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A Miscarriage of Justice: Reproduction, Medicine,  
and the Law in Rio de Janeiro, Brazil  
(1890-1940)

A dissertation submitted in partial satisfaction of the  
requirements for the degree Doctor of Philosophy  
in History

by

Cassia Paigen Roth

2016



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## ABSTRACT OF THE DISSERTATION

A Miscarriage of Justice: Reproduction, Medicine, and the Law  
in Rio de Janeiro, Brazil (1890-1940)

by

Cassia Paigen Roth

Doctor of Philosophy in History

University of California, Los Angeles, 2016

Professor Lauren Derby, Co-Chair

Professor William R. Summerhill, Co-Chair

In the late-nineteenth and early-twentieth centuries, women across the Americas experienced increased public scrutiny of their reproductive lives. Modernizing states began criminalizing practices like abortion, while urbanization, immigration, and changes in women's workforce participation pushed fertility control into the public consciousness. The Brazilian capital of Rio de Janeiro presents one crucial case study for understanding how the uneven process of modernization affected women's reproduction, and, in turn, how women negotiated these changes. Early-twentieth-century Brazil experienced a shift from familial to state patriarchy during which women's sexual honor—and reproduction—became public goods. During this time, the professionalization of obstetrics, changes in criminal law relating to abortion and infanticide, and the expansion of the city's police force intersected with the inadequate development of health services and continued poor reproductive health outcomes.

This dissertation examines legal and medical policies towards women's reproductive lives under the 1890 Penal Code (1890-1940), which bridged Brazil's first foray into democratic

governance (the First Republic, 1889-1930) and the early period of Getúlio Vargas's populist regime (1930-1937). It argues that women's reproductive lives became the object of increased state attention in post-abolition Rio de Janeiro. As the state began to take over patriarchal power from the family, women's reproductive capabilities—their ability to conceive and raise future citizens—became central to state formation processes. Fertility control—which allowed women to break with patriarchal understandings of women's proper sexual behavior, their gendered roles as mothers, and their subordination to male decision-making processes—was a direct threat to both individual and state patriarchy. In regards to reproduction, juridical-medical efforts to modernize Brazilian society worked in a paradoxical manner. The state intervened in women's reproduction through the surveillance of fertility control but did not expand obstetric services or improve reproductive health outcomes. Ultimately, the state created a culture of condemnation around poor women's pregnancy and childbirth that extended beyond elite discourses into the popular imagination. This project contends that state control over women's bodies clashed with the everyday embodied experience of poor reproductive health.

The dissertation of Cassia Paigen Roth is approved.

Ellen C. Dubois

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Lauren Derby, Committee Co-Chair

William R. Summerhill, Committee Co-Chair

University of California, Los Angeles

2016

For Clayton  
(1984-2015)

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### **Spelling, Currency, and Translation**

The currency unit in Brazil throughout the period on which this dissertation focuses was the *milreis*. One *milreis* was written as 1\$000, and it was the equivalent of one thousand *reis* (plural of *real*). Sources of historical exchange rate and cost-of-living data are cited in the footnotes. In addition, the Portuguese language had not yet been orthographically standardized in the early-twentieth century. For proper names I used the most common spelling that appeared in the documentation. I spelled all proper names of places and other Portuguese words according to present-day conventions. All translations are mine unless otherwise noted.



## Acknowledgments

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Research for this dissertation was conducted at various archives in Rio de Janeiro and São Paulo. I am indebted to the numerous archivists and librarians at all the institutions I visited. At the National Archive, where I conducted the majority of my research, I am beholden to the many archivists who helped me over the years. In addition to the institutional support, I was lucky to have found several dear friends hidden in the *sala de consultas*, Suelem Demuner and Luis Fernando Santos Vieira. The tragic deaths of archivist Paulo Henrique Lima and his wife Helen Mazur, five-year-old daughter Gaya Mazur, and three-month-old son Cícero Mazur Lima occurred during my time in Rio de Janeiro. They are missed. At UCLA, Hadley Porter has been an unwavering source of support and friendship throughout my graduate education. Her help during this last year was particularly appreciated.

I owe a great deal of thanks to my family for their love and support over the years. My grandparents have always encouraged my educational endeavors both financially and intellectually. My father, Gilbert Roth, who although he died several years before this dissertation even began, profoundly shaped my love for learning, my approach towards life, and my way of being in the world. My mother, Susan Paigen, has always supported me in numerous

ways. This past year she provided much-needed financial and emotional assistance without which I would have not finished my degree. She also proofread a final version of this dissertation. I am lucky to have such wonderful sisters. Zoe has read innumerable iterations of my work, and she has showed me how to be a model academic, one that is both serious and silly. Erica provided crucial crisis support this last year for which I am profoundly grateful.

The last stage of this dissertation was marked by loss and tragedy. I have to thank all of my friends and family who have supported me throughout the last twelve months. In particular, I thank Bill Summerhill for the support he provided both in Brazil and back at UCLA. On April 28, 2015, my partner Clayton was shot in the back twenty times while riding his motorcycle home from work. He survived in surgery for five hours before dying in the early morning of April 29. Clayton was a member of the *Polícia Militar do Rio de Janeiro* (PM), and he was targeted and executed for being an honest police officer who stood in the way of both drug trafficking and police corruption in the city. Clayton taught me so much about Brazil, and he opened my mind to perspectives I had never before considered. Us Latin Americanists have a tendency to idealize poverty and violence in the region. Our one-sided diatribes against certain actors (in Rio de Janeiro it is often the military police) glosses over much deeper intellectual and empathetic understandings of social inequality, urban violence, and the state.

But more important than showing me his country, he showed me his heart. He taught me how to love, how to be loved, to laugh, to fight, to grow together, to take risks. For someone who grew up in extreme poverty, who fought not only to be a better person but also to help the world, his tragic and untimely death proves so painful and raw that I still cannot believe he is not here beside me, smiling and supportive, as I turn in this dissertation. To his wonderful being, his brief but beautiful time on earth, his efforts to make Rio de Janeiro a better place, his heart, I dedicate this dissertation.

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- 2016 *Ouvi Dizer* [Heard Said]: Abortion Rumors and Male Power in Turn-of-the-Century Rio de Janeiro. American Historical Association, Atlanta, GA, January 7-9.
- 2016 From Property to Person: Studying Reproduction in Pre- and Post-Emancipation Brazil. Mothering Slaves Conference, University of Reading, UK, April 19-21.
- 2015 From Representation to Experience: Women's Reproductive Practices in Rio de Janeiro, 1850-1930. Council on Latin American History, Brazilian Studies Committee, American Historical Association, New York, NY, January 2-5.
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- 2014 Murdering Mothers: Infanticide, Madness, and the Law in Rio de Janeiro (1890-1940). Brazilian Studies Association, London, United Kingdom, August 20-23.
- 2014 Criminal Births: Stillbirth, Infanticide, and the Rio de Janeiro Police, 1900-1915. Department of History, Bowdoin College, Brunswick, ME, April 17.
- 2013 *Nascer livre*: Reproduction and the Abolition of Slavery in Brazil. Association for the Study of the Worldwide African Diaspora, Santo Domingo, Dominican Republic, October 29-November 3.
- 2013 Reproduction and the Limits of Democracy in Republican Brazil. American Historical Association, New Orleans, LA, January 3-6.
- 2013 Embodied Citizenship: Women's Reproductive Practices and State Formation in Rio de Janeiro. Latin American Studies Association, Washington D.C., May 30-June 1.
- 2014 Policing Fertility: Infanticide, Stillbirth, and Birthing Practices in Rio de Janeiro. Latin American Studies Association, Chicago, IL, May 21-24.

## Introduction

Early on the morning of May 7, 1898, the thirty-two-year-old Italian immigrant Philomena Gentil gave birth to an infant girl.<sup>1</sup> Gentil was assisted during childbirth by a lay neighbor who had “great practice” in the art of delivering. A widow, Gentil did not have “the means for her child,” so after the birth she paid a neighboring Italian woman, Thereza Mollenar, 20\$000 *milreis* to take the child to the “wheel” (*roda*) at the *Santa Casa de Misericórdia* orphanage. In the early morning, Mollenar made her way towards the *roda*, carrying the newborn infant wrapped in a blanket. A police officer on patrol watched Mollenar as she left the tenement-style housing (*estalagem*) where Gentil lived and walked down the street carrying what seemed like a parcel. The officer stopped Mollenar and saw that she had a newborn. He arrested her on the spot for child abandonment and brought her into the local precinct for questioning. He also arrested Gentil. Both women testified that they were not abandoning the infant on the streets but rather taking it to the orphanage. The district police chief believed both women were guilty of child abandonment (Article 292 of the 1890 Penal Code), but the public prosecutor argued that the two women “were abandoning the newborn in the *Casa de Expostos* [orphanage], a place where it would not be at risk.”<sup>2</sup> He closed the case without pressing charges.

Thirty years later in 1928, a midwife was brought to trial for the abortion-related death of twenty-two-year-old schoolteacher Philomena Almeida Figueiredo.<sup>3</sup> The police presented as

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<sup>1</sup> (AN) CT, Cx.1956 N.587 (1898).

<sup>2</sup> Gentil’s newborn daughter was just one of 17,000 infants abandoned at the orphanage between 1859 and 1908. Sandra Lauderdale Graham, *House and Street: The Domestic World of Servants and Masters in Nineteenth-Century Rio de Janeiro* (Austin: University of Texas Press, 1992), 84.

<sup>3</sup> (AN) CS.0.PCR.4940 (1928).

evidence a handwritten note from Figueiredo to her partner, Romeu. In it, Figueiredo wrote that feelings of love and honor influenced her decision to seek out an abortion.

Romeu – I did what you advised me to do and what I should do, not only because I could not let the traces of an illicit love appear but also for the great love that we have consecrated. I feel sick and I may not survive until tomorrow love and if [this is] so, I ask you to forgive [my] numerous mistakes; of love alone I committed them and to not forget the memory of ~~you~~ that ~~until in the~~ only to you, body and soul, I belonged, and only yours will I be[,] even in the hereafter. Mena [Philomena]

Figueiredo's words suggest that Romeu had advised her to get an abortion, possibly in the hope of avoiding a scandal. The couple was not married; perhaps Romeu was unwilling to take responsibility for the child. This first-hand account of a woman's reasons for seeking an abortion suggests that feelings of honor and love influenced her reproductive decisions. Figueiredo's attempts to end her pregnancy ended in her untimely and tragic death.

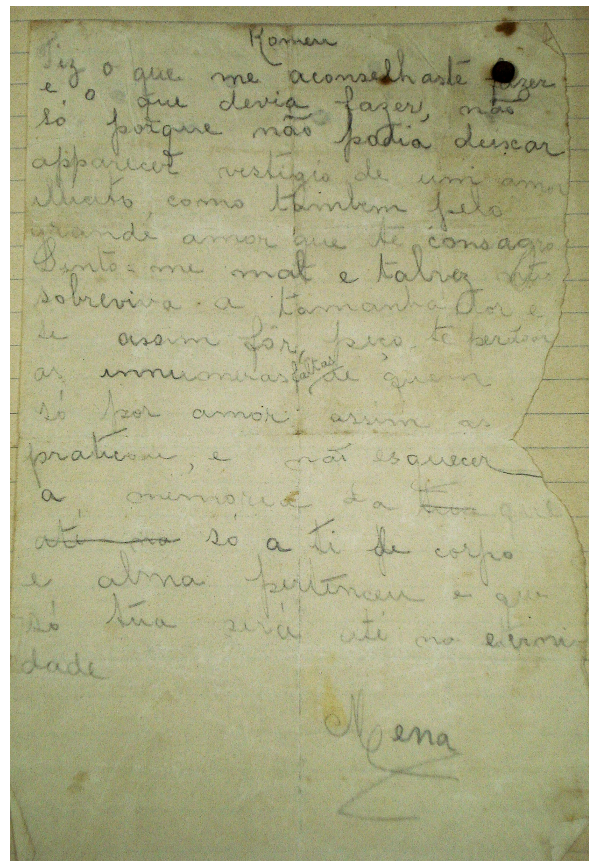


IMAGE 1: Handwritten note from Philomena Almeida Figueiredo to her partner, Romeu. Source: (AN) CS.0.PCR.4940 (1928).

While the methods of both Philomenas were different—the first had abandoned her child at an orphanage while the second had undergone an abortion procedure—these women had sought to control their reproductive lives in ways that clashed with state prescriptions. As a consequence, their reproductive lives became the concern of the state in post-abolition Rio de Janeiro. In the late-nineteenth and early-twentieth centuries, women across the Americas experienced increased public scrutiny of their reproductive lives. Modernizing states began criminalizing practices like abortion, while urbanization, immigration, and changes in women’s workforce participation pushed fertility control into the public consciousness. The Brazilian capital of Rio de Janeiro presents one crucial case study for understanding how the uneven process of modernization affected women’s reproduction, and, in turn, how women negotiated these changes. Early-twentieth-century Brazil experienced a shift from familial to state patriarchy during which women’s sexual honor—and reproduction—became public goods.<sup>4</sup> During this time, the professionalization of obstetrics, changes in criminal law relating to abortion and infanticide, and the expansion of the city’s police force intersected with the inadequate development of health services and continued poor reproductive health outcomes.

This dissertation examines legal and medical policies towards women’s reproductive lives under the 1890 Penal Code (1890-1940), which bridged Brazil’s first foray into democratic governance (the First Republic, 1889-1930) and the early period of Getúlio Vargas’s populist regime (1930-1937). Post-abolition Rio de Janeiro was Brazil’s political, economic, and cultural center, and issues related to the country’s newfound democracy, revised criminal laws, and

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<sup>4</sup> Susan K. Besse, *Restructuring Patriarchy: The Modernization of Gender Inequality in Brazil, 1914-1940* (Chapel Hill: University of North Carolina Press, 1996); Sueann Caulfield, *In Defense of Honor: Sexual Morality, Modernity, and Nation in Early-Twentieth Century Brazil* (Durham: Duke University Press, 2000); Martha de Abreu Esteves, *Meninas perdidas: os populares e o cotidiano do amor no Rio de Janeiro da Belle Époque* (Rio de Janeiro: Paz e Terra, 1989).

expanding medical profession were all manifest in the capital city. The abolition of slavery in 1888 and the fall of the Brazilian monarchy in 1889 ushered in the democratic First Republic. Despite these dramatic changes, Brazil's new government continued to exclude the majority of the population from civil participation in public life, through, for example, voting restrictions, and the continuation of patronage networks that had long dominated nineteenth-century politics.<sup>5</sup> After coming to power in 1930, Vargas increasingly took on a populist mantle, expanding social and economic rights in exchange for popular support.<sup>6</sup> Protective labor legislation and political reforms such as women's suffrage (for literate women over the age of twenty-one) were coupled with expanded state control over its citizens.<sup>7</sup> When he dissolved parliament and instated his corporatist dictatorship in 1937 (the *Estado Novo*, 1937-1945), Vargas co-opted labor unions and eliminated the right to vote for all Brazilians, effectively demobilizing any radical action. Any "rights" women or the poor had won were eliminated with the end of democratic governance.

Political changes were accompanied by immigration, urbanization, and the rise of a free labor force, all of which changed Rio de Janeiro's social, demographic, and economic makeup in the early-twentieth century. Rio's population doubled between 1872 (274,972) and 1890 (522,651) and tripled between 1890 and 1920 (1,157,873). By 1940, the population had reached nearly 1.8 million inhabitants.<sup>8</sup> Immediately after abolition in 1888, large numbers of freed

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<sup>5</sup> For voting restrictions see Amy Chazkel, *Laws of Chance: Brazil's Clandestine Lottery and the Making of Urban Public Life* (Durham: Duke University Press, 2011); José Murilo de Carvalho, *Os bestializados: o Rio de Janeiro e a República que não foi*, 3rd ed. (São Paulo: Companhia das Letras, 2004). For nineteenth-century patronage networks see Richard Graham, *Patronage and Politics in Nineteenth-Century Brazil* (Stanford: Stanford University Press, 1990).

<sup>6</sup> Brodwyn M. Fischer, *A Poverty of Rights: Citizenship and Inequality in Twentieth-Century Rio de Janeiro* (Stanford: Stanford University Press, 2008), 2, 56–58.

<sup>7</sup> Women received the right to vote in 1932. Besse, *Restructuring Patriarchy*, 9; June Hahner, *Emancipating the Female Sex: The Struggle for Women's Rights in Brazil, 1850-1940* (Durham: Duke University Press, 1990), 161.

<sup>8</sup> Instituto Brasileiro de Geografia e Estatística, *Recenseamento geral do Brasil (1 de setembro de 1940)*, Distrito Federal, Part 16 (Rio de Janeiro: Instituto Brasileiro de Geografia e Estatística, 1951), 1.



slaves left coffee plantations in the interior and migrated to the capital city.<sup>9</sup> Immigrants arrived from Europe, and Portuguese immigrants were the largest foreign group in Rio de Janeiro by 1920.<sup>10</sup> Two important consequences of this increased urbanization of and immigration and migration to the city were a disequilibrium between the sexes, including high numbers of unmarried individuals, and the proliferation of low-paying or non-permanent jobs.<sup>11</sup> Due to the gendered nature of urban labor, most poor women were employed as domestic servants.<sup>12</sup>

These demographic changes also resulted in the rise of cramped and unsanitary housing conditions.<sup>13</sup> In response to the continued presence of tenement housing and epidemic disease, the state engaged in public health campaigns aimed at decreasing the rates of infectious diseases such as yellow fever and smallpox. Backed by the state, public health reformers like Oswaldo Cruz and Carlos Chagas successfully curbed the prevalence of infectious diseases and expanded the city's public health infrastructure. The state, however, did not financially back maternal-infant health efforts to the same extent, and reproductive health outcomes did not improve. Without either comprehensive state support or the medical knowledge and technologies required to effectively combat infection and provide effective pre- and postnatal care, women's reproductive health indicators remained essentially unchanged. While maternal-infant health

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<sup>9</sup> Carvalho, *Os bestializados*, 16; Boris Fausto, "Brazil: The Social and Political Structure of the First Republic, 1889-1930," in *The Cambridge History of Latin America: Volume V, C. 1870 to 1930*, ed. Leslie Bethell, vol. 5 (Cambridge: Cambridge University Press, 1986), 785.

<sup>10</sup> Herbert S. Klein, "The Social and Economic Integration of Portuguese Immigrants in Brazil in the Late Nineteenth and Twentieth Centuries," *Journal of Latin American Studies* 23, no. 2 (May 1991): 309–37.

<sup>11</sup> Carvalho, *Os bestializados*, 17; Sidney Chalhoub, *Trabalho, lar e botequim: o cotidiano dos trabalhadores no Rio de Janeiro da Belle Époque*, 2nd ed. (Campinas, SP: Editora da Unicamp, 2001), 44–45.

<sup>12</sup> June Hahner, *Poverty and Politics: The Urban Poor in Brazil, 1870-1920* (Albuquerque: University of New Mexico Press, 1986), 23. More recently, Kari Zimmerman has demonstrated that despite gendered barriers in civil law, a small sector of women were successful small business owners during the late-nineteenth century. "As Pertaining to the Female Sex': The Legal and Social Norms of Female Entrepreneurship in Nineteenth-Century Rio de Janeiro, Brazil," *Hispanic American Historical Review* 96, no. 1 (2016): 39–72.

<sup>13</sup> Mauricio de A. Abreu, *Evolução urbana do Rio de Janeiro* (Rio de Janeiro: IPLANRIO, 1987), 53–59.

remained poor, women's fertility rates declined during the early-twentieth century, particularly in the wealthier areas of the city.<sup>14</sup> Women's reproduction shaped the political, demographic, and social changes of the turn of the century. This dissertation demonstrates how women's experiences of pregnancy, birth, and fertility control were central to the consolidation of the modern Brazilian state.

### Questions and Argument

To do so, this dissertation answers three questions. One, why did the state view women's reproductive practices as central to modernization processes in post-abolition Brazil? Two, which state actors shaped how women's reproduction was monitored and controlled, and how did they achieve these goals? And three, how did the women themselves experience reproduction and fertility control in this period of increased surveillance of their reproductive bodies?

To answer these questions, this dissertation both contributes to and departs from current debates about the post-abolition Brazilian state. In a period of intense social, economic, and political change, first the Republican state and then various iterations of the Vargas regime worked to define citizenship in ways that reinforced colonial and imperial hierarchies of race and gender. For example, scientists and physicians in post-abolition Brazil employed scientific racism to reconceptualize racial hierarchies and create "differential access to citizenship"<sup>15</sup> Physicians reinvented inequalities forged under slavery by creating new hierarchical

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<sup>14</sup> Besse, *Restructuring Patriarchy*, 106–8.

<sup>15</sup> The quote is from Lilia Moritz Schwarcz, *O espetáculo das raças: cientistas, instituições, e questão racial no Brasil, 1870-1930* (São Paulo: Companhia das Letras, 1993), 18, 244–45. However, a well-established historiography also argues this point. Mariza Corrêa, *As ilusões da liberdade: a Escola Nina Rodrigues e a antropologia no Brasil*, 3rd ed. (Rio de Janeiro: Editora Fiocruz, 2013); Olívia Maria Gomes da Cunha, *Intenção e gesto: pessoa, cor e a produção cotidiana da (in) diferença no Rio de Janeiro, 1927-1942* (Rio de Janeiro: Arquivo Nacional, 1999); Thomas E. Skidmore, *Black into White: Race and Nationality in Brazilian Thought*, rev. ed. (1974; repr., Durham: Duke University Press, 1993); Nancy Leys Stepan, *The Hour of Eugenics: Race, Gender, and Nation in Latin America* (Ithaca: Cornell University Press, 1991).

classifications based on “objective” (but racist) science. Jurists restricted citizenship through a positivist application of the law, which understood that legal responsibility (and juridical personhood) depended on individual circumstances, shifting state emphasis from the crime to the criminal. As Marcos César Alvarez argues, “[positivist] criminology represented the emergence of a discourse of inequality within the field of law, which was able to propose...a differential legal-penal treatment for certain sectors of the population, and, consequently, on a larger scale, to establish differential criteria for citizenship.”<sup>16</sup> Vargas then co-opted these racial and legal ideas in the 1930s. His erasure of any outward mention of race by focusing on the Brazilian “citizen” further disguised post-abolition hierarchies by eliminating the rhetoric that connected skin color to socioeconomic inequality. His embrace of positivist law cemented the state as the sole arbitrator of the differential application of the law based on individual characteristics.

In addition to shifting definitions of citizenship, post-abolition Brazil also experienced reconfigurations of patriarchal power based on women’s sexual honor. Elite Cariocas (Rio de Janeiro residents) saw sexual honor as the foundation of the family, which itself was the basis of the nation. Specifically, female sexual morality demanded virginity or chastity outside of marriage and fidelity within it.<sup>17</sup> Yet a woman’s “honesty” and “honor” were not only about virginity but also about overall behavior, including if a woman went out alone and where she chose to spend her free time.<sup>18</sup> Sueann Caulfield has demonstrated that the concept of “honor” in Rio de Janeiro shifted from a family-based model to a state-controlled one during the First Republic and Vargas eras. In fact, in the 1930s, female honor gained more prominence when,

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<sup>16</sup> Marcos César Alvarez, *Bacharéis, criminologistas e juristas: saber jurídico e nova escola penal no Brasil* (São Paulo: IBCCRIM, 2003), 32–33.

<sup>17</sup> Rachel Soihet, *Condição feminina e formas de violência: mulheres pobres e ordem urbana, 1890-1920* (Rio de Janeiro: Forense Universitária, 1989), 303, 325.

<sup>18</sup> Esteves, *Meninas perdidas*, 40.

according to Caulfield, Vargas “went to unprecedented lengths to enforce public morality and private family values, linking them explicitly to national honor.”<sup>19</sup>

Analyzing state efforts to control women’s reproductive lives complicates our understandings of citizenship and patriarchy in early-twentieth-century Rio de Janeiro. First, racist applications of citizenship were mediated by patriarchal understandings of women’s reproduction. Legal and medical authorities’ beliefs in women’s “natural” roles as mothers reinforced gendered hierarchies by relegating women to the singular role of reproducer. But their embrace of *all* women’s maternal potential allowed for the reproduction of populations viewed as “detrimental” to the future of the nation, coded language for Brazil’s large population of African-descended peoples. Moreover, as control over female sexual honor shifted from the family to the state, definitions of motherhood and women’s maternal nature remained central to its meanings. Out-of-wedlock pregnancies, abortion, and infanticide were physical manifestations of women’s deviations from patriarchal understandings of women’s sexuality. While single motherhood implied a lack of sexual morality, a woman’s role as mother re-established her social honor in public. In other words, motherhood reinforced women’s proper gender roles, and, under Vargas, relegated women to the role of reproducers of a new nation. In this sense, the practices of abortion and infanticide were a rejection of both female sexual honor based on chastity and female social honor based on motherhood. Women who engaged in these practices were seen as dangerous to society. Studying women’s reproductive lives further elucidates how state authorities understood and enforced the contradictions of citizenship based on race and gender in early-twentieth-century Brazil.

