals to meet the new sanitary duties. This situation worsened with the epidemic outbreak of Spanish flu and yellow fever in the region.

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<sup>3</sup> The Rubber Cycle, which lasted from 1879 to 1912, corresponds to the period when the extraction and sale of latex to produce rubber were the main economic activities in the Amazon. Known as the "Amazon Belle Époque", it promoted major transformations not only in economic terms, but also socially, culturally and in terms of the city's beautification (Sarges 2010).

The Sociedade Médico Cirúrgica do Pará and the Sociedade-Farmacêutica do Pará, created between 1900 and 1901, respectively, pushed for the foundation of the Faculty of Medicine in Belém, with the aim of expanding the medical staff. Until then, the small number of doctors had been trained by the Medical School in Rio de Janeiro and Bahia, as well as by foreign schools<sup>4</sup>. The lack of doctors in Belém was a factor that contributed to the precariousness of health services (Miranda, 2013). In addition, the work of doctors with the discourse of science would help, firstly, to eliminate habits of the population considered backward, such as resorting to shamans and healers<sup>5</sup>; secondly, the category would have more power and the “[...] right to intervene in the lives of populations, in order to sanitize and organize them” (Junior, 2018, p. 82).

The republican governments that took over the management of Pará and the capital Belém promoted significant reforms in the Municipal Health Service. According to a report presented to Belém’s Municipal Council between 1897 and 1902, the Intendant Antônio Lemos, who held this position from 1897 to 1911, defended a health policy for the city of Belém. Lemos implemented transformations in Belém when the country was still at the beginning of the Republic period and with major health problems stemming from the Empire period, promoting an aesthetic and hygienic renovation of the city during the Rubber Cycle, also known as the Belle Époque Paraense.

During Paes de Carvalho’s government, that ran from 1897 to 1901, there was a concern to develop actions in the health-disease process and a network of services in the metropolis of Pará. He was a doctor who graduated from the Lisbon Medical and Surgical School in 1872. He founded the Medical-Pharmaceutical Society of Pará. During his administration, he expanded the existing hospitals and encouraged the vaccination of population with the creation of the Sorotherapy’ Institute and was supported by Antônio Lemos in the creation of a municipal health service and the construction of a new cemetery, a new slaughterhouse and a morgue.

Augusto Montenegro, governor of Pará from 1901 to 1909, in partnership with the intendant Antônio Lemos, took great measures to sanitize the city as to prevent the proliferation of diseases in places where people were crowded, such as tenements and villas. The politician reorganized the Sanitary Service by creating a sanitary directorate that was subordinate to the Secretariat of Justice and Public Instruction. In addition, he created the Public

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<sup>4</sup> In its 1921 report on services to supervise the practice of medicine in Pará, the Sociedade Médico Cirúrgica do Pará registered 98 doctors: 62 graduated from the Faculty of Medicine in Rio de Janeiro, 30 from the Faculty of Medicine in Bahia and 06 from foreign schools, mainly French and Portuguese.

<sup>5</sup> In the 19th and 20th century, the Amazon region witnessed the use of popular knowledge and, above all, the guidance provided by shamans and healers to combat illnesses. The population often resorted to healers who administered medicinal remedies based on plants from the forest, as well as performing prayers with smokers to scare away spirits.

Assistance Department, whose purpose was to provide medical care for the poor in various hospitals, including the creation of a children's ward in 1910. It also established a contract with Santa Casa de Misericórdia to provide care in hospitals and hospices for the poor.

From 1917 to 1921, Lauro Sodré, in his second term as governor of the state of Pará, carried out reforms in the field of health and the Land and Maritime Sanitary Services, which replaced the former Hygiene Board. Among the main measures relating to children's health and hygiene <sup>was</sup> a 1919 decree regulating the School Hygiene Board in public and private establishments. In the Sanitary Service, he implemented various hygienic actions, such as sanitary inspections in schools, asylums, factories, hospitals, hospices, barracks, prisons, arsenals and other establishments where people were housed. As you can see, Lauro Sodré's government had a strategy for organizing the health system, above all, the population's health awareness (Arias; Costa, 2021).

Against the backdrop of these hygienist and sanitary policies, Belém saw alarmingly high infant mortality rates, as children were the biggest victims of the diseases that appeared as a result of the indiscriminate arrival of immigrants motivated by the rubber trade, such as smallpox, yellow fever, leprosy and tuberculosis. The death of children was considered a serious problem for the health authorities at the beginning of the 20th century, largely because of the misery, poverty and lack of knowledge about food and hygiene, as well as the physical fragility of the child.

For Farias Filho and Alvim (2022), the application of hygienic methods in the construction and remodeling of cities is based on the increasingly scientific concern of taking into account the complexity of urban systems, which gave rise to a hygienist ideology that will evolve in line with the development of cities, assuming specific characteristics inherent to the demands of the historical moment, as happened in Brazil and Argentina, from the end of the 19th century.

## **Childhood and hygiene in Argentina**

Our bodies, our underwear and outer clothing, the rooms in which we live and those in which we eat should always be clean and ventilated so that the air is renewed in them. A cold shower, taken when you wake up, especially in the rain (cold shower), is very healthy. Hygiene gives vigor and strength. Most of our illnesses come from eating too much, either because of the poor quality or quantity of what we eat. We should take what is necessary to live, and no more than that. [...] Through cleanliness we preserve cleanliness, through sobriety we give our body what it needs to live, and through gymnastics we develop the organs of the body that we need to preserve. We must take what is necessary to live, and nothing more. [...] Through cleanliness we preserve cleanliness, through sobriety we give our body what it needs to live, and through gymnastics we develop the organs of the body that we need to preserve.



[...] whenever we fail in one of these duties, we make a mistake [...] we have duties to fulfill with our family, with our friends and with society.” (Ferrer Guardia, Francisco (1889). *The Modern School*, 2010, p. 17)

This simple reading of a schoolbook was the gateway to hygienist ideas so that students could learn the basics of how to look after their bodies and their health. It was a way of entering homes and disseminating those hygiene standards that Argentina’s political and intellectual leadership embraced at the end of the 19th century and in the first decades of the 20th century. As Di Liscia and Salto (2004) have shown, the links between medicine and education eventually resulted in doctors becoming pedagogues and educators becoming hygienists.

