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CHILDHOOD AS A NATIONAL ISSUE AND CHILDCARE IN THE FIRST REPUBLIC

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Abstract: The main aim of this paper is to discuss child protection and care in Brazil during the First Republic. The methodology used was descriptive qualitative research on the publications of classic authors on the subject, as well as the investigation of documentary data, with an analytical approach, taking into account the socio-cultural context of its production and circulation, considering the diversity of these contexts. In order to elucidate these issues, theoretical references were sought through bibliographic material on the subject.

Keywords: Childhood. Childcare. Social policies.

INTRODUCTION

As Priore (2018) states, the invention of the modern concept of childhood is a legacy of the 18th century, while in the 19th century poor children did not have the same opportunities as the children of the elite[1] . According to Gondra (2000), after the establishment of the Republic, the so-called problem of childhood, characterized in particular by high infant mortality, became intolerable, according to the new sensibilities and demands of civilization, and came to represent a threat to the ideal of nation-building. The new value attributed to childhood and the consequent need to protect it led to a convergence of actions in the field of health and education, which united the urban intelligentsia in drawing up reform proposals whose guiding principle was hygiene (GONDRA, 2000). Children came to be seen as a social and political problem and the welfare model, coined in the nationalist ideology characteristic of the First Republic, linked their protection to the prevention of social ills.

Considering these issues, Kuhlmann Junior (2002) states that the concept of childhood is not a static and universal phenomenon, as it relates to the context in which the child is inserted, without ignoring the fact that children have their own needs and characteristics. For the author, the way in which the adult world imagined the particularity of the child's universe until around the 16th century illustrates a type of feeling about childhood based on ignorance about the world of the child and underlines the concept of childhood as the result of a social, political and economic structure. The lack of understanding of the specific nature of being a child largely explains the poor care provided to children, the neglect of the high infant mortality rate due to the constant danger of post-natal death and the poor health and hygiene conditions of the population in general and children in particular at various times in history. It is also worth noting, based on Priore (2018), that childhood as a stage of particular attention to the child, detached from the adult world, away from work and educated in schools first reached the children of the wealthy classes.

In this movement, according to Priore (2018), it is in Modernity that new ideas about children and childhood are intensified through studies that develop new knowledge and understandings about how to educate and get to know children. This knowledge produced other ways of understanding and caring for children in the family and institutional spheres, which marked childcare practices at different historical moments and in different contexts. In view of the above, Gondra (2000) adds that the concrete insertion of children and their roles vary with the ways in which society is organized. In this respect, the idea of childhood has not always existed in the same way. On the contrary, the notion of childhood emerged with capitalist, urban-industrial society, as the insertion and social role of children in the community changed (GONDRA, 2000).

1. In the 19th century, the alternative for the children of the poor was not education, but their transformation into useful and productive citizens in farming, while the children of a small elite were taught by private teachers. At the end of the 19th century, child labor continued to be seen by the subaltern classes as 'the best school' (PRIORE, 2018, p. 10)

Kuhlmann Junior (2002) reinforces the close relationship between the history of early childhood education institutions and the demands of the history of childhood, society, the family, work and urbanization, among others. Thus, there is an intrinsic relationship between the history of childcare in Brazil and the conception of the child and of society, manifested in welfare services, through to compensatory or preparatory care and, in the present day, with the educational conception that legally encompasses care and education. For the author, at all times, the conceptions of public policy makers, economic and political interests and the views of teachers on children and childhood are judgments that relate to certain ways of understanding them and, consequently, of providing care and educating them through the practices chosen. The author proposes a reflection on childcare in Brazil which, "between anachronisms and progress, has taken place in the midst of abandonment, poverty, favor and charity" (KUHLMANN JUNIOR, 2002). It is important to understand that the concept of the child and childhood guides the type of childcare that is instituted, and that it is continually conditioned and influenced by the social, economic and political issues of each historical period.

A HISTORICAL OVERVIEW OF CHILDCARE IN BRAZIL

According to Arantes (1995), the history of assistance to poor children and adolescents in Brazil is ancient, dating back to the colonial period, with the presence of the Companhia de Jesus (Society of Jesus) taking measures to support destitute children. This is because until the middle of the 19th century, policies to support poor children in Brazil had a religious character and were mostly linked to the Catholic Church. That said, it is interesting to note that in the mid-18th century, the first childcare institutions were founded, such

as the Roda dos Expostos and the Houses of Recollection for poor girls run by the Brotherhoods of Mercy (ARANTES, 1995).

