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DIAGNOSIS AND TREATMENT OF PATIENTS AT JUQUERY HOSPITAL DURING THE VARGAS ERA

*Diagnósticos e tratamentos em pacientes no hospital do Juquery na Era Vargas**Diagnóstico y tratamiento de pacientes en el hospital Juquery durante la Era Vargas*Sergio Roberto Holloway Escobar¹ João Fernando Marcolan² 

ABSTRACT

Objective: to analyze diagnoses and treatments in patients at the Juquery Hospital during the Vargas period. **Method:** a quantitative-qualitative, exploratory-descriptive study, analyzing the data using documentary analysis and historical documents. **Results:** 2. 166 medical records analyzed; times of social conflict and war with an increase in arrests and hospitalizations; multiple diagnoses for patients; inconclusive diagnoses; main diagnoses: schizophrenia (23.59%), manic depressive psychosis (4.20%), various psychoses (4.02%), delirium (3.83%), paraphrenia (3.60%), depression (3.19%), mental confusion (2.91%) made up 45.34% (982) of the total; conditions that were not strictly psychiatric, but could have derived symptoms: syphilis (10.80%), intellectual disability (8.08%), epilepsy (4.06%), alcoholism (3.81%); 2. 023 (93.40%) medical records without medical observation; 08 (0.37%) patients diagnosed "without mental disorder"; 37 (1.71%) "without conclusive diagnosis"; 920 (42.47%) medical records without treatment data; 213 (9.83%) without treatment definition. **Conclusion:** multiple diagnoses for the same individual; some patients did not have psychiatric conditions; repeated treatments, mostly organic, did not produce effective results.

DESCRIPTORS: Mental health; History of public health; Psychiatric care; Psychiatric hospitals;

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RESUMO

Objetivo: analisar diagnósticos e tratamentos em pacientes no Hospital do Juquery no período Vargas. **Método:** estudo quantitativo, exploratório-descritivo, análise dos dados pelo referencial da análise documental e documentos históricos. **Resultados:** analisados 2.166 prontuários; épocas de conflitos sociais e guerras com incremento de prisões e internações; múltiplos diagnósticos para paciente; diagnósticos inconclusivos; principais diagnósticos: esquizofrenia (23,59%), psicose maníaca depressiva (4,20%), psicoses diversas (4,02%), delírio (3,83%), parafrenia (3,60%), depressão (3,19%), confusão mental (2,91%) configuravam 45,34% (982) do total; quadros sem serem estritamente psiquiátricos, mas poderiam ter sintomatologia derivada: sífilis (10,80%), deficiência intelectual (8,08%), epilepsia (4,06%), alcoolismo (3,81%); 2.023 (93,40%) prontuários sem observação médica; 08 (0,37%) pacientes diagnosticados "sem perturbação mental"; 37 (1,71%) "sem diagnóstico conclusivo"; 920 (42,47%) prontuários sem dados de tratamentos; 213 (9,83%) sem definição de tratamentos. **Conclusão:** múltiplos diagnósticos para mesmo indivíduo; alguns pacientes não tinham quadros psiquiátricos; tratamentos repetidos, majoritariamente orgânicos, não produziram resultados efetivos.

DESCRIPTORIOS: Saúde mental; História da saúde pública; Assistência psiquiátrica; Hospitais psiquiátricos;

RESUMEN

Objetivos: analizar los diagnósticos y tratamientos de los pacientes del Hospital de Juquery durante el período de Vargas. **Método:** estudio cuantitativo-cualitativo, exploratorio-descriptivo, analizando los datos mediante análisis documental y documentos históricos. **Resultados:** 2.166 historias clínicas analizadas; época de conflicto social y guerra con aumento de detenciones y hospitalizaciones; diagnósticos múltiples para los pacientes; diagnósticos no concluyentes; principales diagnósticos: esquizofrenia (23,59%), psicosis maníaco depresiva (4,20%), psicosis diversas (4,02%), delirio (3,83%), parafrenia (3,60%), depresión (3,19%), confusión mental (2,91%) constituyeron el 45,34% (982) del total; afecciones no estrictamente psiquiátricas, pero que podían tener síntomas derivados: sífilis (10,80%), discapacidad intelectual (8,08%), epilepsia (4,06%), alcoholismo (3,81%); 2.023 (93,40%) historias clínicas sin observación médica; 08 (0,37%) pacientes diagnosticados "sin trastorno mental"; 37 (1,71%) "sin diagnóstico concluyente"; 920 (42,47%) historias clínicas sin datos de tratamiento; 213 (9,83%) sin definición de tratamiento. **Conclusión:** múltiples diagnósticos para el mismo individuo; algunos pacientes no tenían afecciones psiquiátricas; los tratamientos repetidos, en su mayoría orgánicos, no produjeron resultados efectivos.

DESCRIPTORIOS: Salud mental; Historia de la salud pública; Atención psiquiátrica; Hospitales psiquiátricos.

INTRODUCTION

The Juquery Hospital was a hospice that offered a scientific cure for the mentally ill and worked to prevent the evils of degeneration, particularly among immigrants.¹

With reference to the Colonies, the doctor at the Engenho de Dentro Colony Hospital (RJ) and General Secretary of the Brazilian Mental Hygiene League, said in a text published in the periodical "Archivos Brasileiros de Hygiene Mental" (in 1935) that if the system of care for psychopaths is not changed, patients with chronic problems will become increasingly worse and the current conditions will worsen. He proposed the idea of setting up a system of city mental institutions in Brazil, in order to provide "economic relief" for the government by enabling better living conditions for chronic patients.²

The Brazilian Mental Hygiene League maintained political relations in all spheres of government and was totally financially dependent for the maintenance of its activities.³ This tied the League to the defense of the nationalist interests of the hegemonic elite. In the same vein, we have members of the League who were influential lawyers and doctors linked to the government and public institutions with an interest in policies relating to children, especially minors who broke the law.⁴

Along these lines, we'll see how science, specifically psychiatry, associated with the dictatorial power of the Vargas state, meant that psychiatric care served purposes beyond science, and the Juquery hospital was a figure of proof.