In this way, the school became a fundamental institution for spreading the creed of the modern priests of science. Thus, the confluence between medicine, hygiene and schools was inevitable (Di Liscia and Salto, 2004). The National Education Council (CNE), permeable to the hygienists’ mandate, created a space for doctors to advise on curricula, give lectures and disseminate their knowledge in books and articles published in its publication, “*El Monitor de la Educación Común*”. In fact, in 1888, a medical body was definitively set up to oversee these tasks within the Council.

The doctor’s figure became a daily presence in some of the schools in the most developed urban areas. Monitoring institutional hygiene standards and controlling the health of teachers and students were tasks that the “priest of science” took care of. His presence was closely related to the cholera epidemic that occurred in Buenos Aires in 1886, which promoted greater sanitary control and a vaccination campaign that sought to be more effective in schools, despite the fears and resistance of parents - even some teachers. In the face of this resistance, these vaccination campaigns were carried out compulsorily in times of epidemics.

The school was expected to be the social space in which medical and hygienic care for children could be implemented, even as a way of reaching the family through their children. There was a clear conviction that it was the privileged space for inculcating principles and acquiring hygienic habits, for carrying out gymnastic activities and physical exercises - clearly differentiated for boys and girls, which would strengthen their bodies and contribute to improving their health (Aisenstein and Scharagrodsky. 2006; Lionetti, 2007).

In 1905, the Medical Corps gave very detailed instructions to teachers and school principals on the characteristics of contagious diseases in children, including smallpox (*El Monitor de la Educación Común* ano XXV, nº Seção Oficial, 1905). In the same year, it was pointed out that there were school doctors in each of the twenty councils of the Federal Capital, but there were undoubtedly few of them given the enormous task to be carried out if we wanted to detect those with specific problems and not just those suffering from an

epidemic disease. For this reason, the service exposed the difficulties of its work due to the low number of medical personnel, which could cause the constitutionally weak child control initiatives to fail (*El Monitor de la Educación Común*, ano XXXV, n° 534, 1917).

When a significant extension of the primary education system had already been achieved, the Medical Corps, in 1925, acknowledged having assessed more than 175,000 children within that jurisdiction during the year - which implied, despite the enormity of the task, less than half of all pupils attending classes also granting the corresponding certificates and carrying out sanitary control.<sup>6</sup>

It is possible to understand how important it was for authorities, doctors and teachers to be able to pass on this hygienic credo, considering that until the 19th century, such everyday actions as maintaining the hygiene of the body, homes and streets were unusual practices. You only have to remember how much it would take -after epidemics and diseases - to be able to eradicate myths such as that bathing was not good for your health. In the second half of the 19th century, there are testimonies that tell how the bathtub was filled and the whole family bathed in the same water. Just imagine what the water would be like with the last member of the family to be sanitized, and it could certainly be the youngest member. This explains the seriousness of the gastrointestinal diseases or parasitoses that have affected populations for decades, especially children. This situation explains the strenuous efforts and interference of the authorities in private homes in an attempt to promote new hygienic habits and guidelines, detecting sources of contamination, which led to many conflicts with neighbors (Pitta, 2006; 2016).

While, in the 1870s and 1880s, hygienists promoted the construction of sewage systems and drinking water, in the first decades of the 20th century, preaching focused on the creation of places of assistance, prevention and moralization that sought to contain the imbalances brought about by modernizing progress (Armus, 2000). It was only in the last decades of the 19th century that what we know today as “pathogenic microorganisms” began to be taken into account, following the work of Louis Pasteur and Joseph Lister (1862). This was the beginning of the microbial paradigm, which would diametrically change the way medicine and society conceived of disease.

As part of these scientific changes, disease was associated with the social. In this context, hygienist medicine called for new strategies and prescriptions for action. The way of understanding health that these doctors promoted distanced itself from the quarantine and isolation measures of the late 19th century, at the same time as it seemed that infec-

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<sup>6</sup> However, in this desire for a permanent overhaul of buildings, students and teachers, the majority of the school population in the provinces and, above all, in the National Territories, which due to their particular situation - newly populated areas with a majority rural population - were also deprived of basic hospital resources, since these institutions were highly concentrated in the Federal Capital and Buenos Aires. There are no reports with similar data for the provinces or the National Territories (Ramos, 1910, volume I: 161-162).

tious and contagious epidemics had been left behind. And although in a certain sense anxiety reappeared on occasions, such as in the case of the Spanish flu, in general the idea was established that by doing things in a certain way you could be healthy, understanding health as something integral. These were times when it was understood that the physical, psychological and social health of the population needed - inevitably - some state intervention, with the support of the efforts of private institutions. An idea of preventive “public health” emerged, incorporating the new contributions of medicine, eugenics and childcare<sup>7</sup> into educational strategies, along with other disciplines such as pediatrics, child psychology and criminology.

This knowledge contributed, with its intervention, to the modern process of symbolic construction of children’s bodies, considering their supposed fragility and malleability. Intervention in children’s bodies was a way of sanitizing the body of society. These were the beginnings of the medicalization of babies’ bodies (Rustoyburo, 2019).

The symptoms of these “social ills” were interpreted as the problems associated with the so-called “social question”, typical of rapidly urbanizing Western societies, which caused concern and uncertainty, promoting the actions of the so-called “social reformers” (Zimmermann, 1992).

As a result of this climate of uncertainty, publicists were inspired by the new proposals of Sociology, History and Positivist Social Psychology. They shifted their attention from the individual to the collective. It was interesting to diagnose and learn about the ways in which the crowd behaved and, in line with the medicalization of the time, concluded with a drastic phrase: the social organism was sick. For this reason, there was talk of preserving the whole social body, beyond the simple sum of the well-being of each individual member. The notions of hygiene and prophylaxis became the pillars of this medical intervention.

The notion of hygiene was associated with improving environmental conditions to avoid or minimize the appearance of diseases or anomalies in society nowadays, and that of prophylaxis, linked to the eugenics movement, alluded to interventions that sought, by selective means, to banish harmful elements in the present from future society. Under this pretext, they insisted on the value of early diagnosis and the need for state intervention. On the one hand, for the eugenic paradigm, society was seen as an organism and social conflicts were understood in terms of pathologies, infectious and contagious diseases. On the other hand, it understood “dangerousness” not only as the dangerousness of the offender and of legal crime, but also as “natural crime” against the species, since it can be a factor in

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<sup>7</sup> Born in England and France in the 18th century, the basis of childcare lay in the hygiene of motherhood and childhood, in other words, a concern for the mother-child binomial. Hygienist doctors segmented childcare into basically three phases: pre-fecundation, inter-uterine and extra-uterine. All of them comprised what many childcare workers called the “art of cultivating children”, since the idea of cultivation permeated the treatment and care of a child from “seed to growth”, similar to the meaning of a plant (Arantes, 2011).

the spread of abnormality and degeneration. In this case, and beyond the different positions and contradictions in its theoretical articulations, eugenics became - in the case of Argentina - preventive (Miranda and Vallejo, 2005).