According to the author, the second phase of the institutionalization of childcare, known as philanthropy, was marked by the incipient presence of the state in the organization of the care movement, when the provinces of the Empire implemented a new model that included primary and professional education for boys and girls. It was precisely during this phase that children's health became the main focus of welfare institutions, and doctors, as men of science, played an important role in combating infant mortality and caring for women who were the mothers of families. The social welfare phase spread in the 20th century. The policies aimed at children in the Estado Novo (New State) were based on guardianship and protection, expanded by regulations and the creation of various public institutions aimed at early childhood (RIZZINI, 2011).

The background to this context is that, in colonial and slave society, the culture of childhood was largely associated with poverty, illness, fragile family structures, work and domestic violence. Infanticide and the abandonment of children were common practices, and although the care of destitute children was considered the responsibility of local councils, the problem was tackled mainly by civil society, through informal adoption. According to Priore (2018), during the imperial regime, this pattern was gradually modified by state intervention, with the formation of a care network made up of institutions such as the Rodas dos Expostos, also called Casas das Rodas, the Recolhimentos para Meninas Pobres and the Colleges for Orphans. Although these establishments were subject to private administration, especially by the brotherhoods of the Misericórdias, they received public subsidies and regulation. This arrangement, far from being an atypical situation, expressed the re-

lationship that the Brazilian state had historically established with the Misericórdias, private institutions that performed a public function (ARANTES, 1995).

According to Rizzini (2011), the main thrust of legislation in the first decades of Brazil's Empire regarding children revolved around the concern with "collecting orphaned and exposed children", a concern founded on the Christian ideology of providing support for orphaned and abandoned children. Since 1521, by order of King Manuel, it has been up to the town councils to take care of abandoned children, and to do so they can create taxes. Often, the councillors, representatives of the elites, belonged to the Brotherhood of Mercy and were not always able to harmonize the political action of the City Council with that of the Santa Casa, with regard to decisions about the costs of maintaining this form of assistance, so that, for the author, Social Assistance in Brazil has its origins under the aegis of Charity[2] . This is how the Santa Casa de Misericórdia implemented the "Roda" system in Brazil, a revolving cylinder on the wall that allowed children to be placed from the street into the establishment, without anyone being identifiable (RIZZINI, 2011). For the author, the aim was to hide the origin of the child and preserve the honor of the families. Such children were called "enjeitadas" or "expostas".

> The wheel is shaped like a cylinder with an open side on one side that rotates around a vertical axis. The closed side faces the street. A kind of outdoor bell was placed nearby so that anyone wishing to hand over a newborn baby could ring it and tell the person on duty. The newborn was taken inside the Santa Casa de Misericórdia by the mechanism of making the cylinder rotate around itself until its open side turned outwards and the child was deposited there. Then, continuing the movement until the cylinder turned until its open side turned inwards again (MARCÍLIO, 2006).

According to Marcílio (2006), the Wheel was created in France in 1758 to take in orphaned or abandoned children. It consisted of a cylindrical device containing a container facing the street, which, when rotated around its axis, was directed inside the establishment. It therefore allowed children to be deposited there without the identity of the depositor being revealed. The Wheels quickly multiplied throughout the Western world; they were usually installed at the entrance to hospitals. According to the author, the first Wheel in Brazil, known as the House of the Exposed, was set up in Rio de Janeiro in 1783 by Romão de Mattos Duarte. Located on the premises of the Santa Casa de Misericórdia, it only moved into its own building in 1811. By the end of the 19th century, 15 facilities of this type had been set up in Brazilian cities, and some of them operated until the middle of the 20th century (MARCÍLIO, 2006).

According to this author, the first Santa Casa de Misericórdia was created in Salvador in 1726, later in Rio de Janeiro in 1738, in Recife in 1789 and in São Paulo in 1825[3] . They were Catholic charitable institutions that took in abandoned children, essentially the children of slaves, in a system called Roda dos Expostos (MARCÍLIO, 2006), as we explained earlier. It should be noted that this was a public place that legitimized the anonymous

2. The word comes from the Greek *charitas* or caritas, although its concept is associated with a period before the Greeks. Symbolizing the greatest of the theological virtues, the term charity would have meant, before Saint Paul, love of neighbor. The idea of charity was closely associated with the love of God, that is, "[...] the act by which we do good to our neighbor for the love of God" (Grande Enciclopédia Portuguesa e Brasileira, n.d., V. XI:334). For the Greeks, charity had the meaning of social virtue, based on love for the human race (RIZZINI, 2011).

3. During the 19th century, a number of religious institutions remained or were created which traditionally took care of orphaned or rejected children. Without a doubt, Santa Casa de Misericórdia was the most important institution. Since the colonial period, it had taken on the responsibility of taking in children who had been abandoned, a responsibility that the public authorities deliberately tried to avoid (FRAGA FILHO, 1996, p. 135).

abandonment of unwanted children, known as "the exposed", and where they were placed instead of being left on the streets, rubbish dumps, church doors or houses (RIZZINI, 1995). In the opinion of Marcilio (2006), the Roda dos Expostos played an important role in caring for abandoned children, for the society of the time, for different reasons:

> the wheel was instituted to guarantee the anonymity of the speaker, avoiding the greater evil of abortion and infanticide in the absence of this institution and in the belief of all times. In addition, the wheel could be used to defend the honor of families whose daughters had become pregnant out of wedlock. Some current authors are convinced that the wheel also served as a subterfuge to regulate family size, given that at the time there were no effective methods of birth control (MARCÍLIO, 2006).