In the eugenic theories of the time, those considered alienated, such as the insane, imbeciles and epileptics, were analogous to born criminals, due to their common condition of an impulse towards criminal acts linked to degeneration coming from heredity.⁵

In mid-1939, Ademar de Barros (the state's interventor) ordered that alienated people in prisons be transferred to Juquery Hospital, causing overcrowding.⁶⁻⁷

The Juquery Hospital served both to sanitize society by imprisoning people who were not socially acceptable, and to transform human beings into simple objects for use and study.⁸

Those considered incapable and threats to society were excluded: blacks, the poor, the disabled, criminals, alcoholics, among others.⁹ The psychiatry of the time was associated with social morality and led to the internment of idle men and rebellious women, considered pathological and subject to treatment.¹⁰

The Estado Novo persecuted individuals considered to be harmful to the country's security, with a strong persecutory tone to the alleged threat coming from foreigners.¹¹ Cassation of the fundamental rights of the individual, specifically foreigners, culminated in the use of the police apparatus to arrest and intern unwanted foreigners (the "subjects of the axis") in prisons, penal colonies and internment or concentration camps.

The aim of our study was to analyze the diagnoses and treatments of patients at the Juquery Hospital during the Vargas period (1930 to 1945).

METHODS

Quanti-qualitative, exploratory-descriptive research, using documentary analysis as a reference. The study was conducted on the medical records of the Historical Heritage Sector of the Juquery Hospital Complex in Franco da Rocha/SP.

Documentary research analyzed primary sources (inpatient records) and relevant secondary sources (books, articles and documents from the time).

Medical records with relevant data were selected, read in full, summary descriptions recorded on the data sheet, and all pages photographed. NP transcribed data into Excel database, analyzed using filters and software tools.

Records included from the inauguration of Getúlio Vargas (11/03/1930) until his deposition (10/29/1945), both sexes, all ages. Exclusion of medical records without relevant data to achieve the objective.

Non-probabilistic convenience sample of 10% of all medical records, due to the limitations of the pandemic.

Quantitative data analyzed by frequency and percentage and qualitative data critically analyzed based on historical texts.

Research authorized by the Juquery Hospital Complex and approved by the Research Ethics Committee of the Federal University of São Paulo, under CAAE: 40713520.7.0000.5505, opinion no. 4.682.161, on April 30, 2021. Data collection from March to July 2022, due to prior restriction by the COVID-19 pandemic.

RESULTS AND DISCUSSION

Out of 20,688 records of inpatients between 1930 and 1945, 2,166 records were selected for research; 1,375 men (63.48%); 685 (31.63%) women; 81 (3.74%) male children and 25 (1.15%) female children.

In the patriarchal system that prevailed under the Vargas government, the social role of the man was to be responsible

for work and the consequent financial maintenance of the family, he was the provider, which led him to seek more education, more schooling than the woman, who was responsible for looking after the children and the home.¹²

With regard to women's emancipation, the Vargas government was a step backwards in relation to the achievements of the 1920s. The dominant concept was that women should be at home, as mothers, wives and educators, because serving the family meant serving the nation, so they were alienated from the political and social context.¹³

We identified medical records with empty fields, information filled out in inappropriate places and errors in the classification of race/ethnicity/color and kept this data as described.

We have consolidated several similar names into the same diagnostic group:

1) Schizophrenia comes in denominations such as schizophrenia, in the dementia phase; Early Dementia (8a). Schizophrenia, simple form; (8a); Schizophrenic syndrome (4);

2) Neurosyphilis: Tabes dorsalis, without mental disorders; Tabes dorsalis; Tabes dorsalis - cerebral lues? Cerebral syphilis; Tabes oligo symptomatic; Tabes dorsalis and general paralysis; Tabo-paralysis (9);

3) Manic-depressive psychosis (MDP): Manic-depressive psychosis in the manic phase (5a); Psychomotor excitement, mitigated (9a).

We found a majority of medical records with multiple diagnoses for the same patient. For classification, we prioritized the base or main diagnosis: multiple diagnoses of oligophrenia due to brain damage at birth or in childhood, epilepsy, motor excitation syndrome, psychosis of evolution, dementia of evolution and delusional episode, we considered the base diagnosis to be oligophrenia, as the others were a consequence.

Table 1 shows data on gender and diagnoses.

Table 1 - Data from participants' medical records regarding gender and diagnoses. São Paulo, 2023.

Diagnostics	Men	Women	Children		Total
			M	F	
Schizophrenia	289	209	10	3	511(23,59%)
No Data	250	89	10	2	351(16,23%)
Syphilis	204	30	0	0	234(10,80%)
Intellectual disability	89	44	34	8	175(8,08%)
Epilepsy	65	17	12	7	101(4,66%)
PMD	38	52	1	0	91(4,20%)
Various Psychoses	43	44	0	0	87(4,02%)

Delirium	48	35	0	0	83(3,83%)
Alcoholism	78	4	1	0	83(3,81%)
Paraphrenia	43	35	0	0	78(3,60%)
Organic Framework	44	26	5	2	77(3,55%)
Depression	40	29	0	0	69(3,19%)
Mental confusion	42	20	1	0	63(2,91%)
Dementia	31	29	0	0	60(2,77%)
No conclusive diagnosis	30	5	1	1	37(1,71%)
Others	12	4	4	0	20(0,92%)
Intellectual breakdown	13	7	0	0	20(0,92%)
Psychopathic personality	8	3	1	0	12(0,55%)
No mental disorder	5	1	0	2	8(0,37%)
Hallucinatory syndrome	2	1	1	0	4(0,18%)
Toxicomania	1	1	0	0	2(0,09%)
Totais	1375	685	81	25	2166(100%)

Source: Data obtained from the medical records of the Historical and Cultural Heritage Archive of the Juquery Hospital Complex (from 1930 to 1945).

