

Eugenics and Medical Specialties: The 1930s

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ABSTRACT

The aim of this study (article) is to revise the preponderant view that the Medelian (or negative) eugenics had been marginalized among the Brazilian scholars, therefore the environmental eugenics becoming the only one accepted, practiced and wide spread. type of eugenics. This reading comes from the fact that issues concerning eugenics were approached in the medical and health institutions, in the 1930s in São Paulo, as scientific technology incorporated by the diverse medical specializations that were trying to get institutionalized.

The eugenic arguments of the latter were supported by the thesis of the hereditary degeneration that defended the restrictions through pre-nuptial examinations, sterilization and even suppression of individuals. This debate reached into practice and teaching of nursing, far longer than the 1930s. Concerning the nursing field, we believe that the current historiography should be deeply analyzed, not just with regard to the documentation of such a decade which had presented an apocryphal discourse on eugenics, but also on the development of such field allowing a broader debate on the current practice of eugenics.

Keywords:

Mendelian eugenics; Medical specialties; historiography

RESUMO

O trabalho em pauta pretende revisar a tese preponderante de que a chamada eugenia mendelista ou negativa teria sido marginal entre a intelectualidade brasileira, tendo apenas a eugenia ambientalista espaço para sua divulgação e prática. Isso porque, os assuntos atinentes à eugenia tratados pelas instituições médicas e de saúde em São Paulo nos anos de 1930, serão recebidos como tecnologia científica a ser incorporada às diversas especialidades que lutavam por espaço acadêmico e profissional. Os argumentos eugenistas deste grupo, repaldados pela tese da degeneração hereditária, defendiam restrições através do exame pré-nupcial, das esterilizações e para alguns, falava-se até da supressão de indivíduos. Tal debate também ganhou espaço na formação e na prática da enfermagem, não apenas nas décadas apontadas como também até os dias de hoje. Nesse sentido, a historiografia atual tem a necessidade de uma aproximação mais profunda, não apenas da documentação de época, em que o discurso da enfermagem em torno da eugenia é forjado, como também a produção desenvolvida na própria área e por seus profissionais, abrindo um rico debate sobre possíveis práticas eugênicas na atualidade.

Palavras chave:

[Eugenia mendelista; especialidade médica; historiografia

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Introduction

During the 1930s, the practice of medicine as a liberal profession, mainly carried out in private offices and corresponding to the technological level of craftsmanship or small-scale production, started to be replaced by a model grounded on technology and increasingly corporate.¹ Conceived until that moment as a practice relating one individual to another, medicine entered a context characterized by new patterns of relationships, involving the State, the political system and the civil society.²

This process led to redesign the image of the medical profession. Inclusion of new technology required the doctor to act simultaneously at two levels: as a practitioner of a particular science and as a producer of professional and political symbols.³ In this way, the doctor entered a space characterized by ruptures, corporate reorganization and political and symbolical dissensions. Traditional medical knowledge, characterized by an integrative nature, shifted to a more technological and specific model, fit to respond to the new demands of medical care in both the urban and the rural settings, resulting in also new modalities of social production of services.⁴

An early example illustrating this process can be found in the 1922 National Congress of Practitioners. On the one hand, medical doctors were fragmented by internal rifts in several groups while, on the other they pursued a common agenda to keep controlling the profession, especially in the face of the challenge posed by other health care professions.⁵

Internal conflict was evident in the syllabi of medical schools, “by suggesting the inclusion of one or another discipline in the syllabus, different segments of the corporation intended to create spaces for the recognition and valorization of their own specialty”.⁶ On the external front, issues raised concerned the status of pharmacists, midwives, nurses, popular healers, spiritists and homeopaths. According to Pereira Neto: “[...] in each of those arenas a different kind of conflict emerged, however all had the same essential goal: to limit the field of practice of alternative approaches in order to warrant the power and authority of medical doctors in the health care market”.⁷

On the political level, this configuration was radicalized through the creation, in 1934, of the Ministry of Education and Public Health, whose task was to establish new policies in order to build a “governmental apparatus able to act all over the national territory, coordinating the federal, state and municipal actions”. Administrative rationality and strengthening of the central power were part of the reform launched by Getúlio Vargas’ government from its very beginning.⁸

¹ L. B. Schraiber, “Medicina Tecnológica e Prática Profissional Contemporânea: Novos Dilemas, Outros Desafios” (professorship thesis, Universidade de São Paulo, 1997).