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<sup>19</sup> *In Defense of Honor*, 5.

This dissertation argues that women's reproductive lives became the object of increased state attention in post-abolition Rio de Janeiro. As the state began to take over patriarchal power from the family, women's reproductive capabilities—their ability to conceive and raise future citizens—became critical to the growth and modernization of the state. Fertility control—which allowed women to break with patriarchal ideals of women's proper sexual behavior, their gendered roles as mothers, and their subordination to male decision-making processes—was a direct threat to both individual and state patriarchy. In regards to reproduction, juridical-medical efforts to modernize Brazilian society worked in a paradoxical manner. The state intervened in women's reproduction through the surveillance of fertility control but did not expand obstetric services or improve reproductive health outcomes. Ultimately, the state created a culture of condemnation around poor women's pregnancy and childbirth that extended beyond elite discourses into the popular imagination. This project contends that state attempts to control women's bodies clashed with their everyday embodied experience of poor reproductive health.

## **Historiography**

Women's reproductive lives and fertility control practices were central to medical and legal efforts to modernize early-twentieth-century Rio de Janeiro. Feminist historians have argued that women have always controlled their fertility, often relying on female knowledge of herbal remedies, and that these efforts cannot be separated from larger political processes and gendered power dynamics.<sup>20</sup> Historians of gender have demonstrated how issues of modern state formation pivoted on understandings of women's bodies, reproduction, motherhood, and the

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<sup>20</sup> Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America* (Urbana: University of Illinois Press, 2002); Rosalind Pollack Petchesky, *Abortion and Woman's Choice: The State, Sexuality, and Reproductive Freedom*, Rev. ed. (Boston: Northeastern University Press, 1990); Leslie J. Reagan, *When Abortion Was a Crime: Women, Medicine, and the Law in the United States, 1867-1973* (Berkeley: University of California Press, 1998).

family.<sup>21</sup> In relation to fertility control, infanticide had long been criminalized in the West.<sup>22</sup> Abortion, however, only became politicized in the latter half of the nineteenth century. In the late-nineteenth-century U.S., for example, physicians pushed for its criminalization in an effort to raise the professional status of medicine and become a national political force.<sup>23</sup>

Over the last few decades, scholars of gender in Latin America have begun to analyze the topic of reproduction and the family. On the one hand, legal histories of the state have argued that colonial Catholic and patriarchal notions of female honor—based on women’s sexuality—became cemented into law during the transition from colony or empire to republic.<sup>24</sup> State

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<sup>21</sup> Elisa Camiscioli, *Reproducing the French Race: Immigration, Intimacy, and Embodiment in the Early Twentieth Century* (Durham: Duke University Press, 2009); Faye D. Ginsburg and Rayna Rapp, eds., *Conceiving the New World Order: The Global Politics of Reproduction* (Berkeley: University of California Press, 1995); Seth Koven and Sonya Michel, eds., *Mothers of a New World: Maternalist Politics and the Origins of Welfare States* (New York: Routledge, 1993); Firoozeh Kashani-Sabet, *Conceiving Citizens: Women and the Politics of Motherhood in Iran* (New York: Oxford University Press, 2011); Laura L. Lovett, *Conceiving the Future: Pronatalism, Reproduction, and the Family in the United States* (Chapel Hill: University of North Carolina Press, 2007).

<sup>22</sup> Brigitte H. Bechtold and Donna Cooper Graves, eds., *Killing Infants: Studies in the Worldwide Practice of Infanticide* (Lewiston, NY: Edwin Mellen Press, 2006); Elaine Farrell, “A Most Diabolical Deed”: *Infanticide and Irish Society, 1850-1900* (Manchester: Manchester University Press, 2013); Laura Gowing, “Secret Births and Infanticide in Seventeenth-Century England,” *Past & Present*, no. 156 (August 1997): 87–115; Mark Jackson, *New-Born Child Murder: Women, Illegitimacy, and the Courts in Eighteenth-Century England* (Manchester: Manchester University Press, 1996); Cliona Rattigan, *What Else Could I Do?: Single Mothers and Infanticide, Ireland 1900-1950* (Sallins, Ireland: Irish Academic Press, 2012).

<sup>23</sup> Nicola Beisel and Tamara Kay, “Abortion, Race, and Gender in Nineteenth-Century America,” *American Sociological Review* 69 (August 2004): 498–518; Janet Farrell Brodie, *Contraception and Abortion in Nineteenth-Century America* (Ithaca: Cornell University Press, 1997); Carroll Smith-Rosenberg, *Disorderly Conduct: Visions of Gender in Victorian America* (New York: Oxford University Press, 1985), 217–44.

<sup>24</sup> For late-colonial and early-Republican Spanish America see Sarah C. Chambers, *From Subjects to Citizens: Honor, Gender and Politics in Arequipa, Peru, 1780-1854* (University Park: Pennsylvania State University Press, 1999); Ramon J. Gutierrez, *When Jesus Came, the Corn Mothers Went Away: Marriage, Sexuality, and Power in New Mexico, 1500-1864* (Stanford: Stanford University Press, 1991); Patricia Seed, *To Love, Honor, and Obey in Colonial Mexico: Conflicts Over Marriage Choice, 1574-1821* (Stanford: Stanford University Press, 1988); Verena Stolcke, *Marriage, Class and Color in Nineteenth-Century Cuba: A Study of Racial Attitudes and Sexual Values in a Slave Society*, 2nd ed. (Ann Arbor: University of Michigan Press, 1989); Ann Twinam, *Public Lives, Private Secrets: Gender, Honor, Sexuality, and Illegitimacy in Colonial Spanish America* (Stanford: Stanford University Press, 1999). For colonial and Imperial Brazil see Sandra Lauderdale Graham, *Caetana Says No: Women’s Stories from a Brazilian Slave Society* (New York: Cambridge University Press, 2002); Linda Lewin, *Surprise Heirs I: Illegitimacy, Patrimonial Rights, and Legal Nationalism in Luso-Brazilian Inheritance, 1750-1821* (Stanford: Stanford University Press, 2003); Idem, *Surprise Heirs II: Illegitimacy, Inheritance Rights, and Public Power in the Formation of Imperial Brazil, 1822-1889* (Stanford: Stanford University Press, 2003); Maria Beatriz Nizza da Silva, *Sistema de casamento no Brasil colonial* (São Paulo: T.A. Queiroz, 1984).

reinforcement of patriarchal law clashed with how individuals actually formed families, however. Thus, for both Hispanic America and Brazil, scholars have analyzed how state policies towards women and children deviated from actual practices of childbearing and childrearing in the late-nineteenth and early-twentieth centuries.<sup>25</sup> In Brazil, contemporary anthropological works on poverty, reproduction, and the family show how lived experience continues to differ from elite prescriptions.<sup>26</sup>

Scholars' focus on modifications in familial structures—both fictive and real—during moments of political change across Latin America have established that patriarchy moved from the family to the state in the modern period. Historians such as Sueann Caulfield, Susan Besse, and Marta Abreu de Esteves have demonstrated that virginity and honor were debated in the public sphere in early-twentieth-century Brazil. By the Vargas years, state patriarchy had been firmly established.<sup>27</sup> Instead of any radical gender reforms, family patriarchy survived Brazil's turn-of-the-century modernization as state paternalism replaced individual male control over women's bodies and lives.<sup>28</sup> Within this conservative milieu, early-twentieth-century feminist movements for gender equality across the hemisphere rejected earlier calls for the radical

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<sup>25</sup> Ann Shelby Blum, *Domestic Economies: Family, Work, and Welfare in Mexico City, 1884-1943* (Lincoln: University of Nebraska Press, 2009); Nara Milanich, *Children of Fate: Childhood, Class, and the State in Chile, 1850-1930* (Durham: Duke University Press, 2009); Erica Windler, "Honor Among Orphans, Girlhood, Virtue, and Nation at Rio de Janeiro's Recolhimento," *Journal of Social History* 44, no. 4 (2011): 1195–1215.

<sup>26</sup> Anne Line Dalsgaard, *Matters of Life and Longing: Female Sterilisation in Northeast Brazil* (Copenhagen: Museum Tusulanum Press, University of Copenhagen, 2004); Tobias Hecht, *At Home in the Street: Street Children of Northeast Brazil* (Cambridge: Cambridge University Press, 1998); Mary Lorena Kenny, *Hidden Heads of Households: Child Labor in Urban Northeast Brazil*, 2nd ed. (Toronto: University of Toronto Press, 2008); Nancy Scheper-Hughes, *Death Without Weeping: The Violence of Everyday Life in Brazil* (Berkeley: University of California Press, 1992).

<sup>27</sup> Besse, *Restructuring Patriarchy*; Caulfield, *In Defense of Honor*; Esteves, *Meninas perdidas*; Soihet, *Condição feminina*.

<sup>28</sup> For mid- to late-twentieth century studies of state patriarchy and abortion see Merike Blofield, *The Politics of Moral Sin: Abortion and Divorce in Spain, Chile and Argentina* (New York: Routledge, 2006); Mala Htun, *Sex and the State: Abortion, Divorce, and the Family Under Latin American Dictatorships and Democracies* (New York: Cambridge University Press, 2003).

restructuring of society and embraced maternalist claims to gain access to legal and political rights. Support of the nuclear family, and thus motherhood, was the manner through which elite women entered the public sphere.<sup>29</sup> While motherhood and female sexual honor were clearly important in state modernization processes across the hemisphere, studies have paid less attention to how women's reproductive experiences shaped and were shaped by these trends.

On the other hand, historians of medicine have contended that the institutionalization of the field across the region focused on women's roles as reproducers within modernizing nations. In the late-nineteenth and early-twentieth centuries, elites used emerging scientific (and pseudo-scientific) concepts to expand state power and impose social control. Public health campaigns aimed at curbing prostitution, for example, reinforced women's natural roles as mothers.<sup>30</sup> Race-based exclusionary practices maintained colonial hierarchies while gendered inequalities upheld patriarchal norms.<sup>31</sup> In Brazil, for example, Okezi Otovo has argued that the state used maternal

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<sup>29</sup> Besse, *Restructuring Patriarchy*; Hahner, *Emancipating the Female Sex*; Elizabeth Quay Hutchison, *Laborers Appropriate to Their Sex: Gender, Labor, and Politics in Urban Chile, 1900-1930* (Durham: Duke University Press, 2001); Asuncion Lavrin, *Women, Feminism, and Social Change in Argentina, Chile, and Uruguay, 1890-1940* (Lincoln: University of Nebraska Press, 1998); Jadwiga Pieper Mooney, *The Politics of Motherhood: Maternity and Women's Rights in Twentieth-Century Chile* (Pittsburgh: University of Pittsburgh Press, 2009); Jocelyn H. Olcott, *Revolutionary Women in Postrevolutionary Mexico* (Durham: Duke University Press, 2006); Karin Alejandra Roseblatt, *Gendered Compromises: Political Cultures and the State in Chile, 1920-1950* (Chapel Hill: University of North Carolina Press, 2000).

<sup>30</sup> Katherine Elaine Bliss, *Compromised Positions: Prostitution, Public Health, and Gender Politics in Revolutionary Mexico City* (University Park: Pennsylvania State University Press, 2001); Donna J. Guy, *Sex and Danger in Buenos Aires: Prostitution, Family, and Nation in Argentina* (Lincoln: University of Nebraska Press, 1991); Margareth Rago, *Os prazeres da noite: prostituição e códigos da sexualidade feminina em São Paulo, 1890-1930* (Rio de Janeiro: Paz e Terra, 1991).

<sup>31</sup> Laura Briggs, *Reproducing Empire: Race, Sex, Science, and U.S. Imperialism in Puerto Rico* (Berkeley: University of California Press, 2002); Eileen J. Suárez Findlay, *Imposing Decency: The Politics of Sexuality and Race in Puerto Rico, 1870-1920* (Durham: Duke University Press, 2000); Julia Rodriguez, *Civilizing Argentina: Science, Medicine, and the Modern State* (Chapel Hill: University of North Carolina Press, 2006); Kristin Ruggiero, *Modernity in the Flesh: Medicine, Law, and Society in Turn-of-the-Century Argentina* (Stanford: Stanford University Press, 2004); Stepan, *The Hour of Eugenics*; Ann Zulawski, *Unequal Cures: Public Health and Political Change in Bolivia, 1900-1950* (Durham: Duke University Press, 2007).



and child welfare programs to integrate the lower classes into Bahia's post-abolition state without actually dismantling the racial and gender inequalities forged under slavery.<sup>32</sup>

Historians also have explored how changes in medical practice, particularly in obstetrics and gynecology, were central to the creation of gendered differences based on medical ideas of the female body. In late-nineteenth and early-twentieth-century Brazil, childbirth was the realm in which traditional and modern medical practices clashed. In this sense, women's reproductive lives are the point from which we can understand the professionalization of medicine more generally and its affect on women's health more specifically. Obstetrics and gynecology reinforced gendered hierarchies by linking women—through their bodies—solely to their identities as mothers and their capacities to reproduce.<sup>33</sup>

In Latin America, scholars have investigated fertility control through the lens of criminality, demonstrating that shifting notions of female sexuality, honor, and race shaped how modernizing states criminalized these practices.<sup>34</sup> As historian Fabíola Rohden has argued for Brazil, fertility control became an important topic in the public sphere at the same time the state

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<sup>32</sup> Okezi Otovo, "'To Form a Strong and Populous Nation': Race, Motherhood, and the State in Republican Brazil" (PhD diss, Georgetown University, 2009); Idem, "From *Mãe Preta* to *Mãe Desamparada*: Maternity and Public Health in Post-Abolition Bahia," *Luso-Brazilian Review* 48, no. 2 (2011): 164–91.

<sup>33</sup> Maria Martha de Luna Freire, *Mulheres, mães e médicos: discurso maternalista no Brasil* (Rio de Janeiro: Editora Fundação Getúlio Vargas, 2009); Ana Paula Vosne Martins, *Visões do feminino: A medicina da mulher nos séculos XIX e XX* (Rio de Janeiro: Editora Fiocruz, 2004); Julyan G. Peard, *Race, Place, and Medicine: The Idea of the Tropics in Nineteenth-Century Brazilian Medicine* (Durham: Duke University Press, 1999); Fabíola Rohden, *Uma ciência da diferença: sexo e gênero na medicina da mulher*, 2nd ed. (Rio de Janeiro: Editora Fiocruz, 2009).

<sup>34</sup> For Hispanic America see David Carey Jr., *I Ask for Justice: Maya Women, Dictators, and Crime in Guatemala, 1898-1944* (Austin: University of Texas Press, 2014), Chapter four; Kristin Ruggiero, "Honor, Maternity, and the Disciplining of Women: Infanticide in Late Nineteenth-Century Buenos Aires," *Hispanic American Historical Review* 72, no. 3 (1992): 353–73; Idem, "Not Guilty: Abortion and Infanticide in Nineteenth-Century Argentina," in *Reconstructing Criminality in Latin America*, ed. Carlos Aguirre and Robert Buffington (Wilmington, DE: Scholarly Resources Inc., 2000), 149–66. For Brazil see Isabel Cristina Hentz, "A honra e a vida: debates jurídicos sobre aborto e infanticídio nas primeiras décadas do Brasil republicano" (master's thesis, Universidade Federal de Santa Catarina, 2013); Joana Maria Pedro, ed., *Práticas proibidas: práticas costumeiras de aborto e infanticídio no século XX* (Florianópolis: Cidade Futura, 2003); Fabiana Cardoso Malha Rodrigues, "Os crimes das mulheres: aborto e infanticídio no direito na passagem à modernidade no Brasil, 1890-1916" (master's thesis, Universidade Federal Fluminense, 2004); Fabíola Rohden, *A arte de enganar a natureza: contracepção, aborto e infanticídio no início do século XX* (Rio de Janeiro: Editora Fiocruz, 2003).

increased its valorization of motherhood, especially during the Vargas era.<sup>35</sup> But policies towards and practices of fertility control must be contextualized within larger reproductive health trends such as maternal mortality and stillbirth rates. This dissertation demonstrates that the Brazilian state became preoccupied not only with fertility control but also with pregnancy and birth. It goes beyond state rhetoric towards female reproduction to provide a detailed exploration of both legal and medical policy towards women's reproductive health including fertility control, and women's own experiences.<sup>36</sup>

The dissertation addresses how and when different races and classes of women in the city of Rio de Janeiro experienced and understood their reproductive lives within shifting medical and legal boundaries. Abortion and infanticide can best be understood as, in the words of Leslie Reagan, “a triangle of interactions” among the medical profession, state agents, and women themselves. For instance, abortion is a medical procedure that at the same time remains a criminal act in the legal realm.<sup>37</sup> It is also a practice that women undergo and experience on emotional and physical levels. Similarly, I approach women's reproduction—in particular fertility control—from three angles: law, medicine, and women's embodied experiences.

## **Law**

Because both abortion and infanticide were crimes throughout the period of this study, we must understand both how the law criminalized these practices and how different state

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<sup>35</sup> *A arte de enganar a natureza*, 21.

<sup>36</sup> Notable exceptions have used oral history to center women's experiences and understandings. Natalie L. Kimball, “An Open Secret: The Hidden History of Unwanted Pregnancy and Abortion in Highland Bolivia, 1952-2010” (PhD diss, University of Pittsburgh, 2013); Ana Paula Vosne Martins, “Memórias maternas: experiências da maternidade na transição do parto doméstico para o parto hospitalar,” *História Oral* 8, no. 2 (2005): 61–76.

<sup>37</sup> *When Abortion Was a Crime*, 1.

apparatuses carried out and enforced these legal prescriptions.<sup>38</sup> While legal doctrine was not the only force that affected how individual women negotiated their reproductive lives, it proved one of the strongest and most enduring.

Brazil's legal system is part of a larger civil law tradition that has characterized Latin American jurisprudence from the early-nineteenth century.<sup>39</sup> In the civil tradition, law is codified in statutes (also known as codes).<sup>40</sup> Brazil's first national body of criminal law was the 1830 Criminal Code, which lasted until the end of the Imperial period (1822-1889). After the abolition of slavery and the fall of the Empire, the Republican state passed the 1890 Penal Code, the first important legislation of the First Republic, followed by the Constitution (1891) and the country's first Civil Code (1916).<sup>41</sup> That is to say, criminal law was a key part of defining "modern" Brazil. The 1890 Penal Code was, from its promulgation, a contentious and much critiqued legal document.<sup>42</sup> The Code adhered to classical law in the tradition of its 1830 counterpart. This doctrine saw criminal behavior as an outcome of free choice and individual responsibility—all persons were equal before the law—and defined an act as criminal independent of the person

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<sup>38</sup> For different state apparatuses see Louis Althusser, "Ideology and Ideological State Apparatuses (Notes Towards an Investigation)," in *The Anthropology of the State: A Reader*, ed. Aradhana Sharma and Akhil Gupta (Malden, MA: Blackwell Publishing, 2006), 86–111.

<sup>39</sup> Chazkel, *Laws of Chance*, 83; Caulfield, *In Defense of Honor*, 213–14n22. For an overview of civil law see John Henry Merryman and Rogelio Pérez-Perdomo, *The Civil Law Tradition: An Introduction to the Legal Systems of Europe and Latin America*, 3rd ed. (Stanford: Stanford University Press, 2007).

<sup>40</sup> In common law, the system that dominates England and the United States, both case law and judicial precedent produce legal doctrine, conferring on judges a more active role in jurisprudence.

<sup>41</sup> Before the 1916 Civil Code, Brazil still resorted to the *Ordenações Philipinas* (1603), a mish-mash collection of Portuguese, Roman, and canon law. Keith S. Rosenn, "Brazil's Legal Culture: The *Jeito* Revisited," *Florida International Law Journal* 1, no. 1 (Fall 1984): 12. Keila Grinburg argues that the difficulty of defining citizenship in a slave society was the fundamental impediment to passing a civil code during the Empire. *Código Civil e cidadania* (Rio de Janeiro: Jorge Zahar, 2001).

<sup>42</sup> Alvarez, *Bacharéis, criminologistas e juristas*, 17–18, 66–72; Maria Fernanda Tourinho Peres and Antônio Nery Filho, "A doença mental no direito penal brasileiro: inimputabilidade, irresponsabilidade, periculosidade e medida de segurança," *História, Ciências, Saúde - Manguinhos* 9, no. 2 (2002): 342.

who committed it.<sup>43</sup> But the 1890 Penal Code was passed during a period in which positivist law had already become embedded in Brazilian legal thought, and jurists' application of the law was positivist in nature.<sup>44</sup> Positivist law viewed the influences of psychology, biology, and the environment as important to individual action. Adherents to positivist doctrine believed in the individualization of sentencing based on a scientific understanding of the alleged criminal. Each sentence and decision was made in consideration of this larger context, and the sentencing depended on the individual and not the crime. Influenced by its European proponents, this positivist doctrine shifted legal focus from the crime to the individual criminal.<sup>45</sup> As we will see with abortion and infanticide, the judicial system decided a women's culpability based on her environmental and biological circumstances rather than the crime itself.

While the positivist application of the 1890 Penal Code—in particular in relation to abortion and infanticide—presented a shift in Brazilian criminal jurisprudence, criminal law had long sought to control the practices. Abortion and infanticide officially became illegal in the country under the 1830 Criminal Code. Before 1830, Brazil answered to Portugal's *Ordenações Philipinas*, which made no explicit reference to abortion or infanticide, although the law did condemn “women who are infamously known to move others, or, if one suspects evil around a pregnant women's delivery, her not accounting for it.”<sup>46</sup> The first clause implied women who

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<sup>43</sup> Alvarez, *Bacharéis, criminologistas e juristas*; Magali Gouveia Engel, “Paixão, crime e relações de gênero (Rio de Janeiro, 1890-1930),” *Topoi*, no. 1 (2000): 167. For the classical tradition of the 1830 Criminal Code see Caulfield, *In Defense of Honor*, 22; Pedro Paulo de Almeida Dutra, *Literatura jurídica no Império* (Rio de Janeiro: Topbooks, 1992), 45; Peres and Nery Filho, “A doença mental,” 337.

<sup>44</sup> Alvarez, *Bacharéis, criminologistas e juristas*; Chazkel, *Laws of Chance*, 84; Fischer, *A Poverty of Rights*, 156–57.

<sup>45</sup> Alvarez, *Bacharéis, criminologistas e juristas*; Fischer, *A Poverty of Rights*, Chapter five; Peres and Nery Filho, “A doença mental,” 336–37, 345.

<sup>46</sup> Candido Mendes de Almeida, *Codigo Philippino ou Ordenações e Leis do Reino de Portugal recopiladas por mandado D'El-Rey D. Philippe I*, 14th ed., vol. 1 (Rio de Janeiro: Typographia do Instituto Philomathico, 1870), Titulo LXXIII§4, 167; Phaelante da Camara, *O duello e o infanticidio* (Bahia: Livraria Magalhães, 1904), 84; Hentz,

performed abortions (*fazer mover outras*), while the second alluded to concealment of pregnancy and possible infanticide.<sup>47</sup> Early-twentieth-century jurists believed that during the colonial period, judges also could have considered infanticide within the *Ordenações*' definition of homicide, if the young age of the victim was taken into account.<sup>48</sup> Despite legal uncertainty, both the colonial state and the Catholic Church condemned abortion and infanticide across the Portuguese empire, and efforts to repress the practice figured prominently in Church writings in Brazil and juridical debates in Portugal.<sup>49</sup> The extent to which these practices were actually prosecuted, however, remains unknown.

The passage of the 1830 Criminal Code specifically criminalized both abortion and infanticide, yet the law did not clearly define these crimes.<sup>50</sup> In terms of infanticide, the 1830 Code did not clarify when infanticide became homicide. Article 197 defined the crime of infanticide as “to kill any newborn,” with prison time from three to twelve years with a fine.<sup>51</sup> Jurists argued that this unclear explanation of infanticide created doctrinal and practical doubts

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“A honra e a vida,” 57. This legislation came directly from a promulgation in 1570 by D. Sebastião that referenced *movedeiras* or women accused of “making others move with drinks, ou by whatever means.” Quoted in Isabel dos Guimarães Sá, “Abandono de crianças, infanticídio e aborto na sociedade portuguesa tradicional através das fontes jurídicas,” *Penelope: Revista de história e ciências sociais* 8 (1992): 84. See also Mary del Priore, “A árvore e o fruto: um breve ensaio histórico sobre o aborto,” *Revista Bioética* 2, no. 1 (1994).

<sup>47</sup> Sá, “Abandono de crianças,” 83.

<sup>48</sup> da Camara, *O duello e o infanticidio*, 84. For the original homicide law see Candido Mendes de Almeida, *Codigo Philippino ou Ordenações e Leis do Reino de Portugal recopiladas por mandado D’El-Rey D. Philippe I*, 14th ed., vol. 5 (Rio de Janeiro: Typographia do Instituto Philomathico, 1870), 1186.