Eugenic projects aimed to modify components of the environment (housing, work, leisure time) that were considered degenerative. The aim was to combat the so-called “racial poisons”: syphilis, tuberculosis and alcoholism, and to improve working conditions, protect procreation, motherhood and childhood. Isolation and sexual segregation were proposed for those considered irrecoverable (certain types of madmen, criminals or other freaks), to prevent contagion and procreation.

The differences between classes or social groups, interpreted as differences between inferior and superior races, promoted actions aimed at “perfecting the race”, in that political and medical agenda under the umbrella of preventive and prophylactic measures. This idea of “racial degeneration” placed the determining role of heredity and the problem of how much environmental influence could be expected at the center. Organic and psychological inheritance, even with the new factors introduced by “acquired modifications”, required at least the necessary and prolonged time for generations to show their changes.

The emphasis on hereditary aspects manifested itself in more pessimistic perspectives of essayistic interpretation of history, based fundamentally on non-academic social psychology. José María Ramos Mejía, president of the National Education Council in 1910 and author of the famous work *Las multitudes argentinas* (1889), suggested - contrary to the thesis of hereditary degeneration - the possibility of a gradual recovery of peoples as the conditions of existence were modified. Hence his strategy of intervening in areas such as education.

But other doctors radicalized this perspective, disseminating and defending a selective and exclusionary view. Behind these “scientific” foundations, conflicting political conceptions were revealed. The common denominator of these eugenicists was their action in favor of state intervention to sanction laws and sustain institutions that could contribute to the generation of a “eugenic consciousness” as a process of subjectivation that would promote changes in ways of thinking and feeling. This individual self-discipline should be carried out through popular education in schools and hospitals, but also through the press, conferences, pamphlets and posters.

According to Stepan (2005), Latin American eugenicists, mainly in Argentina and Brazil, were involved in actions on different fronts: legislation and measures for maternal and child well-being, combating infectious diseases, mental health, sexual and marriage education and reproductive control, but also with projects related to the particular racial ideologies of each country, in certain cases, in line with the scientific racism produced in Europe and the United States.

This society in disarray required the school to act as the center of these biopolitics with the aim of governing vital processes such as birth, death, reproduction and disease. It was up to him to spread the new creed of body pedagogy. However, not everything was smooth sailing. This desire to manage the body was the subject of intense debates and disputes not only in the pedagogical field, but also with other disciplinary fields. A desire for control which, as has already been said, is far from being put into practice in a vertical and effective way (Di Liscia and Bohoslavski, 2006).

The task that had to be undertaken seemed cyclopean and monumental: to moralize the bodies of schoolchildren to cleanse the body of the nation. As Le Breton (2002) suggested, representations of the body and knowledge about it are tributaries of a social state, a worldview and, within this, a definition of the person. The body is a symbolic construction, not a reality, not just a biological and/or natural form, but also a cultural construction and the ideas and conceptions about it are historical constructions related to social and economic organization.

The most accepted concept in Western societies finds its formulation in anatomy-physiology, that is, in the knowledge that comes from biology and medicine. From this place, children's bodies appeared as a body that could be corrected, adjusted and channeled. The pedagogical gesture reveals the premise of education's potential to rectify what has gone astray. Thus, the schoolchildren's bodies were scrutinized through the eyes of the school doctor, who diagnosed their health problems.

The drawing up of medical records where the parents' backgrounds were exposed, and the supposed problems of anemia, short-sightedness or a history of tuberculosis, syphilis or alcoholism in the parents, were an expression of a "weak childhood" that needed to be channeled. As a renowned pedagogue crossed by this positivist current and medical hygienism was able to say:

The health, robustness, beauty, aptitudes and well-being of the race are related to size, weight, cranial diameters, strength, hygiene, vital capacity, color and shapes; sex and age pose the problems of growth, crises and education; they are those of nutrition and exercise, the effects of which are mostly studied in physical measurements taken during the malleable period of the human being, that is, during childhood and adolescence or school life. To observe growth is, as Apert says, to study the vigor of the race (Mercante, 1927, p. 60).

At first, the school was called upon, thanks to its scope, by Law No. 1420, on Common, Gradual and Free Education, passed in 1884 (and covering the city of Buenos Aires and, at the time, the so-called National Territories, which included Patagonia and the

Chaco)<sup>8</sup> , to spread the “hygienic gospel” in school books since, as girls and boys could read: “If cleanliness and a love of order go so well with the children of wealthy parents, how much more will they not shine in those of humble circumstances?” (Suárez, 1894, p. 17). Years later, it would be said that the school medical inspection could not be reduced to detecting a series of contagious diseases, since:

The desirability of the care of the body which is observed by the frequent examinations of eyes, ears, teeth, throat, skin and weight, as well as other facts about hygiene learned in class, are spread by the pupils among their families. The school nurse, in her home visits, constantly disseminates health reports and raises the standard of home health (The Monitor of Common Education, 1917: Year 35).

Under the paradigm of this hygienist mandate and faced with the irreverent social scenario of the early 20th century, the metaphor of cleaning up the social body was insistently appealed to. Indeed, this move towards the utopia of modernization led to a society perceived as unstable and without order. Under this slogan, attention was once again focused on the “little patriots” in whom the hope of rebuilding the social fabric was placed. The urgent task was to rescue that part of the child population which, according to what had been detected, is at risk due to the fragility of its physical constitution.

In line with the regenerative effort of eugenics and the principle of building a strong and healthy “Argentine race”, and the new notions of childcare, the idea that teaching improved significantly if it was alternated with contact with nature, giving it a more practical character, became increasingly widespread among pedagogues - both those who were labeled positivists and the supposed renovators.