² S. Belmartino, C. Bloch, A. V. Persello & M. I. Camino, *Corporación Médica y Poder en Salud: Argentina, 1920-1945* (Rosario: OPS; OMS, 1988), 14-5.

³ A. de F. Pereira Neto, *Ética e Institucionalização da Profissão Médica (1927-1957): Repertório de Fontes Documentais para uma História da Criação dos Conselhos de Medicina* (Rio de Janeiro: Fiocruz, 1997).

⁴ L. B. Schraiber, *O Médico e seu Trabalho: Limites de Liberdade* (São Paulo: Hucitec, 1993), 135.

⁵ D. M. de Sá, *A Ciência como Profissão: Médicos, Bacharéis e Cientistas no Brasil (1895-1935)* (Rio de Janeiro: Fiocruz, 2006).

⁶ A. de F. Pereira Neto, *Ser Médico no Brasil: O Presente no Passado* (Rio de Janeiro: Fiocruz, 2001), 120.

⁷ *Ibid.*, 63.

⁸ G. Hochman & C. Fonseca, “A I Conferência Nacional de Saúde: Reformas, Políticas e Saúde Pública em Debate no Estado Novo,” in *Capanema: O Ministro e seu Ministério*, ed. A. de C. Gomes (Rio de Janeiro: Editora da FGV, 2000).

Such view put the “medical specialty” at the center of health care policies: “the desired institutional structure required specialized professionals, fit to fill it and manage it; this, consequently, demanded the consolidation of medical education through specialized courses”.⁹ In this context, the medical profession was split around two poles: one that posited the individual as the subject of care through technologies arising within the specialties, whereas the other was composed by doctors still involved with the community, forecasting what later would become known as Collective Health. As Schraiber writes:

[...] those were changes that in the future would be inscribed in quite different ways in the regional labor markets of the country and that were carried out through different ways of organizing the production of medical care services according to the process of extension to the population after the 1930s, as a product of the model of social and economic development then chosen. That is to say, the liberal practice of medicine would suffer the impact of such transformations quite early and very strongly, particularly in São Paulo, as the period after 1930 would signify the affirmation of São Paulo as an attracting pole for the industrialization and urbanization of the country.¹⁰

In São Paulo, at that time, eugenics was received as a medical-scientific notion, thus, as a part of the medical specialty body of theory and practice. Understood as “scientific technologies” to be applied, environmental eugenic actions, as well as measures aiming at restricting individuals, were the subject of long debate among different groups of the medical corporation.

From obstetrics studies to the actions of surgeons, from sanitary practices to psychiatric experiences, although all of them included eugenics, the latter would be interpreted and carried out in different and eventually opposite ways. This struggle among different eugenics can be followed from different perspectives - political, philosophical, religious and scientific - however, all belonged to either one of two main positions: those who believed that environmental actions were able to lead to the production of a “good man”, and those who held genetics and heritance as the only possible ways to shape people within a project of racial improvement.

Nancy Stepan was a pioneer in the study of Latin American eugenics, taking into account national particularities. She attempted to refute the prevailing view in the United States and Europe, according to which Latin American eugenics was a mere copy of theirs. In her book, *The Hour of Eugenics*, derived from her 1976 PhD dissertation, she affirms that the cornerstone, in the latter case, was a French view on eugenics grounded on Neo-Lamarckism. Regarding the specific Brazilian instance, she states:

[...] there I could discover many [things] on eugenics, in their sciences and in their social style that seemed uncommon. First, Brazilian eugenicists did not ground their eugenics on the Mendelian conception of genetics, the structure prevailing in Great Britain, the United States and Germany, but rather on an alternative current of Lamarckian notions on inheritance. The latter style of eugenics reflected a long tradition of scientific exchange with France together with elements of the local political culture; it also helped to shape the debates on degeneration and determined how the new genetics and the sciences of sanitation would interact in an innovative way in

⁹ C. Fonseca, “Trabalhando em Saúde Pública pelo Interior do Brasil: Lembranças de uma Geração de Sanitaristas (1930-1970),” *Ciência & Saúde Coletiva* 5, n° 2 (2000): 395.