<sup>49</sup> Matthieu de Castelbajac, “Aborto legal: elementos sociohistóricos para o estudo do aborto previsto por lei no Brasil,” *Revista de Direito Sanitário* 10, no. 3 (2010): 39–72; Mary del Priore, *Ao sul do corpo: Condição feminina, maternidades e mentalidades no Brasil colônia*. (Rio de Janeiro: Olympio Editora, 1993), Chapter four; Idem, “A árvore e o fruto.” For juridical debates in Portugal see Sá, “Abandono de crianças,” 75–90.

<sup>50</sup> Portugal’s first Penal Code of 1852 also criminalized the practices. Sá, “Abandono de crianças,” 86n38.

<sup>51</sup> Vicente Alves de Paula Pessoa, *Codigo Criminal do Imperio do Brazil*, 2nd ed. (Rio de Janeiro: Livraria Popular de A.A. da Cruz Coutinho, 1885), 358–61.

about when a newborn became a child (and thus a homicide).<sup>52</sup> Punishment differed when taking into account the mother's honor. Article 198 of the 1830 Code read: "If the child's own mother kills the newborn to hide her dishonor; sentence: imprisonment with work for one to three years." The dishonor of having a child out of wedlock—the physical manifestation of extramarital sex—mediated the crime.

Abortion in the 1830 Criminal Code also was covered under two articles. Article 199 read: "To cause an abortion, employing any means, internal or external, with the consent of the pregnant woman." The sentence was prison with work from one to five years. If the abortion was supposedly committed without the consent of the pregnant woman, the sentence was doubled. Article 200 read: "To provide with knowledge of the cause, drugs, or any methods, to cause an abortion, even if it is not successful." The sentence: prison with work from two to six years, and if the abortion was practiced by a doctor, the sentence doubled.<sup>53</sup> Neither article criminalized the pregnant woman, however. Matthieu de Castebaljac argues that this was due to the 1830 Code's liberal tendencies, particularly the idea of the "autonomy of the individual" and the divide between public and private. The intervention of a third party implied that the crime existed in the public sphere, and thus the state could intervene. But a woman who provoked her own abortion was acting within the private sphere, and thus the state did not have the right to act.<sup>54</sup> I argue, however, that patriarchal ideas about public and private also influenced this approach. While the "private" issue of a woman's abortion came under the auspices of the father or the husband, the "public" issue of abortion providers was subordinated to the state. Both positions represented women as juridical children without the ability to decide for themselves. As this dissertation

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<sup>52</sup> da Camara, *O duello e o infanticídio*, 91.

<sup>53</sup> Pessoa, *Código Criminal do Império*, 364–65.

<sup>54</sup> "Aborto legal," 43.

shows, even when the 1890 Code criminalized women, the practice of the law remained in line with its 1830 counterpart, and the judicial system co-opted familial patriarchy.

The passage of the 1890 Penal Code more clearly defined criminal responsibility in both infanticide and abortion law. The Code incorporated more technical legal-medical definitions of infant life, and it implemented harsher sentencing practices for the crimes.<sup>55</sup> In infanticide law, the 1890 Code specifically delineated the time after which infanticide became homicide (which carried a more severe sentence in both the 1830 and 1890 Codes).<sup>56</sup> Article 298 read: “To kill a newborn, this is, an infant, in the first seven days of its life, by employing direct and active methods, or by denying the victim the care necessary for the maintenance of life and to prevent its death.”<sup>57</sup> The sentence: prison time from six to twenty-four years. In 1890, honor also played a key role in sentencing practices in infanticide law. Article 298§ (sole paragraph) reduced the prison sentence to between three to nine years, “if the crime was perpetrated by the mother to hide her own dishonor.” The 1890 Code mirrored its Imperial counterpart by greatly reducing the sentence if honor was at stake.

In relation to abortion, the 1890 Penal Code expanded a woman’s legal responsibility while still including honor as a qualification to the sentence. While the 1830 Code only criminalized the abortion provider, the 1890 Code punished both unlicensed and licensed

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<sup>55</sup> On medico-legal aspects of the 1890 Code see Caulfield, *In Defense of Honor*, 31–33; Joana Maria Pedro, “Aborto e infanticídio: Práticas muito antigas,” in *Práticas proibidas: práticas costumeiras de aborto e infanticídio no século XX*, ed. Joana Maria Pedro (Florianópolis: Cidade Futura, 2003), 40.

<sup>56</sup> Rodrigues, “Os crimes das mulheres,” 84; Hentz, “A honra e a vida,” 41. In the 1830 Criminal Code, Arts. 192 and 193 (Homicide) had sentences ranging from six years in prison to the death penalty depending on the circumstances outlined in Arts. 16§2, 7, 10, 11, 12, 13, 14, 17. Antonio Luiz Ferreira Tinôco, *Código Criminal do Império do Brasil anotado* (Rio de Janeiro: Imprensa Industrial, 1886), 370–76. In the 1890 Penal Code, Art. 294 (Homicide) had a sentence ranging from six to thirty years, depending on the aggravating circumstances outlined in Art. 39 §2, 3, 6, 7, 8, 9, 10, 11, 12, 13, 16, 17, 18, 19 and Art. 41§2. Oscar de Macedo Soares, *Código Penal da República dos Estados Unidos do Brasil commentado*, 5th ed. (Rio de Janeiro: Livraria Garnier, 1910), 598–601.

<sup>57</sup> João Vieira de Araujo, *O Código Penal interpretado*, vol. 2 (Rio de Janeiro: Imprensa Nacional, 1902), 2–40.

providers and women themselves. In practice, however, pregnant women who sought out abortions were rarely brought to trial. Rather, the doctors and midwives who performed the abortions were prosecuted, so this juridical change was not necessarily applied in the courts.<sup>58</sup> Abortion in the 1890 Code was punished under three separate articles. Article 300 read: “To provoke an abortion, with or without the expulsion of the fruit of conception.” If the abortion completed, the prison sentence ranged from two to six years. If the procedure was unsuccessful, the crime was still punished, but the sentence was reduced from six months to one year in prison. If the abortion resulted in the death of the woman (Article 300§1), prison time increased to between six to twenty-four years.<sup>59</sup> Finally, if a licensed doctor or midwife performed the abortion (Article 300§2), the sentence included both the prison sentence and the loss of their medical license for the corresponding period. Article 301 of the Penal Code read: “To provoke an abortion with approval and agreement of the pregnant woman.” The sentence was imprisonment from one to five years. Article 301§1 was the only specific reference to the woman who underwent the abortion: “The same penalty will apply to the pregnant woman that voluntarily gets an abortion, employing for this purpose the [necessary] means; and with a reduction in the third part if the crime was committed to hide the woman’s own dishonor.” If the woman sought out an abortion to hide her dishonor, the prison time ranged from four to twenty months. Like infanticide, the sentence was reduced in abortion law in relation to a woman’s

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<sup>58</sup> This application of the law followed the 1890 Penal Code’s efforts to crack down on the illegal practice of medicine and healing, which included abortive techniques. For cases prosecuting the illegal practice of medicine involving abortion see (AN) CS.0.PCR.7613 (1935); (AN) 6Z.0.PCR.20528 (1937); (AN) CT, Cx.1830 N.1386 (1937); (AN) 6Z.0.PCR.22279 (1938); (AN) 6Z.0.PCR.21018 (1938); (AN) 6Z.0.PCR.20879 (1938); (AN) Cx.1732 N.2703 (1940); (AN) CS.0.PCR.9275 (1941).

<sup>59</sup> This was the same sentence as homicide, Article 294§2. Araujo, *O Código Penal interpretado*, 1902, 2:60; Galdino Siqueira, *Direito Penal Brasileiro*, vol. 1 (Rio de Janeiro: Livraria Jacyntho, 1932), 598. In practice, only one police investigation charged the death from an alleged abortion as homicide, and they investigated the midwife under Article 297 or manslaughter. (AN) CT, Cx.1845 N.67 (1932).



honor. A woman who did not adhere to gendered sexual standards should be punished; however, if she practiced abortion or infanticide to maintain honor, her intention was taken into account.

Finally, Article 302 read: “If the doctor, or midwife, practicing a legal abortion, or a necessary abortion, to save the pregnant woman from inevitable death, causes her death by negligence or incompetence.” The prison time ranged from two months to two years, and the loss of the medical license for the corresponding period. This last clause referred to the practice of therapeutic abortion, and it further cemented the law’s emphasis on the institutional practice of medicine by specifying that only the trained physicians could perform the procedure.<sup>60</sup>

Brazilian law clearly criminalized the practices of abortion and infanticide at the same time that honor remained a central tenet of fertility control law throughout the nineteenth and early-twentieth centuries. Laws became harsher over time, as they implemented more severe punishments and expanded legal responsibility. While various state authorities—from the police to prosecutors to judges—worked to enforce these laws in early-twentieth-century Rio de Janeiro, they were not the only authorities hoping to control women’s reproductive lives. The medical profession proved a willing ally in their efforts to control women’s reproduction.

## **Medicine**

Legal changes to fertility control law were paralleled by the professionalization and expansion of the medical field. Obstetricians in particular proved a formidable collaborator with larger state efforts to control women’s reproductive lives. The institutionalization of medicine in Brazil in general, and in Rio de Janeiro in particular, began in the mid-nineteenth century and

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<sup>60</sup> Jurists argued that Article 302 was redundant, as it was already codified under Article 297, or manslaughter. Araujo, *O Codigo Penal interpretado*, 1902, 2:63. I have found no court cases involving Article 302.

continued after the end of the Empire in 1889.<sup>61</sup> Physicians in the late-nineteenth century received a wide humanistic training, similar to what today we would consider a liberal arts education. They viewed themselves as public intellectuals who should participate in societal debates on issues ranging from hygiene to the family to public order.<sup>62</sup> While physicians in the early-twentieth century began to undergo more technical and scientific training, the historical emphasis on the larger social implications of medicine was carried over into obstetricians' early-twentieth-century objectives.<sup>63</sup> Physicians' belief in their larger societal responsibility led many to act within the legal realm, prescribing legal doctrine based on their medical experience.<sup>64</sup> Both jurists and physicians considered themselves the “the civilizing vanguard” of Brazil.<sup>65</sup>

By the early-twentieth century, the medical profession—in particular obstetricians—became a powerful lobby in the public sphere as it dominated discussions of reproduction, eugenics, and the family. Like its judicial counterpart, the medical profession engaged in a pedagogical project to re-educate and “mold” women into their proper roles in a modern patriarchal society headed by the state.<sup>66</sup> Twentieth-century urbanization and industrialization saw the increased presence of women in the workforce, changing sexual practices, and rising urban poverty. First the late-nineteenth-century hygienist movement and then the early-twentieth-century eugenics movement, spearheaded by the medical profession, sought to combat

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<sup>61</sup> Martins, *Visões do feminino*; Peard, *Race, Place, and Medicine*; Rohden, *Uma ciência da diferença*.

<sup>62</sup> This was also the case for Brazil's law schools. Alvarez, *Bacharéis, criminologistas e juristas*, 24–29.

<sup>63</sup> Stepan, *The Hour of Eugenics*, 39–44.

<sup>64</sup> Corrêa, *As ilusões da liberdade*, 13–14, 77.

<sup>65</sup> Martins, *Visões do feminino*, 217.

<sup>66</sup> Ana Martins notes that physicians were engaged in a “pedagogical” work in regards to maternity. *Ibid.*, 226.

these changes by focusing on women and children.<sup>67</sup> By the 1920s, doctors began promoting the idea of scientific motherhood, which sought to control how women cared for their children.<sup>68</sup>

Women were the educators of the nation, a task for which they needed physicians' guidance.

Yet this institutional push to control the practice of medicine did not translate into the expansion of formal obstetric services to the majority of the population. In fact, in the realm of obstetrics—in particular childbirth—women continued to rely on licensed or unlicensed midwives and other women to assist with births at home. Perhaps because of this persistence of unsanctioned midwives in the realm of childbirth and delivery, the Republican state worked to regulate the practice of medicine, cracking down on folk healers, lay practitioners, and unlicensed midwives.<sup>69</sup> This increased regulation of the medical profession intersected with state involvement in the reproductive lives of Brazilian women. Both licensed and unlicensed midwives attended to pregnancies, delivered children, and performed abortions. They too became enmeshed in the state preoccupation with women's reproduction

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<sup>67</sup> Stepan, *The Hour of Eugenics*.

<sup>68</sup> Besse, *Restructuring Patriarchy*, Chapter four; Maria Martha de Luna Freire, “‘Ser mãe é uma ciência’: mulheres, médicos e a construção da maternidade científica na década de 1920,” *História, Ciências, Saúde - Manguinhos* 15, no. Supp. (2008): 153–71; Idem, *Mulheres, mães e médicos*; Melissa Eden Gormley, “Motherhood as National Service: Race, Class and Public Health Policy in Brazil, 1930-1945” (PhD diss, University of California, Davis, 2006); Ana Paula Vosne Martins, “‘Vamos criar seu filho’: os médicos puericultores e a pedagogia materna no século XX,” *História, Ciências, Saúde - Manguinhos* 15, no. 1 (2008): 135–54; James E. Wadsworth, “Moncorvo Filho e o problema da infância: modelos institucionais e ideológicos da assistência à infância no Brasil,” *Revista Brasileira de História* 19, no. 37 (1999): 103–24, doi:10.1590/S0102-01881999000100006.

<sup>69</sup> Brazil's slaveholding society, founded upon the social, economic, and political unit of the plantation, relied on a mixture of African, Indian, and European folk healing throughout the colonial and imperial periods. This rural practice existed in cities with large populations of enslaved and freed workers, and the presence of unlicensed midwives, barbers, and religious healers did not disappear with the end of slavery. Peard, *Race, Place, and Medicine*, 124; Stanley J. Stein, *Vassouras, A Brazilian Coffee County, 1850-1900*, 2nd ed. (Princeton, NJ: Princeton University Press, 1985), 188–95. For the criminalization of the practice in the Republican period see Dain Borges, “Healing and Mischief: Witchcraft in Brazilian Law and Literature, 1890-1922,” in *Crime and Punishment in Latin America: Law and Society since Late Colonial Times*, ed. Ricardo Donato Salvatore, Gilbert M. Joseph, and Carlos Aguirre (Durham: Duke University Press, 2001), 181–210; Emerson Giumbelli, *O cuidado dos mortos: uma história da condenação e legitimação do espiritismo* (Rio de Janeiro: Arquivo Nacional, 1997).

Despite state efforts to increase access to healthcare services, poor women's reproductive health remained precarious during both Republican and early-Vargas-era Rio de Janeiro. Neither the institutionalization of obstetrics nor the expansion of public health services in the first four decades of the twentieth century translated into improved reproductive health outcomes for women, particularly those of the lower classes. Fundamentally, the field of medicine did not yet have the surgical and pharmacological tools such as penicillin and blood transfusions to combat maternal mortality and stillbirth rates. Nevertheless, as physicians acted as agents of the state in their efforts to establish themselves as the primary care providers for pregnant women, they often focused their attention on criminalizing fertility control rather than on improving poor reproductive health outcomes. Legal and medical efforts to uncover and repress fertility control practices together created a formidable barrier to women hoping to restrict their fertility.

### **Women's Embodied Experiences**

Both the law and the medical profession worked to regulate and control women's reproduction in early-twentieth-century Rio de Janeiro, but their preoccupations and efforts regarding reproduction were influenced by the women themselves. I contend that the state allocates unequal citizenship through the body of women, and thus a study of women's own reproductive experiences is key to understanding the changing Brazilian state. Anne McClintock argues that "women are typically constructed as the symbolic bearers of the nation but are denied any direct relation to national agency."<sup>70</sup> One way this occurs is through state interest in reproduction. As Nira Yurval-Davis and Floya Anthias write, the first way women become

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<sup>70</sup> "No Longer in a Future Heaven?: Gender, Race, and Nationalism," in *Dangerous Liaisons: Gender, Nation, and Postcolonial Perspectives*, ed. Anne McClintock, Aamir Mufti, and Ella Shohat (Minneapolis: University of Minnesota Press, 1997), 90.

implicated in national agency is “as biological reproducers of the members of national collectivities.”<sup>71</sup> The state entreaties all women to engage in reproduction, thus reproducing future citizens while controlling gender roles and maintaining patriarchy. By not extending women full citizenship rights, nor legislating in a way that allows everyone equal access to a fully “livable life,” however, the state also maintains existing social hierarchies.<sup>72</sup> Within these discriminating political and legal structures, the ability to have a child and raise it outside the realm of poverty is often just as important as the choice to not have one. The hypocritical nature of a state that requires women to bear all the children they conceive but discriminates against certain lives is exposed when considering women’s reproductive experiences.

We cannot write the history of reproduction without centering women’s bodily experiences. It was women’s pregnancies, deliveries, abortions, and deaths that comprised the reproductive health statistics and legal documents examined here. The state responded to their actions and decisions. Women’s bodies and experiences were a central state preoccupation, yet their pain, joy, lives, and deaths often remain absent from our writing of history. I hope to make their lives—and deaths—central to our understanding of the past.

Centering women’s experiences also moves beyond current-day rhetoric about reproductive “rights” and “choice.” Rosalind Petchesky demonstrates that women’s reproductive decisions occur on both the personal and the social level.<sup>73</sup> Natalie Kimball, in her discussion of unwanted pregnancy in late-twentieth-century Bolivia, builds upon this argument to note that understanding women’s experiences with reproduction also must be situated within their

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<sup>71</sup> Nira Yuval-Davis and Flora Anthias, eds., *Women-Nation-State* (London: Macmillan, 1989), 7.

<sup>72</sup> The concept of a “livable life” comes from Judith Butler, *Undoing Gender* (New York: Routledge, 2004); Idem, *Frames of War: When Is Life Grievable?* (New York: Verso, 2009).

<sup>73</sup> *Abortion and Woman’s Choice*.

historical and cultural milieu. Many of the Bolivian women she interviewed never used the word “choice” in relation to abortion, but rather “said they had been ‘obligated,’ ‘forced,’ or ‘compelled’ to do so, either by partners or family members, or by broader life circumstances.”<sup>74</sup> In early-twentieth-century Rio de Janeiro, the decision to terminate an unwanted pregnancy or to not raise a child by committing infanticide often occurred in environments of extreme poverty, sexual violence, and isolation. The “choice” framework clearly does not encompass or explain these women’s experiences of. As Kimball has argued, incorporating frameworks that move beyond politicized language will help us understand fertility control “as human experiences, rather than questions for political debate.”<sup>75</sup>

Historically, the rhetoric of choice is also connected to understandings of women’s “agency” in the face of oppression. When a woman sought out an abortion or killed her newborn child, she exerted agency in the face of what presented itself as an untenable situation. Yet women’s “agency” existed, as Kimball demonstrates, within extremely hierarchical power structures that often limited women’s decisions to acts of desperation. Instead of employing the concept of agency, I define women’s reproductive practices in early-twentieth-century Rio de Janeiro as “negotiations” in which women understood, experienced, and attempted to control their reproductive lives within larger structural restrictions of their decision-making capabilities.

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<sup>74</sup> “An Open Secret,” 10.

<sup>75</sup> Ibid.

## Sources and Methodology

This dissertation uses four sets of sources to understand state policy towards fertility control and women's negotiation of their reproductive lives: judicial records, law and criminal codes, medical dissertations, and reproductive health statistics.

### *Judicial Documents*

In the last twenty-five years, scholars of Brazil have employed legal records to understand not only the history of criminality but also the everyday lives of the urban poor. For example, Sidney Chalhoub's groundbreaking work on homicide in early-twentieth-century Rio de Janeiro, utilized criminal records to highlight the multiple social norms of the city's masses, realities that often jarred with official discourse about issues such as work and the family.<sup>76</sup> Scholars of gender have also engaged with judicial sources to understand negotiations of gender, class, and race.<sup>77</sup> This dissertation follows this historiographical trend of employing criminal records to understand not only the criminalization of fertility control but also women's reproductive lives.

This dissertation employs a core set of police investigations and court cases involving women's reproductive practices in the city of Rio de Janeiro under the 1890 Penal Code (in effect until 1940) (see Appendices A and B). I compiled 130 police investigations of abortion, infanticide, miscarriage, stillbirth, and pregnancy. These are the entirety of the police investigations I found for this time period, thus they are not a representative sample. In these investigations, the supervising district police chief sent the completed report to the public

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<sup>76</sup> Chalhoub, *Trabalho, lar e botequim*.

<sup>77</sup> Caulfield, *In Defense of Honor*; Esteves, *Meninas perdidas*; Soihet, *Condição feminina*.

prosecutor., but the prosecution did *not* press charges, and the judge closed the investigation without further action. In addition to this set of 130 investigations, I found thirty-four court cases for abortion and infanticide. A court case was a completed police investigation in which the public prosecutor pressed charges and the case went to trial. Again, because these were all the cases I found under the 1890 Penal Code, this is not a representative sample.

In addition to this core set of 164 investigations and cases, I found four police investigations and nineteen court cases for illegal midwifery practices and the public disposal of dead infants in the city of Rio de Janeiro (see Appendix C). I also found thirty-one court cases of abortion and infanticide for the state of Rio de Janeiro. Finally, I found eight court cases involving abortion and infanticide that made their way to Brazil's supreme court (*Supremo Tribunal*). These are both from the state of Rio de Janeiro and from other states (see Appendix D). I use these sixty-two cases anecdotally, but I do not include them in the analysis I describe below.

I have performed a systematic analysis of the core set of 164 judicial documents from two angles. On the one hand, I engage with them in an in-depth qualitative manner, analyzing the rhetoric used by the state—judges, prosecutors, and the police—as well as carefully reading these mediated documents for indications of women's own understandings and experiences. There has long been debate about accessing and understanding the “agency” of the historically dispossessed—the subaltern, women, the enslaved.<sup>78</sup> Discussions about how much we can glean from documents created by the ruling class complicate any attempts to center women's

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<sup>78</sup> For example Natalie Zemon Davis, *Fiction in the Archives: Pardon Tales and Their Tellers in Sixteenth-Century France* (Stanford: Stanford University Press, 1987); Gayatri Chakravorty Spivak, “Can the Subaltern Speak?,” in *Marxism and the Interpretation of Culture*, ed. Cary Nelson and Lawrence Grossberg (Basingstoke: Macmillan Education, 1988), 271–313.



experiences. The judicial documents analyzed here were highly mediated. For example, they excluded interrogators' questions and employed technical language.<sup>79</sup>

As Camillia Cowling has argued in her study of enslaved women's petitions for freedom in late-nineteenth-century Rio de Janeiro, judicial documents were forged within "highly unequal power structures," and the cases do not provide "direct access to the 'voices' of petitioners."<sup>80</sup> Rather than seeing it as impossible to capture women's understandings from these documents, however, Cowling approaches them as "translations" in which enslaved women made claims through a variety of men who "engaged in a creative process by which one person's aims and worldviews were filtered, modified, or explained in order to become comprehensible to another, very different group."<sup>81</sup> These were neither top-down or bottom-up understandings but rather mediations between the two. Similarly, Sueann Caulfield in her analysis of deflowering cases in 1920s and 1930s Rio de Janeiro, argues that despite "official mediation," "it is possible to read between the lines of formulaic legal language to find evidence of how victims, defendants, and witnesses describe not only the events that brought them to court, but also diverse social relationships and actions that they consider right or wrong."<sup>82</sup> And while the police and the courts tend to record "exceptional" circumstances or events, this dissertation will demonstrate that in the realm of reproduction, the ordinary commonly came to the attention of the state. I engage in a similar methodology to Cowling and Caulfield in that I employ a close and detailed reading of the texts not to find women's "unadulterated voices," (although, sometimes they

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<sup>79</sup> Caulfield, *In Defense of Honor*, 13; Fischer, *A Poverty of Rights*, 379n40.

<sup>80</sup> *Conceiving Freedom: Women of Color, Gender, and the Abolition of Slavery in Havana and Rio de Janeiro* (Chapel Hill: University of North Carolina Press, 2013), 14.

<sup>81</sup> *Ibid.*, 66.

<sup>82</sup> *In Defense of Honor*, 13.

appear as in Figueiredo's note earlier), but to understand how women and the state negotiated the most intimate aspects of a woman's reproductive life.<sup>83</sup>

On the other hand, I trace the legal outcomes of the cases and quantitatively analyse their key characteristics to demonstrate trends in who practiced fertility control and how jurisprudence changed over time. To do so, I transcribed the 130 police investigations and thirty-four abortion and infanticide trials in full. I coded the 164 documents for both reproductive event under investigation (for example abortion, infanticide, maternal death) and relevant keywords (see Appendix F). I then recorded the following information when available: location; accused person (name, filiation, age, nationality, civil status, literacy, occupation, race); postpartum or postabortive woman, if different from accused (name, filiation, age, nationality, civil status, literacy, occupation, race); fetus or newborn (gestational age, weight, race); place of birth or abortion; medical assistance; medication used and medical or abortive procedures performed; forensic exams; witnesses (name, relation to accused, filiation, age, nationality, civil status, literacy, occupation, race); police's decision; prosecutor's decision; judge's decision; jury's decision; and legal references (laws that formed basis of legal arguments). I also recorded if the cases included extra evidence (such as handwritten notes, fingerprints, or photographs). This methodology allows me to provide a quantitative analysis of the case's contents and legal outcomes to complement qualitative discourse analysis.