In the Vargas period, eugenic concepts justified public policies of social "sanitization", with the exclusion and inhumane treatment of many people.

In the Vargas era, the family conformed to dominant social standards and played a role in both improved medical diagnosis and the promotion of moral values and hereditary contribution to supposed degeneration.¹⁴

The social factor was crucial for the family to hospitalize a member, especially women, as a punishment or to hide social "shame".¹⁵

The Vargas government relied on eugenicist research to justify the thesis that only the ideal immigrant would be welcome.¹⁶ Several publications spoke on the subject, receiving contributions from a wide range of intellectuals with social prominence such as doctors, psychiatrists, hygienists and jurists. Psychiatrists had been supporting eugenicist ideas in periodicals since 1920 and most of them had a direct relationship with the government, proposing actions and holding political office.

The doctor Antônio Carlos Pacheco e Silva was the director of the Juquery Hospital and a member of the Liga Paulista de Hygiene Mental, provisionally based at the Juquery Hospital.¹⁷

One of the aims of Vargas' policies was to shape citizens from childhood onwards. There was a medical discourse that it was necessary to educate or correct children so that they would become useful adults for NP. Those considered incapable and threats to society were excluded: blacks, the poor, the disabled, criminals and alcoholics.¹⁸

The union between eugenic sanitation and technical rationality, with the aim of producing healthy, robust children who would be useful to society, were fundamental elements of the national rege-

neration project put into practice by Brazilian medicine, especially by psychiatrists, who came together in the Brazilian Mental Hygiene League (LBHM).¹⁹

Between 1930 and 1948, the Juquery Hospital was strongly influenced by political coercion, both individual and group, with five changes of directors during the period.⁶

The classic psychiatric conditions of the time prevailed in the Juquery Hospital's diagnoses. They covered 982 (45.34%) of the cases: schizophrenia, MDD, various psychoses, delirium, paraphrenia, depression and confusion. There were 593 (27.35%) hospitalizations for conditions that were not strictly psychiatric, but could have derived symptoms, without services of their own, and were considered social ills: syphilis, intellectual disability, epilepsy and alcoholism.

There were 37 (1.71%) records with inconclusive diagnoses, and 351 (16.23%) had no defined diagnosis, indicating a lack of adequate assessment and diagnosis to justify hospitalization. A consequence of overcrowding, few doctors, lack of resources and time for evaluation.

Among the diagnoses, 23.9% of inpatients had schizophrenia. The crime committed by schizophrenics served as a warning of the serious mental state imminent during the prodromal phase of psychosis.²⁰

PMD was a common diagnosis in the medical records studied and crime-related stigmatization affected these patients, especially during episodes of mania. There were cases of homicide during periods of psychomotor excitement, although robberies were less frequent.²¹ NP patients faced social stigma and were sent to psychiatric institutions, away from their families and social life.

PMD has a distinct genetic inheritance from schizophrenia. Research carried out throughout the 20th century into organic and

genetic/hereditary factors underpinned theories of degeneration, eugenic theories and beliefs.²²

Depression (melancholia) was linked to criminality; melancholics committed violent crimes, especially against family members, due to feelings of self-criticism.²¹

In the eugenic view, melancholy could lead to dangerous reactions. The sick could see death as a refuge, committing murder to save loved ones from suffering. Obeying the voices of auditory hallucinations could result in violent acts. Traditional model of the origin of criminal ideas in melancholics.²³

We observed that violence, especially when associated with alcohol consumption or practiced by unemployed people, resulted in arrests and hospitalization in the institution.

By associating different denominations, we detected 839 (38.73%) with a diagnosis of psychosis. Psychotic symptoms such as hallucinations and delusions, often used by society as evidence of insanity, contributed to negative stereotypes.

Patients with chronic hallucinatory delusions were considered criminally dangerous because they believed they were being persecuted and carried out murders to get rid of their persecutors.²¹

The diagnosis and causes of psychopathy generated disagreements in psychiatry, as it was common to associate it with criminality, which not everyone had.²⁴

Part of the medical records diagnosed the individual as epileptic. Epilepsy was a highly stigmatized disease.²⁵

Epileptics were considered born criminals,²⁶ excluded from society and placed under the care of the state or private individuals.²⁷ Epilepsy was associated with criminality, with a risk of violence, especially against family members.²⁸ This concept reinforced stigma and social exclusion.

The difference between a crime committed by an epileptic and a common criminal was that the epileptic had no awareness of his actions. Crime can occur in isolation or associated with impulses and obsessions.²⁹

Epileptics often commit crimes during periods of aura or twilight state.²¹ Violent actions occur instantaneously, without premeditation, followed by amnesia, rendering them incapable of responsibility.

Epileptics were stigmatized and abandoned in houses of correction. Although it minimized the stigma that all epileptics were criminals, it stressed that everyone could have violent or harmless seizures. Separation of epileptics into treatment units was advocated in order to bring profit to society.²⁶

Historical association between epilepsy, madness and criminality, even without psychiatric symptoms. Epileptics were interned in mental institutions and subjected to violent biological treatments.³⁰

We found that 211 (16.70%) were diagnosed with Progressive General Paralysis (PGP), reflecting social stigmas related to purity, degeneration, sexual control, shame and social exclusion.

To treat NP, pyrethrogens were initially used to improve the mental state, but without success. Arsenical drugs were tried to treat syphilis, but without success, they returned to pyrethrotherapy.³¹

In 1924, malariotherapy began to be used as a treatment for PGP in NP. It was seen as a positive treatment for patients with paralytic dementia, the only hope of recovery. Despite the risks, the

therapy was repeated due to the belief in its benefits and the search for scientific validation.³²

Heredo-syphilis almost completely encompassed the image of degeneration. It was considered the cause of deviant behavior, including madness, criminality and genius, as something innate and determined by biology.³³ The offspring of people with syphilis were seen as a social problem, considered useless and dangerous.

The family was often blamed for modern ills and was the target of hygiene, moralization and eugenics plans.³⁴ Women's socially accepted role was mainly reproductive and they were affected by policies to prevent the transmission of diseases, with the main focus on syphilis, considered to be a disease that poisoned the body and affected several generations.