Marcílio (2006), in her studies, asserts that the "Wheel of the Exposed" was a consortium between the government through its legislative power and the religious House of Mercy, which can be considered the first initiative to mark a religious welfare legacy. For the author, the influence of European ideas, with the advent of positivism and the revolutionary force of evolutionary theories that reinterpreted the world, conceiving through science the origin of man and positively his behavior (now seen as a social fact resulting from biopsychosocial factors), made itself felt in Brazilian territory in the last decades of the 19th century (MARCÍLIO, 2006).

In this direction, according to Holanda (1995), the emphasis of public statements, laws and writings by intellectuals who addressed social problems in general in Brazil was to look to the example of countries that were already "civilized" and "cultured" for their solutions. In this line of thought, the author analyzes the frequent and visibly uncritical transposition of solutions from Europe, when he highlights the contrasts between "cultured

people" *versus* "ignorant", "civilized" *versus* "brutalized" or "barbaric people", which is explained by the relationship of dependence maintained with Europe, due to a still tenuous sense of nationality (HOLANDA, 1995).

According to Marcílio (2006), between the 18th and 19th centuries, however, it was common for many abandoned children to die on the "Wheel", as the table below shows the significant number of child deaths in Rio de Janeiro when compared to other places that also had a Casa dos Expostos, due to the lack of minimum hygiene and sanitation conditions in the Santa Casa, the survivors were handed over to "external brooders". According to Priore (2018), at this time, Brazil's city councils allocated money to take in abandoned black, mixed-race or white children, the so-called "rejected children". Nannies and nursemaids were paid to raise the children up to the age of nine. According to the author, indigenous children were still the target of the educational project of catechization, as a way of ensuring the civilization of indigenous peoples. In short, the essence of the care given to children at this stage of history was in the form of charity, from Catholic religious and philanthropic lay groups. It should also be noted that the state had no involvement in care, did not create institutions or regulate the existing (PRIORE, 2018). As an illustration, the table below shows some data on the number of deaths in the Houses of the Exposed.

In the light of the map reproduced in table 1 above, the alarming mortality rates in Rio de Janeiro are highlighted, with the majority of those exposed dying during the first year of abandonment. Data showed that the fate of these children was not at all promising: only 20% to 30% of those sent to the Wheels reached adulthood, so that entering the Wheel circuit was almost a "death sentence" (MARCÍLIO, 2006). This was exceptional when compared to what happened in similar hou-

Location	Years	There were	They entered	Total	Deceased	Mortality
Rio de Janeiro	1852-53	70	560	630	515	82
	1853-54	53	552	605	462	76
	1854-55	76	528	604	275	45
Fields	1853-54	224	65	289	33	12
Porto Alegre	1853-54	186	72	258	45	14
Bahia	1853-54	74	75	149	40	27
Pernambuco	1853-54	274	119	393	79	21
Portugal	1851-52	33.010	14.957	47.967	9.468	19
	1852-53	33.832	15.358	49.190	9.899	20
Lisbon	1853-54	--	--	1.843	347	19
Coimbra	1853	833	470	1.303	152	11
	1854	962	600	1.562	181	12
Madeira	1853	978	212	1.190	125	10
France	1855	96.788	25.239	122.027	12.592	11
Paris	1852	14.039	3.303	17.342	2.006	11,5
Madrid	1854	4.957	1.860	6.817	1.596	23,5

Chart 1 - Map of Deaths in the Houses of the Exposed

Source: GONDRA, José Gonçalves. **The sowing of the future:** hygiene and childhood in the 19th century. Educ. Pesquisa. 2000, vol.26, n.1 p. 105.

ses in other cities in Brazil and abroad. There was no concern with the hygiene precepts that were already part of the medical precepts and those of the Brazilian urban elite, although the primary purpose of the charitable institutions was to avoid or minimize the social impact of practices considered to be impious, such as abortion and infanticide. Due to the poverty of their facilities, these religious charities, known as "child savers", ended up becoming a veritable "cradle of death", as we have seen, for most of the children left there. Faced with such conditions, many of them, even though they were supported by charity, continued to perish from hunger, cold and many other illnesses (MARCÍLIO, 2006).