¹⁰ Schraiber, *Médico*, 137.

“eugenics”. Not only Brazilian eugenics had a different scientific basis, but also its application to the critical areas of reproduction and sexuality was distinct”.¹¹

Stepan also makes explicit the root of this posture: “[...] in Latin America, Mendelian genetics was incorporated by agricultural and farming institutions located in the richest agricultural areas, where cattle-raising and cultivation of plants were important. In other areas, however, Mendelism tended to be marginalized until the end of the 1930s.”¹²

To this variety of eugenics, shaped by factors influenced by sanitarianism¹³ and hygienic propaganda,¹⁴ the corresponding actions would be able to influence the physical and mental formatting of individuals, and it won adepts in areas such as education, law and medicine. More particularly, in the latter it focused on children’s health, through puericulture, fusing it with inheritance and consequently, with the fate of the nation itself.

Moralization and eugenization of families were seen as the solution to oppose the new habits brought by modernity as well as to prevent the high ratio of children mortality to keep pointing out to a “national weakness” that needed to be overcome. This was one of the main subjects at the I Pan-American Conference of Eugenics and Homiculture, in 1927 and also at the II Conference (1934) and at the meeting of the International Latin Federation of Eugenic Societies (1935).¹⁵

In São Paulo, one of the main centers producing eugenic ideas of this kind was the *Instituto de Higiene* (Institute of Hygiene), comprising groups of research and intervention in the urban and rural settings and focusing on children and schools as the main elements in the construction of a healthy, hygienic and racially improved country. In 1932, Dr Borges Vieira pointed out to some of the research activities of this Institute on puericulture and eugenics to be developed at the playground of the so-called Health School Pedro II:

“The large number of children who goes everyday to that park was medically examined and the weakest ones were selected and enrolled in the School. The Service of Nursing in Public Health named two sanitary educators, who started immediately their work, which was very favorably met by the parents and the School. It was opened in October 12th, during Children’s Week. The students became a health-troop, immediately starting gymnastic, exercises in open air and receiving a sanitary education.”¹⁶

Nevertheless, this period was characterized by ardent debate on disgenia and the possibilities to determine an individual through inheritance; and discussions reached a level previously unknown. Compulsory sterilization and the latest discoveries of genetics were discussed by scientists, priests and politicians. In the 1940s, when the German ideas and their effects were known, more and more advocates of “eugenic science” sought to detach themselves from restrictive measures, shifting to the environmental position.¹⁷ This,

¹¹ N. Stepan, *A Hora da Eugenia: Raça, Gênero e Nação na América Latina* (Rio de Janeiro: Fiocruz, 2005), 14.

¹² Ibid, 81.

¹³ L. A. de Castro Santos, “Poder, Ideologia e Saúde no Brasil da Primeira República: Ensaio Sociológico,” in *Cuidar, Controlar, Curar. Ensaio Histórico sobre Saúde e Doença na América Latina e no Caribe*, ed. G. Hochman & D. Armus (Rio de Janeiro: Fiocruz, 2004), 249-294.

¹⁴ A. Mota, *Quem é Bom Já Nasce Feito. Sanitarismo e Eugenia no Brasil* (Rio de Janeiro: DP&A, 2003), 44.

¹⁵ Stepan, 45-73.

¹⁶ F. B. Vieira, “Os Inimigos da Nossa Infância”, *Revista Viver! Mensário de Saúde, Força e Beleza* I, nº 3 (1938): 512.

¹⁷ D. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (New York: Alfred A. Knopf, 1985).

however, was not enough to hinder the diffusion of the former view, which continued during the following decades.

In this context, the view asserting that hygienic eugenics was the only kind that shaped the Brazilian medical perception is too limited; it rather deserves to be understood in its historical development. Such a view does not allow, for instance, explaining the reaction of regional elites in the course of time to the “best” alternatives to the future of the country. It must be reminded that the medical perspective was responsible not only for racial improvement and the organic improvement of the population through sanitarianism and hygiene, but it also emphasized another line of debates, carried out within the sociological and historical fields in several Brazilian states.