Syphilis caused great damage to the family and society, affected children's development and persisted for generations.³⁵ He criticized the lack of restrictions on its transmission, even though it was hereditary, people with syphilis in the transmission phase married and reproduced freely.

Syphilis faced ethical, social and religious barriers that hindered access to medical help, favoring its spread. Women suffered more, blamed for transmission during pregnancy, reinforced ideas of racial degeneration, serving the interests of elites and government, promoting eugenicist and hygienist theories.

Diagnosis of PGP was associated with criminality and the result of stigma. Individuals with PGP could commit criminal acts without previous symptoms. During paralysis, homicides did not occur, but robberies and immoral behavior due to impaired critical judgment.²¹

During this period, cases of PGP increased and the Wassermann test was regularly carried out on men immediately after hospitalization.

We should point out that science began to link sex (syphilis) with madness (NP) and degeneration, an alliance strengthened to defend the causes of a range of interests linked to organicists, eugenicists, hygienists and moralists. From 1940 onwards, we don't see this fervor in medical records about PGP and treatments considered outdated, because with the use of penicillin, ineffective theories and treatments lost their strength.

Penicillin showed positive results in the treatment of syphilis, compared to previous approaches with malariotherapy, pyrethrotherapy and arsenobismuths.³⁶

Alcoholics were considered sick and alcohol dependence could lead to physical and moral degeneration, including a propensity for crime.³⁷

Alcoholism was not limited to the medical aspect; it also affected work performance. Alcoholics were less productive and prone to accidents at work, a social problem that impacted the working class and led to crime and idleness.¹⁵

Alcohol caused mental deterioration in non-insane people. Alcoholism contributed to crime due to the harmful effects of intoxication.³⁷ Descendants of alcoholics had a compulsive drinking instinct. Dipsomaniacs were considered degenerates with an uncontrollable propensity for alcohol and crime. The immoderate use of alcohol was considered an acquired disease and could be a hereditary trait that promoted physical and moral degeneration, with an emphasis on criminality.

For the progression of alcoholism to end in dementia, partial paralysis, sometimes general paralysis; the alcoholic individual tends to deteriorate slowly and gradually, left to live exclusively on negative behavior, as if he had no moral sense.³⁷ It is common for almost all cases of madness to be manifested by hallucinations and delusions, with unconsciousness of the acts, ending in prison or psychiatric hospital.

A note published in *Arquivos Brasileiros de Hygiene Mental* mentions a request addressed to Major Filinto Müller, head of the Federal District Police, for measures that were promptly taken to make it difficult to drink alcoholic beverages and to improve assistance to indigent alcoholics. He points out that they received a letter with a list of names and addresses of five drunkards.³⁸ We can see how the Mental Hygiene League and the repressive police, in the form of its most feared figure, were also involved in the arrest/treatment of alcoholics.

We observed that factors such as alcohol consumption,³⁷⁻⁴⁰ vagrancy,⁴¹ social position⁴² and, as we have seen, lack of proficiency in Portuguese and phenotypical characteristics were used by the police to arrest and intern individuals. This was a discriminatory attitude, as it did not indicate criminality or insanity.

We found a strong correlation between alcoholism, degeneration and racial heritage in the medical records.

Decree no. 3.010 of August 30, 1938 prohibited immigrants with mental illnesses or alcoholics from entering Brazil and, if symptoms appeared within six months of entering the country, they could be repatriated.⁴³

In the 19th century, alcohol abuse was cited in relation to degeneration.³⁹ It described effects on different generations: in the first, there was depravity and alcohol abuse; in the second, hereditary drunkenness, manic outbreaks and general paralysis; in the third, hypochondriacal and homicidal tendencies; in the fourth, complete degeneration with children becoming imbeciles or becoming so in adolescence.

At the Juquery Hospital, there were patients with dementia from various causes, and data reveals a lack of attention to the treatment of these individuals.

After a while, chronic alcoholism even leads to dementia.³⁷

The mentally weak were criminally related, especially idiots and imbeciles, with obscene behavior, perversity, theft and sexual crimes, many of which were attributed to the minimal consumption of alcohol, capable of causing significant changes in behavior.²¹

They mentioned that NP e Silva, in a lecture given at the São Paulo Young Men's Christian Association, warned about the transmission of tendencies from father to son and that people with nervous systems sensitive to toxins should adopt controlled lifestyles; he recommended that young people with nerves or a history of them should choose a wife who is calm and has a good nervous system, with a view to mitigating the failings of their parents' nervous systems in future generations.⁴⁴

In the Vargas era, compulsory hospitalization was used to treat mental illness and deviant behavior, based on discriminatory conceptions, reinforcing stigmas and social exclusion. This hospitalization

generated shame for patients and their families, isolated patients and caused rejection in families.

Throughout history, individuals with disabilities have faced stigma and marginalization. Until the 20th century, many were labeled as mentally handicapped and treated in inappropriate institutions. Lack of proper diagnosis contributed to social and family exclusion.⁴⁵

Epilepsy was stigmatized as a mental illness in the 20th century, generating condemnation from patients and their families, due to beliefs about family degeneration and a breach of morality.⁴⁶

People with epilepsy face psychosocial problems due to prejudice, such as social exclusion, unemployment, lack of acceptance and difficulties in family formation.⁴⁷

During the Vargas era, nationalism drove eugenics and the stigmatization of epilepsy and other diseases. The failure of medicine between 1859 and 1906 resulted in the blaming of patients, associated the disease with moral degeneration, generated social shame and aggravated the physical suffering of epilepsy.⁴⁸

Psychiatric conditions resulting from epilepsy, intellectual disability, progressive general paralysis and alcoholism were associated with criminality and social stigma. The lack of specialized institutions resulted in people seeking care in psychiatric hospitals. Society faced prejudice and stigma in relation to madness, unable to understand and accept deviance. Scientific efforts sought to understand and treat, but there was exclusion, especially in a dictatorial context of strong social repression by institutions such as the police, prisons and psychiatric hospitals.