The upbringing of the "enjeitados" was generally the responsibility of mercenary nannies[4] . State policies for the care of "destitute" children only began to appear around the second half of the 19th century, with the creation of institutions in the city of Rio de Janeiro for the care of poor children and adolescents, such as: "The Imperial Institute for Blind Children (1854); the Imperial Institute for Deaf Children (1855); the Sailor's Apprentice School (1873); the Asylum for Destitute Children, later the João Alfredo Professional Institute (1875); the Quinze de Novembro School (1889)" (ARANTES, 1995, p. 195), including the House of Detention, the Begging Asylum and the Correctional Colony. 195), including the House of Detention, the Mendicity Asylum and the Correctional Colony, where boys were sent if they were considered "problematic". After the middle of the 19th century, those who reached the age of 12 and remained in the Houses of the Exposed were sent by the Holy House of Mercy to one of these "apprentice" schools.

From the end of the 19th century, these institutions began to receive greater attention from the public authorities, so in the context of Rio de Janeiro, many institutions were

4. The term "mercenary" referred to women who gave themselves over to the practice of breastfeeding for some reward. In order to dedicate herself to the practice of mercenary breastfeeding, the nanny would leave her natural child in the care of another woman, nicknamed the "nursemaid" (MARCÍLIO, 1998).

created to take in abandoned and orphaned children, but the responsibility for caring for children fell to the religious initiative (GONDRA, 2000). Many congregations embraced the mission of caring for and educating a contingent of orphaned and "rejected" children. Representations of poor and "destitute" children, as well as care practices for this social segment, gained prominence and were a matter of concern during the early Republic. They arose from the consolidation of the Brazilian republican state and the confluence with the affirmation of medicine as a specialized profession, as well as the engagement of professionals in pediatrics, a segment of medicine seeking professional legitimacy and public recognition. Regarding this concept, even though the representations of being charitable were important, there was a growing interest in secularizing practices under the project of developing the nation (GONDRA, 2000).

At this point, according to Gondra (2000), since the end of the 19th century, there has been an increase in actions aimed at protecting disadvantaged children. According to this author, a series of events that were taking place, such as industrialization, urbanization and changes in labour relations, led to the emergence of a rationalized way of thinking about state assistance, with forms of protection being quite heterogeneous, both in terms of general government actions and those promoted by local governments.

With the intense process of urbanization and industrialization in Rio de Janeiro at the end of the 19th century, society in the Federal Capital was undergoing major changes in the political, economic and cultural fields. This economy led to an intense migration process, causing the population to grow considerably. These were people from many parts of Brazil and abroad, who brought their children with them and were looking for a place to house them, given the difficulties they faced.

This forced the government to take measures to ensure the city's order and to cater for an urban elite that imposed a new model of life based on ideas brought from European cities (VELLOSO, 1996). For this author, at the same time as the population was growing at an accelerated pace, rules were established to ensure that nothing interfered with the modernization project in the Federal Capital.

According to Gondra (2000), efforts were directed towards integrating and delimiting new spaces for the circulation of the subjects targeted by social assistance for children, so that the new perspectives were developed via conceptions of medical rationalization. According to this author, doctors with their hygienist policies were extremely important for childcare, with measures aimed at reducing infant mortality. They advocated educational practices aimed at saving children with the knowledge of science. This evidence is confirmed by Wadsworth (1999) when he points out that the charitable, assistance and protection measures for destitute children were designed to "save the child", as bserves in the articles published in the newspapers of the period, about incipient initiatives to protect "destitute" children ", referring to public and private figures who devoted themselves to this cause.

According to Rizzini (2011), the medical-hygienist concept that underpinned the civilizing project at the end of the 19th century, and which extended into the first decades of the 20th century, established many guidelines for the formation of a new society. Children were the main focus for the establishment of this new society, and assistance and protection actions began to be designed for them. In Rio de Janeiro at the beginning of the 20th century, there was a migration of foreigners who brought their children with them, most of whom were poor workers and already in poor health due to poor diet and living conditions. In addition to weakened physical condi-

tions, the children were victims of epidemics and infectious diseases, diseases brought on by poverty, poor diet, lack of care and, in the case of immigrants, a hostile environment in relation to their point of departure.

In this context, according to Rosavallon (1997), the conditions for the state to deal with assistance were to know who needed to be assisted and to implement the institutions. With regard to the first condition, the hypothesis is that the development of statistical probability enabled the welfare state to "manage risks and chance as easily as it manages the regularities to which it is accustomed" (ROSAVALLON, 1997, p.23). Thus, according to the judge Ataulpho de Paiva (1867-1955), because there was no concern in Brazil with the effective prevention of poverty, the poor were relegated to their own fate or left to the goodwill of a few "benefactors" (PAIVA, 1922). Without being able to count on this goodwill, they were left to submit to the assistance actions of the police corporations, which were common at the time, although, according to Paiva (1922), these corporations should not be involved in the issue of assistance.