As this scientific belief held, the child came into the world as a robust or weak organism, depending on the health of its ancestors. From this place, it is understandable that one might comment:

Like humanity, diseases leave their indelible mark that is passed down from generation to generation, and it so happens that the vast majority of humanity has to bear the weight of this inheritance that is externalized in our physical constitution and in our psychic aptitudes [...] hence we must take advantage of all the means that nature offers us in the school or educational period, which is also that of the development and growth of the organism. The modern system of education, thanks to the knowledge provided by science, allows us to know the benefits of nature to strengthen children. The weak child has not been considered in the front line by the

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<sup>8</sup> This education guaranteed education for all children in the republic and was secular, as religious notions could be taught outside of school hours to families who wanted them. Likewise, this nationwide law left it up to provincial autonomies (as provided for in Article 5 of the National Constitution) to dictate their own educational laws, which is why there were provinces that included religious education during school hours.

These were measures that revolved around the so-called “pedagogical sanitarianism”: the “medicalization of the school” (Camarota, 2016) promoted the differentiation between “normal” childhood and the problems of “abnormality”. Thus, there was talk of “mild” abnormalities, those who were pedagogically retarded or false abnormalities, considered “weak children” because of the inheritance of their parents and the “abnormal” would be compromised all those who had physical or mental defects acquired after birth that prevented them from the full development of their organism. The school and the medical discourse could intervene in the first case through the action of the colonies for weak children (Di Liscia, 2005, 2016; Lionetti, 2008).

As you can see, the hygienist creed was at the heart of educational policies. Medical professionals became an important arm of policies aimed at sanitizing the nation’s body. Under this metaphor of the sick “social body”, we intervened on the social ills that the context of modern Argentina had generated. The irruption of the migratory flow and the accelerated growth dynamics it caused in urban terms (not to mention the enormous discomfort generated by the ideas it carried) promoted various forms of intervention.

#### 4 Childhood and Hygienism in Brazil

A lot of little black boys die as angels because of their mothers’ ignorance. [...] They cut the very long cord of the embryo and are more and more in the pernicious habit of putting pepper on it and fortifying it with oil of rosin or any other irritant. This barbaric custom cut off the thread of life from many, many children and is responsible for the development in the embryo of that inflammation which in Brazil is called the seven-day disease. [...] As soon as the child is born, they usually knead its head, in order to give the forehead a more pleasing shape, without paying attention to the weakness of the digestive organs of newborns, sometimes giving them, a few days after they are born, coarse food, taken from their own food (Freyre, 2001, p. 415).

The fragment above, taken from the book “Casa Grande & Senzala” by Freyre (2001), illustrates some of the practices that were carried out with young children since the colonial period. In addition to the lack of hygienic and sanitary conditions in homes, especially those of poorer families, there was a lack of knowledge about how to care for children, in terms of feeding, bathing, dressing and breastfeeding, among other things. This contributed greatly to the high number of childhood deaths.

From this perspective, one of the main actions of the hygiene policy in Brazil was to combat infant mortality, which suffered from alarmingly high rates of death among children in the first years of life. From the end of the 19th century onwards, initiatives aimed at children

by the first hygienists were directed against this problem, which was mainly attributed to two causes: the first concerns the great recurrence of illegitimate births, resulting from relationships between slaves or between slaves and their masters; the second refers to the lack of education, physical and moral, of mothers, who were seen as negligent, allowing, among other things, the mercenary breastfeeding of surrogate slaves (Kramer, 2011).

With the onslaught of hygiene in the last decades of the 19th century, the doctor became an essential professional to guarantee the fight against disease and the survival of the child, playing an important role in tackling infant mortality, which represented the great scourge of childhood. In the words of Venâncio (1999, p. 13), “[...] Brazilian doctors were largely responsible for the change in attitude toward early death: they - so to speak - ‘discovered’ and fought against infant mortality.”

With the republican regime, the education and health of children came to be understood as an issue that was not just limited to the family, but rather was put into the hands of the authorities, who began to create hygienist standards and guidelines for the care of children, because by worrying about their education, they were consequently investing in the progress of the nation. At the time, medicine was transformed into an instrument of intervention in society, so that the causes of illnesses, especially those that manifested themselves more frequently in epidemic form, could be combated preventively to avoid them causing so many deaths among children.

Willing to face the “childhood problem” through sanitizing measures, doctors defended not only maternal and child care, but also propositions regarding the education of mothers, with a view to the physical and moral training of their children. Childcare workers postulated the predominance of the genetic factor for the health of the offspring and advocated eugenic and scientifically planned marriage. From this perspective,

When choosing a spouse, eugenic criteria should prevail, and early and late marriages and marriages disproportionate in age should be avoided; consanguineous marriages and between people with degenerative defects or contagious diseases; Families should take care not to marry their daughters to “damaged” people, that is, “debauched”, “alcoholics”, “tuberculous” and “syphilitic” (Arantes, 2011, p. 187).

With the hygienist movement, children became the privileged object of the social medicine project, according to the understanding that the other stages of life depended on caring for children, bringing prophylactic measures in relation to childhood. Doctors recommended sanitizing houses and streets to avoid, for example, the proliferation of diseases that circulated there, mainly affecting the poor and children. However, for hygienist doctors it was no use just segregating poor children, confining them in charitable institutions or rele-



gating them to the outskirts of the city, but rather implementing measures that would address the problem of public health in a broad way.

Moved by the hygienist movement, emphasizing the protection and care of children in Brazil, Arthur Moncorvo Filho created the first Institute for the Protection and Assistance of Children in Brazil (IPAI) in Rio de Janeiro in 1891.

Dr. Moncorvo Filho (...) is a tireless spokesperson for the “cause of childhood”, leaving us a legacy of nearly 400 publications in defense of life and health. He was one of the most forceful denouncers of Brazil’s neglect of the poverty of its population. In a forceful way, he tried to demonstrate its harmful effects on children, never failing to point out that affecting children jeopardized the future of the country (Rizzini and Pilotti, 2009, p.106).

IPAI was a private, philanthropic institution which, born under the banner of the Republic, found support for its creation in hygienist ideals. It was the beginning of the conflict between charity and philanthropy in childcare. While the former was the exclusive domain of the sisters of charity, the latter was committed to science. A campaign began against the charity asylums and the wheel system, carried out by doctors and jurists<sup>9</sup> who believed that this system should be abolished immediately, as it was a major social and hygienic problem. The issue of rationalizing the health of the child population was raised due to the high mortality rates and the conditions of the children’s asylums.