This set of 164 investigations and court cases from 1890 to 1940 is in sharp contrast to the one investigation and two court cases I found for reproductive-related events under the jurisdiction of the 1830 Criminal Code (1830-1889) for the city of Rio de Janeiro (see Appendix E). Even if some nineteenth-century cases are lost or missing, the dramatic increase in

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<sup>83</sup> See also Carolyn Strange, "A Case for Legal Records in Women's and Gender History," *Journal of Women's History* 22, no. 2 (2010): 144-48.

documentation after 1889 demonstrates that the post-abolition state increased its scrutiny of fertility control.

### *Law and Legal Code*

To contextualize these judicial documents, I analyze three different penal codes in Brazil: the 1830 Criminal Code and the 1890 and 1940 Penal Codes. I also examine jurists' lengthy commentary on various editions of each code as well as the procedural codes that dictated how laws were to be enforced in the courts. In addition, I have analyzed police procedural code; municipal regulations involving hospitals, cemeteries, and public health provisions; public health and sanitary codes; Portuguese imperial law; and civil law pertaining to citizenship and birthrights. A full list of all the codes, commentaries, and additional legal texts can be found in the bibliography.

### *Medical Dissertations and Journals*

My discussion of the obstetric profession's beliefs about and approach towards women's reproductive lives is based on a detailed investigation of nearly 300 medical dissertations from the Rio de Janeiro Medical School (*Faculdade de Medicina do Rio de Janeiro*) between 1830 and 1930. Most date from the Republican period (1889-1930). The majority of the dissertations involve the topics of induced (often criminal) abortions and infanticide. However, I also analyzed dissertations on pregnancy, childbirth, stillbirth rates, maternal mortality, obstetric techniques such as cesarean sections, pediatrics and childcare, contraception, midwifery, and the illegal practice of medicine. A selected list of the dissertations can be found in the bibliography.

Until the 1880s, medical dissertations were often repetitive and plagiarized; thus, they do not necessarily represent the original ideas of individual physicians but rather a regurgitation of both foreign and national texts.<sup>84</sup> By the early-twentieth century these theses had become more original, based on clinical research and practice, and particular to individual obstetricians, but they still often presented rote data and ideas. To complement the generality of these dissertations, I also analyzed the leading obstetric and gynecology journals and textbooks from this time period for any articles involving abortion, infanticide, childbirth, stillbirth, and maternal mortality. A full list can be found in the bibliography.

The journals often published the proceedings of debates occurring within Brazil's National Academy of Medicine (*Academia Nacional de Medicina*, ANM), based in Rio de Janeiro. In particular, I analyze several lengthy and contentious debates over abortion that occurred during ANM sessions. With all the medical sources, I engage in a qualitative analysis of how physicians viewed women's reproduction and fertility control. I also trace changes in medical practice and understandings over time.

### *Reproductive Health Data*

The last set of sources is reproductive health data. I analyze stillbirth, maternal mortality, and homebirth rates for the early-twentieth century. I engage in a descriptive statistical analysis of these trends to provide the context to understand the overall status of women's reproductive health in early-twentieth-century Rio de Janeiro. This data comes from published sources generated by various health departments and Brazil's Institute of Geography and Statistics (*Instituto de Geografia e Estatística*, IBGE).

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<sup>84</sup> Peard, *Race, Place, and Medicine*, 269.

## **Chapter Outline**

This dissertation examines the intersection of reproductive health, state formation, and women's reproductive experiences in five chapters. Chapter One, "Giving Birth in the Marvelous City," provides an overview of obstetric healthcare services and birthing practices in early-twentieth-century Rio de Janeiro. Despite the medical profession's attempt to institutionalize obstetric services, access to healthcare remained in the realm of folk healing and births continued to occur at home, with varying degrees of medical attention. Sustained levels of stillbirth and maternal mortality rates continued throughout this period. Physicians worked to improve reproductive health outcomes in the city, but these efforts were not matched by comprehensive state support. Moreover, existing medical knowledge and technologies were not advanced enough to effectively improve reproductive health outcomes. Despite these limitations, physicians' attempts surely laid the groundwork for the improved maternal-infant health outcomes that appeared in later decades.

Chapter Two, "A Plague of Illegal Abortions: The Medical Profession and Fertility Control" analyzes physicians' condemnation of fertility control. Their complete rejection of abortion and contraception incorporated colonial Catholic views on procreation and harnessed those beliefs for the good of the secular state. Moreover, they used this moral authority to consolidate their scientific authority, both in the public sphere and in women's private lives. In this sense, the medical profession's rhetoric upheld the model of the "new" bourgeois family, and their social policies facilitated the intrusion of those ideas into the heretofore sacred space of the home. The medical profession worked to reign in women's individual freedom by limiting women to the roles of wife and mother. In fact, physicians' obsession with abortion and

contraception as embodied demonstrations of female power caused them to view these practices as more pressing than stillbirth and maternal mortality rates. Ultimately, fertility control threatened not only individual male physicians' power but also the "future" of the nation, as Brazilian elites believed they could mold all infants, no matter their race or class, into productive workers through the growing eugenics movement.

Chapter Three, "*Ouvi dizer* [Heard Said]: Gossip, Denunciation, and Gendered Forms of Power" examines neighborly denunciations of abortion and infanticide. Gossip about and denunciations of fertility control represented the circulation and subsequent consolidation of ideas on proper female sexuality. The public imagination associated abortion and infanticide with clandestine and thus inappropriate sex, and gossip solidified those moral boundaries in the public sphere. Accusations of fertility control not only solidified public opinions about female sexual morality but also unveiled the ways in which Brazilians, particularly Cariocas of the popular classes, negotiated civic participation. At a time when most members of the lower classes were illiterate and disenfranchised, denouncing other women for infanticide or abortion provided a rare chance for working-class women and men to assert their authority in the public sphere. The chapter emphasises that the lower-class living conditions in the first two decades of the twentieth century created the perfect environments for discord to develop into gossip and denunciation.

Chapter Four, "Policing Pregnancy: Reproduction, Poverty, and the Law" explores police involvement in poor women's reproductive lives. It demonstrates how the civil police's dual responsibilities in the realms of social service administration and crime control, in conjunction with the effects of poverty on women's lives, allowed the force to conflate miscarriages and stillbirths with abortion and infanticide. Police investigations of reproduction coincided with

poor health outcomes for impoverished women. Instead of improving obstetric services, the state—through the police—increased its surveillance of women’s bodies. Police practice embedded patriarchal definitions of honor into modern judicial and societal attitudes towards women’s bodies in Rio de Janeiro. As the state initiated control over women’s sexuality, the police played an active role in how women’s reproductive lives were defined and monitored.

Chapter Five, “Prosecuting Honor, Defending Madness: Fertility Control in the Courts,” examines how the law adjudicated abortion and infanticide under the 1890 Penal Code. The prosecution of fertility control frequently allowed women to legally walk free from charges while simultaneously upholding patriarchal beliefs about gender and sexuality. In infanticide trials, the jury’s acquittal of women for committing the crime under a “momentary lapse of reason” infantilized them under the law, as their “irrational” act took away their legal responsibility. In abortion trials, the prosecution punished providers and not the postabortive women, portraying women who sought out abortions as lacking the capability to make rational decisions. Both doctrines took away women’s legal personhood, but the law’s emphasis on female honor gave that personhood back to women—if they embraced their “natural” roles of mothers. This chapter argues that women managed to exercise individual agency even while the state upheld patriarchal practices.

Here a word is needed on my terminology. I use “reproductive practices or events” to refer to biological reproduction: pregnancy, miscarriage, stillbirth, birth, abortion, or infanticide. I define fertility control as contraception (including *coitus interruptus*, sterilization, and condoms), abortion, and infanticide. Neither abortion nor infanticide are contraception, as they occur after conception. But they were employed to prevent birth, or, in the case of most infanticides, which occurred immediately after birth, to prevent the neonate from surviving. I

consider child abandonment, in terms of a child being left at an orphanage or informally fostered, to be within the range of practices women employed to not raise children. However, much as the law did, I consider a child abandoned to die as infanticide. Finally, the word for abortion in Portuguese (*aborto*) can also refer to a miscarriage (similar to the term abortion in medical English). Usually, physicians differentiated between a spontaneous abortion or miscarriage (*aborto espontâneo*) and a provoked or criminal abortion (*aborto provocado ou criminal*). When I use the term abortion in English, I am strictly referring to an induced abortion.



## Chapter One

### Giving Birth in the Marvelous City

In 1910, a student at Rio de Janeiro's School of Medicine published a dissertation outlining the ideal conditions in which women across the city should give birth.<sup>1</sup> In the hospital room, the licensed (male) physician should have access to a plethora of drugs and equipment to assist with the birth, including various antiseptic solutions.<sup>2</sup> The room should be "spacious" and "well ventilated," and it should not be crowded with people, "a custom, unfortunately, always in vogue among us." The bed should be comfortable, covered with clean sheets and extra pillows, and away from the walls so that the doctor could attend the patient from all sides. To maintain cleanliness, a large, impermeable cloth should be placed over the bedclothes. The laboring woman should be dressed in loose-fitting clothes of flannel or cretonne (a heavy cotton or linen fabric). She should only eat easily-digestible foods, and the "prejudicial habit" of giving strong coffee or wine "with the supposed end of comforting the laboring woman" should be stopped as it could "augment [her] nervous excitation." Although confined to the room, the woman should be able to walk around in the first stages of labor.<sup>3</sup> Once her water had broken, however, she

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<sup>1</sup> Joaquim Dias Ferraz, *Hygiene da mulher gravida* (Rio de Janeiro: Jornal do Commercio de Rodrigues, 1910), 39–44. For similar descriptions see Raphael Elbas, *Hygiene da prenhez* (Rio de Janeiro: Empreza Graphica Editora Paulo, Pongetti, 1928); Arthur Ribeiro da Fonseca, *Hygiene da mulher gravida* (Rio de Janeiro: Typographia da Revista dos Tribunaes, 1912); José Frederico Hasselmann Junior, *Hygiene da gravidez*, n.d. See also Maria Lúcia Mott, "Assistência ao parto: do domicilio ao hospital (1830-1960)," *Projeto História, São Paulo* 25 (December 2002): 204–5.

<sup>2</sup> These included chloroform and ether (for anesthesia), ammonia, ergot (to induce labor), castor oil, antiseptic soap (creolina and phenic acid), phenic acid mixed with alcohol, pure almond oil, phenicated vaseline, phenicated cotton, and a wash basin. Ferraz, *Hygiene da mulher gravida*, 39–40. Phenols were commonly used as antiseptics in the early-twentieth century. William J. Husa and Jeannette M. Radin, "The Antiseptic Value of Phenol Ointments," *American Pharmaceutical Association* 21, no. 9 (1932): 861–69.

<sup>3</sup> "The first stage of labor is defined as beginning with true labor contractions as evidenced by progressive cervical change, and ending with the cervix completely dilated (10 centimeters)." Helen Varney, Jan M. Kriebs, and Carolyn L. Gregor, *Varney's Midwifery*, 4th ed. (Sudbury, MA: Jones and Bartlett Publishers, 2004), 737.

should lie down on her back with her head against the pillows. If the pain was unbearable, a physician should use chloroform to help with the delivery.<sup>4</sup> Since preventing infection was key to a “hygienic” birth, the hospital’s antiseptic condition was its most important attribute.<sup>5</sup> The birth occurred in a hospital setting that met the hygienic and medical standards of the day. Central to this description was the control the physician had over the labor and delivery.

This scenario was a far cry from how many women of modest means gave birth in the city. For example, on an early April morning in 1923, twenty-year-old Emilia Teixeira went into labor.<sup>6</sup> Teixeira was at home with her common-law husband (*amasio*) Elizeu Barnabé in a northern hillside *favela* when she delivered twin girls. After the delivery of the first infant, Barnabé rushed out and found his neighbor Paulina Rodrigues, who delivered the second infant, “as she was accustomed to do in that area.” Afterwards, Rodrigues cut and tied the umbilical cords of the newborn twins and gave them their first bath, “because she is a mother and....she cut the [umbilical cord] of her [own] children.” Soon, Teixeira’s health worsened and Barnabé, at the insistence of Rodrigues, called the public ambulance to take Teixeira to the hospital.<sup>7</sup> The

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<sup>4</sup> On the history of chloroform see Donald Caton, *What a Blessing She Had Chloroform: The Medical and Social Response to the Pain of Childbirth from 1800 to the Present* (New Haven: Yale University Press, 1999).

<sup>5</sup> Carolino Ribeiro Moura, *Assistencia á maternidade desvalida* (Rio de Janeiro: Revista dos Tribunaes, 1917), 34–36. Antisepsis resulted from bacteriology’s discovery of the pathological basis for infections, and its implementation in surgery was first recorded in 1867 by Joseph Lister in England. In Europe, antisepsis practices became fully accepted by the early 1880s. This discovery helped physicians combat puerperal fever (infections after childbirth). Irvine Loudon, *Death in Childbirth: An International Study of Maternal Care and Maternal Mortality, 1800-1950* (Oxford: Clarendon Press, 1992), 203–5. While the implementation of asepsis and antisepsis in Brazil is understudied, Jaime Benchimol has demonstrated that during the period in which these practices became standard in Europe, the Brazilian monarch and ruler Dom Pedro II maintained close contact with French scientist Louis Pasteur, who helped reduce deaths due to puerperal fever through his asepsis and antisepsis discoveries. Jaime L. Benchimol, *Dos micróbios aos mosquitos: febre amarela e a revolução pasteuriana no Brasil* (Rio de Janeiro: Editoria Fiocruz, 1999), 134–42.

<sup>6</sup> (AN) CS.0.IQP.3426 (1923). For other cases involving maternal deaths and police investigations of the midwife’s involvement see (AN) CS.0.IQP.1922 (1908); (AN) CT, Cx.2006 N.2008 (1926); (AN) CS.0.IQP.6612 (1931).

<sup>7</sup> The *Assistencia Pública* was created in November of 1907 as “a humanitarian service of high value that is organized and run by the Municipal Government.” “Posto Central de Assistencia Publica,” *Revista Syniátrica* 1, no. 9 (July 1908): 151–52.

ambulance arrived at the neighboring train station, but the drivers “refused to go up the hill, leaving without providing the necessary assistance.” In desperation, Barnabé called three of his friends, and the men put Teixeira in a chair and carried her down the hill to the main thoroughfare. Barnabé once again called the ambulance service, but by the time it arrived, Teixeira had died. The cause of death: partial placental abruption and consequent hemorrhaging (uncontrollable bleeding).<sup>8</sup> The twin girls survived.

Unlike the medical student’s sterile description, the birth of Teixeira’s twin girls demonstrates many of the common features of childbirth in early-twentieth-century Rio de Janeiro. To begin with, the birth occurred at home, and Teixeira was assisted in the late stages of labor by a lay female neighbor, who probably assisted other births in the area. Only when complications arose did the poor couple resort to the public health system. But the ambulance service was neither equipped nor wanted to service their impoverished neighborhood. While the midwife may not have caused the partial placental abruption, she did not have the medical training or knowledge to respond to obstetric hemorrhaging.<sup>9</sup>

We can see from these two descriptions that a large gap between prescription and reality existed in the realm of childbirth. The defining characteristics of childbirth in this period were homebirths, attended by unlicensed or lay persons in the poor and working classes and by licensed midwives and physicians in the middle and upper classes. There were also elevated and sustained levels of stillbirths and maternal mortality. Syphilis and obstetric complications during childbirth were the two main causes of stillbirths, while puerperal fever (infection) was the main

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<sup>8</sup> “Placental abruption is defined as premature separation of a normally implanted placenta.” Yinka Oyelese and Cande V. Ananth, “Placental Abruption,” *Obstetrics & Gynecology* 108, no. 4 (2006): 1006.

<sup>9</sup> The causes of placental abruption are unknown and occur without any correlation to human action. However, if the placenta ruptured after the delivery of the twins, this could have been a postpartum hemorrhage, and the midwife then might have caused Teixeira’s death. Loudon, *Death in Childbirth*, 98–100.

culprit of maternal deaths. In relation to stillbirths, physicians could have reduced rates to a limited extent by providing a health infrastructure that adequately addressed difficult labors (syphilis could not be fully cured until the arrival of penicillin).<sup>10</sup> In relation to maternal mortality, however, until the discovery of penicillin in 1944, physicians across the West waged a losing battle against the *streptococcus* bacteria that caused most cases of puerperal fever and the majority of maternal deaths.

In Rio de Janeiro, physicians worked to improve women's health throughout the early-twentieth century. Leading obstetricians petitioned the government and supported philanthropic efforts to build more maternity hospitals. While the state espoused the importance of women and their children to the formation of a modern nation, they were less enthusiastic in supplying financial support to build a hospital system that would meet the reproductive health needs of a growing city. Physicians also faced the difficult task of dismantling a deeply-rooted, cross-class cultural distrust both of physicians and of being interned in a hospital, a belief grounded in centuries of the absence of medical care.<sup>11</sup> As Maria Lucia Mott demonstrates, physicians argued that poor women associated hospitals with philanthropic services provided to the destitute; these women saw internment in a hospital as public humiliation.<sup>12</sup> Hospital care reified class difference, and the physicians who pushed for hospital births faced a significant cultural barrier that proved difficult to dismantle.

While the historiography on maternal-infant health has grown in the last decade, scholarship has focused on the institutional aspects of philanthropic, medical, and governmental

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<sup>10</sup> On the treatment of syphilis in Brazil before penicillin see Sérgio Carrara, *Tributo a vênus: a luta contra a sífilis no Brasil, da passagem do século aos anos 40* (Rio de Janeiro: Editora Fiocruz, 1996).

<sup>11</sup> For the discussion of women's reticence at internment in hospitals see Anayansi Correa Brenes, "História da parturição no Brasil, século XIX," *Cadernos de Saúde Pública* 7, no. 2 (1991): 142.

<sup>12</sup> "Assistência ao parto," 205.

efforts and not on health outcomes or experiences.<sup>13</sup> Historians have begun to look at stillbirth rates in São Paulo, but to date, no scholars have studied stillbirth and maternal mortality in Rio de Janeiro.<sup>14</sup> Additionally, scholarship on childbirth across Brazil has been limited to institutional sources.<sup>15</sup> Except for a few notable exceptions, scholars have not analyzed the female experience.<sup>16</sup> This chapter only begins to address this gap by providing both quantitative and qualitative examples of maternal-infant health indicators and women's experiences. It demonstrates the need for future scholarly work addressing changes in reproductive healthcare that also center on the embodied experience of pregnancy and birth.

To explore women's health in Rio de Janeiro, this chapter first discusses the early-twentieth-century institutionalized obstetric healthcare landscape. Homebirths remained the norm despite physicians' efforts to expand hospital provisions. The chapter continues by

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<sup>13</sup> See Cristina M. Oliveira Fonseca, "A saúde da criança na política social do primeiro governo Vargas," *PHYSIS - Revista de Saúde Coletiva* 3, no. 2 (1993): 97–116; Freire, "Ser mãe é uma ciência"; Idem, *Mulheres, mães e médicos*; Maria Martha de Luna Freire and Vinícius da Silva Leony, "A caridade científica: Moncorvo Filho e o Instituto de Proteção e Assistência à Infância do Rio de Janeiro (1899-1930)," *História, Ciências, Saúde - Manguinhos* 18, no. Supp. 1 (2011): 199–225; Tamera Lynn Marko, "When They Became the Nation's Children: The Foundations of Pediatrics and Its Raced, Classed, and Gendered (Re)Inventions of Childhood in Rio de Janeiro, 1870-1930" (PhD diss, University of California, San Diego, 2006); Martins, "Vamos criar seu filho"; Maria Lúcia Mott, "Maternalismo, políticas públicas e benemerência no Brasil (1930-1945)," *cadernos pagu* 16 (2001): 199–234; Gisele Sanglard and Luiz Otávio Ferreira, "Médicos e filantropos: a institucionalização do ensino da pediatria e da assistência à infância no Rio de Janeiro da Primeira República," *Varia História* 26, no. 44 (2010): 437–59; Wadsworth, "Moncorvo Filho e o problema da infância."

<sup>14</sup> Robin L. Anderson, "Public Health and Public Healthiness, São Paulo, Brazil, 1876-1893," *The Journal of the History of Medicine and Allied Sciences* 41 (July 1986): 293–307; Mott, "Assistência ao parto." Sam Adamo has provided an extensive overview of overall mortality and health indicators for the city. "The Broken Promise: Race, Health, and Justice in Rio de Janeiro, 1890-1940" (Ph.D., The University of New Mexico, 1983).

<sup>15</sup> Maria Renilda Nery Barreto, "Pro Matre: arquivo e fontes para a história da maternidade no Rio de Janeiro," *História, Ciências, Saúde - Manguinhos* 18, no. Supl. 1 (2011): 295–301; Idem, "Dar à luz no Rio de Janeiro da Belle Époque: o nascimento das maternidades (1870-1920)" (paper, Congress of the Latin American Studies Association, Washington D.C., May 29, 2013); Brenes, "História da parturição." For Bahia see Marivaldo Cruz do Amaral, "Mulheres, imprensa e higienização: a medicalização do parto na Bahia (1910-1927)," *História, Ciências, Saúde - Manguinhos* 15, no. 4 (2008): 927–44; Maria Renilda Nery Barreto, "Assistência ao nascimento na Bahia oitocentista," *História, Ciências, Saúde - Manguinhos* 15, no. 4 (2008): 901–25; Julyan G. Peard, *Race, Place, and Medicine: The Idea of the Tropics in Nineteenth-Century Brazilian Medicine* (Durham: Duke University Press, 1999), Chapter four.

<sup>16</sup> Martins, "Memórias maternas."

contrasting how physicians believed women should be giving birth and women's own experiences. The chapter then shows that stillbirth and maternal mortality rates were elevated and sustained throughout the early-twentieth century. Despite obstetricians' efforts to improve standards of maternal-infant care, government support lagged behind physicians' attempts.

### **Constructing a Nation: Maternity Hospitals and Obstetric Care**

In the late-nineteenth century, physicians worked to construct maternity hospitals in the city to provide clinical training for Brazilian midwives and physicians.<sup>17</sup> These attempts were often private, and the city's government did not fully support a public hospital until the late-nineteenth century. In 1829, for example, one European physician living in Rio de Janeiro founded a small philanthropic maternity hospital in the city center. Dr. Le Masson hoped to expand the hospital into a teaching service, training women in the "art of delivery," for which he asked the government's help. Despite repeated appeals to the municipality, it seems that Le Masson never received government support.<sup>18</sup> In fact, many Brazilian political and religious elites condemned hospital births in the nineteenth century because they believed that it incentivized motherhood outside of marriage, as hospitals also doubled as lying-in centers where women could carry out their (illicit) pregnancies and deliver in private.<sup>19</sup>

Despite this lack of state support, the latter half of the nineteenth century saw the exponential growth of private clinics (*casas de saúde*) within the city's limits. Advertisements

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<sup>17</sup> Mott, "Assistência ao parto," 200.

<sup>18</sup> Arquivo Geral da Cidade do Rio de Janeiro, hereafter (AGCRJ) 44.2.27, Documentação Avulsa – Hospitais e Casas de Saúde, 1815-1899; (AGCRJ) 46.2.39, Fundo Câmara Municipal – Série Ofícios e Profissões; (AGCRJ) 47.1.48, Fundo Câmara Municipal – Série Ofícios e Profissões; (AGCRJ) 47.1.49, Fundo Câmara Municipal – Série Ofícios e Profissões.

<sup>19</sup> Martins, *Visões do feminino*, 148.

for their services abounded in popular publications like the *Almanak Laemmert*. Alongside the construction of private *casas de saúde* run by licensed male physicians (and at times licensed female midwives) existed the proliferation of so-called *casas de maternidade* (maternity houses). From the mid-nineteenth century, unlicensed midwives (often foreign) began receiving women in their own homes to give birth. Because it was rare for women to deliver outside of their place of residence, these midwives' clientele consisted of enslaved women, freed blacks, and poor migrants who could not give birth in their own homes (for lack of a place to do so).<sup>20</sup> These "houses" were seen as abortion and infanticide mills, and by the late-nineteenth century, laws began to outlaw them.<sup>21</sup> Their "infamy" would not subside, however, and physicians continued to call for a crackdown on their existence into the 1920s.<sup>22</sup>

Notwithstanding the existence of small private clinics, throughout the nineteenth century most women in urban areas across Brazil did not resort to hospitals or clinics to give birth. In contrast to the backlash against hospital births in mid-nineteenth-century continental Europe when women refused to give birth in maternity hospitals due to their high mortality rates, there were no large, public maternity hospitals to serve Rio de Janeiro's population. Thus, the puerperal infection "epidemic" that raged through Europe's maternity hospitals in the mid-nineteenth century did not occur in Rio de Janeiro or other Brazilian cities.<sup>23</sup> Accordingly, the antiseptic revolution that drastically improved maternal mortality rates in European lying-in

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<sup>20</sup> Ibid., 178; Mott, "Assistência ao parto," 199.