Once again, exemplarily, São Paulo included since the 1920s among its intellectuals those who advocated the idea of a white, racially superior “paulista” (citizen who was born in São Paulo), in the terms of Oliveira Vianna and Alfredo Ellis Junior, a “superior sub-race. In this case, African-Brazilians were seen as “inferior men” both racially and sociologically, which explained their absence in the historical development of the state. Immigrants were held as a “degenerated scum” that had invaded the “Land of the Bandeirantes” and ought to be restricted, within the scope of the ongoing whitening program.

Mendelian eugenics in the land of the Bandeirantes: the effects of a doctrine

In Brazil, in 1929, during the I Congress of Eugenics, among heated disputes on the best measures to “eugenize” the country, one subject was met with impressive unanimity. Debates on race and actions to develop the country’s gifts led to the perception that some fields of action were more significant than others, i.e. education and legislation were seen as more striking than anthropology and genetics.¹⁸ However, when Dr Alberto Farani read his paper on the very last day of the meeting, entitled “Eugenic Sterilization of Criminals”, he was approved by all participants. In this context, Dr Levy Carneiro stated that as his paper dealt with the same subject, he would not read it but would only publish it in the Proceedings, receiving also approval for the following conclusions: “1) from a surgical standpoint, vasectomy and tube-resection are benign; 2) sterilization of degenerated people is legitimate according to the indications of neuropsychiatrists”.¹⁹

These manifestations show that although Lamarckian eugenic ideas prevailed among Brazilian intellectuals, there was also room for Mendelian theories with their corresponding restrictive and sterilizing actions. Such ideas were regionally modulated, therefore, in the case of São Paulo in the 1930s – when eugenics found a fertile field, associated with the recent process of urbanization and industrialization – medical thinking developed several models of explanation. Local resistance to Vargas’ federal government – which would culminate in 1932 Constitutionalist Revolution – was also felt in the medical and sanitary fields, hindering the application of a national health policy due to issues that had their origin in São Paulo.

At stake were a better definition and application of eugenics; and in the context of this debate, the Mendelian view found wide room to diffuse and a preferential locus to root in the Faculty of Medicine of the University of São Paulo, where it was introduced to professors and students. Its open defense of the so-called Lamarckian eugenics appeared in books and in political propositions formulated from within the medical area; several papers made evident an interest on Mendelian views.²⁰

¹⁸ P. S. Diwan, “O Espetáculo do Feio: Práticas Discursivas e Redes de Poder no Eugenisimo de Renato Khel,” (master’s diss., Pontifícia Universidade Católica de São Paulo, 2003), 45.

¹⁹ *Actas do I Congresso de Eugenia* (Rio de Janeiro: s.ed., 1929), 38.

²⁰ Papers on Mendelian eugenics written in the 1930s found in the Library of the Faculty of Medicine, University of São Paulo: “A Esterilização Eugênica e a Deontológica Médica” (G.

These interpretations were divulged by the Eugenic Society of São Paulo, leading to the application of some practices. According to Marques, these translated into studies on inheritance, moral education and hygienic and sexual education. Regulation of marriages was also taken up by eugenicists.²¹ Concerning Mendelian eugenics, backed by theories on hereditary degeneration and congenital disgenia, these groups advocated restriction through prenuptial examination and sterilization; some even suggested suppression of individuals.

This complex network, involving São Paulo doctors and their quarrel on specialties, led to heated debates on the best way to format Brazilian man and a wider room to apply these ideas into practice. For instance, Dr André Dreyfus - a professor at the Faculty of Medicine and “the first Brazilian to understand the Neo-Darwinist synthesis, as he quoted Fisher in 1929, i.e. the same year when the Brazilian Congress of Eugenics met in Rio de Janeiro”²² – urged to abandon Lamarckian eugenics, as he denied the possibility of the environment having favorable impact on inheritance. Reaffirming this position, in 1934 he published *Life and Universe*, where he stated that Lamarckian eugenics was a mere belief to be erased from the eugenic program and established the restrictive actions proper to Mendelian eugenics as the only solution for the country:

“[...] another belief of several eugenicists and that unfortunately will have to be abandoned states that a favorable environment, good nutrition and developed education may influence the hereditary patrimony (...) a favorable environment, in the widest sense, including the prophylaxis of all kinds of contagious diseases, good nutrition and developed education are very useful to the individual and such practices can only deserve our approval; however it is not reasonable to expect in this way to modify the species as, although a favorable environment allows for the exteriorization of characters that otherwise would remain latent (...) such favorable environment does not create or destroy hereditary factors”.²³