In Rio de Janeiro, the IPAI was aimed at poor children up to the age of 14, as well as pregnant women and wet nurses. The main aim was to take care of children’s health, since the great fears of the ruling elites were infant mortality and the criminality of minors, considered scourges since the Empire period.

The model of this institution soon spread throughout Brazil. The hygienist and sanitary doctor Ophir Pinto de Loyola, considered the father of pediatrics in Pará, was responsible for creating and leading this initiative in the capital Belém in 1912. One of the aims of the IPAI in Pará was to care for poor children in Pará, providing medical care, vaccinations, nurseries, maternity hospitals and educational institutes to house children in order to care for, instruct and educate them.

The creation of IPAI was undertaken in a scenario in which infant mortality was still a reality that haunted mothers and family members in the Pará context. The Boletim de Estatística Demographo-Sanitária of the city of Belém, which deals with the number of deaths in the population between 1905 and 1911, shows that there was a frightening

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<sup>9</sup> At the beginning of its creation, the “roda de expostos” served as a means of combating infanticide and child abandonment, especially infant mortality. However, serious problems were noticed and hygienist doctors and jurists began to propose the extinction of the “roda de expostos”.

rate of infant deaths. Mortality among girls amounted to 11,260 (41.76%), while boys accounted for 5,329 (19.76%). The total number of deaths among children alone was approximately 26,290. As a result of the large number of infant deaths, it was common for families in Pará to schedule the baptism for the first few days of life, since they were already expecting the child to die soon.

In public education, the hygiene policy, in terms of health care and the training of children, found an appropriate space for its dissemination. In Pará, since the middle of the 19th century, legislation was drafted and writings circulated in educational journals, with rules and guidelines based on the principles of hygiene, constituting a recurring practice with the intention of disseminating hygiene in schools. Hygienic prescriptions were materialized in the construction of the buildings of educational institutions, which followed a set of recommendations on how spaces should be built to ensure hygiene and healthiness, thus not harming the health and performance of students, as it was believed that a healthy and educated population is a country's greatest asset. (Góis Junior; Lovisolo, 2003).

The precepts of hygienist thinking were already present in the act of admitting children to educational institutions. The regulations for public education in Pará, from the end of the 19th century onwards, demanded selection criteria that already indicated an ideal subject to be invested in, since students had to be in good health, not suffer from contagious diseases and have been vaccinated. Machado (1978) says that these requirements were part of a kind of medical sieve for the admission not only of students, but also of teachers and staff, configuring a process of physical and moral inspection, which "discarded" those who were not considered healthy.

Pires (1892), in an article published in the "Revista Educação e Ensino", a periodical that circulated in educational institutions in Pará, highlighted the importance of the vaccination required for enrolment in educational establishments, but considered that the medical certificate could be subject to falsification and was therefore not the most efficient way of verifying students' state of health. He therefore considered that checking the background of the students' parents would be a more effective alternative, in order to prevent diseases from entering the establishments.

After entering the schools, the hygiene of the children was the focus of daily inspection, as this was the start of the school's routine. The teachers were in charge of inspecting the cleanliness and tidiness of the students in their respective classes. The General Regulations for Public Instruction in Pará, from 1890, indicated this procedure:

In all schools, the first half hour in the morning will be dedicated to the inspection of the hair, teeth, ears, hair and nails of the pupils, accompanied by moral observations and recommendations on the need and hygiene of bodily care (Pará, 1890, p. 9).

The health of educational establishments was monitored by means of evaluations and guidelines from the health inspection service, which, through periodic visits, examined the place where a particular institution was built, as well as its internal facilities, in order to check that the hygienic conditions of cleanliness, ventilation, lighting and sanitation were being met, as well as paying attention to the state of health of the students.

The institutionalization of medical inspection services for schools and students was one of the main actions of the hygiene movement. The school environment was understood by hygienist doctors as a privileged place for intervention and surveillance, with the aim of carrying out hygienic and sanitary procedures to contain the risks of disease spreading and thus guarantee adequate conditions for the education of children (Viñao Frago, 2000).

In 1910, in his report to the Secretary of State for the Interior, Justice and Public Instruction of Pará, on the visit made to the Outeiro Orphanage Institute, which was an institution located in the capital Belém and created for the training of orphaned boys, the director of the sanitary inspection reported that the general health conditions were good in the premises of this establishment, but he did report on the health conditions of the students:

I carefully inspected the 93 pupils who were there at the time: examining each one for himself. The pupils are in relatively good health: of the 93 examined, 37 need medical attention, which is why I prescribed you. Of these, I asked Principal Villaça to collect urine from 100 and 82, and sputum from 30, for tests to confirm the diagnosis. There is also an urgent need to examine the skin of patient 93 for Hansen's bacillus (Health Inspection Report, 1910, p. 1).

At the time, the health inspector also made the following recommendations for measures, considered urgent and necessary, to be adapted to the institute, in order to provide a more favorable environment for the health care of the students. These concerned the importance of professionals to care for the children, as well as the need to renovate the physical structure of the institution:

1-Hire a pharmacist to reside at the Institute; 2-Designate a doctor to make two monthly visits to the establishment and attend to calls in serious cases of illness; 3-Have an isolation room built for four beds; 4-Modify the shower room and replace the latrines with basins (Sanitary Inspection Report, 1910, p. 1).

Regarding the importance of doctors in schools, Pires (1892) understands that their daily presence in these spaces should be essential, since doctors have the role of looking after the health of schoolchildren, promoting both preventive and curative actions, and during their visits they should make notes in an appropriate book in order to provide relevant information that would facilitate the diagnosis of illnesses, their control and treatment.

It is worth noting that the doctor is one of the most representative figures in the republican school model, based on the school medical inspection service, seen as a corollary of the process of spreading the mass school, an idea strongly marked in the discourses of doctors and hygienists, who since the mid-nineteenth century had already been articulating “the formulation of a broad social hygiene project, which affected the most diverse spaces, including the school institution” (Rocha, 2007, p. 241-242). In the words of Stephanou (2005, p. 146), “[...] doctors, through their discourses, presented themselves as educators, either to instruct and train, or to lead and direct each and every one”.