<sup>21</sup> *Código de Posturas, Leis, Decretos, Editais e Resoluções da Intendencia Municipal do Districto Federal* (Rio de Janeiro: Mont'Alverne, 1894), 239–40.

<sup>22</sup> Aurelio Odorico Antunes, *Contribuição ao estudo medico-legal do aborto criminoso* (Rio de Janeiro: Typ. Carvalhaes, 1906), 28.

<sup>23</sup> Martins, *Visões do feminino*, 176.

hospitals in the 1880s was not as important in relation to puerperal fever in Brazil.<sup>24</sup> By the time a concerted effort to construct hospitals in the early-twentieth century began, antisepsis and asepsis had already become standard practice in Brazil.<sup>25</sup>

The only public hospital that provided free maternity healthcare in nineteenth-century Rio de Janeiro was the Catholic charity hospital and orphanage—the *Santa Casa da Misericórdia*.<sup>26</sup> For many years, the *Santa Casa* exercised the triplicate roles of public hospital, charity institution, and teaching hospital for Rio de Janeiro’s medical school. Yet formal clinical training for the fields of obstetrics and gynecology was not instituted until 1884, as the institution’s Sisters forcibly challenged the presence of male doctors during childbirth.<sup>27</sup>

Because the *Santa Casa* was not specifically a maternity hospital, physicians wanted to construct a publicly-funded maternity hospital in the late-nineteenth century, a period when the rise of social medicine began to focus on maternal-infant health as the future of the nation.<sup>28</sup> But medicine’s emphasis on the “mother-child” unit faced a lacuna of state funding, forcing physicians to rely on philanthropic efforts. In 1876, Brazilian physician José Rodrigues dos Santos created the private *Casa de Saúde e Maternidade Santa Isabel*, which, in accordance with

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<sup>24</sup> For Europe see Loudon, *Death in Childbirth*, 203–5.

<sup>25</sup> Many obstetricians mention the practice. See Moura, *Maternidade desvalida*, 28; Orlando Paranhos, *A morte do feto no utero (suas causas e meios de evital-a)* (Rio de Janeiro: Empresa Typographica Editora “O pensamento,” 1923), 62. Others decried unlicensed medical practitioners total ignorance of asepsis and antisepsis. Eugenio Cordeiro, *O charlatanismo em medicina* (Nitheroy: Typ. Serra Nova, 1917), 10. Still others argued that some abortionists engaged in rigorous asepsis and antisepsis practices. Antunes, *Do aborto criminoso*, 28; Manoel Mendes Campos, *Aborto criminoso* (Rio de Janeiro, 1911), 61, 167.

<sup>26</sup> Before abolition, only the truly indigent and enslaved used its hospital services. Ana Paula Vosne Martins demonstrates that in Salvador, Bahia, the only pregnant women to go to the Santa Casa were enslaved women. They went during the late stages of labor. *Visões do feminino*, 147.

<sup>27</sup> For its three-part functions, see Barreto, “Dar à luz no Rio de Janeiro.” For the dispute over clinical practice, see Brenes, “História da parturição,” 140; Mott, “Assistência ao parto,” 200. Rio de Janeiro’s medical school would not have its own obstetric clinic until 1918. Benjamin Emiliano Corrêa do Lago, *Protecção á Maternidade desvalida no Rio de Janeiro* (Rio de Janeiro: Besnard Frères, 1921), 12.

<sup>28</sup> This discussion first originated in mid-nineteenth-century Europe. Martins, *Visões do feminino*, 196–98. For the construction of public maternity hospitals in other major Brazilian cities see *Ibid.*, 208; Mott, “Assistência ao parto.”



Rio de Janeiro's municipal chamber, he turned over to the city in 1881. The newly-named *Maternidade Municipal Santa Isabel* began to function in an existing *casa de saúde*, and Santos worked with the municipal government and religious authorities to construct a building nearby.<sup>29</sup> As Ana Paula Vosne Martins demonstrates, plans for the new hospital integrated within its architectural design the three major tenets of obstetric thought at the time: social assistance, clinical practice, and medical teaching. As such, Martins argues that Brazil's first maternity hospital incorporated a "hierarchy of spaces," according to Michel Foucault, in which the hospital transformed itself from a location existing solely to treat its patients to one which cured at the same time that it formed new generations of physicians and medical knowledge.<sup>30</sup> Despite these grand schemes, construction efforts faced bureaucratic delays, and the city's municipal chamber confirmed its death knell in 1898 when it refused to fund its construction.<sup>31</sup> The first public maternity hospital in the city never opened its doors.

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<sup>29</sup> Barreto, "Dar à luz no Rio de Janeiro."

<sup>30</sup> *Visões do feminino*, 203–6. See also Michel Foucault, *Power/Knowledge: Selected Interviews and Other Writings, 1972-1977*, ed. Colin Gordon, trans. Colin Gordon et al. (New York: Pantheon Books, 1980), 166–82.

<sup>31</sup> (AN) Série Saúde 3(IS)29. Ministério do Império, *Maternidade de Santa Isabel, Orçamento das obras e planta do edifício* (1899). See also Barreto, "Dar à luz no Rio de Janeiro."

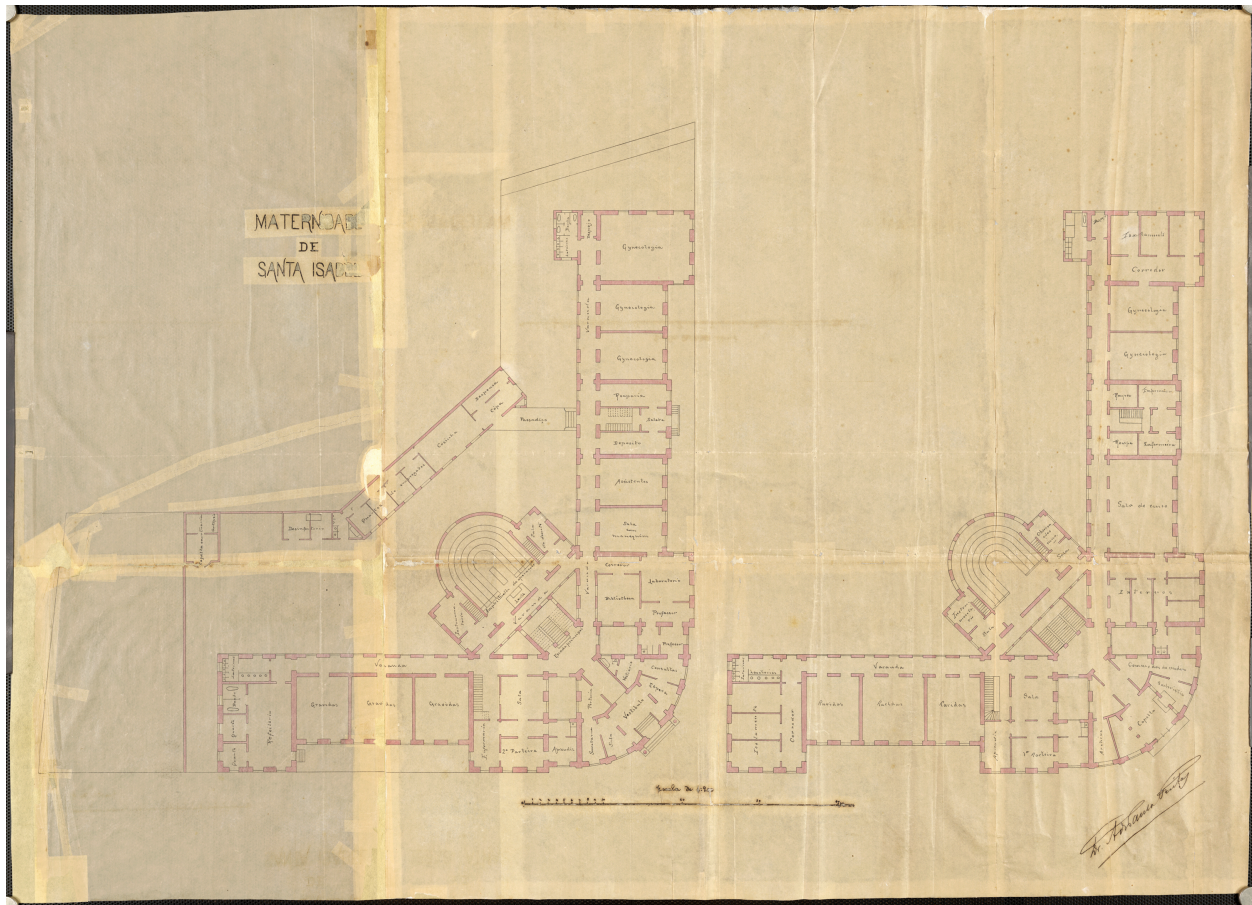


IMAGE 2: *Blueprint of the Maternidade Santa Isabel.*

Source: (AN) Série Saúde, IS(3)29 (1899), Ministério do Império, Maternidade de Santa Isabel, Orçamento das obras e planta do edificio

While nineteenth-century physicians had hoped to improved training through the construction of public hospitals, early-twentieth-century efforts to build public hospitals were part of larger medical attempts to improve population health. Physicians cited the need to combat high death rates across age, sex, and racial categories.<sup>32</sup> Specifically, many obstetricians pushed for the construction and expansion of public maternity hospitals that could serve the city's impoverished population. Physicians, anxious about stillbirth and infant mortality rates, wanted to combat these figures through increased pre- and postnatal assistance to women and their

<sup>32</sup> Luiz Gonzaga Vianna Barbosa, *Malthus no Brasil. Prophylaxia da depopulação* (Rio de Janeiro: Papelaria Sol, 1911), 74–86, 103–17, 129; Martins, *Visões do feminino*, 198.

children.<sup>33</sup> Both physicians and philanthropists made concerted efforts in the first two decades of the twentieth century to improve infant health.<sup>34</sup> For instance, the turn-of-the-twentieth-century philanthropic efforts of famed pediatrician Dr. Arthur Moncorvo Filho worked to combat high levels of infant mortality.<sup>35</sup> Moncorvo Filho's Institute of Protection and Assistance to Infancy (*Instituto de Proteção e Assistência à Infância*, IPAI), inaugurated in 1899, created the city's first infant health center. Because of its philanthropic nature, however, it never had the resources to expand beyond a small percentage of the population.<sup>36</sup>

In 1902, the municipal government, under the auspices of leading obstetricians and politicians, once again debated the need for a publicly-funded maternity hospital in the city. The municipality approved the measure, and in 1904 the *Maternidade Laranjeiras* opened its doors to provide free pre- and postnatal care to the city's impoverished women as well as to provide clinical training to medical students.<sup>37</sup> The *Maternidade Laranjeiras* also had a strong partnership with the female-run Auxiliary Association (*Associação Auxiliadora da Maternidade*), which had its offices in the hospital's building.<sup>38</sup> Martins contends that the

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<sup>33</sup> Barreto, "Dar à luz no Rio de Janeiro."

<sup>34</sup> Freire and Leony, "A caridade científica"; Sanglard and Ferreira, "Médicos e filantropos"; Wadsworth, "Moncorvo Filho e o problema da infância."

<sup>35</sup> Besse, *Restructuring Patriarchy*, 93. See also Manuel de Mello Machado, *Mortalidade das crianças no Rio de Janeiro* (Rio de Janeiro: Jornal do Commercio de Rodrigues, 1911), 101.

<sup>36</sup> Bernardo Pinto Filho, *Assistencia obstetrica domiciliaria* (Rio de Janeiro: Typ. Revista dos Tribunaes, 1923), 87–92; Milton Pereira de Carvalho, *A defeza da maternidade em hijiene industrial* (Rio de Janeiro: Besnard Frères, 1924), 73. On Moncorvo Filho see Freire and Leony, "A caridade científica"; Wadsworth, "Moncorvo Filho e o problema da infância."

<sup>37</sup> Oswaldo Pinto Coelho, *Hijiene da gravidez* (Rio de Janeiro: Typ. Werneck, 1922), 84–91.

<sup>38</sup> Barreto, "Pro-Matre," 296.

hospital incorporated the three tenets of social assistance, clinical practice, and medical teaching that had driven the planning of the failed *Maternidade Santa Isabel* years earlier.<sup>39</sup>

In 1918, after various professional and personal disputes with other clinicians at the *Maternidade Laranjeiras*, the “father” of Brazilian obstetrics, Fernando Magalhães, in conjunction with concerted philanthropic efforts on the part of the city’s elite women, founded the *Hospital Pro-Matre* in the city center. The hospital opened its doors in February of 1919, but its existence was part of a much larger network of social assistance called the *Associação de Caridade e Auxílio Mútuo* (Pro-Matre), which provided philanthropic social services to poor women and children.<sup>40</sup> The hospital began as something of a lying-in clinic, where women who wanted to hide their pregnancies could give birth. Obstetricians had stated the need for institutions in which women could carry out their pregnancies and deliver in secret to combat the social shame and loss of honor that accompanied pregnancy out of wedlock—shame they believed was the motive behind abortion and infanticide.<sup>41</sup> However, soon after the hospital’s doors opened, it became a maternity hospital due to the high demand for hospital beds.<sup>42</sup> Magalhães also created a system of ambulatory obstetric care that served women in surrounding neighborhoods in their homes.<sup>43</sup> This model was the basis for future prescriptions on how to

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<sup>39</sup> Martins, *Visões do feminino*, 204.

<sup>40</sup> Barreto, “Pro-Matre”; Idem, “Dar à luz no Rio de Janeiro.”

<sup>41</sup> Olavo Baptista, *Da protecção á primeira infancia* (Rio de Janeiro: Besnard Frères, 1900), 6, 17–22; Faustino de Castro, *Protecção legal à professora gravida* (Rio de Janeiro: Besnard Frères, 1919), 22–23; Eurico da Costa, *Protecção á mulher antes e depois do parto* (Nichteroy: Typ. Amerino, 1906), 29; Lago, *Maternidade desvalida*, 34; Moura, *Maternidade desvalida*, 19–20, 33; Rodolpho Pereira dos Santos, *Da gravidez e sua hygiene* (Rio de Janeiro: Papelaria Mello, 1927), 112; Carlos Seidl in Academia Nacional de Medicina, “A questao medico-legal do aborto provocado,” *Revista de Gynecologia e D’Obstetricia e de Pediatria* 14, no. 11 (1920): 435. See also Martins, *Visões do feminino*, 211.

<sup>42</sup> Baptista, *Da protecção á primeira infancia*, 6; Archmimo Martins de Mattos, *Aborto criminoso* (Rio de Janeiro: Jornal do Commercio de Rodrigues, 1923), 44; Benedicto Leite Penteado, *Causas obstetricas da nati-mortalidade* (Rio de Janeiro: Typ. de Antonio Morgado, 1924), 82.

<sup>43</sup> Martins, *Visões do feminino*, 209.

effectively deliver obstetric care to the majority of Rio's population, although a citywide version was never implemented.

Unlike the failed *Maternidade Santa Isabel*, both the *Maternidade Laranjeiras* and the *Pro-Matre* had the support of philanthropic clubs comprised of Rio's elite women.<sup>44</sup> As James Wadsworth argues, philanthropic efforts to improve maternal-infant health reinforced class and gender hierarchies, as they "emphasized the role of women as wife, mother, and provider," while simultaneously allowing elite women to enter the public sphere through legitimate paths.<sup>45</sup>

Obstetricians argued that childbirth was a critical area in need of "professional" intervention. Despite philanthropic and state efforts to construct maternity hospitals, the medical profession continued to argue that Rio de Janeiro lacked a "modern" maternity hospital with adequate services and supplies.<sup>46</sup> Physicians repeatedly asked for the state-financed construction of larger and better-equipped maternity hospitals.<sup>47</sup> Obstetricians believed that improved hospital services would be the only way to combat obstetric causes of stillbirth and maternal mortality.<sup>48</sup> Moreover, obstetricians believed that women across the country were turned away daily from maternity hospitals' doors due to insufficient capacity.<sup>49</sup> One medical student described the dire consequences of the lack of hospital beds: "Due to this [the lack of beds], in Rio de Janeiro...a

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<sup>44</sup> Barreto, "Dar à luz no Rio de Janeiro." This responded to physicians' earlier calls for increased philanthropic support. Baptista, *Da protecção à primeira infância*, 22–23, 26; Castro, *Protecção legal*, 23–24; Costa, *Protecção à mulher*, 37–45; Alceu Marques Ladeira, *Assistencia social à maternidade* (Rio de Janeiro: Typographia Leuzinger, 1919), 54; Moura, *Maternidade desvalida*, 29.

<sup>45</sup> "Moncorvo Filho e o problema da infância."

<sup>46</sup> Paranhos, *A morte do feto no utero*, 66–67. On the ideal hospital see Carvalho, *A defeza da maternidade*, 54.

<sup>47</sup> Carvalho, *A defeza da maternidade*, Chapter two; Castro, *Protecção legal*, 22; Ladeira, *Assistencia social*, 68; Lago, *Maternidade desvalida*, 16; Penteado, *Nati-mortalidade*, 83. Physicians had been calling for these changes since before the first public hospitals were built. See Baptista, *Da protecção à primeira infância*, 6.

<sup>48</sup> Lago, *Maternidade desvalida*, 29; Penteado, *Nati-mortalidade*; Pinto Filho, *Obstetrica domiciliaria*, 24. See also Loudon, *Death in Childbirth*, 97–106, 148.

<sup>49</sup> Mott, "Assistência ao parto," 208.

poor pregnant woman, on the verge of giving birth, wracked with pain, coming from far away distances, is still made to leave down the stairs of one of these establishments because ‘there is absolutely no room.’”<sup>50</sup> As we will see, turning away women in labor was more common than we may think.

### **The Nation Begins at Home: Medicalizing Homebirths**

At the same time that obstetricians worked to increase the number of maternity hospitals in the capital, they also planned to expand their presence in the home. Beginning in the first decade of the twentieth century, physicians hoped to create a homebirth assistance program to provide hospital-level healthcare in women’s homes.<sup>51</sup> Ambulatory health services were seen as an effective method to improve the health of the poor population, who physicians believed held superstitions towards hospitals and trained medical professionals.<sup>52</sup> Physicians acknowledged that with the city’s widespread culture of homebirths, part of expanded maternal health services needed to be at home.<sup>53</sup> Calls for these services grew louder as the years progressed, and by the 1920s, medical students included elaborate plans as part of their doctoral theses, often modeled on Arthur Moncorvo’s earlier philanthropic efforts.<sup>54</sup> For example, in 1923, medical student Bernardo Pinto Filho provided detailed instructions for the creation of a state-funded, home-obstetric service. Pinto Filho proposed expanding the *Assistencia Pública* (Public Assistance)

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<sup>50</sup> Carvalho, *A defeza da maternidade*, 54.

<sup>51</sup> Mott, “Assistência ao parto,” 209.

<sup>52</sup> José Rodrigues da Graça Mello, *Da justificação dos meios anticoncepcionaes temporarios na profilaxia moral e social* (Rio de Janeiro, 1911), 124.

<sup>53</sup> Antonio Donato André, *Hygiene da gravidez* (Rio de Janeiro: Typographia Leuzinger, 1924), 74, 83; Carvalho, *A defeza da maternidade*, Chapter three; Castro, *Protecção legal*, 17–21; Lago, *Maternidade desvalida*, 24–26; Moura, *Maternidade desvalida*, 28.

<sup>54</sup> For example Lago, *Maternidade desvalida*.

ambulance system for the needs of the service. He praised the service for its “valiant” efforts to help pregnant women. Nevertheless, “help is sometimes deficient, given the lateness arriving at the house of the laboring woman, as there are only two posts for the vast terrain that is the Federal District [Rio de Janeiro].”<sup>55</sup> As we saw at the beginning of the chapter, however, the ambulatory service also refused to serve certain geographic areas.

How did Pinto Filho envision the organization of the city’s ambulatory obstetric service?<sup>56</sup> To begin with, the home obstetric services would be associated with the city’s established maternity hospitals. In this sense, the home service was a continuum of care that was organized in accordance with the city’s resources and the population’s customs. More broadly, the service would be divided into urban and suburban zones, each with central headquarters. Licensed midwives would provide the majority of prenatal, delivery, and postnatal care. An obstetrician would only be called in an emergency. The specific logistics of how poor women would access free care were more complicated however. As Pinto Filho describes:

...[the woman] would address herself to her district *delegacia* [police precinct], where, registered in the book of the poor [*livro dos pobres*], she would receive a card with the right to a consultation in the *Guarda* [neighborhood clinic]. At the *Guarda*, to where the [pregnant] woman would go several days later, she would be examined thoroughly, with the result of the exam written down on the appropriate card. According to the resulting conclusion, the pregnant woman would be advised [whether] or not she [needed to] be interned in a maternity hospital. In the case in which it had been resolved that an assisted homebirth [would be the best option]...the card would be given to the midwife that lived in the same district as the pregnant woman.<sup>57</sup>

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<sup>55</sup> *Obstetrica domiciliaria*, 28. Other physicians also stated the need to expand the city’s ambulance system in service of a home obstetric service. Carvalho, *A defeza da maternidade*, 54; Paranhos, *A morte do feto no utero*, 68. See also Martins, *Visões do feminino*, 199.

<sup>56</sup> The following description is based on Pinto Filho, *Obstetrica domiciliaria*, especially 35-39, 61-62, 65, 71, 74-76. See also Lago, *Maternidade desvalida*, 24–26, 30–31.

<sup>57</sup> *Obstetrica domiciliaria*, 37.

Pinto Filho's scenario merits analysis in relation to the daily realities of most of the city's poor and working-class women. According to Filho, the pregnant woman would first go to the police, who, after verifying her impoverished status, would give her the necessary paperwork for her to continue on to the local clinic for an examination. Depending on the exam's results, the woman would then be told whether or not she should go to a maternity hospital or if she could give birth at home. If the latter, the woman would then give her medical records to the licensed midwife who lived in her district, who would come to her home when labor began. While the levels of bureaucracy are not particular to this sector of government—the woman first had to go to the police, before being sent to a doctor, before giving her card to a midwife, who would only arrive during labor if called—they are telling when we remember that most poor women seeking these services were illiterate or only functionally literate, had to work long hours up to the moment of labor, and perhaps did not have the social capital or network required take off work. As this dissertation argues, some of these women would have been placed under suspicion at the police station if they came in obstetric distress. While Pinto Filho contended that no woman would be denied care, his system did not take into account the realities of poor women's everyday lives.

This “domiciliary vigilance” would not only improve women's health, however, but also help physicians combat the presence of *parteiras curiosas* (perhaps the equivalent to the “granny midwife” of the southern United States) in the city's suburban periphery: “[With] obstetric assistance dispersed in this manner, no more instances would present themselves in which *curiosas* act so vastly and unbridled, as even today commonly occurs, resulting in catastrophes of mothers and fetuses, accomplices of [the *curiosas*'s] ignorance.”<sup>58</sup> Physicians believed at-home health care would increase the presence of physicians in poor women's reproductive lives. While

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<sup>58</sup> Ibid., 76. See also Mott, “Assistência ao parto,” 210. For unlicensed midwives in the United States see Loudon, *Death in Childbirth*, 298–326.



no city-wide ambulatory obstetric service was implemented, smaller, neighborhood services were put into practice across the city, including the Pro-Matre.<sup>59</sup>

Despite obstetricians vilification of these *parteiras curiosas*, by the early-1930s the city government began working with these women. For instance, the municipality opened an obstetric clinic in the suburb of Inhaúma in 1927 within the neighborhood's existing regional clinic (*Centro de Saúde*). Public health officials worked to register all women—licensed or unlicensed—who practiced the “art of delivery,” training, monitoring, and improving their practice.<sup>60</sup> Both physicians and the government were trying—on a limited scale—to provide a continuum of prenatal care to women of all classes by including lay and unlicensed women in their ranks, thus acknowledging the important role they played in women's healthcare.



IMAGE 3: *Centro de Saúde de Inhaúma, waiting room.*  
Source: Clementino Fraga, “Introdução ao relatório dos serviços do Departamento Nacional de Saúde Pública (1927),” *Archivos de Hygiene* 2, no. 1 (1928): 203–50.

<sup>59</sup> Mott, “Assistência ao parto,” 209–10.

<sup>60</sup> J.P. Fontenelle, *A saúde pública no Rio de Janeiro: Districto Federal, 1937 e 1938*, n.d., 276.

Although physicians recognized home healthcare as a viable alternative to hospital care, they still favored the latter.<sup>61</sup> In the end, physicians' embracing of homebirths—if supervised by a licensed and state-employed midwife or physician—was an acknowledgement both of the state's insufficient hospital services and of women's choice to give birth at home. Despite its unrealistic objectives in the face of existing institutional support and the lack of understanding of poor women's daily realities, Pinto Filho's plan was ambitious, and if it had been implemented, would have surely helped combat stillbirth and maternal mortality rates.<sup>62</sup> Yet his plan also bolstered his own profession and expanded the presence of physicians in the realm of pregnancy and delivery, shutting out the lay women and midwives who had long dominated childbirth.