In relation to this author's view of charity and the charitable in Brazil, he shows the situation of the destitute in Brazil as one of absolute neglect. In this regard, another problem with public assistance in Brazil, according to Paiva (1922), was that it was limited to fighting epidemics and spreading hygiene precepts. In view of this, one of the solutions put forward was the principle of "charity discrimination". As this author points out, in several European countries, since the medieval period, the good and the bad poor were discriminated against so that the resources earmarked for charity wouldn't be wasted on those who didn't deserve them. He defended the proposal that only the indigent invalids should be helped, with the rest being left to fend for themselves (PAIVA, 1922).

This idea was also present in Paiva's (1922) proposals to carry out inquiries into the material and moral situation of beggars. It prevented the donation of alms without first carrying out these surveys, which should be carried out by "commissions in charge of carrying out home visits and whose results should be sent to a central commission that would continuously supervise public relief actions" (PAIVA, 1922, p.51). Given that Brazilians were sensitive to the harsh living conditions of the poor, they acted in a disorganized manner, wasting resources. It was therefore believed that "disciplined almsgiving" would prevent money from being wasted. The solution, therefore, would be to organize charitable initiatives, discriminating against the poor and only helping those who deserved help. Thus, it is not only the individualized action of individuals through almsgiving that will lead to the end of social ills and misery, as explained below.

> Almsgiving, however, has never been an effective remedy for the epidemic of poverty. It's as if each of us, by hunting down the mosquitoes that chase us around the bedroom at night, had set out to exterminate yellow fever. Only a powerful official organization with an inflexibly executed programme can achieve serious results (Revista da Semana, 13/03/1915).

For Paiva (1922), assistance to the poor in the country needed a wide-ranging reform, especially in terms of organization. Although Brazilians were generous, they lacked systematization, in other words, sentimentality and spontaneity predominated in Brazilian welfare practices until then (PAIVA, 1922, pp. 9-10). Such behaviour led to the disorganization of welfare activities and generated few results in the fight against poverty (PAIVA, 1922, p. 11), making it an "antiquated" welfare system. Above all, due to the lack of direction and organization of assistance actions and the absence of a method capable of centralizing fragmented initiatives and producing rewarding results.

Brazil, it has been said elsewhere, is the productive and fertilizing land of philanthropy and charity. [...] The social sense of collectivism, although under rudimentary formulas, has always had a very special cultivation and a very charitable esteem among us [....] Houses of charity, asylums, orphanages, hospital establishments, dispensaries, pious houses, religious associations, mutual aid, devotions, orders and brotherhoods spread everywhere (PAIVA, 1922, p.1).

In this regard, Paiva (1922) points out that the idea of creating an institute to organize all social assistance, which was a relative advance in the organization of public assistance services in the country and avoided the dispersion of initiatives assistance, was first proposed by Minister J.J. Seabra, during the presidential administration of Rodrigues Alves (1902-1906). In addition to this federal initiative, Paiva (1922) points out that, in the Federal District, Mayor Pereira Passos had anticipated this by creating the General Assistance Office in 1903, with the aim of systematizing the existing aid services in Rio de Janeiro, while maintaining the autonomy of the various private charities.

According to Rizzini (2011), justice and assistance came into force in the area of minors, giving rise to the Minors' Code[5] . Ataulfo de Paiva, influenced by positivist ideas and movements in different parts of the world that would revolutionize the concept and role of justice at the time, saw the need to reformulate justice for minors in Brazil, as he considered the increase in child crime to be an undeniable fact. The changes were aimed at humanizing justice and the prison system, issues that had already been raised by Evaristo de Moraes in 1898, when he visited the House of Detention and was shocked by the "appalling picture of depravity and corruption" (RIZZINI, 2011, p. 199).

In 1908, the city government of the Federal District organized a National Congress of Public and Private Assistance[6] . The event was organized by Olavo Bilac and Ataulpho de Paiva with the aim of promoting a process of organization and standardization of all public and private assistance activities in the Federal Capital. On January 2, 1913, the then mayor of the Federal District, General Bento Ribeiro, requested a general statistical survey of all charitable and public and private assistance establishments and institutions in the country's capital (PAIVA, 1922). The resulting work, carried out by Ataulpho de Paiva, took almost ten years to complete and was published as part of the celebrations for the centenary of Brazilian independence.

Therefore, it is interesting to note that the wealth of information indicates that the author did not limit himself to a statistical survey, but also analyzed the institutions surveyed and expressed his assessment of the assistance services for the poor in Rio de Janeiro, proposing alternatives to improve them (PAIVA, 1922). As such, it could be good material for providing access to the way people who were concerned about poverty and mobilized to alleviate it thought. In this sense, the work demonstrated Ataulpho de Paiva's knowledge of the subject.