Dr. Américo Campos, professor of School Hygiene at the Escola Normal do Pará, in his 1912 book “Noções de Geraes de Hygiene” (General Hygiene Notions), defended the practice of inspection in educational institutions and defined the roles of the teacher and the doctor in the task of supervising the school environment:

[...] the teacher would be the main inspector of the General Directorate of Education, to whom he would report, in addition to what related to instruction, everything that concerned the hygiene of his school, requesting measures or improvements, when appropriate; the doctor would intervene to give his opinion on building plans for isolated schools or school groups, on the conditions of rented buildings, [...] he would intervene to prevent contagious diseases, [...] he would report to the teacher on all the pupils [...] would intervene to prevent contagious diseases and, visiting the school regularly, [...] would inspect all the pupils, one by one, immediately declaring to the teacher which ones were healthy, suspected and sick (Campos, 1912, p. 125).

The educational practices experienced in everyday school life were also permeated by hygienist assumptions. Recess time and space, for example, consisted of a medical-hygienic recommendation whose principle was to establish the rationalization of time and the definition of an interval between study hours, promoting a balance between work and rest. In the article entitled *Da Hygiene Escolar* (School Hygiene), published in Pará’s public education magazine, “A Escola” (The School), in 1900, recess was conceived as fundamental for children’s health and learning, which enabled a “[...] gradation between the largely free life of early childhood and the severe obligations of teaching” (Pará, 1900, p. 35).

Recess, understood as a time of rest for children, was a hotly debated topic at international congresses on school hygiene in the first decades of the 20th century, whose debate was in line with medical hygienist precepts that aimed to form “[...] a model of body and childhood that should distance itself from apathy, laziness, illnesses and postural problems, as only then would the child be able to become a useful citizen in the future” (Pinheiro *et al.*, 2023, p. 17).

Gymnastics, present in Pará’s teaching regulations since 1890, is considered by hygienist doctors to be an important practice for strengthening the weak parts of children’s

bodies. For Pires (1892), the main contribution of gymnastics in childhood is to “[...] correct the vices of organic development and as a secondary result strengthen the well-formed limbs”. The orthopedic character, i.e. correcting and disciplining the body, was only attributed to gymnastics along hygienist lines, since “acrobatics” put life at risk by practicing “[...] extremely dangerous exercises” (Pires, 1892, p. 136)..

Highlighting the Swedish gymnastics method<sup>10</sup>, Campos (1912) argues that gymnastics, on this basis, is the only truly hygienic method that has the best practical results for training fit and strong citizens. Thus, by educating children’s bodies away from bad posture and defective growth, gymnastic exercises would contribute to the formation of healthy adults.

Hygienist doctors were responsible for legitimizing the practice of gymnastics in the school context, based on the dissemination of writings that established a scientific character for gymnastic exercises that were systematized in Europe in the second half of the 19th century and that reached Latin American countries, such as Argentina and Brazil, at the beginning of the 20th century, with the purpose of regenerating the race, promoting health, developing courage and morals (Soares, 2007).

The practice of swimming was a medical and hygienic recommendation in public education in Pará. Pires (1892) pointed out the numerous benefits of swimming for students’ bodily hygiene but made the caveat that in low-temperature climates, for example, prolonged immersion in cold water could be harmful, restricting and even suppressing swimming movements. However, he praises the state’s natural conditions, which are considered to be favorable for this exercise, given that.

[...] we find ourselves surrounded [...] by flowing rivers of calm waters, which we can easily [...] obtain the construction of swimming pools, streams or any source of water [...] not to have a swimming class in every boarding school - it is a real crime of harmful care. [...] In addition to the development that such a practice lends to the general musculature, besides the advantage it brings to the hygiene of the body, by making it cleaner, it instills courage in individuals on the occasion of maritime dangers (Pires, 1892, p. 148).

Physical exercise, based on hygienist principles, was considered fundamental for children’s health, as Leão (1912) pointed out in his article “Hygiene Escolar”, published in the magazine “Ensino” arguing that not practicing physical activity in childhood causes inertia, which consequently produces “[...] fattening, storing useless material, which will cause the heart to work harder to irrigate it, to the detriment of noble tissues, such as nerve cells

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<sup>10</sup> The Swedish Gymnastics method aimed at corrective, anatomical and biological work, based on scientific principles that aimed, according to Marinho (1980, p. 98), “[...] first and foremost, at natural harmonious development (...). Its aim is to develop the human body in a regular and concrete way by means of rational exercises”.

and muscle fibers” (Leão, 1912, p. 67). In this sense, bodily practices such as gymnastics, swimming, running, games and play are necessary to educate and shape the child’s body and, therefore, act in the constitution of a strong and healthy childhood.

It is noteworthy that both in Argentina and Brazil, according to Galak (2016), the pedagogical press and official devices were responsible for disseminating, through scientific rhetoric based on hygienic and eugenic principles, speeches that led to the legitimization of physical culture as an object of public policies. In this way, bodily practices such as gymnastics, swimming, running, games and Physical Education itself were conceived as necessary to educate and shape the child’s body and, therefore, act in the constitution of a strong and healthy childho.

## **5 Final considerations**

Hygienist thinking brought from Europe to Latin America led to the dissemination of health policies that determined the principles and protocols of medical science in the behavior, habits and customs of the population, which at first met with resistance, as was the case with vaccination campaigns. In Argentina and Brazil, hygienist assumptions dictated norms, precepts, protocols and medicalization that tried in some way to combat diseases that affected the population, especially children. The main aim was to combat infant mortality and save children from vices.

Hygienist and sanitary doctors, both in Argentina and Brazil, sought to tackle the public health problems caused by epidemics and cultural practices that were unsuitable for the healthy development of children, by intervening in the family, as well as in the school, through school inspections, notions of hygiene and gymnastics, for example. Intellectuals, scientists and reformers believed that hygiene policy would be the way to organize the body and mind of the population and thus achieve progress and civility. In Brazil, the legacies of colonialism and slavery had left significant traces of ailments in the population that needed to be civilized in the culture of hygiene by medical precepts.

In both countries, there was urban disorganization as a result of the arrival of people in the cities. The arrival of European immigrants in Argentina contributed to a new dynamic in urban space. In Brazil, specifically in the city of Belém do Pará, the immigration process of groups from Europe, as well as the migration of people from other regions of Brazil, in the context of the commercialization of rubber in the Amazon, also caused the city to suffer from problems arising from this new social configuration, hence the need for hygienic and sanitary measures.