Physicians contended that institutionalizing maternal-infant health through the construction of a well-equipped and efficient healthcare system was the key to the modernity and “civilization” of the Brazilian nation.<sup>63</sup> The state began to fund a system of maternity hospitals with the *Maternidade Laranjeiras* and the *Pro-Matre*. Throughout the 1920s and 30s, the government also passed legislation to improve standards of maternal-infant care, creating the National Department of Public Health in 1920 and including the protection of maternity and infancy in the city's 1923 Department of Health Regulation.<sup>64</sup> In 1934 and 1935, prenatal clinics were opened in fifteen of the city's urban public health clinics and three of the suburban clinics.<sup>65</sup> But as Maria Lucia Mott argues, the two main forces tasked with these efforts, the state

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<sup>61</sup> Moura, *Maternidade desvalida*, 28.

<sup>62</sup> Pinto Filho's comprehensive plan would have provided a “continuity of care” in the areas of prenatal and birthing services. As Loudon demonstrates, “Antenatal [prenatal] care is rarely effective when maternity services are fragmented.” *Death in Childbirth*, 263.

<sup>63</sup> Barreto, “Dar à luz no Rio de Janeiro.”

<sup>64</sup> Carvalho, *A defeza da maternidade*, 32; Martins, ““Vamos criar seu filho,”” 145; Mott, “Assistência ao parto,” 209.

<sup>65</sup> Fontenelle, *A saude publica no Rio de Janeiro*, 271–75.

and philanthropic organizations, did not provide the needed support: “On the one hand, the State was not organized during this period to perform this function, as society discussed if this task was theirs [to undergo], and philanthropy restricted their area of action in accordance with their own interests.”<sup>66</sup> As Fernando Magalhães argued in 1923: “If we were to evaluate the civilization of a people by their hospitals, Brazil would be considered a quasi barbaric country.”<sup>67</sup>

While obstetricians worked to expand hospital care, the number of hospital beds per woman of reproductive age did not increase. And while physicians managed to open several new maternity hospitals and improve their services, these changes did not succeed in changing the behavior of Rio de Janeiro’s pregnant women. Rather, this increased emphasis on the need for hospital births and physician-controlled prenatal care resulted in what Ana Paula Vosne Martins terms the “scientific vigilance” of all women.<sup>68</sup> Only after Vargas implemented centralized government policies towards maternal-infant health in the early 1940s did the government provide parallel support to physicians’ decades-long campaign to both improve maternal-infant healthcare and institutionalize childbirth.<sup>69</sup> Decree 3.200 of 1941 not only placed maternal-infant health as central to government health policy but also introduced full-fledged pronatalist rhetoric into the government’s platform.<sup>70</sup> As Vargas began to associate children with the future of the nation, their health became integral to state policy.<sup>71</sup>

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<sup>66</sup> “Assistência ao parto,” 202.

<sup>67</sup> Quoted in Pinto Filho, *Obstetrica domiciliaria*, 21.

<sup>68</sup> *Visões do feminino*, 190–92.

<sup>69</sup> Freire, *Mulheres, mães e médicos*; Martins, *Visões do feminino*, 212; Wadsworth, “Moncorvo Filho e o problema da infância.”

<sup>70</sup> Besse, *Restructuring Patriarchy*, 96.

<sup>71</sup> Fonseca, “A saúde da criança.”

## Home versus Hospital: Embodied Experiences of Birth

Historians have begun to examine the transition from homebirths to hospital births in urban Brazil. Most place this trend in the 1930s, but few have provided the quantitative evidence to prove those claims.<sup>72</sup> What do the data tell us about how many women actually gave birth in a hospital versus home setting? The data on homebirths for the city of Rio de Janeiro are not complete for the first four decades of the twentieth century. However, the existing numbers demonstrate that homebirths were the norm. From 1894 to 1903, a mean of 99 percent of registered births occurred at home as Table 1.1 demonstrates.<sup>73</sup>

TABLE 1.1 *Location of registered births in Rio de Janeiro, 1894 to 1903*

Year	Homebirths	Non-Homebirths	Total births*	Homebirths as % of total births
1894	15,480	61	15,541	99.61
1895	17,457	72	17,529	99.59
1896	17,494	43	17,537	99.75
1897	18,120	296	18,416	98.39
1898	18,061	316	18,377	98.28
1899	18,332	444	18,776	97.64
1900	18,579	412	18,991	97.83
1901	18,137	339	18,476	97.79
1902	18,212	411	18,623	97.79
1903	17,574	305	17,879	98.29

\* Total number of births includes stillbirths.

Source: Directoria Geral de Estatística, *Registro Civil de 1894* (Rio de Janeiro, n.d.), 2–3; *Registro Civil de 1895* (Rio de Janeiro: Oficina da Estatística, 1901), 2–3; *Registro Civil de 1896* (Rio de Janeiro: Oficina da Estatística, 1902), 2–3; *Registro Civil de 1897* (Rio de Janeiro: Oficina da Estatística, 1903), 16–17; *Registro Civil de 1898* (Rio de Janeiro: Estatística, 1904), 16–17; *Relatório apresentado ao Ministro da Indústria, Viação e Obras Públicas pelo Director Geral, 1901* (Rio de Janeiro: Oficina da Estatística, 1902), 30–31, 46–47, 62–63; *Relatório apresentado ao Ministro da Indústria, Viação e Obras Públicas pelo Director Geral, 1902* (Rio de Janeiro: Oficina da Estatística, 1903), 16–17, 32–33, 48–49; Directoria Geral de Estatística, *Relatório apresentado ao Ministro da Indústria, Viação e Obras Públicas pelo Director Geral, 1903* (Estatística, 1904), 161.

<sup>72</sup> Martins, “Vamos criar seu filho,” 146; Mott, “Assistência ao parto,” 198. For a notable exception see Mott, “Assistência ao parto.”

<sup>73</sup> This figure is based on the mean of homebirths as percentage of total births from 1894–1903 rounded to the nearest percent. The values ranged from 97.6 to 99.75 percent per year. Records for this period differentiate between homebirths and non-homebirths. I assume that non-homebirths occurred in a hospital.

Data from the late 1930s indicate that a mean of 80 percent of registered births occurred at home.<sup>74</sup> This is a significant decrease from thirty-five years earlier. But as Table 1.2 shows, even after the implementation of the *Estado Novo* in 1937, most women continued to give birth at home. It must be said, however, that only half of all the city's hospitals reported their statistics to the government during these years, and the data do not tell us which hospitals (non-maternity or maternity) reported. The actual percentage of hospital births is probably higher.

TABLE 1.2 *Hospital Births in Rio de Janeiro, 1936 to 1938*

Year	Hospital Births	Non-Hospital Births	Total births*	Non-hospital births as % of total births
1936	7,564	29,570	37,134	79.63
1937	8,692	27,498	36,190	75.98
1938	6,384	31,114	37,498	82.98

\* Total number of births includes stillbirths.

Source: Instituto Brasileiro de Geografia e Estatística, *Anuário estatístico do Brasil*, vol. 5 (Rio de Janeiro, 1939), 108, 641–42.

Homebirths cannot be considered as one category, however. As Ana Paula Vosne Martins contends, obstetric (and gynecological) care in late-nineteenth- and early-twentieth-century Brazil was divided according to race and class.<sup>75</sup> Homebirths were also divided according to socioeconomic class. Middle- and upper-class women most likely gave birth with the assistance of a licensed midwife. A physician was called to the home only during difficult births that required surgical intervention, and then only by families who could afford their services. Working-class women who had less resources, but still enough to pay for some sort of medical care, most often relied on unlicensed but empirically-trained midwives (*curiosas*). Poor women like Emilia Teixeira often were assisted by female relatives or neighbors, who, while not

<sup>74</sup> These figures are based on the mean of non-hospital births as percentage of total from 1936-1938 rounded to the nearest percent. The values ranged from 75.98 to 82.98 percent per year. Records for this period differentiate between hospital births and non-hospital births. I assume that non-hospital births occurred at home.

<sup>75</sup> *Visões do feminino*, 147, 178, 201.

officially-known as midwives (even unlicensed), had been helping their families or female neighbors for years. Martins argues that very poor women sought out hospital care as a last resort during difficult childbirths, particularly after the construction of the city's maternity hospitals.<sup>76</sup> In actuality, however, many poor women—particularly women without any social networks—did not seek out institutional healthcare. The truly indigent, in fact, do not appear in Martins' classification. Impoverished women who did not have the social or cultural capital to seek out hospital care—for instance, migrant domestic servants—gave birth alone, often in secret.

For a comparison we can take the deliveries of two domestic servants, both poor but to different degrees. One January evening in 1904, the *parda* (mixed-race), live-in domestic servant Olivia Nogueira da Gama gave birth in the home where she lived and worked.<sup>77</sup> The twenty-two-year-old Gama awoke early in the morning, and went to the latrine to urinate. She felt pains in her abdomen that “contracted more and more,” and after “much force” she gave birth standing up. The infant fell to the floor. Gama then killed the child by stabbing it in the neck. Gama was illiterate and did not know the names of her parents. She had been raped by her former employer in the interior of the state, and she had come to the city of Rio de Janeiro alone. Compare Gama to the case of the twenty-one-year-old black domestic servant Anna de Carvalho. In 1915,

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<sup>76</sup> Ibid., 211. This is also the case in São Paulo. Arquivo Publico do Estado de São Paulo, hereafter (APESP) C06736 Registro N.18148, Secretaria do Interior (1897-1904); (APESP) C0700 Registro N.18411, Secretaria do Interior (1894-1904). As Maria Mott argues, their difficult deliveries were the training grounds for the city's obstetricians. “Assistência ao parto,” 198–99, 204.

<sup>77</sup> (MJ) RG.13245 Cx.1403 (1904). For similar cases see (TJRJ) Cx.01.722.629-6 Pos.7.G6.S3.3210 (1900); (MJ) RG.13242 Cx.1403 (1902); (MJ) RG.13245 Cx.1403 (1904); (AN) CT, Cx.1909 N.1776 (1909); (TJRJ) Cx.01.722.653-3 Pos.7.G6.S4.434 (1910); (AN) CR.0.IQP.466 (1911); (TJRJ) Cx.01.803.478-01 Pos.G4.S8.2336 (1912); (AN) 70.0.IQP.3005 (1919); (TJRJ) Cx.01.722.640-5 Pos.7.G6.S5.2151 (1920); (TJRJ) Cx.01.815.354-9 Pos.S.G1.S20.1984 (1930); (AN) 6Z.0.IQP.16784 (1933). *Pardo/a*, while technically signifying brown-skinned or mixed-race, is more a marker of color or African descent than a fixed category of race. See Hebe Maria Mattos de Castro, *Escravidão e cidadania no Brasil monárquico* (Rio de Janeiro: Jorge Zahar, 2000); Caulfield, *In Defense of Honor*, 154–55; Skidmore, *Black into White*, 23. By many leading thinkers, it was seen at the bottom of the racial pyramid. Corrêa, *As ilusões da liberdade*, 132.

Carvalho sought out a public maternity hospital to give birth to her son, Alcino.<sup>78</sup> Carvalho was no doubt poor; she would later abandon her son on its father's doorstep for lack of resources to care for him. But she knew the names of both her parents and could sign her own name and was thus at least nominally literate. She also had the social capital to seek out her ex-partner and demand that he take care of his son. In fact, she knew where he lived. While both women of color were poor, young, and domestic servants, their levels of social capital varied greatly. Carvalho had the ability to seek out a hospital for her birth. Gama's impoverished state and her exposure to sexual and physical violence precluded her ability to do so. She ignored her pregnancy, gave birth in secret, and then committed infanticide.

Like Gama, the city's poorest women often gave birth alone in the home of their employers or were forced to find another place to deliver their child. In 1928, the twenty-year-old live-in domestic servant Maria da Glória Gonçalves gave birth to a stillborn infant in her neighbor's yard.<sup>79</sup> When Gonçalves went into labor prematurely at seven months, "she did not have anywhere to have her child," so she left her employer's home. Once outside, Gonçalves had a contraction and stopped in an abandoned room in a neighboring house. After the contraction passed, she kept walking, but after another strong contraction she fell to the ground and gave birth to her stillborn infant under a tree.<sup>80</sup> Gonçalves did not mention why she felt she could not give birth in the home where she worked and lived. Perhaps her employer specifically told her to deliver her child elsewhere. Unlike Gama, Gonçalves had acknowledged her pregnancy. Perhaps

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<sup>78</sup> (AN) CS.0.PCR.1877 (1915).

<sup>79</sup> (TJRJ) Cx.00.502.623-4 Pos.7.G1.S11.1239 (1928).

<sup>80</sup> For other births that occurred outside see (AN) CS.0.IQP.488 (1910); (AN) CS.0.IQP.2204 (1912); (AN) CR.0.IQP.674 (1912); (AN) 70.0.IQP.3005 (1919); (TJRJ) Cx.00.502.623-4 Pos.7.G1.S11.1239 (1928).

she had even tried to plan for the birth, but she had neither the resources nor the social network to support her when her child was born prematurely.

In fact, some employers explicitly stated that their live-in domestic servants needed to deliver their child elsewhere.<sup>81</sup> In 1902, the eighteen-year-old live-in domestic servant Alice do Espirito Santo felt labor pains and gave birth in the back room of her employer's house.<sup>82</sup> According to the court case, Santo did not provide the necessary care after the delivery, and the infant died soon after. Her employer Francisco Cardozo Machado had not ignored her pregnancy or upcoming delivery. When he saw that Santo was in labor, Machado went to the local police precinct to ask for the public ambulance to take her to the *Santa Casa de Misericórdia*. Santo refused to go, declaring she was not in labor, but rather suffering from kidney pain. Machado then implored the cook to find a midwife, "since he would not let his employee Alice [Santo] give birth in his home." While Machado tried to help find Santo free birthing assistance, he was adverse to having his live-in domestic servant deliver her child in his home. Perhaps he had hoped to avoid the exact scandal that occurred when Santo later was convicted of infanticide.

Despite these tragic cases, not all domestic servants faced the shame and solitude of unwanted pregnancies and deliveries. Other employers were more supportive. For instance, in 1908, Antonio Ferreira Campos called his mother to assist with the homebirth of his live-in domestic servant Maria Emilia.<sup>83</sup> In the presence of Campos's mother, a "*parteira pratica*," Emilia gave birth to a stillborn son. Because Emilia could not afford the burial, Campos took the infant to the police for public assistance. While these homebirths were exceptional in that they

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<sup>81</sup> For example (AN) 7H.0.IQP.671 (1906); (TJRJ) Cx.00.502.623-4 Pos.7.G1.S11.1239 (1928);

<sup>82</sup> (AN) RG.13242 Cx.1403 (1902).

<sup>83</sup> (AN) MW.0.IQP.1852 (1908).



ended in a stillbirth or infanticide, they demonstrate that the impoverished women experienced childbirth in very different ways than historians have contended.

Different from the truly destitute, working-class women gave birth at home in the presence of an unlicensed midwife or female friends or relatives. One November day in 1907, Alice Maria da Conceição began having contractions in her home.<sup>84</sup> After laboring for an unspecified period of time, Conceição called her female neighbor Saturnina for assistance with the birth. Saturnina “not being able to give the help that Alice [da Conceição] needed,” called another neighbor, an older woman named Camilla. By the time Camilla arrived, however, Conceição was already in the late stages of delivery. The infant was in a breech position, with its legs and trunk outside of the vaginal canal but still “imprisoned at the neck” (head entrapment, a known complication of breech presentations).<sup>85</sup> After the birth, several other female neighbors arrived at Conceição’s home to provide extra support. While women surrounded Conceição in the moment of delivery and afterwards, she asked her male neighbor to bring the stillborn infant to the police for a burial certificate. Here, men were called upon to engage with the state, while women were relied upon for the delivery of children. The infant probably died during the difficult (or dystocic) delivery, but Camilla did not necessarily contribute to the death as she arrived so late in labor. Conceição’s delivery may have been an anomaly in that it ended in a stillbirth, but it still represented the larger context in which working-class women gave birth.

As we saw in the case of Alice da Conceição, the working classes relied on unlicensed midwives or female friends in the late stages of labor. As historians have argued, at the turn of the twentieth century the concept of prenatal care did not exist for Brazilian women, regardless

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<sup>84</sup> (AN) CS.0.IQP.127 (1907).

<sup>85</sup> Patricia A. Robertson et al., “Head Entrapment and Neonatal Outcome by Mode of Delivery in Breech Deliveries from 28 to 36 Weeks of Gestation,” *American Journal of Obstetrics and Gynecology* 174, no. 6 (1996): 1742–49.

of class or race. Most women only sought out the midwife or physician at the very last minute.<sup>86</sup> For example, on one January day in 1908 the domestic servant Jesuina Maria went to work as usual. After feeling labor pains throughout the day, Maria went home and called a midwife. By the time the midwife arrived Maria was in the middle of delivering her child, indicating that she was probably in the advanced stages of labor when she left work and called the midwife. The child was born in a breech presentation (pelvis first) and was a stillbirth. From the testimony of Maria's female roommate who assisted the delivery, it seems Maria walked around the house freely and was seated on a staircase during one period of labor. Because Maria only received care late in the obstructed labor, there was a good chance that the child probably died during the birth itself.<sup>87</sup> That is not to say it was either Maria's or the midwife's fault for asking for help or arriving late in labor. Rather, this cultural norm probably increased the number of difficult deliveries that resulted in stillbirths.

In fact, for many men and women, the need to work negated the ability to attend their partner's delivery or to rest before the delivery itself. When Antonio da Costa's wife Olympia Octavia da Faria was in the late stages of labor, he called the unlicensed midwife who had delivered their other three children.<sup>88</sup> Faria had been having pains for a day when her water broke. Despite her pain, she spent the whole day at home, waiting for her husband to return from work "to not bother him." When he arrived, Faria still did not want to call a midwife, as her pains were not that intense. Like most other women who gave birth at home, Faria waited until

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<sup>86</sup> Brenes, "História da parturição," 146; Martins, *Visões do feminino*, 191. For midwives who arrive in the late stages of labor see (AN) 01.0.PCR.3075 (1892); (AN) T8.0.IQP.2701 (1908); (AN) T8.0.IQP.2682 (1908); (AN) T8.0.IQP.3239 (1909); (AN) T8.0.IQP.3623 (1910); (AN) 6Z.0.IQP.105 (1912); (AN) CX, Cx.154 N.4714 (1937); (AN) CS.0.IQP.7759 (1937). For neighbors who come at the last moments of labor see (AN) CS.0.IQP.127 (1907).

<sup>87</sup> For breech presentations see Michelle L. Murray and Gayle M. Huelsmann, *Labor and Delivery Nursing: A Guide to Evidence-Based Practice* (New York: Springer Publishing Company, 2009), 153–56.

<sup>88</sup> (AN) T8.0.IQP.2727 (1908).

the late stages of labor to call for help. Early the next morning, Costa called the midwife, who soon realized that the infant was already dead and presenting in a breech (or pelvis first) position. But Costa had to go to work as a bread deliveryman, and he left soon after the midwife arrived. The delivery proved to be very difficult and the midwife had to extract the infant “with much force” to save Faria’s life. After the birth, the midwife washed Faria’s genital area with an antiseptic solution and fed her broth. She came back the next day to check on Faria’s health, who was doing well despite the difficult breech presentation and stillbirth. It seems that the midwife followed asepsis and antisepsis practices.

As we have seen, for the lower and working classes, homebirths were a female affair. For example, in 1908 Maria Gonçalves Vellozo asked her neighbor Virgilia Carlota de Lemos why she had not called Vellozo to assist her during her delivery, demonstrating the commonplace role female neighbors played in homebirths.<sup>89</sup> With middle-class women, however, men entered the birthing arena, as male obstetricians often attended these women at home.<sup>90</sup> Like the lower classes, the middle and upper classes only went to the hospital in cases of grave danger to the life of the mother.<sup>91</sup> Middle-class homebirths had better surroundings and better-trained providers—licensed midwives and male obstetricians. As early as 1908, the Portuguese Albertina de Almeida Luiza went into labor and called a male physician to assist the delivery in her home.<sup>92</sup> While Luiza was illiterate, she was a small property-owner who clearly had the financial means to receive licensed medical care. It appears, however, that middle-class women approached delivery in a similar manner to their lower-class counterparts by calling for medical assistance

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<sup>89</sup> (AN) 7E.0.IQP.1626 (1908).

<sup>90</sup> Mott, “Assistência ao parto,” 203.

<sup>91</sup> *Ibid.*, 204.

<sup>92</sup> (AN) T7.0.IQP.809 (1908).

late in labor. For example, in one 1937 homebirth, twenty-three-year-old Alcyr Graça da Cunha Mattos gave birth in a rented room in the presence of her mother and a licensed midwife. Despite the fact that the family was middle class—they were literate and the father was an army coronel—the mother still only called the midwife during the late stages of labor, when Mattos was “almost fully dilated.” These were culturally ingrained practices that presented strong barriers to obstetricians’ efforts to control the entire labor and birth process. Lower-class and working-class women only may have been able to afford a midwife in the late stages of labor. But middle-class women’s adherence to this trend suggests that perhaps women felt well-accompanied by their female family members or lay attendants. They only found a trained practitioner necessary at the moment of birth.

For the first four decades of the twentieth century, the majority of the female population in Rio de Janeiro gave birth in their homes, to varying degrees of medical attention. These births were female realms in which the attendant, whether a trusted friend, *parteira curiosa*, or licensed midwife, often arrived in the late stages of labor. For the truly impoverished, births were a solitary endeavor. Male physicians had an uphill battle not only to move births to a hospital setting but also to make it a male-controlled enterprise. I do not want to romanticize homebirths. As we have seen, many of them were dangerous and resulted in the death of the newborn, the mother, or both. Some of these deaths were caused by ignorance or malpractice. But we must remember that some of these complications would have also resulted in the death of the infant or the mother even if they had occurred in a hospital.

## **Birth Death: Miscarriage, Stillbirth, and Maternal Mortality**

One outcome of poor prenatal and hospital services was sustained and elevated stillbirth and maternal mortality rates despite medical attempts to combat these statistics. Government efforts to improve public health began during the Empire, with the creation and expansion of municipal- and federal-public health departments in the mid-nineteenth century.<sup>93</sup> Public health efforts expanded during the First Republic, and by 1904 famed scientist and ardent yellow fever campaigner Oswaldo Cruz became head of the Directorate of Public Health. When Carlos Chagas took over in 1917, he reorganized it to become a Department, which lasted until the Revolution of 1930, when Vargas created the Ministry of Education and Public Health.<sup>94</sup> Despite great advances in individual research and the expansion of government-supported efforts to combat infectious diseases such as yellow fever, malaria, and smallpox in the early-twentieth century, neither access to gynecological and obstetrical services for the majority of the population nor outcomes related to miscarriages, stillbirths, and maternal deaths improved. Vargas institutionalized maternal-infant health during the *Estado Novo*, but long traditions of poor reproductive health outcomes would not change over night.

Obstetricians' efforts to improve the state of obstetric care in Rio de Janeiro through the construction of hospitals and expanded prenatal care were in response to the city's high stillbirths and maternal mortality rates. Today, the World Health Organization's (WHO) definition of a stillbirth is a birth of a *viable* fetus weighing 500 grams or more, twenty-two or more completed

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<sup>93</sup> For the first federal public health department see Brasil, "Decreto n. 598, de 14 de setembro de 1850. Concede ao Ministério do Império um crédito extraordinário de duzentos contos para ser exclusivamente despendido no começo de trabalhos, que tendam a melhorar o estado sanitário da capital e de outras províncias do Império," in *Coleção das leis do Império do Brasil*, vol. 1, 3 vols. (Rio de Janeiro, 1851), 299–301.

<sup>94</sup> On public health campaigns during the First Republic see Gilberto Hochman, *A era do saneamento: as bases da política de Saúde Pública no Brasil*, 3rd ed. (São Paulo: Hucitec Editora, 2012); Nancy Leys Stepan, *The Beginning of Brazilian Science: Oswaldo Cruz Medical Research and Policy, 1890-1920* (New York: Science History Publications, 1976).

weeks of gestation (second trimester), or a body length of twenty-five centimeters or more who died before or during labor and birth. This is differentiated from a miscarriage, which is defined as the death of a *nonviable* fetus occurring earlier in pregnancy.<sup>95</sup> As Robert Woods states, “Stillbirths are viable fetuses that are born dead, while miscarriages or spontaneous abortions have not yet reached a viable stage of development.”<sup>96</sup> Current medical and public health research also distinguishes between antepartum (before birth) and intrapartum (during delivery) stillbirths.<sup>97</sup> There are many factors that influence the health of the fetus, including biogenetic factors, the mother’s health, and the conditions of delivery (both the actual physical surroundings and the skill of the birth attendants).<sup>98</sup> Thus, unlike newborn death (within the first twenty-eight days of life) or infant mortality, miscarriages and stillbirths are influenced both by social factors (poor nutrition, inadequate medical training) and by genetic factors, the latter which cause the majority of miscarriages and antepartum stillbirths.<sup>99</sup> But as Robert Woods contends, “It is possible that such factors will have had effects that have been more or less constant over time.”<sup>100</sup> In other words, if biological causes of miscarriages and stillbirths remain constant, any downward trend will be from social causes. In addition to genetic and physiological causes, antepartum stillbirths are linked to infections passed from mother to fetus.<sup>101</sup> In developing

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<sup>95</sup> J. Frederik Frøen et al., “Stillbirths: Why They Matter,” *The Lancet* 377, no. 9774 (2011): 1353–1366.