We identified patients with records of "no mental disorder" and "inconclusive diagnosis", but they were not discharged and remained hospitalized. On average, they were hospitalized for 1,446 days and 2,755 days, respectively.

Such events were unthinkable in the years that were considered the height of advanced psychiatric practice at the Juquery Hospital. How can we justify keeping individuals without a conclusive diagnosis or psychiatric symptoms incarcerated for so long in poor conditions and with insufficient care?

In other Brazilian psychiatric institutions, the internment of these poor people was common practice. At Hospício São Pedro, in Porto Alegre/RS, a woman was hospitalized four times, for a total of 38 years, despite her medical records stating that she had no mental disorders or mental illness.⁴⁹

Around 4% of hospitalized patients were diagnosed with paraphrenia, which is marked by impulsivity.⁵⁰

From our observations of the medical records, we believe that making diagnoses of mental disorders was no easy task, as patients lived in subhuman conditions that certainly influenced the symptoms they presented, coupled with overcrowding and a shortage of trained professionals and materials. This chaotic environment left patients in absurd and desperate situations, as they suffered a process of reification, family abandonment, social exclusion and human misery.

Our data shows that delirium was a reason for hospitalization. Patients diagnosed with delirium faced situations arising from repressive policies and institutional violence.¹⁵ During the period studied, there was persecution, repression, arrests, disappearances, deaths and

home invasions.⁵¹⁻⁵² We found that at Juquery Hospital, the struggle for survival was daily, with intense events that posed risks of death.

Table 2 shows data on gender and types of treatment.

The majority of medical records did not contain treatment data - 920 (42.47%) and with undefined treatments 213 (9.83%).

There were monotherapy and multi-therapy treatments, including malariotherapy combined with other drugs to

increase body temperature, combinations or a single form of electroconvulsive therapy, insulin therapy and cardiazol. The process continued until the patient was transferred to colonies or died, as a small number showed improvement. The dissemination of results was biased, as they published positive results.

It was believed that treatments were only effective when the benefit was intrinsic.⁵³

Table 2 - Data from participants' medical records regarding gender and type of treatment. São Paulo, 2023.

Treatments - Summary	Men	Women	Children		Total
			M	F	
No Data	611	272	29	8	920(42,47%)
Mono treatments	276	192	18	8	494(22,81%)
Pyretherapy	126	63	4	3	196(9,05%)
Convulsive therapy	62	87	5	3	157(7,25%)
For NP/neurosyphilis	39	15	2	1	57(2,63%)
Psychotropic drugs	22	14	2	0	38(1,75%)
Anticonvulsants	27	13	5	1	46(2,12%)
Other treatments	170	107	20	7	304(14,04%)
Multi treatments	149	76	8	2	235(10,85%)
Pyretherapy + antisyphilis	86	21	4	0	111(5,12%)
Pyretherapy + shock therapy	36	34	3	0	73(3,37%)
Lobotomy/trepanation and others	5	14	0	1	20(0,92%)
Psychotropic drugs and others	8	4	0	1	13(0,60%)
Antisyphilis + shock therapy + pyrethrum or shock therapy + antisyphilis	14	3	1	0	18(0,83%)
No definition	169	38	6	0	213(9,83%)
Totais	1375	685	81	25	2166(100%)

Source: Data obtained from the medical records of the Historical and Cultural Heritage Archive of the Juquery Hospital Complex (from 1930 to 1945).

Pyretherapy

Pyretherapy consisted of inducing fever in patients by means of specific pyrethogens (protinjetol, sulfor pyrethogen), protein therapy, intravenous administration of calcium and peptones, injection of raw milk or turpentine, injection of vaccines (dmelcos) and malariotherapy, which consisted of inoculating the malaria protozoa into the bloodstream, as the fever produced could improve mental symptoms, specifically in PGP.

Protein therapy is a therapeutic method that uses proteins and proteoses, including albumins, to stimulate the body's positive response in the fight against diseases, the inflammatory process derived from which caused fever to appear.⁵⁴

During the first decades of the 20th century, the Juquery Psychiatric Hospital was known for its therapeutic practices, such as the use of shock therapies.

Several medical records indicate that patients were given raw milk, which was part of the so-called pyretherapy techniques.

Raw milk and other agents acted like foreign bodies and the body responded with its defense system, with high fever occurring to try to stop the foreign body. In the case of raw milk, the patient was harmed by the intense pain caused and the risk of infection, because although the milk could be boiled, it was not injected hot and it might not be sterile.

Improvements in the lesions caused by syphilis and in some cases the reversal of the Wassermann test to negative was observed in patients treated with milk injections or anti-typhus vaccine.⁵⁴

Malaria therapy has been used to treat NP.55 Over six years, more than 300 cases of neurosyphilis were treated and malaria therapy was better than other treatments, especially for NP.⁵⁶

Shock therapy

From 1917 to 1935, four techniques were put into use in Europe to cause physiological shock: fever caused by malaria to treat neurosyphilitic paresis (1917), coma and convulsions caused by insulin for schizophrenia (1927), convulsions caused by metrazol for schizophrenia and affective psychoses (1934), electroconvulsive therapy (1937).⁵⁷

From the outset, convulsant treatments presented serious risks, even as new methods were discovered.

An example of the use of ECT in an inmate's medical records can be assessed as punishment: MBL, white, widowed, 26 years old, admitted on 28/06/1933. Medical observation: "*As she's been disturbing the peace of the ward, we've decided to subject her to electroshock treatment*"; *...nurse put her in the traffic circle for punishment ...follow the electroshock treatment, even more so with 2-3 attacks a day, preferably 3 attacks in one day*".

Convulsive therapy was the second most used treatment (248 - 11.45%), either as monotherapy or combined with other treatments.