In Argentina, hygienism, which took on a partisan dimension, promoted sanitary measures that were implemented to instill new habits in the population to control infectious

diseases by cleaning and disinfecting public and private environments. They believed that hygienic intervention in schools would be effective in maintaining health and preventing disease. In addition, hygienic measures would free the population of Buenos Aires from unhealthy spaces, plagued by constant epidemics such as yellow fever, smallpox and Spanish flu, causing damage to everyone's health. In fact, these hygienic measures helped to control the proliferation of disease and preserve children.

In Brazil, sanitary doctors established the necessary interventions to combat not only epidemic diseases, but also infant mortality, which gave a strong idea of backwardness. Sanitizing public spaces and guiding the population in caring for children, especially those most vulnerable to living in unhealthy environments, helped to control the proliferation of epidemic diseases. In the north of the country, specifically the city of Belém do Pará, hygienic actions were extremely important in saving children from mortality and the abandonment of newborns.

Finally, it should be noted that the hygienist movement, both in Argentina and Brazil, although laden with interventionist measures aimed at the popular sectors, which in a way were permeated with a prejudiced discourse of the elites towards the poor population, based on its hygienic policies in education and childcare, as well as in the prophylaxis of epidemic diseases, contributed in large part to the reduction of high infant mortality rates.

## REFERENCES

- AIRES, J. R.; COSTA, R. B. da. **As políticas de saúde do Pará na primeira República**. Belém, PA: Imprensa Oficial do Estado do Pará, 2021.
- ABREU JUNIOR, J. M. de C. **O vírus e a cidade**: rastro da gripe espanhola no cotidiano da cidade de Belém (1918). 1. ed. Belém, PA: Paka-tatu, 2018.
- AISENSTEIN, A. y SCHARAGRODSKY, P. **Tras las huellas de la Educación Física escolar. Cuerpo, género y pedagogía, 1880–1950**. Buenos Aires: Editorial Prometeo, 2006.
- ARANTES, E. M. M. Rostos de crianças no Brasil. *In*: RIZZINI, I; PILOTTI, (org.). **A Arte de governar crianças**: a história das políticas sociais, da legislação e da assistência à infância no Brasil. São Paulo: Cortez, 2011, p. 153-202.
- ARMUS, D. “El descubrimiento de la enfermedad como problema social”. En M. Z. Lobato Zaida, **Nueva Historia Argentina. El Progreso, la Modernización y sus Límites (1880 - 1916)**. Buenos Aires: Editorial Sudamericana, 2000, p. 507 - 552.
- BARRANCOS, D. “Socialismo, higiene y profilaxis social, 1900-1930”. *In*: M. Z. Lobato, Política, médicos y enfermedades. **Lecturas de Historia de la Salud en la Argentina**. Buenos Aires: Biblos, 1996, p. 117-149.
- BARROS, J. D. **História Comparada**. Petrópolis: Vozes, 2014.
- CAMAROTA, A. “Saberes médicos y medicalización del sistema escolar en Argentina (1924-1940)” **Revista Pilquen**. Universidad Nacional del Comahue, v. 3, n. 19, p. 33-51, 2016. Disponível em: <https://revela.uncoma.edu.ar/index.php/Sociales/article/view/1417/pdf> Acesso: 21 de ago. 2024.
- CAMPOS, A. de. **Noções Geraes de Hygiene**. Belém: Livraria Escola, 1912.
- CHASLES, V. Saúde urbana e higienismo, o exemplo da França. *Revista Instituto*. **Revista do Instituto de Estudos Brasileiros** [online], v. 1, n. 64, p. 65-74, ago. 2016. Disponível em: <https://www.scielo.br/j/rieb/a/FdMsXrkmFc6y37tcdKGTgXv/?format=pdf&lang=pt> Acesso: 20 de mar. 2024
- CORBIN, A. **El perfume o el miasma. El olfato y lo imaginario social. Siglos XVIII y XIX**. Buenos Aires: FCE, 1987
- CORRÊA, L. O caráter civilizatório das práticas higienistas no século XIX. p. 1-12. *In*: ENCUENTRO DE GÉOGRAFOS DA AMÉRICA LATINA, XIII, **Anais** (...), 25 a 29 de julho, Costa Rica, 2011.
- COSTA, M. C. L. O Discurso Higienista Definindo a Cidade. **Mercator**, Fortaleza, v. 12, n. 29, p. 51-67, nov. 2013. Disponível: <http://www.mercator.ufc.br/mercator/article/view/1226>>. Acesso: 14 out. 2024.
- DI LISCIA, M. S.; Salto, G. (ed.). **Higienismo, educación y discurso en la Argentina (1870–1940)**. Santa Rosa: Editorial de la Universidad Nacional de La Pampa, 2004.



DI LISCIA, M.S.; Bohoslavsky, E. **Las Políticas Sociales en Perspectiva Histórica. Argentina, 1870-1952**. Buenos Aires: Prometeo, 2006.

DI LISCIA, S.Lionetti, L. (2021). Vacunación y viruela en la encrucijada del sistema educativo argentino (1884-1960). **Revista Anales de la educación común**. Buenos Aires, vol. 2, n. 1-2, p.15-34, mar. 2021.

**El Monitor de la Educación Común**. Organó del CNE. Buenos Aires: [s.l.]1905.

FARIAS FILHO, J. A.; ALVIM, A. T. B. Higienismo e forma urbana: uma biopolítica do território em evolução. **Revista Brasileira de Gestão Urbana**, [S. l.], v.1, n.14, p. 1-16, mar. 2022. Disponível em: <https://periodicos.pucpr.br/Urbe/article/view/29618>. Acesso em: 13 nov. 2024.

FREYRE, G. **Casa-Grande & Senzala**. 45. ed. Rio de Janeiro: Record, 2001.

GALAK, E. **Educar los cuerpos al servicio de la política**: Cultura física, higienismo y raza en Argentina y Brasil. Buenos Aires: Biblos, 2016.

GÓIS JUNIOR E; LOVISOLO H. R. Descontinuidades e continuidades do Movimento Higienista no Brasil do século XX. **Revista Brasileira de Ciências do Esporte**, [Online], n. 25, v. 1 p. 41-54, set, 2003. Disponível em: <http://www.rbce.cbce.org.br/index.php/RBCE/article/view/172/181> Acesso: 28 set. 2024.

KOHL, A. **Higienismo argentino**: historia de una utopía – la salud en el imaginário colectivo de una época. Buenos Aires: Editorial Dunken. 2006.