<sup>96</sup> *Death Before Birth: Fetal Health and Mortality in Historical Perspective* (Oxford: Oxford University Press, 2009), 1.

<sup>97</sup> Joy E. Lawn et al., “Stillbirths: Where? When? Why? How to Make the Data Count?,” *The Lancet* 377, no. 9775 (2011): 1448–63.

<sup>98</sup> Woods, *Death Before Birth*, 32.

<sup>99</sup> The WHO defines a neonate as a child up to twenty-eight days of age. *Neonatal and Perinatal Mortality: Country, Regional and Global Estimates* (Geneva: WHO Press, 2006), 2.

<sup>100</sup> *Death Before Birth*, 5.

<sup>101</sup> *Ibid.*, 34.

countries today, antepartum stillbirths are associated with poor nutritional status, congenital infections like syphilis, hypertensive disease (eclampsia), and malaria.<sup>102</sup> Intrapartum stillbirths are tied to measures of obstetric care, with the better access to proper medical assistance during birth leading to a lower rate of intrapartum stillbirths.<sup>103</sup>

Like most of the Western world, Brazilian fetal death and stillbirth statistics were lacking in clear definition and accurate reporting in the early-twentieth century.<sup>104</sup> Public health statistics defined stillbirth (*natimorto*) as both the death of the fetus *in utero* and before the onset of labor (antepartum) and the death of the fetus during birth (intrapartum). Records did not differentiate between the two. Nor did data differentiate between miscarriages and stillbirths or even record early miscarriages, and the actual rate of miscarriages was unknown to the medical profession.<sup>105</sup> Yet obstetricians argued that miscarriages were common among women of reproductive age in the city, especially those of the lower classes.<sup>106</sup> For example, in 1921 Miguel Couto, the president of the National Academy of Medicine (ANM), told his colleagues that he kept fastidious statistics of the women under his care who had miscarried: “Well, I can assure my colleagues that, in my statistics, I have more than 80% of cases of natural abortion [miscarriage].

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<sup>102</sup> Gordon C.S. Smith and Ruth C. Fretts, “Stillbirth,” *Lancet* 370 (November 2007): 1715–25.

<sup>103</sup> *Death Before Birth*, 34.

<sup>104</sup> Only the Scandinavian countries had extensive and accurate stillbirth reporting mechanisms before the 1940s. Various parts of the United Kingdom did not have uniform definitions and reporting until the mid-twentieth century. Gayle Davis, “Stillbirth Registration and Perceptions of Infant Death, 1900-60: The Scottish Case in National Context,” *The Economic History Review* 62, no. 3 (2009): 629–54; Woods, *Death Before Birth*.

<sup>105</sup> Carlos de Rezende Enout, *Estudo clinico do abôrto* (Rio de Janeiro: Jornal do Commercio de Rodrigues, 1917), 5.

<sup>106</sup> Campos, *Aborto criminoso*, 138–52; Enout, *Estudo clinico do abôrto*, 5; Mattos, *Aborto criminoso*, 20–23; Hilario dos Santos Pimentel, *Estudo psicologico da mulher gravida* (Rio de Janeiro: Rua D. Manoel, 1916), 52–53. Yet these same physicians continued to believe that strong emotions and excessive sexual intercourse caused miscarriages. Antunes, *Do aborto criminoso*, 12–13; Edgard Cambraia de Azevedo, *Do aborto em clinica* (Rio de Janeiro: Typ. Coelho, 1928), 35; José de Paula Camara, *Do aborto criminoso (Sua nova figura juridica, seus elementos constitutivos, dos meios empregados e das provas)* (Rio de Janeiro: Typographia Montenegro, 1898), 30; Pedro Fructuozo da Silva Pires, *Do aborto* (Rio de Janeiro: Typographia Carioca, 1892), 24–25.

I know few women who have not had a miscarriage!”<sup>107</sup> In an effort to improve their data, early-twentieth-century physicians and public health officials suggested having three categories: 1) *in utero* fetal demise (antepartum stillbirth); 2) death during delivery (intrapartum stillbirth); and 3) death immediately after birth (early-neonatal death). The first two would both be categorized as stillbirths and the third as a live birth and subsequent infant death.<sup>108</sup> But during the period of this study, these changes were not incorporated into the state’s registration of stillbirths.

Physicians’ frustrated efforts to improve the definition and registration of stillbirths (taken from the civil registry) demonstrates that the data relating to these events were neither well defined nor reliably collected. Historians have demonstrated that the underreporting of births and deaths was common during the first three decades of the twentieth century, a fact contemporary officials also noted.<sup>109</sup> As such, stillbirth statistics were not accurate, and the rates before 1930 were probably higher than recorded.<sup>110</sup> Over the period of this study the accuracy of government statistics improved, particularly after Getúlio Vargas took power in 1930. Vargas initiated a so-called “statistical revolution” in the fields of criminology and public health.<sup>111</sup> It seems that Vargas listened to physicians’ belief that improved statistics were necessary to become a “civilized” nation.<sup>112</sup> Thus post-1930 rates may have experienced a registration effect,

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<sup>107</sup> Miguel Couto in Academia Nacional de Medicina, “A questão medico-legal do aborto provocado,” *Revista de Gynecologia e D’Obstetricia e de Pediatria* 15, no. 4 (1921): 149.

<sup>108</sup> This was based on the classifications of the French statistician Jacques Bertillon. Machado, *Mortalidade das crianças*, 40–41. See also Woods, *Death Before Birth*, 77–79.

<sup>109</sup> Adamo, “The Broken Promise,” 86, 159.

<sup>110</sup> Carvalho, *A defeza da maternidade*, 81; Marcilio Ribeiro, *Natimortalidade e mortalidade infantil* (Rio de Janeiro: Revista dos Tribunaes, 1923), 21–22.

<sup>111</sup> Olívia Maria Gomes da Cunha, “1933: um ano em que fizemos contatos,” *Revista USP*, no. 28 (December 1995): 142–63.

<sup>112</sup> André, *Higiene da gravidez*, 73–74; Carvalho, *A defeza da maternidade*, 97; Machado, *Mortalidade das crianças*, 4; Moura, *Maternidade desvalida*, 38; Ribeiro, *Natimortalidade e mortalidade infantil*, 21.



in which they rose due to more accurate reporting.<sup>113</sup> What the limited statistics do show is a relatively stable stillbirth rate (SBR) of between 70 to 90 stillbirths per 1000 live births from 1890 to 1940 as Figure 1.1 shows.



FIG. 1.1 *Rio de Janeiro and São Paulo, 1890 to 1941. Stillbirth rate (SBR) per 1,000 total births.*  
*Source:* For Rio de Janeiro (missing 1928): Departamento Nacional de Saúde Pública, “Movimento do estado civil,” *Archivos de Higiene* 1, no. 1 (1927): 226–37; Clovis Corrêa da Costa, “Inquerito clínico sobre a mortinatalidade no Rio de Janeiro: Meios de corrigil-a,” *Archivos de Higiene* 4, no. 1 (1930): 141–95; Manuel de Mello Machado, *Mortalidade das creanças no Rio de Janeiro* (Rio de Janeiro: Jornal do Commercio de Rodrigues, 1911), 47; Achilles Scorzelli Jr., “Mortinatalidade nas capitais brasileiras,” *Arquivos de Higiene* 13, no. 3 (1943): 7–25; Serviço Federal de Bioestatística, *Anuário de bioestatística, 1929-1930* (Rio de Janeiro: Imprensa Nacional, 1944), 6–7, 74–75, 141–42, 210–11. São Paulo: Departamento Nacional de Saúde Pública, “Movimento do estado civil,” *Archivos de Higiene* 2, no. 1 (1928): 284–93. <http://produtos.seade.gov.br/produtos/500anos/index.php?tip=esta>

The SBR rate over this fifty-year period resulted in a mean of 77 stillbirths per 1000 total births per year.<sup>114</sup> In other words, in the early-twentieth century roughly one out of every eight births resulted in a stillbirth in the city of Rio de Janeiro. Regardless of under- or misreporting, the numbers show a consistently higher SBR in Rio de Janeiro than in São Paulo. One possible reason for this is that São Paulo underwent successful public health campaigns in the early-

<sup>113</sup> Loudon, *Death in Childbirth*, 23, 237, 241–42.

<sup>114</sup> As a point of reference, Brazil’s 2009 stillbirth rate was 10 stillbirths per 1000 live births. Simons Cousens et al., “National, Regional, and Worldwide Estimates of Stillbirth Rates in 2009 with Trends since 1995: A Systematic Analysis,” *Lancet* 377 (April 2011): 1319–30.1

twentieth century. These reforms reduced the prevalence of infectious disease and improved sanitation.<sup>115</sup> Moreover, despite limited data, these numbers still demonstrate basic trends.<sup>116</sup> Sustained elevated stillbirth rates remained constant in the early-twentieth century. It must be said that these rates were not specific to Rio de Janeiro or Brazil. As Robert Woods has demonstrated, real downward trends in SBR did not occur until the 1940s across the Western world. Woods hypothesizes that three main factors caused the sustained decline of stillbirths after World War II. One, improvement in the quality of available birth attendants helped reduce intrapartum stillbirths. Two, the discovery and implementation of new drug and medical technologies, such as antibiotics, prenatal syphilis screening, and later in the twentieth century ultrasound technology, helped reduce antepartum stillbirths. Finally, demographic changes, including reduced fertility rates, affected both antepartum and intrapartum rates.<sup>117</sup> While Carioca physicians worked to improve the quality of birth attendants and implement effective and comprehensive prenatal care, their efforts did not translate into improved healthcare for most women. And until penicillin in the 1940s, they had no effective way to fight infection.

What were the main causes of stillbirths in early-twentieth-century Rio de Janeiro? Early-twentieth-century physicians understood many of the pathological causes of fetal deaths and stillbirths.<sup>118</sup> Many physicians emphasized the poverty accompanying urbanization as the underlying problem without identifying specific causal patterns.<sup>119</sup> Physicians were correct in

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<sup>115</sup> Anderson, “Public Health, São Paulo”; Hochman, *A era do saneamento*. Nevertheless, physicians already had pinpointed syphilis and obstetric complications as the two main causes of stillbirths, and neither problem was targeted in São Paulo’s health campaigns. Fernando Magalhães, *Clinica obstétrica (Novas lições)* (Rio de Janeiro: Editora Guanabara, 1933). This comparison merits an in-depth study.

<sup>116</sup> Adamo, “The Broken Promise,” 9.

<sup>117</sup> *Death Before Birth*, Chapter four, especially 84-85.

<sup>118</sup> Baptista, *Da protecção á primeira infancia*, 36–37.

<sup>119</sup> *Ibid.*, 37; Machado, *Mortalidade das creanças*, 10, 21.

linking diseases associated with poverty like syphilis and tuberculosis to early fetal death, and poor sanitation and nutrition causing gastrointestinal problems for young infants.<sup>120</sup> Physicians were also accurate in linking higher fetal death rates to certain groups of women. As medical research has shown, “fetal deaths tend to be clustered among women with certain genetic, physiological, socio-economic, and demographic characteristics.”<sup>121</sup> In impoverished populations, with poor sanitation, nutrition, and higher rates of disease, both miscarriages and stillbirths were probably more common.

By the late 1910s and 1920s, Carioca physicians had identified the syphilis as the main cause of miscarriages and antepartum stillbirths with lesser causes including tuberculosis. Physicians believed that obstetric factors such as breech births and placenta previa were the leading cause of intrapartum stillbirths with the delivery conditions as a lesser cause (the latter probably a biased opinion).<sup>122</sup> In the 1920s, Fernando Magalhães was lecturing at Rio de Janeiro’s medical school on the different causes of antepartum and intrapartum stillbirths, emphasizing that the latter were preventable with better institutionalized healthcare services. Employing data from his residencies at the *Pro-Matre* and the *Maternidade Laranjeiras*, Magalhães cited both physician-caused deaths from forceps and birth complications such as

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<sup>120</sup> Hasselmann Junior, *Hygiene da gravidez*, 44–45; Ladeira, *Assistencia social*, 25; Machado, *Mortalidade das crianças*, 44, 54; Ribeiro, *Natimortalidade e mortalidade infantil*, 30–33, 53–54. Physicians also indicated syphilis and tuberculosis as the main causes behind premature births. Hamlet de Calvacanti Mello, *Os recém-nascidos no Rio de Janeiro* (Rio de Janeiro, 1912), 22–27.

<sup>121</sup> Woods, *Death Before Birth*, 41.

<sup>122</sup> André, *Hygiene da gravidez*, 15, 51–60; Carvalho, *A defeza da maternidade*, 82–83; Domingos Elias, *Hygiene da gravidez* (Rio de Janeiro: Comp. Nacional de Artes Graphicas, 1926), 114–20; Fontenelle, *A saude publica no Rio de Janeiro*, 271–75; Lago, *Maternidade desvalida*, 29; Magalhães, *Clinica obstetrica*, 85–86, 93, 96; Paranhos, *A morte do feto no utero*, 39–50; Penteado, *Nati-mortalidade*, 9; Newton Barbosa Tatsch, *Estudo clinico do aborto* (Rio de Janeiro: Estabelecimentos Graphico, 1922), 35–37. Famed obstetrician Clovis Corrêa argued that high rates of obstetric intervention, particularly the use of forceps, was another cause, and he urged for more “natural births.” Clovis Corrêa da Costa, *Naturalisação do parto: Livre docencia de clinica obstetrica* (Rio de Janeiro: Empresa Graphica Editora, 1924).

obstructed labor, placenta previa, eclampsia, and prolapsed cord.<sup>123</sup> Instead of taking to task the institutionalized healthcare services, however, Magalhães condemned unlicensed midwives, estimating that 85 percent of labors were still assisted by *curiosas*. “It is common here to find a laboring woman searching for help when at home she has already despaired of lay and ignorant assistance. One sees in these women the long delays that kill the fetus.”<sup>124</sup> While Magalhães was correct in identifying that improved obstetric care during delivery would lower intrapartum stillbirth rates, the public health data from the time period do not differentiate between types of stillbirths, so we cannot know if improved obstetric care lowered rates. Moreover, his vilification of unlicensed midwives glossed over his own data that demonstrated physician-caused stillbirths (such as from the overuse of forceps).

Despite their medical knowledge, physicians also believed that the city’s impoverished population lacked strong morality, which resulted in illegitimacy, syphilis, and alcoholism, and, subsequently, higher rates of miscarriages and stillbirths.<sup>125</sup> Other physicians faulted women. For example, one medical student argued in 1911 that women miscarried due to “The lack of adherence to hygienic principles specific to pregnancy; the high rates of working women...and feminism.”<sup>126</sup> And, as we will see, while physicians acknowledged high miscarriage and stillbirth rates, they also believed criminal abortions were just as high, with some doctors arguing that nearly 50 percent of all miscarriages were actually criminal abortions.<sup>127</sup> How did physicians

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<sup>123</sup> Magalhães, *Clinica obstetrica*, 86, 89.

<sup>124</sup> *Ibid.*, 90.

<sup>125</sup> Machado, *Mortalidade das crianças*, 42–43, 50–51, 68–69; Ribeiro, *Natimortalidade e mortalidade infantil*, 28–62.

<sup>126</sup> Barbosa, *Malthus no Brasil*, 66.

<sup>127</sup> Campos, *Aborto criminoso*, 59–60, 137, 271. See also Elias, *Hygiene da gravidez*.

explain miscarriage and stillbirth rates in the middle and upper classes? The problem was greed, as consanguineous marriages to save inheritance resulted in unhealthy fetuses.<sup>128</sup>

Police investigations involving reproductive events highlight the commonality of miscarriages and stillbirths among Rio de Janeiro's poor. In 1904, twenty-six-year-old Julieta Joaquina Dias was questioned by the police about an abandoned infant cadaver. In her statement, she discussed her reproductive history.<sup>129</sup> She had had three pregnancies with her partner; the first was born full-term and survived, the second resulted in a miscarriage, and the third was born full term but died at two months of age. Dias's sister had helped during her first and third deliveries at home. The second miscarriage occurred when she was alone. Dias's housemate also had a son who had died at eighteen months of age.

Olympia da Faria's pregnancy history is also demonstrative of poor women's reproductive lives in early-twentieth-century Rio de Janeiro.<sup>130</sup> The family had used the same midwife for Faria's four pregnancies, three of which she had carried to term (one she miscarried early on in the pregnancy). Faria's first pregnancy she carried to term ended in the premature delivery of a stillborn infant of seven months gestational age. The second child, a girl, was born to term, and was alive and well. The last birth, a male infant, had also resulted in a stillbirth.<sup>131</sup> The autopsy done on the last infant verified antepartum fetal death and maceration, probably due

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<sup>128</sup> This idea first came from Barão de Lavradio in the late-nineteenth century, but it was reiterated by medical students in the early-twentieth century. *Apontamentos sobre a mortalidade da cidade do Rio de Janeiro, particularmente das crianças e sobre o movimento de sua população no primeiro quadriennio depois do recenseamento feito em 1872* (Rio de Janeiro: Typographia Nacional, 1878), 21; Machado, *Mortalidade das creanças*, 42–43; Ribeiro, *Natimortalidade e mortalidade infantil*, 46–49.

<sup>129</sup> (AN) T8.0.IQP.1408 (1904).

<sup>130</sup> (AN) T8.0.IQP.2727 (1908).

<sup>131</sup> As Robert Woods demonstrates, "it is well known that miscarriages and stillbirths are clustered, that some women may experience several during their reproductive lives." Woods, *Death Before Birth*, 34.

to maternal syphilis. (Maceration indicates a spontaneous death *in utero* in which the tissue has degenerated inside the womb).<sup>132</sup>

Physicians' clinical observations also demonstrate some common causes of intrapartum stillbirths, including obstructed labor. In 1923, medical student Bernardo Pinto Filho described the case of twenty-year-old A.M. who was transported to the *Maternidade Laranjeiras* by ambulance after being in labor for nearly four days. The infant was a stillbirth and had to be extracted through a mutilating process called a *basiotripsia*, in which the head of the dead infant was punctured with a long, sharp surgical instrument while still inside the uterus. The brain matter was evacuated from the woman's vagina, reducing the size of the head so that physicians could remove the body in pieces.<sup>133</sup> The woman was interned in the hospital with a vesico-vaginal fistula (or a tear from the bladder to the vagina) two fingers wide as well as a dilacerated perineum. After a month of medical care and surgery (for the fistula), the woman survived.<sup>134</sup>

While stillbirth rates remained elevated, what were maternal mortality rates? Physicians also believed that maternal mortality statistics were underreported, and thus were probably higher.<sup>135</sup> Maternal mortality is the measurement of the risk a woman has of dying during pregnancy, labor, or the puerperium (postnatal period).<sup>136</sup> Today, the WHO defines a maternal

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<sup>132</sup> Andrew R. Bamber and Roger D.G. Malcomson, "Macerated Stillbirth," in *Keeling's Fetal and Neonatal Pathology*, 5th ed. (Cham, Switzerland: Springer Publishing Company, 2015), 339–60.

<sup>133</sup> Octacilio Rollindo, "Quatro casos de embriotomia pelo Dr. Rollindo (Octacilio)," *Revista de Gynecologia e D'Obstetricia e de Pediatria* 14, no. 5 (1920): 161–70.

<sup>134</sup> Pinto Filho, *Obstetrica domiciliaria*, 33–35. The successful surgery for vesico-vaginal fistula (VVF) was developed by Alabaman physician J. Marion Sims in 1849. His efforts have been controversial because of his use of enslaved women as test subjects. Dierdre Cooper Owens, "'Courageous Negro Servitors' and Laboring Irish Bodies: An Examination of Antebellum-Era Modern American Gynecology" (PhD diss, University of California, Los Angeles, 2008); Durrenda Ojanuga, "The Medical Ethics of the 'Father of Gynaecology', Dr J Marion Sims," *Journal of Medical Ethics* 19 (1993): 28–31.

<sup>135</sup> Magalhães, *Clinica obstetrica*, 91.

<sup>136</sup> Loudon, *Death in Childbirth*, 11.

death as “the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the sight of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.”<sup>137</sup>

The maternal mortality ratio (MMR) is defined as number of total maternal deaths over 100,000 live births. While the WHO uses 100,000 *live* births as the denominator, historians have found it easier to use 10,000 *total* births in their calculations because of the higher rate of deaths in the past and the uncertainties around reporting.<sup>138</sup> My calculation of MMR for the city of Rio de Janeiro follows this historical practice of maternal deaths per 10,000 births. Because the data for the city are in live births, however, I use the number of maternal deaths per 10,000 *live* births. In Rio de Janeiro, the MMR increased over this fifty-year period and spiked in the early 1930s. Figure 1.2 shows the MMR for the city of Rio de Janeiro from 1903 to 1938.

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<sup>137</sup> *Reproductive Health Indicators: Guidelines for Their Generation, Interpretation and Analysis for Global Monitoring* (Geneva: WHO Press, 2006), 16.

<sup>138</sup> Loudon, *Death in Childbirth*, 17; World Health Organization, *Reproductive Health Indicators*, 16–20.

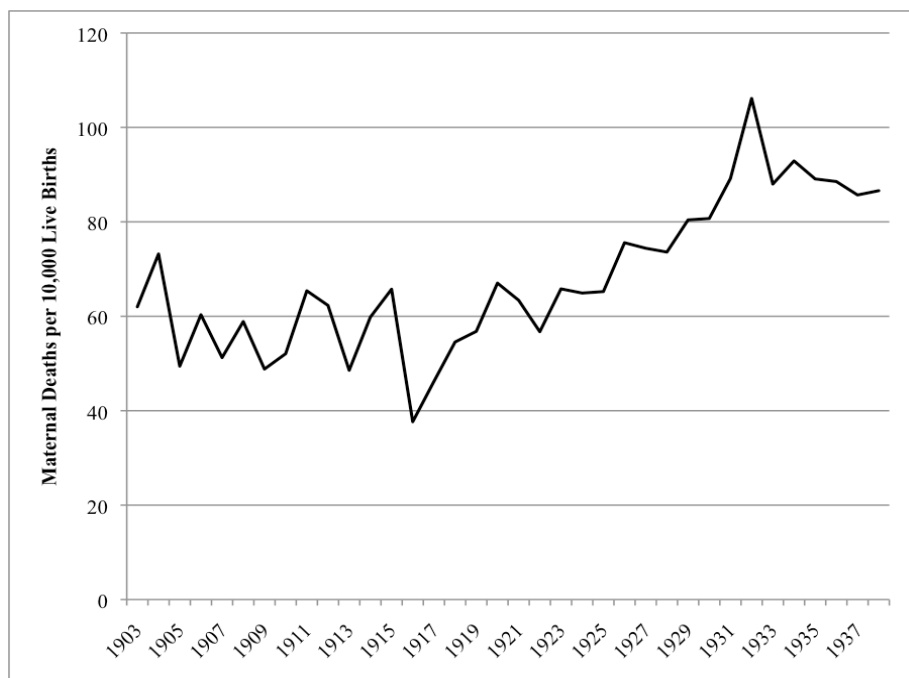


FIG. 1.2 *Rio de Janeiro, 1903-1938. Maternal mortality rate (MMR) per 10,000 live births.*  
 Source: J.P. Fontenelle, *A Saude Publica no Rio de Janeiro, 1937 e 1938.*

How did early-twentieth-century public health officials define and record maternal mortality? In the 1930s, the public health department defined maternal death as the following: death caused by ectopic pregnancies, abortion (septic or not), puerperal hemorrhage, infection and septicemia, puerperal tetanus, eclampsia and other toxemias, and accidents of birth and obstetric shock.<sup>139</sup> It is unclear when these guidelines were implemented. Moreover, when considering the underreporting of births and deaths in general, the reporting of maternal deaths was probably rife with irregularities, including the non-reporting of maternal deaths due to septic abortions or ectopic pregnancies (occurring early in the pregnancy, and in the case of provoked abortions, shrouded in secrecy) or the reporting of indirect maternal deaths (associated deaths due to a disorder not directly related to the pregnancy or delivery) as non-childbirth related (for

<sup>139</sup> Albuminuria (the early stages of kidney disease) was included in eclampsia and other toxemias. Other causes included accidents of pregnancy, deep-vein thrombosis, embolism, and sudden death. Fontenelle, *A saude publica no Rio de Janeiro*, 267.



example citing a death from tuberculosis as only attributable to the disease rather than recording pregnancy as a secondary cause). This registration effect over the decades could explain the increased number of total maternal deaths per year, as deaths once reported as unrelated to pregnancy or the postpartum period were more likely to be correctly identified and reported. Scholarship has argued in countries such as Sweden, which had much more sophisticated and regulated reporting mechanisms in place by the mid-nineteenth century, maternal mortality deaths were still probably underreported by 30 percent.<sup>140</sup> Moreover, Irvine Loudon, in his extensively researched and statistically robust analysis of maternal mortality across much of the Western world, has demonstrated that irregularities in reporting, definition, and classification only resulted in slight distortions of the data, most of which can be estimated for. Thus he demonstrates that published maternal mortality statistics can be seen as “broadly correct.”<sup>141</sup> I am assuming this for Rio de Janeiro.