The risks of insulin and cardiazol treatment at Juquery Hospital were known due to the precarious conditions. They warned of the dangers of insulin treatment, with high doses needed to induce coma.⁵⁸

In the psychiatric hospitals of Pernambuco, the use of insulin followed a procedure of increasing doses until coma, according to Sakel. Undesirable effects occurred (convulsions, mental disturbances, cardiorespiratory problems), with a risk of death, often as a result of the intended coma.⁵⁹

Financial constraints led to the suspension of treatment with cardiazol after ten applications. Treatments were also interrupted due to a lack of professional and material resources.⁵⁹

Notes on patients' perceptions of treatment:

"I had to undergo insulin treatment. An injection with which the person, who is demented in the "head", comes close to death and after a few hours wakes up resuscitated by another injection of serum into the veins. For a long time, it was like this every day, except on Sundays and holy days and one or two other days. I didn't want to. Once I tried to run away. With good reason: I knew why I was doing it; I thought I was misunderstood; then I woke up feeling so impressed that I was a real madman. One day, until 3 o'clock after 11 in the morning, I couldn't find the words to say what I wanted, not even in Portuguese."

LGM, white, single, 31 years old, admitted on 05/07/1939. Medical observation: "*Hasn't returned from leave; "I'm currently more anxious to return due to some very strong injections I'm taking every morning. These injections make me suffer horribly, they almost kill me. If you listen to Dr. X, you'll be here all your life. I'm not feeling well after taking these insulin injections (Sic)"; She was taken away by her impertinent family*".

Tonics

The reason for the widespread use of tonics was the general weakness of the body which, according to experts of the time, often accompanied mental illness.⁶⁰

Psychosurgery

Moniz's technique was not respected in his country's medical milieu and was criticized for being harmful in view of its basic and unhelpful benefits.⁶¹

Psychosurgery was applied at the Juquery Hospital from 1930 to 1960; this procedure is generally understood as a form of punishment and control, and its use is associated with the female sex.⁶²

In an article, a surgeon from the Juquery Hospital reports having performed prefrontal leukotomy in the manner of Egas Moniz on one hundred patients. He thanks the doctors from the hospital who sent him patients to perform this technique, especially Dr. Mario Yahn, a great fan of psychosurgery. He points out that Dr. Aloysio Mattos Pimenta started cerebral leukotomy in Brazil in 1936.⁶³

In Portugal, there was a critical view of Moniz's technique, but it was widely used at the Juquery Hospital from 1936 to 1956, mostly on women.⁶⁴

Parietal leukotomy offered inferior results compared to prefrontal leukotomy; however, it did show some results in psychoses.⁶⁵

The psyche of patients who underwent leukotomy was characterized by a loss of initiative and apathy.⁶³

Statistics on unsuccessful cases with irreversible sequelae were not reported.⁶⁴

At the time, leukotomy and lobotomy were considered to be very invasive and harmful procedures; they did not offer a cure or significantly modify behavior, with permanent damage to the brain and psyche.

We observed that after patients had undergone an extensive list of organic therapies and had not had satisfactory results, they were left with leukotomy or lobotomy, which without much explanation from the doctors were preferentially targeted at women.

A review of the literature on lobotomies in France, Switzerland and Belgium between 1935 and 1985 shows that the technique was extremely common in female patients (84% of 1,340 cases). The reason for this is unclear, whether it is related to a higher incidence of mental illness in women or to a perception of social inferiority.⁶⁶

A study on lobotomies in Sweden shows that at the State Psychiatric Hospital in Umedalen, between 1947 and 1960, more than 700 lobotomies were carried out on a majority of women (63%). An analysis of national annual health reports shows that around 4,500 lobotomies took place between 1944 and 1966, with a preponderance of lobotomies performed on women.⁶⁷

We highlight the presence of sexist, moralistic and eugenic elements used to justify the hospitalization and submission of women to potentially dangerous procedures.

Psychotropic drugs

Our data comes from patients hospitalized between 1930 and 1945, some of whom stayed longer and were treated with psychotropic drugs, discovered in the 1950s.

Various, repeated and ineffective treatments

Frequent and repetitive therapies debilitated and exhausted patients, worsened pre-existing conditions and led to death.

There was a practice of repeating malariotherapy, although it was a treatment with risks of complications and accidents that could end in death. This points to the doctors' belief in the benefits of this method, and the search to develop an authentic scientific method to validate and promote their claims.³²

GP, white, married, 35 years old, admitted on 24/06/1935. Medical observation: "05/11/1937 - *The patient, whom we have always observed and treated, has not shown the slightest improvement. Already, now with 13 attacks of Cardiazol, only the verb-motor automatisms and stereotypies have diminished and the agitation in which he remained continues; disoriented, inattentive, without initiative, immersed in his movement.* 26/09/1938 - *He speaks of heavy injections that burst in his head (Cardiazol?)*".

AN, white, single, no age data, admitted on 23/05/1939. Medical observation: "01/07/1946 - *He thinks the shock has improved him a lot, but the insulin caused a lot of sores on his tongue... (SIC). He has had previous treatments: 1. electroshock, 2. insulin, 3. Cardiazol, without any result*". 03/10/1946 - "Not influenced. *She's still a sulky person, affected in gesture, speech and pronunciation of sounds. In the section she is still rude, mistreating her maids and companions. As the next treatment, lobotomy in 3 stages*". 03/11/1946 - "Lobotomy in 3 stages". 21/01/1947 - "The patient is well oriented in time, place, environment and her own person. *She doesn't recognize having been ill. She vehemently denies the amorous and sexual passages mentioned above. However, the mannerism and agitation persist... She is under observation so that we can grant her leave.*"

OFTP, white, single, 24 years old, admitted on 01/10/1941. 17/10/1941 - Convulsive therapy with Cardiazol (20 sessions). 31/12/1941 - Medical observation: "Not influenced by convulsive therapy. *Will move on to insulin therapy*". 16/10/1942 - Not influenced. Switch to Electrochemotherapy. 30/12/1942 - 11/02/1943 - "Not influenced by electrochemotherapy. *Seems not to have been influenced by Insulin Therapy. Switch to Cardiazol + Insulin*". 11/05/1943 - Not influenced; Although both previous treatments had no effect, we still believe that she could benefit greatly from insulin therapy, which is the treatment to be tried; diarrheal outbreak"; 23/06/1943 - "Leucotomy. *In general, she was not affected*".