Regarding ethical aspects, Dreyfus was adamant:

“[...] evidently, we are not interested here in the ethical point of view; each one will solve it as he pleases. But, from the biological point of view, we can affirm that when such unions are carried out among healthy individuals, who do not carry recessive factors for evil characters or diseases, they can only give the best result. Let us remember that this was and it is the process employed by breeders to isolate pure races and that (had already given) so many [good] results.”²⁴

Final remarks

In this way, Mendelian eugenics were not marginalized within the São Paulo medical context; on the opposite, it was in the front-stage of heated debate, finding in a large part of the medical corporation uncontested support. The elements that characterize

Sampaio); “A Esterilização pelo Methodo de Neumann e Rose” (E. Bocchini); “Eugenia e Imigração” (P. C. Antunes); “Eugenia e Seleção” (P. de G. M. e Costa); “Os Cinco Problemas da Eugenia Brasileira” (P. Monteleone).

²¹ V. R. B. Marques, *A Medicalização da Raça: Médicos, Educadores e Discurso Eugênico* (Campinas: Ed. Unicamp, 1994), 54.

²² T. Glick, “A Fundação Rockefeller e a Emergência da Genética no Brasil (1943-1960),” in *A Recepção do Darwinismo no Brasil*, ed. H. M. B. Domingues et al. (Rio de Janeiro: Fiocruz, 2003), 146.

²³ A. Dreyfus, *Vida e Universo e Outros Ensaio*s (São Paulo: Cia. Nacional, 1934), 90, 92.

²⁴ *Ibid*, 90.

the regional setting of São Paulo together with its racial constitution are crucial aspects in the understanding of the grounds of the eugenic ideas advocated in this period. These ideas, moreover, were divulged through conferences and congresses by eminent authors aligned with German, North-American and British Mendelian eugenics.

A delegation of doctors from the São Paulo Medical Association, mostly composed by psychiatrists and senior medical students at University of São Paulo participated in some medical congresses held in Paris in 1937. At the II International Congress of Psychiatry, reports dealing with eugenics as associated to sexuality and mental hygiene were presented; the German representative approached “The Conditions and the Role of Eugenics in the Prophylaxis of Mental Diseases”, discussing both possible paths of propagation of mental disease, viz. the environmental and the hereditary. Nothing was said on so-called “environmental noxious diseases”, whereas the role of eugenics in “hereditary defects” still required a more precise evaluation: [...] it is, therefore, eugenics that must fight the true cause of hereditary degeneration, which means to hinder the propagation of defected sexual cells, by appealing, thus, to a human process such as sterilization, together with other eugenic eliminatory methods”.²⁵

This goal required to fight the power of decision of the sick and their representatives regarding restrictive eugenic actions, which ought to be a task of the State through its public health facilities in order to avoid exposing the race to a process of counter-selection. These conclusions were fully approved by most of the congress participants. In *Catecismo for Adults*, Renato Kehl alludes to these eugenic postulates quoting Adolf Hitler himself: “All other vital problems, examined and compared to the eugenic one would seem ridiculously small-minded (...) [it] is a proof of the high nobility of his feelings, his most admirable spirit of humanity, when the sick renounces to have children”.²⁶

Encouraged by the number of sterilizations already performed, Kehl claimed to have proofs demonstrating the importance of sterilizing actions: “In all American states that prescribe sterilization, the number of sterilizations rises by the thousands; in Germany, a short while ago, its number had already exceeded 20,000.”²⁷

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²⁵ A. C. Pacheco e Silva, “Estado Atual da Neuropsiquiatria Visto Através dos Recentes Congressos Internacionais Realizados em Paris e de Viagens Feitas a Diversos Países da Europa (Conferência). Seção de Neuropsiquiatria da Associação Paulista de Medicina, 21/10/1937. *São Paulo Médico* (1938): 39.

²⁶ R. Kehl, *Catecismo para Adultos: Ciência e Moral Eugênicas* (Rio de Janeiro: Francisco Alves, 1942), 145

²⁷ *Ibid*, 152.