KRAMER, S. **A política do pré-escolar no Brasil**: a arte do disfarce. São Paulo: Cortez, 2011.

LE BRETON, A. **La antropología del cuerpo y modernidad**. Buenos Aires, Ediciones Nueva Visión, 2002.

LEÃO, Acydino de. Hygiene Escolar. **Revista do Ensino**. Belém, v.1, n.12, p. 65-70, abr. 1912.

LIONETTI, L. “Discursos, representaciones y políticas educativas en torno a los ‘niños débiles’ en Argentina a comienzos del siglo XX” Espacios en Blanco. **Revista de Educación**, vol. 18, junio, p. 187-213, 2008. Disponível em: <https://host170.sedici.unlp.edu.ar/server/api/core/bitstreams/c7bd-cded-fd5b-462f-aa49-8f8306dfccdf/content> Acesso: 20 de set. 2024.

LIONETTI, L. **La misión política de la escuela pública**: la educación del ciudadano de la república. Buenos Aires/Madrid: Miño y Dávila. 2007.

LUZ, M. T. **Medicina e ordem política brasileira**: políticas e instituições de saúde (1850- 1930). Rio de Janeiro: Edições Graal, 1982.

MACHADO, R. et al. **Danação da norma**. Rio de Janeiro: Graal, 1978.

MARINHO, Inezil Pena. **História Geral da Educação Física**. São Paulo: Cia Brasil editora, 1980.

- MERCANTE, V. **La Paidología. Estudio del alumnos**. Buenos Aires: M. Gleizer Editor, 1926.
- MERLIN, P.; CHOAY, F. Dictionnaire de l'urbanisme e de l'aménagement. 4. ed. Paris: PUF, 2015.
- MIRANDA, M.; VALLEJO, G. (comp.). **Darwinismo social y eugenesia en el mundo latino**. Buenos Aires: Siglo XXI, 2005.
- PARÁ. Da Hygiene Escolar. **A Escola**: Revista de Ensino, Belém, n.1, p. 3-6, mai. 1900.
- PARÁ. **Regulamento Geral da Instrução Pública Primária**. Decreto nº. 625 de 21 de julho de 1890. Belém: Tipografia do Diário Oficial, 1890.
- PARÁ. **Secretaria da Inspeção Sanitária**. Relatório apresentado ao Secretário de Interior, Justiça e Instrução Pública, 30 de julho de 1910.
- PINHEIRO, W. da C.; MATOS, L. S.; FERNANDES, R. O recreio no ensino primário e a educação dos corpos na infância (PARÁ, 1890-1918) . **Revista Educação em Questão**, [S. l.], v. 61, n. 67, p. 1-20, 2023. Disponível em: <https://periodicos.ufrn.br/educacaoemquestao/article/view/3102>. Acesso em: 13 jun. 2024.
- PIRES, O. Hygiene no internatos. **Revista de educação e ensino**. Belém. v. 2, n. 2, p. 17- 18, fev. 1892.
- PITA, V. Fiebre amarilla, habitaciones colectivas y disputas por derechos. *In*: ANDÚJAR, Andrea. **Vivir con lo Justo**: estudios de historia social del trabajo en perspectiva de género Argentina, siglos xix y xx. Buenos Aires: Prohistoria Ediciones, 2016.
- PITA, V. Intromisiones municipales en tiempos de fiebre amarilla: Buenos Aires, 1871. **Revista Historia y Justicia**, 2006.
- RIZZINI, I; PILOTTI, Francisco (org.). **A arte de governar crianças**: a história das políticas sociais, da legislação e da assistência à infância no Brasil. 2. ed. São Paulo: Cortez, 2009.
- ROCHA, H. H. P. A escola como laboratório. *In*: BENCOSTTA, M. L. V. (Orgs.). **Culturas escolares, saberes e práticas educativas**: itinerários históricos. São Paulo: Cortez, 2007, p. 237-264.
- RUSTOYBURU, C. **La medicalización de la infancia. Florencio Escardó y la Nueva Pediatría en Buenos Aires**. Buenos Aires: Biblos, 2019.
- SARGES, M. de N. **Belém**: riquezas produzindo a Belle Époque (1870-1912). Belém: Paka – Tatu, 2010.
- SOARES, C. L. Educação do corpo. *In*: GONZÁLEZ, F. J; FENSTERSEIFER, P. E. **Dicionário Crítico de Educação Física**. Ijuí: Unijuí, 2014.
- SOARES, C. L. **Educação Física**: raízes europeias e Brasil. Campinas, SP: Autores Associados, 2007.

STEPAN, N. *A Hora da Eugenia: raça, gênero e nação na América Latina*. Rio de Janeiro: Fiocruz, 2005.

STEPHANOU, M. Discursos Médicos e a Educação Sanitária na Escola Brasileira. *In*: STEPHANOU, M; BASTOS, M. H. C. (org.). **Histórias e memórias da educação no Brasil**. Petrópolis: Vozes, 2005, p. 142-164.

TERÁN, O. **Vida intelectual en el Buenos Aires fin desiglo (1880- 1910)**. Ed. FCE. Buenos Aires, 2000.

VENÂNCIO, R. P. **Famílias Abandonadas**: assistência à criança de camadas populares no Rio de Janeiro e em Salvador – Séculos XVIII e XIX. Campinas, São Paulo: Papirus, 1999.

VIÑAO FRAGO, A. Higiene, salud y educación en su perspectiva histórica. **Areas**, Murcia, v. 1, n. 20, p. 9-24, fev. 2000. Disponível: [file:///C:/Users/user/Downloads/Dialnet HigieneSaludYEducacionEnSuPerspectivaHistorica-81400.pdf](file:///C:/Users/user/Downloads/Dialnet%20HigieneSaludYEducacionEnSuPerspectivaHistorica-81400.pdf) Acesso: 25 de Set. 2024.

ZIMMERMANN, E. Los intelectuales, las ciencias y el reformismo liberal: Argentina, 1890–1916. **Desarrollo Económico**. Buenos Aires, v. 31, n. 124, p. 545-564, jan-març. 1992. Disponível em: <https://redbiblio.unne.edu.ar/pergamo/documento.php?ui=47&recno=159645&n=Desarrollo+Econ%C3%B3mico.+Revista+de+Ciencias+ Sociales> Acesso em: 10 de set. 2024.

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Received in July/2024 | Approved in September/2024

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**Note:** Translated by Edna Karla Silva Mello