5. The Minors' Code, authored by Mello Mattos, was presented in the Federal Chamber by Senator Mendonça Martins and approved in July 1926. The bill was submitted to and sanctioned by the President of the Republic on December 1, 1926 and became Law No. 5,083. On October 12, 1927, Decree No. 17,943 was instituted, consolidating the Minors' Code and on that date Children's Day was also celebrated (Falcão, 1995 *apud* SOARES, 2019, pp. 487-488).

6. The congress brought together people interested in the issue of fighting poverty. Some institutions were also invited, such as scientific societies, colleges, corporations, hospitals, mutual associations and charities. The event was divided into four discussion sections, each focusing on one type of assistance: public, medical, children's and external. The theses defended at the 1908 congress were very similar to those proposed by Ataulpho de Paiva in his 1922 publication. It is therefore possible to see that little had changed between the congress (1908) and the celebrations of the first centenary of independence (1922) and that Paiva's proposals, set out in 1922, were shared by a large part of Brazilian society, which had gathered at the 1908 congress (Prefeitura do Distrito Federal. *National Congress of Public and Private Assistance*. Rio de Janeiro: Typographia do Instituto Profissional Masculino. 1908).

He was also familiar with poverty services in Europe, having represented Brazil at two international congresses on the subject, one in Paris (1903) and the other in Milan (1906).

INTERNATIONAL POLICIES FOR CHILDREN AND THEIR IMPACT ON BRAZIL IN THE FIRST REPUBLIC

At the First International Congress of Public and Private Assistance, held in Paris as part of the 1889 Universal Exhibition, the first foundations were laid for an alliance between public and private assistance, according to Behring and Boschetti (2016), with the philanthropist Ataulpho de Paiva being the biggest promoter of these ideas in Brazil. However, in the midst of a Brazilian society marked by profound social inequalities, these reformist ideas took on even more conservative dimensions, introducing new forms of social action that ended up expanding the structures of capitalism.

Based on Câmara (2010), at the turn of the 19th to the 20th century, doctors, jurists, educators and politicians in general, in short, men who no longer spoke only in the name of faith and charity, but in the name of science and the development of the nation, began to demand control of poor children's care[7] . The high infant mortality rate , in particular, was considered a serious problem and was taken on as a responsibility for the republican elite to tackle, a subject that will be returned to later. As members of this republican reforming elite, hygienist doctors proposed combating infant mortality through a wide-ranging project to sanitize maternity and childhood. The doctors identified gastrointestinal health problems as the main cause of infant mortality, generally associated with children's dietary errors. At the same time as encouraging women to look after their own children, they sought to disseminate the principles of childcare, which would be the technical standards for raising children (GONDRA, 2000).

This points to the fact that the hygienists' strategy was to separate bodies into specific places, i.e. segregation, and to determine a moral discipline that residents had to follow. Thus, Sevcenko (2010) states that the oppression generated by the plans to remodel the capital was made complete by the actions of the doctor, who was given total freedom, together with the sanitary police, to inspect, invade, administer vaccines, fine, summon and even demolish properties considered unhealthy, using truculent authority to carry out the necessary measures. According to Chalhoub (1996), this relationship between public hygiene problems and the notion that there is a way to improve civilization points to the conception of hygiene as an ideology, that is, the fight against social and political issues, under a scientific bias, which would be justified for the sake of the country's evolution and well-being.

Faced with this discourse of regeneration, the new Brazilian intellectuals - bachelors - sought to justify the behavior of the people, their daily practices, through the racist and deterministic theories of Europe, looking for ways to modify this culture (COSTA, 1999). This emerging concern with the preventive process of disease denotes the new concept of medicine, which no longer remained solely concerned with curing diseases. This modern medicine was concerned with possible means of preventing the spread of disease and was focused on sanitizing the country. Consequently, this action does not take place through the patient's personal, individual care, in the doctor's consultation, in the clinic, becau-

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7. From the Republic onwards, state policies to assist poor children were effectively implemented. The concern became order in the cities. The state was concerned not only with supporting poor children and adolescents, but above all with preventing society from becoming "delinquent" by systematically controlling "vagrancy". The central issue was to combat violence and crime (GONDRA, 2000).

se the dynamics of hygiene take place in the collective and in the transformations that can be made through mass care. Therefore, "Man is not just an organism alive, he is part of a social organism" (MACHADO, 1978, p. 281), and with this medicine takes on a comprehensive character, which is organized to maintain the health and "civility" of society.