AC, white, married, 25 years old, admitted on 02/08/1944. Medical observation: "11/08/1944 - Electroshock (19 sessions): 16/11/1944 - not influenced; 22/11/1944 - Cardiazol (20 sessions): 01/02/1945 - not influenced; Disaggregated, laughing for no reason, talks to herself, oblivious to reality, well dissociated autistic, apathetic, disinterested; 03/02/1945 - "Insulin (46 sessions): 26/04/1946 - not influenced"; August/1945 - Lobotomy: not influenced".

ECRD, white, single, 27 years old, admitted on 03/03/1940. Medical observation: 03/06/1940 - "Three years of illness treated by V. Meduna's method (15 attacks) without any result; showed marked improvement for 10 days. *She showed no change with the cardiazolic treatment. She is still agitated, aggressive and sometimes has self-mutilating impulses. Conclusion: not influenced; As she had improved a lot with the cardiazolic treatment and then relapsed, and also because she was currently improving, we decided to continue with the insulin therapy until she completed 40 comas; Today she is worse, again excited, negative, and won't allow us to bring her to the examination room. We continued the treatment; 03/07/1940 - "Insulin therapy (40 sessions). 18/12/1940 - "During the time the treatment was suspended due to furunculosis, she gradually improved to her current state. It doesn't seem to us that the last 3 applications of insulin had any influence on achieving this slight improvement; 26/05/1957 - "Patient, since 7am, "dropped off", according to information from the staff. Unconscious. Breathing a little wheezing. Foaming at the mouth. Medicated. Declared in serious condition"; 27/05/1957 - "Patient in poor general condition. Will take pre-shock insulin"; 15/03/1962 - "Agitated. In the same mental condition. Blind in*

left eye. Medicated; 31/03/1962 - Intense depression. Decrease dose of medication; 01/03/1962 - Death".

GNS, white, married, 29 years old, admitted on 02/08/1941. Medical observation: 02/08/1941 - "Submitted to convulsive therapy without any result; Has already been treated by the methods of Von Meduna and Sakel, without results; 26/01/1942 - Will have a leucotomy or be removed to the colonies; Electroshocks from 15/5/1943 to 19/7/1943 - 20 crises; 27/07/1943 - "Same mental picture. Indifferent. Uneasy"; 03/07/1944 - Mental state agitated, indifferent, remains stationary, with no signs of improvement; 04/01/1947 - "Mental state unchanged"; 26/08/1947 - "We received a letter from the patient's family in which there were suggestions that a cerebral leucotomy should be performed. In response, we wrote that the patient had already undergone various mental treatments, such as: cardiazol, insulin, electroshock, all with negative results"; 11/05/1953 - "Regular physical conditions. Mental condition improving slightly. Will undergo 90 electroshocks again;

Effects of treatments

The absence of records in 2,005 (92.57%) medical records is indicative of the care provided. Of the available data, 140 (6.46%) of the patients did not improve or died, while only 21 (0.97%) showed improvement, the target of selective disclosure of successful cases.

Hospital and social conditions

Superlotação resultante da continuada admissão de pacientes sem correspondente aumento de altas e funcionários resultou em longos períodos de espera para muitos pacientes, que ficavam sem receber diagnósticos e tratamentos adequados.

Quadro intensificado a partir de 1930 foi precariedade das condições de vida para os internados, falta de pessoal e condições de higiene e violência usada para repressão.¹⁵

Medical observation regarding the lack of materials:

"...due to the current somatic state, we have not yet proceeded with routine pyretherapy treatments. In fact, we haven't managed to get a chest X-ray so far, due to a lack of material in the radiodiagnosis section..." Pulmonary tuberculosis. Cachexia. "...He complained of polakimia. We had to do a rectal examination, which we didn't do because of a lack of gloves..."

A life of rejection and abandonment and a career in the asylum were common, negatively affecting his mental health. More patients denounced the guards of the Children's Home for sexual abuse, although they were not credited, as these were destitute, abandoned girls living in a children's home.

MA, black, single, 14 years old, admitted on 11/02/1932. Medical observation: "No family, raised by employers, her godmother, etc. She went to the Divine Providence School and from there to the Children's Home. She was sent to Juquery because the shelter was too full and there was no room for her. She accuses the guards of trying to abuse her. She tells the same story about five other girls who came from the children's home. It's a story that doesn't contain the truth, they made it up".

MSD, brown, single, 16 years old, admitted on 11/02/1932. Medical observation: "She lived at home until she was 7, then she was admitted to the Asylo dos Expostos, where she stayed for 6 years, from there she went to the Externato São José, in Santos, for 3 months, from there to the Escola Doméstica, where she stayed for 2 months, she went to another domestic service school in Alameda Glete, from there to the Abrigo de Menores and from there to this Hospital; she says, like others who came from there, that they are here because they rebelled against the guards, for ethical reasons."

JJ, white, single, 19 years old, admitted on 11/02/1932. Medical observation: "She says she didn't know her parents and lived until the Revolution in the Baronesa de Itu Nursery School, from where she went to the Shelter for Minors. NP, as it was too full and because they rebelled against the guards, who wanted to abuse them, the director removed them to the Central and from there to this Hospital. There is no justification for the hospitalization. Removed to the Juvenile Court".