Foucault (2017) presents this shift in medicine in the 18th century in Germany, France and England, where it began to act in various areas of society. Called social medicine, it became an instrument of state influence, which began to deliberate on the layout of cities, in the public and private spheres, even interfering in the lives and values of individuals, indicating the rules of good living. In this direction, Rosen's (1979) theoretical construction is interesting when he points out the trajectory of social medicine - or social hygiene as it was initially called - in Europe and its modifications from the 18th century, over the decades in various countries and by various medical intellectuals. He states that, "Historically, the concept of social medicine appeared as a response to the problems of disease created by industrialization" (p. 138) and presents two main aspects, the descriptive and the normative.

> As a descriptive science, it investigates the social and medical conditions of specific groups and establishes the causal relationships that exist between these conditions; as a normative science, it establishes standards for the various groups being studied and indicates measures that can be taken to alleviate existing conditions and achieve the standards that have been determined (ROSEN, 1979, p. 138).

Thus, as discussed above, much of the intention of this formation to maintain order, discipline, corresponds to what, according to Foucault (2017, p. 180), would be "a new way of managing men, controlling their multiplicities, using them to the maximum and increasing the useful effect of their work and acti-

vity, thanks to the system of power capable of controlling them". The term "social" would be directly linked to the causes and consequences of illness in this context, related to violence, suicide, unemployment, addiction, "in the characteristic way of getting sick and dying in human groups" (LAURELL, 1983 p. 137). Machado (1978) points to the birth of social medicine in Brazil at the beginning of the 19th century. To illustrate,

> the 19th century marked the beginning of a process of political and economic transformation in Brazil that also affected the field of medicine, inaugurating two of its characteristics, which have not only remained in force until the present day, but have increasingly intensified the penetration of medicine into society, incorporating the urban environment as a target for medical reflection and practice, and the situation of medicine as indispensable scientific support for the exercise of state power (MACHADO, 1978, p. 155)

As the author points out, medicine has become indispensable for the exercise of state power, so that it can make inferences in society based on its interests, with science at its side to verify its decisions. In return, doctors have a greater voice and power to bring unheard-of methods to light and follow the new paths of modern medicine.

> The doctor became a social scientist, integrating statistics, geography, demography, topography and history into his logic; he became an urban planner: the great transformations of the city were from then on linked to the question of health; he becomes, finally, an analyst of institutions; he transforms the hospital - previously an organ for assisting the poor - into a "healing machine"; he creates the hospice as a disciplinary enclosure for the madman who has become mentally ill; he inaugurates the space of the clinic, condemning alternative forms of healing; he offers a model of transformation to the prison and of training to the school (MACHADO, 1978, pp. 155-156)

This is what the author calls the "medicalization of society", in which medicine is everywhere, intervening, generating a new technology of power, a new form of assistance, but also of control (MACHADO, 1978). Although the hygienist project aimed to improve public health and the general spaces of the city, the interventionist possibilities opened up in this process of greater social and governmental influence by doctors and engineers allowed their interference to also reach the private spaces of individuals

For this author, in addition to housing and sanitation issues, everyday life, customs and social relations also became points of attention for the medical profession. Filth would be addressed and confronted in its double sense, considering the activities and relationships that took place within these spaces inhabited by the underprivileged population, an environment that, according to the hygienists, was full of nefarious acts, promiscuity, vices and diseases. Using interdisciplinary discourse analysis tools, we can see the fine line between professional formality and the private opinions of the medical elite, who emanate truth and power through the force of their words (MACHADO, 1978).

In order to highlight the policy of assistance and protection for disadvantaged children in the city of Rio de Janeiro, from the period from the Empire to the Republic, in the 19th century, according to Marcílio (1998 and 2006), children had to be assisted in the Federal Capital as a result of the policy devised and implemented by the elite. Thus, children who needed to be cared for were referred to as "orphans" and "exposed". The former also referred to children who had lost one of their parents, and the latter, also called "rejected" or "destitute", corresponded to children who someone didn't want to look after or take in, being common expressions found in certain newspapers and official documents of the pe-

riod. Towards the end of the century, the term "destitute" became more widely used, meaning "miserable child" (MARCÍLIO, 1998).

It is important to note that in the 19th century there was no direct link between parents' inability to raise their children and abandonment, as not all poor children in the Federal Capital were left in shelters. Many parents, for reasons related to the lack of material resources to raise them, turned to these institutions as a way for their children to receive a professional education. Throughout Brazil, abandoned children had to be assisted by the Misericórdias, through the Roda and Casa dos Expostos, and by the assistance policies of the provinces (MARCÍLIO, 2006). According to Carneiro (2000), the campaigns through the social medical field focused not only on these children, but also on women, the mothers of abandoned children, and their living conditions.