In the 1930s, the predominant view of childhood and adolescence was that minors were not mature enough to answer for their actions and should be treated differently from adults. The purpose of the Juvenile Court was to protect the rights and interests of these individuals, guaranteeing them adequate care and treatment. It could refer minors to social welfare institutions, work in vocational schools, adoptive families or re-education programs. With imprisonment measures, society would defend itself against lawbreakers: a judicial asylum for the alienated, a treatment and custody home for the disabled and abnormal, compulsory work for indigenous people, re-education for children under 18.⁶⁸

MRL, black, single, 13 years old, admitted on 14/04/1932. Medical observation: "She is perverse, amoral (diagnosis from Penha Hospital). Black, underage. She's deflowered. Very good physical condition. Perfectly oriented in time and environment. No intellectual, sensory or psycho-motor disorders. There is a slight drop in affective tone, feeling, power and volitional energy. It's really not a case well suited to this hospital. There are no psychological disorders. She always prefers immoral subjects, telling her maids that she was deflowered before she was admitted, not hiding this misfortune and referring to it with absolutely no regard for how painful and sad it is for her moral life. She is an amoral woman who would be better off in a disciplinary institution."

The observation reveals a moral issue, and even states that there is no need for hospitalization and that there is no psychiatric condition. The language used shows value judgments, inevitably influenced by cultural and social issues of the time. The indication for a "disciplinary establishment" stands out, suggesting a punitive rather than therapeutic approach.

We can see the moral judgment, a reflection of cultural and social values regarding the female role, which were often discriminatory and oppressive. Sexuality was a matter of control and a serious moral transgression, with consequences for the family's reputation.

EF, white, married, 47 years old, admitted on 15/04/1939. Medical observation: "*NP accompanied by a friend, to be hospitalized, doesn't take medication and doesn't allow her husband to work. Dead weight for the family, neglects housewife duties*".

CC, white, single, 30 years old, admitted on 29/07/1944. Medical observation: "*According to what her sister told the nurse, the patient has always been like this and as a young man has been courting her with bad intentions, and she seems unable to defend herself properly and the sister can't always take her with her, she decided to have her hospitalized*".

During the Vargas era, there was a tendency for people with social problems to be interned in psychiatric hospitals, juvenile asylums and other institutions of confinement, in order to serve government interests to the detriment of separating social issues from mental health.

WBA, black, 7 years old, admitted on 10/01/1945. Medical observation: "*We believe that her hospitalization is more linked to a social problem than a pathological one*".

EW, white, married, 59 years old, admitted on 07/11/1938. Medical observation: "*She abandoned her family in Lins, took a train to São Paulo, slept on the street the first night and in the hostel the second night, was taken to the police and from there to Vila Guilherme, where she stayed for two months*".

The term "stigmata of degeneration" was common at the time, referring to physical, behavioral and mental characteristics associated with supposed moral and physical degeneration, often used to label people considered deviant or marginal (criminals, the mentally ill, people with physical or intellectual disabilities).

MML, white, single, 15 years old, admitted on 29/04/1939. Medical observation: "*Somewhat emaciated. Stigmata of degeneration in the ears, which are wobbly, coarse, poorly differentiated. Multiple scars all over the body. Insufficiently developed personality. Indifferentism. Very limited intellectual range*".

RAS, white, married, 26 years old, admitted on 08/01/1942. Medical observation: "*Various stigmata of degeneration*".

Psychopathological contents related to Vargas show how present the effects of repression were becoming.

JA, white, married, 34 years old, admitted on 16/09/1943. Admission examination: "*Came to the clinic in a police car with the information that she had been found abandoned in the Estação da Luz*". *Poor general condition. Emaciated. Scabies. Cites an abortion several months ago, after which she became very ill and her head was "broken" (Sic)*". *Auditory hallucinations. He says: "Euriques, Getúlio's wife from the government, came here. You don't have to. Getúlio wants me dead, he wants to kill me because of Sensata and Eurides. Donzeline is the one who did the spell"*.

These comments exemplify how the family reflected society and treated those with mental disorders. It was regrettable to admit that continued hospitalization was harmful and would contribute to worsening the situation.

ST, yellow, married, 55 years old, hospitalized on 19/02/1938. Medical observation: "*We signed the discharge*

but the husband doesn't have the financial resources to come and collect the patient. - relapse. Hospital life is obviously conducive to new outbreaks".

AFS, black, single, 33 years old, arrested and hospitalized on 13/04/1932 because she didn't want to work. Medical observation: "*We found no delusional or hallucinatory disorders*".

AC, white, married, 44 years old, hospitalized on 23/03/1935. Medical observation: "*He is, in fact, incapacitated from a professional point of view, but he would be able to live in the family if his loved ones could bear the burden. Reimplanted via the brain. Nasal mycosis*".

MMP, white, single, 12 years old, admitted on 26/04/1932. Medical observation: "*Normal mental level. Intellectual faculties in good working order. She says she was brought here because she ran away from her home in the countryside to go to the city. She says she did this because her parents beat her. She is not at all a patient who deserves to be kept in a mental hospital. She came to our service because her irregular behavior meant she couldn't stay in society. She is a case for an educational institute and not for our environment which, as well as being inappropriate, can only be harmful to her. Intelligent, shrewd, she requires a super vigilance that we, with our limited number of employees, can't do without*". *Diagnosis: "13 - atypical state of degeneration, suitable for an educational establishment and unsuitable for our hospital environment"*.

CONSIDERATIONS

At Juquery, several reasons led to hospitalization, all of which were linked to the Vargas political scenario. NP contributed to hospitalization, families repeated social norms and sent family members considered morally inadequate to institutionalization, resulting in social exclusion.

We found many similar diagnoses among patients. Those taken in by the police were often described as "disoriented" on their admission exams. This shows a lack of more rigorous assessment criteria, resulting in inaccurate diagnoses and inadequate treatment. Many suffered abuse and deprivation in public prisons before being admitted to Juquery, with a worsening mental state.

Lack of professionals resulted in inadequate care, limited treatment and precarious resources, turning the hospital into a dumping ground for people; inpatients often helped with therapies.

Rectification was a dehumanizing process for inmates, who were reduced to clinical cases or statistics. It worsened the clinical and psychiatric situation of many, and most of them died in the institution.

Ineffective and repetitive therapies prevailed that did not produce significant improvements in the majority of patients, contributing to mortality. The institution, previously seen as an example of a scientific approach, served the exclusionary aims of the Vargas state.

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