During this period, attention was also paid to birth control, monitoring pregnancy and the unborn child, controlling venereal diseases and degenerative diseases such as plagues, leprosy and other illnesses. Based on Wadsworth (1999), with the intention of keeping children away from a troubled socio-familial environment, where they were surrounded by alcoholism, prostitution, crime and an unhealthy life, hygienist doctors, with social support given the repercussions of newspaper articles, organized domestic and home care in order to look after poor children, while recognizing and legitimizing their field of action in the city of Rio de Janeiro. In this respect, although medical-hygienist ideas were the main driving force behind poor children's care, it is important to note that this group's action was, above all, to ensure and legitimize a scientific field, thus legitimizing itself in that society (WADSWORTH, 1999).

From this perspective, according to Behring and Boschetti (2016), the poorest segments were "tutored" by the state and/

or philanthropy. As for philanthropy, it was fundamentally a form of public/private relationship in which a new urban elite, linked to the political spheres, articulated itself in favor of creating private institutions, via subsidies from the public sector, legitimized by the condition of acting for the benefit of "the poorest and most needy". For the authors, this new elite used philanthropy as one of the operators of its social legitimization. In such a way that the appropriation of the public by the private sector through philanthropic initiatives driven by moral duty became the model of assistance adopted in the First Republic.

According to Viscardi (2011), in the period known as Brazil Empire (1822 to 1889), society was faced with a growing increase in crime caused by the increase in the population coming from the countryside to the cities and by the economy that brought a drop in the quality of life. "Disadvantaged" children became more visible (VISCARDI, 2011). At this time in history, according to Rizzini (1995), adults and child offenders were sent to the same place, with the child seen as a marginal being "in miniature", following the example of the 1824 constitution, which paid no special attention to children and who needed to be subjected to disciplinary police control. According to the author, it was only on February 13, 1861 that the Institute for Minors and Artisans was founded in the Court House of Correction, with the task of housing 300 minors.

Those who committed a crime, those considered to be of bad character or those whose families didn't provide them with an education they considered appropriate, were imprisoned to receive a moral and religious education (RIZZINI, 1995). From her reading, the author states that the minors learned a trade, as well as music, drawing and study. In fact, the purpose of the Juvenile Institute was to "discipline bodies" through the use of corporal punishment, in order to make the mind obedient. Along

these lines, the state tutored poor children as if they were "delinquents" and began to teach them trades. Over time, all street children were sent to this institution, whether they were offenders or not (RIZZINI, 1995).

According to the aforementioned author, in France, asylum rooms (later called nursery schools) were also created in 1826. Their purpose was to provide care, moral and intellectual education for children between three and six years old, while crèches came into existence to cater for children up to three years old. In Portugal, on the other hand, since their foundation in 1834, the casas de asilo da infância have functioned with a pedagogical function, in the instructional sense, as well as offering food and body care. In the Italian republics and the Netherlands, there are also records of similar institutions for different age groups during the first half of the 19th century (RIZZINI, 1995). However, according to Kuhlmann Jr. (2002), crèches, asylum rooms, later called nursery schools, and Froebel's kindergartens were the most widespread.

In 1848, the so-called nursery schools emerged in France with the intention of replacing the term asylum and changing the type of care provided to poor children, who were exposed to precarious care and tiresome writing exercises (KUHLMANN JR., 2002). The orientation of nursery schools was of an educational nature and they prioritized the integral development of children, whereas asylum rooms existed predominantly to keep a multitude of children. The French nursery school was supposed to carry out Froebel's proposal through a pleasant and teaching environment, but the tradition of the term asylum room continued to be in everyday use and the mode of care did not change. According to this author, the French government's prejudice towards institutions that catered for poor and abandoned children was the reason why it was proposed to change the name of

the asylum room. The aim was to make the nursery school more welcoming, repelling the idea of poverty and helplessness by adopting the new name (KUHLMANN JR., 2002).

In short, the families "disinherited by fortune", above all, governed by other perspectives and living other forms of relationship and organization, became the focus of great concern in a moralizing and ordering sense on the part of wealthy society and the State, which at that time were quite clear in saying that the safety of socially well-off people depended largely on the control of poor families and vigilance over their children (KUHLMANN JR., 2002).

FINAL CONSIDERATIONS

By way of conclusion, this research sought to address social policy as it was implemented in Brazil, that is, as widely debated by Behring and Boschetti (2016), whose main objective is to intervene in social issues[8] . This highlights the importance of medical knowledge and legal knowledge both in the construction of the ideology of so-called "Modern Brazil" and in the embryonic constitution of childcare policies in the First Republic. By retracing the historical path of the practice of institutionalization, the study revealed the persistent continuity of a culture of exclusion of children that began at the very heart of so-called protection policies.

8. Throughout the First Republic, the workers' arduous struggle to achieve regulation of the labor market in Brazil is unquestionable. All the political projects that postulated the greater presence and participation of workers in the country's social and political scene involved the formulation of demands that meant state intervention in the labor market (GOMES, 2005. p. 179).

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