Across much of the Western world, the three main causes of maternal mortality before the 1940s were puerperal fever (infection, often septicemia), toxemia (now known as “preeclampsia” or more broadly “hypertensive disorders of pregnancy”), and obstetric hemorrhage, respectively. Deaths from septic abortions also ranked as an important cause, yet the exact numbers of its prevalence are difficult to determine as many septic abortion deaths (caused by infection) were classified as puerperal fever or septicemia before the 1930s.<sup>142</sup> Maternal mortality statistics in Rio de Janeiro follow this worldwide trend. Septicemia and other

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<sup>140</sup> Ulf Högberg and Stig Wall, “Secular Trends in Maternal Mortality in Sweden from 1750 to 1980,” *Bulletin of the World Health Organization* 64, no. 1 (1986): 80.

<sup>141</sup> Loudon, *Death in Childbirth*, 38.

<sup>142</sup> *Ibid.*, 50.

puerperal infections were the leading cause of maternal mortality, followed by toxemias and eclampsia, and obstetric hemorrhage as Table 1.3 and Figure 1.3 demonstrate.

TABLE 1.3 *Maternal deaths in Rio de Janeiro, 1903 to 1938, according to cause*

Cause of Maternal Death	Number of Deaths	% of all Maternal Deaths
Septicemia (puerperal fever)	3,420	46.78
Toxemia	1,791	24.50
Hemorrhage	993	13.58
Other	1,107	15.14
<b>TOTAL</b>	<b>7,311</b>	<b>100</b>

Source: J.P. Fontenelle, *A saude publica no Rio de Janeiro, 1937 e 1938*.

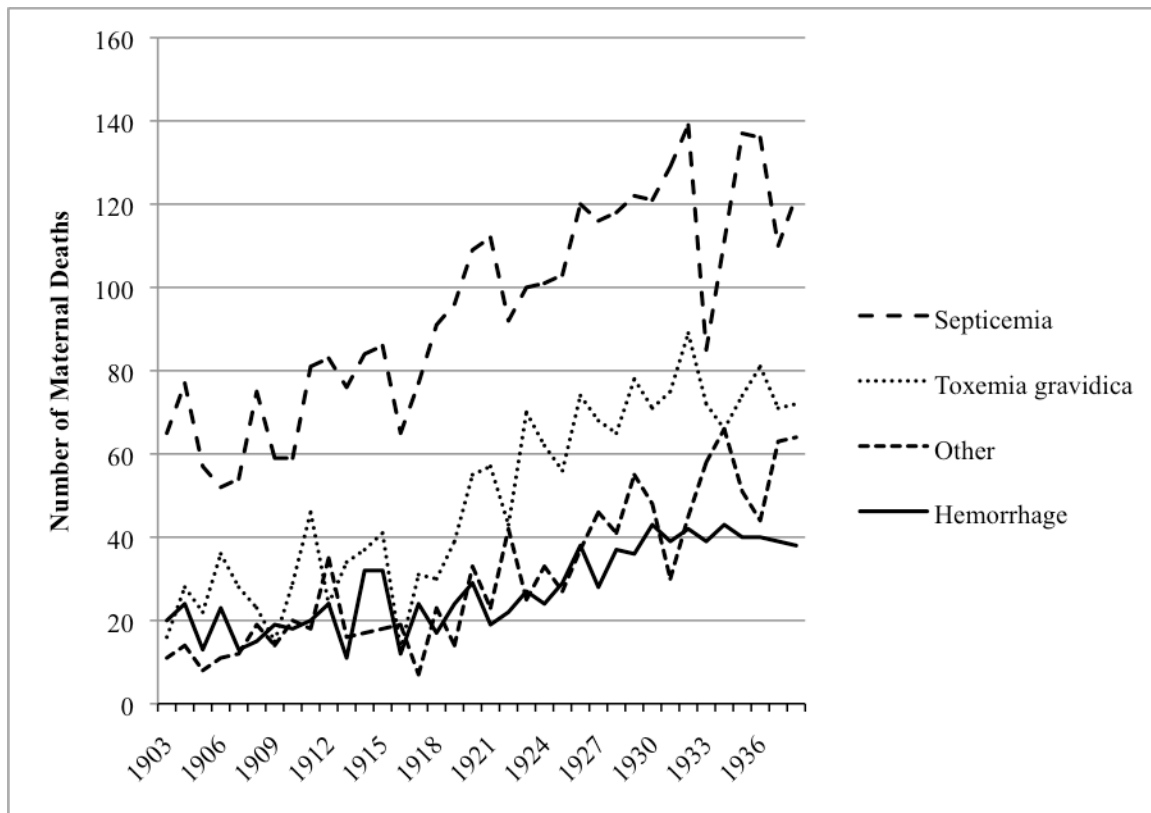


FIG. 1.3 *Rio de Janeiro, 1903-1938. Maternal deaths per year according to cause.*

Source: J.P. Fontenelle, *A saude publica no Rio de Janeiro, 1937 e 1938*.

Loudon has demonstrated that across the Western world, maternal mortality rates did not sharply decline until the late 1930s.<sup>143</sup> While there is no “one cause” behind this rapid and sustained decline, and factors varied regionally, reduced incidence of deaths from puerperal sepsis (or infection) was the main reason rates began to fall so rapidly in the late 1930s. That is, both the introduction of penicillin and a decline in *streptococcus* virulence helped combat puerperal fever deaths, with the former being more important.<sup>144</sup> Thus, Brazilian physicians were not alone in their inability to combat puerperal fever before the age of antibiotics. Yet even the most advanced obstetric minds like Fernando Magalhães did not fully comprehend the graveness of puerperal infection. In his 1933 obstetric text, Magalhães wrote, “I will continue to say that puerperal infection is benign and self-curable.”<sup>145</sup>

Puerperal fever has been described by historians as the most common and “most terrifying” cause of maternal mortality until the 1940s. Puerperal fever resulted from an infection of the uterus during or after the birthing process. While some cases could be caused by the intrauterine death of the fetus or the premature tearing of the fetal membranes, most were the result of infection in the first two weeks of the puerperium (or post-birth period). Before the discovery and implementation of asepsis and antiseptic principles in hospitals in the 1880s, puerperal fever most often occurred in hospital settings. After the 1880s, most puerperal fevers occurred after home deliveries. Yet even after the onset of asepsis and antisepsis, puerperal fever continued to plague hospitals across the Western world. The fever was a *streptococcus* disease, meaning it could be carried asymptotically, and early-twentieth-century standards of asepsis

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<sup>143</sup> Ibid., 151–52.

<sup>144</sup> Irvine Loudon also demonstrates that the introduction of blood transfusion in the 1930s in Europe contributed greatly to a decline in maternal mortality. “Maternal Mortality: 1880-1950. Some Regional and International Comparisons,” *Social History of Medicine* 1 (1988): 183–228.

<sup>145</sup> *Clinica obstetrica*, 296.

were not sufficient to combat asymptomatic carriers. Only in the 1930s, when asymptomatic carriers were first understood and then sulphonamides were introduced (followed by penicillin) did maternal deaths from puerperal fever begin a sharp and sustained downward slope.<sup>146</sup>

Police investigations demonstrate how untrained midwives and healers could spread the *streptococcus* that caused puerperal fever during homebirths in Rio de Janeiro. In 1918, thirty-two-year-old Maria Campos de Azevedo was pregnant, and her brothers invited her and her partner Sisino to come live with them at the home of their employers, where she could deliver her child.<sup>147</sup> While the unlicensed *curiosa* Sylvana attended the birth of Azevedo's son Djalma, another male *curandeiro* helped with postpartum care. Azevedo delivered the child without any problem, but she remained weak and "burning from fever" after the delivery. The *curiosa*'s police statements do not reveal if she performed a vaginal exam on Azevedo or touched her genitals, perhaps transmitting *streptococcus*. When a local "practical" (and probably untrained) pharmacist was called to attend to Azevedo, however, he found her in a "grave" state with a "very strong fever." Although the pharmacist administered quinine bisulphate, he knew Azevedo was suffering from puerperal fever and there was not much he could do. The police chief argued that if Azevedo had gone to the *Santa Casa de Misericórdia* after the delivery, she would have been medicated properly and would have survived. While she may have delivered in an antiseptic environment at the hospital in 1918 (unlike the septic environment of the midwife and healer) and thus would not have contracted the *streptococcus* that killed her, there was no effective remedy for puerperal fever at the time of her death. The police chief's words were more

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<sup>146</sup> This discussion is based on Loudon, "Maternal Mortality"; Idem, *Death in Childbirth*, Chapter four. See also David Charles and Bryan Larsen, "Streptococcal Puerperal Sepsis and Obstetric Infections: A Historical Perspective," *Reviews of Infectious Diseases* 8, no. 3 (1986): 411–22; Irvine Loudon, "Puerperal Fever, the Streptococcus, and the Sulphonamides, 1911-1945," *Medical History* 295 (August 1987): 485–90; Stanley A. Seligman, "The Lesser Pestilence: Non-Epidemic Puerperal Fever," *Medical History* 35 (1991): 89–102.

<sup>147</sup> (AN) CS.0.IQP.2323 (1918).

reminiscent of a witch hunt against the unlicensed midwife than a true understanding of the medical situation.

While the official health statistics do not clarify if they included post-abortion sepsis in the category of puerperal septicemia or fever, police investigations demonstrate its existence. In December of 1937, twenty-four-year-old Maria Luiza Bessa, a bank teller, sought out an illegal abortion.<sup>148</sup> The unlicensed midwife who performed the curettage procedure (*raspagem*) (where a scalpel-like object is used to scrape the uterine walls), perforated the uterus and small intestines.<sup>149</sup> Bessa had the familial support and friendship network to receive immediate and safe medical treatment at a reputable small clinic after she fell ill. Despite the surgical intervention, in which the physicians sutured the perforations and drained the abdominal cavity, Bessa died a day later from “perforation of the uterus and of the small intestine [and] consecutive fibrinopurulent peritonitis” (an infection in the abdominal cavity). Bessa’s death is probably just one of many illegal abortions that ended in infection and death in the early-twentieth century.

The abortion method that Bessa underwent merits attention. In the early-twentieth-century, both medical (or pharmacological) and mechanical (or surgical) methods were common. Unlicensed lay midwives (*curiosas*) and healers most often prescribed medicine or herbs, or women, through female solidarity networks, accessed popular remedies by themselves. Medical methods included both direct and indirect agents. Indirect agents included purgatives (such as potassium iodide), sudorifics (to cause excessive sweating), and toxic substances such as arsenic.<sup>150</sup> These caused a woman to become ill, and if she aborted, it was due to her overall bad

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<sup>148</sup> (AN) 6Z.0.IQP.22570 (1938). For other postabortive septicemia deaths see (AN) CT, Cx.1821 N.224 (1930); (AN) CT, Cx.1845 N.67 (1932).

<sup>149</sup> Campos, *Aborto criminoso*, 204–14.

<sup>150</sup> For an abortion case in which a girl supposedly ingested homeopathic arsenic see (AN) MW.0.IQP.440 (1902).

health and not any direct action on the uterus. Direct agents were emmenagogues, which caused contractions. The most commonly cited by physicians were savin/juniper (*juniperus Sabina*), ergot (*claviceps purpurea*), rue (*ruta graveolens*), wormwood (*artemisa absinthis*), and yew.<sup>151</sup> In criminal investigations pulsatilla also was mentioned, with savin and wormwood appearing less frequently.<sup>152</sup> *Anemone pulsatilla*, or wind flower, is a uterine stimulant that can induce contractions or labor. In the past, women used the plant to “regulate” menstrual periods, a euphemism for inducing first-trimester abortions.<sup>153</sup> Many physicians believed that women who tried to self-abort used abortifacients, often in tea.<sup>154</sup> If women went to a midwife or *curiosa*, these women prescribed abortifacients, and, if they failed, they resorted to surgical methods.<sup>155</sup>

Licensed physicians, licensed midwives, and unlicensed but technically-trained midwives performed mechanical (or surgical) methods, which were grouped into three categories. The dilation method involved dilating the cervix with an instrument—ranging from a rubber probe

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<sup>151</sup> Respectively, the Portuguese names for these were *sabina*, *centeio espigado*, *arruda*, *losna*, and *teixo*. Antunes, *Do aborto criminoso*, 30–39; Camara, *Do aborto criminoso*, 31–37; Campos, *Aborto criminoso*, 166; Antonio Fernandes da Costa Junior, *Abôrto criminozo no Rio de Janeiro* (Rio de Janeiro: Papelaria União, 1911), 84–85; Mattos, *Aborto criminoso*, 26–27; Pimentel, *Estudo psicologico*, 41–45; Mileto Rizzo, *Considerações acerca do aborto criminoso* (Rio de Janeiro: Metropole, 1926), 33–36; Santos, *Da gravidez*, 105. Antunes also mentioned less active emmenagogues including lemongrass (*erva-cidreira*), chamomile (*macella-gallega*), cinnamon (*canella*), parsley oil (*apiol*), and jalap (*jalapa*). Ergot was the medication commonly used by physicians in therapeutic abortion procedures. Pedro Cardoso da Silva, *Interrupção terapeutica da gravidez* (Rio de Janeiro: Typographia America, 1922), 63. On the pharmacological traits of these plants see Karin E. Netland and Jorge Martinez, “Abortifacients: Toxidromes, Ancient to Modern—A Case Series and Review of the Literature,” *Academic Emergency Medicine* 7, no. 7 (2000): 824–29; Andreana L. Ososki et al., “Ethnobotanical Literature Survey of Medicinal Plants in the Dominican Republic Used for Women’s Health Conditions,” *Journal of Ethnopharmacology* 79 (2002): 285–98. For a larger discussion of abortifacients across the Atlantic World see Londa Schiebinger, *Plants and Empire: Colonial Bioprospecting in the Atlantic World* (Cambridge, MA: Harvard University Press, 2004).

<sup>152</sup> See (AN) CS.0.PCR.1350 (1914); (AN) CS.0.PCR.3046 (1919); (AN) CS.0.IQP.3693 (1925); (AN) CS.0.IQP.6040 (1930); (AN) CT, Cx.2010 N.148 (1931); (AN) CS.0.IQP.7229 (1935); (AN) CT, Cx.1934 N.2105 (1939).

<sup>153</sup> On the pharmacological characteristics of pulsatilla see E. Ernst, “Herbal Medicinal Products during Pregnancy: Are They Safe?,” *BJOG: An International Journal of Obstetrics and Gynaecology* 109 (March 2002): 227–35; Ososki et al., “Ethnobotanical Literature”; Netland and Martinez, “Abortifacients.” Physicians regularly prescribed it for menstruation issues in nineteenth-century Brazil. See the *Annaes Brasilienses de Medicina*.

<sup>154</sup> Campos, *Aborto criminoso*, 60.

<sup>155</sup> *Ibid.*, 167.

(*sonda*) to a tightly-rolled bundle of vegetables such as *couve* (a kale-like leafy vegetable)—to cause contractions and miscarriage.<sup>156</sup> A second, more dangerous method, was to use a sharp object to puncture the fetal tissue and cause a miscarriage. This method could also be performed by the woman herself, by inserting crochet needles, whale bones (from corsets), or metal hairpins. When performed by untrained providers, this abortion procedure could scar and even puncture the uterus.<sup>157</sup> A trained physician would first dilate the cervix, and then remove the embryo with a curettage (or scraping) procedure.<sup>158</sup> Finally, providers injected liquids into the uterine cavity to cause the detachment of the fetal tissue from the uterine lining. A canula was inserted into the cervix and warm water or even caustic substances were injected.<sup>159</sup>

While deaths from infection after childbirth or abortion were the leading cause of maternal mortality, toxemia, the historical term for what is today known as preeclampsia, eclampsia, or “pregnancy-induced hypertension” (high blood pressure) was the number two killer for pregnant and laboring women. It is a disease of the third trimester in which high blood pressure, followed by albuminuria (high levels of protein in the urine) and generalized edema (swelling), including cerebral edema, can eventually lead to seizures. Multiple pathways can lead to death, including end-organ damage causing kidney and liver failure, and intracranial

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<sup>156</sup> See (AN) CT, Cx.1872 N.652 (1913); (AN) CT, Cx.1934 N.2105 (1919); (AN) CS.0.IQP.3881 (1926); (AN) CT, Cx.1950 N.118 (1929); (AN) CT, Cx.1845 N.67 (1932); (AN) CS.0.IQP.7592 (1936)

<sup>157</sup> See (AN) CS.0.PCR.5608 (1930); (AN) 6Z.0.IQP.22570 (1938).

<sup>158</sup> For the dilation and curettage (or D&C) method see Antunes, *Do aborto criminoso*, 40–43; Camara, *Do aborto criminoso*, 38–39; Campos, *Aborto criminoso*, 204–14; Francisco Bandeira Cavalcanti, *Contribuição ao estudo clinico do aborto* (Rio de Janeiro: Pap. Confiança, 1925), 4–5; Costa Junior, *Abôrto criminozo*, 85–87; Aristides Teixeira de Rezende, *Considerações em torno do aborto* (Rio de Janeiro: Graphicos Bloch, 1930), 13–15. See also (AN) CS.0.IQP.8241 (1938).

<sup>159</sup> For injection methods see Antunes, *Do aborto criminoso*, 42; Camara, *Do aborto criminoso*, 39–40; Costa Junior, *Abôrto criminozo*, 87; Pimentel, *Estudo psicologico*, 46–47; Rizzo, *Aborto criminoso*, 4–5, 30–32. See also (AN) CS.0.PCR.5608 (1930); (AN) CS.0.PCR.5883 (1931); (AN) CS.0.PCR.6998 (1933); (AN) CS.0.IQP.7229 (1935). Pottasium permanganate (*permanganato de potássio*), an anti-septic solution was often used. See (AN) 72.0.IQP.1042 (1914); (AN) CS.0.PCR.3046 (1919); (AN) CS.0.PCR.4940 (1928).

hemorrhage leading to cognitive deficits or coma. Unlike puerperal fever, toxemia is a non-communicable disease and is therefore distributed more evenly throughout the population of childbearing women. Because the first sign of the disease is elevated blood pressure, physicians began to identify early-stage cases after the development of blood pressure measurement tools at the turn of the century. Thus, toxemia was the only maternal death indicator that could have been partially combated by prenatal care before the mid-1930s.<sup>160</sup> The only way to resolve any stage of toxemia is to deliver the child. Induction of labor was the most common technique until cesarean section became safer in the mid-twentieth century.<sup>161</sup> Today, depending on the severity of the disease, either the induction of labor or a cesarean section is performed. Induction is usually performed unless the patient is very unstable.<sup>162</sup>

Maternal death due to toxemia at times came to the attention of the police. In 1931 it was Elvira Alves Lourenço's fourth pregnancy.<sup>163</sup> While she had had a difficult delivery during the birth of her first child, the second and third births occurred without any problem. Nearing her due date, Lourenço told her husband to call the neighborhood *curiosa*, Jovita. The labor proceeded without any progress, and with the help of Lourenço's mother, Jovita bathed Lourenço in hot water and massaged her stomach. During her labor, Lourenço was active, walking around the room, but by the early morning she felt very tired. Soon, she fainted several times and began to shake, and her husband called a doctor. But Lourenço died before the physician arrived. The forensic autopsy ruled out hemorrhage or infection, and due to witness testimony—that

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<sup>160</sup> Loudon, *Death in Childbirth*, 85–91.

<sup>161</sup> Mandy J. Bell, "A Historical Overview of Preeclampsia-Eclampsia," *Journal of Obstetrics, Gynecology and Neonatal Nursing* 39, no. 5 (2010): 510–18, doi:10.1111/j. 1552-6909.2010.01172.x; Loudon, *Death in Childbirth*, 88–89.

<sup>162</sup> Glenn D. Posner et al., eds., *Oxorn-Foote Human Labor & Birth*, 6th ed. (New York: McGraw Hill Education, 2013), 438.

<sup>163</sup> (AN) CS.0.IQP.6612 (1931).



Lourenço had fainted, had a seizure, and eventually entered into a comatose state—stated the cause of death as toxemia gravidica. As Loudon argues, “Toxaemia, then, was a very dangerous disease in which the cause was unknown, the medical treatments ineffective, and the surgical treatments hazardous.”<sup>164</sup> Because Lourenço probably had not received any prenatal care, her state of hypertension was not detected. If she had seen a physician throughout her third trimester, they would have noted her elevated blood pressure, and probably would have induced labor. Yet preeclampsia can often develop late in labor or even during labor, and thus prenatal care will not detect all cases.<sup>165</sup> Lourenço was Brazilian, but her husband was a literate, Portuguese merchant. It seems that they had the resources to consult a doctor, but perhaps the idea of prenatal care was not part of their approach towards birth.

The last major cause of maternal mortality was obstetric hemorrhage. While hemorrhages could occur from trauma to the cervix, most hemorrhages were due to bleeding from the placental site. There were two types of obstetric hemorrhages: antepartum and postpartum. Antepartum hemorrhage are divided into two types: accidental (placental abruption) and unavoidable (placenta previa). Placental abruption is when part of the placental detaches from the uterine wall during pregnancy. Its causes are unknown, but it is most common in multiparous women. Placenta previa is a placental malposition in which the placenta either partially or fully covers the cervical opening (the os), preventing the delivery of the infant without massive hemorrhaging. Today, if the placenta fully covers the cervix late in pregnancy, a cesarean section

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<sup>164</sup> *Death in Childbirth*, 91.

<sup>165</sup> Mario López-Llera, “Main Clinical Types and Subtypes of Eclampsia,” *American Journal of Obstetrics and Gynecology* 166, no. 1 (1992): 4–9.

is always indicated.<sup>166</sup> Antepartum hemorrhages were most often unavoidable and obstetric practice was not capable of effectively responding to them until after World War II.

Again, police documents highlight obstetric hemorrhage. When Luiza Leite Ferreira went into labor in 1908, she was assisted first by several female neighbors until an unlicensed midwife who had assisted Ferreira's other deliveries arrived.<sup>167</sup> Before the midwife arrived, however, Ferreira began hemorrhaging. Throughout her labor, Ferreira had felt weak, complaining she could not breathe and vomiting excessively. She drank orange petal water and the midwife gave her some coffee with cinnamon to help with her weak contractions. Ferreira delivered a stillborn infant, and after the birth, the midwife changed the bedclothes and washed the infant. Ferreira's health did not improve after the delivery, and she continued to hemorrhage blood and died soon after. Despite the emergency, the women did not call a physician, as "[Ferreira's] husband was not present, and not even she [a neighbor] had the elements or money to call a doctor." It is telling here that assisting Ferreira's delivery was not part of her husband's social or familial responsibilities. Perhaps more glaring, however, is that her husband—a notary—did not leave her money in case of an emergency. Here pregnancy and birth were strictly female domains in which the husband did have the responsibility to provide support. It also demonstrates the family's reliance on empirical midwifery care. Perhaps because Ferreira's previous deliveries had occurred without complications, her husband did not believe it necessary to plan for any potential problems. If it was true that Ferreira was already hemorrhaging blood before the midwife arrived, then she was probably suffering from partial or total placenta previa. The midwife's actions thus did not cause her death.

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<sup>166</sup> Varney, Kriebs, and Gregor, *Varney's Midwifery*, 702–3. For historical changes in the treatment of placenta previa see Loudon, *Death in Childbirth*, 101–2.

<sup>167</sup> (AN) T7.0.IQP.1922 (1908).

Physicians' clinical observations also highlight the common causes of maternal mortality like placenta previa. In one obstetric case described by a medical student at the *Maternidade Laranjeiras* in 1923, M.C. arrived at the hospital with a case of placenta previa. The live infant was extracted mechanically (with forceps), but the mother died shortly after from obstetric hemorrhaging.<sup>168</sup> The patient had arrived at the hospital already hemorrhaging “a lake of blood,” and the medical student argued that better obstetric assistance for poor women like M.C. would have prevented her death. He stated that if she had been attended by trained medical providers in her home during the late stages of pregnancy, her health could have been monitored and attended to with swiftness and accuracy.<sup>169</sup> But placenta previa was not really preventable by prenatal care, as it is currently diagnosed with an ultrasound, a technology not available in the early-twentieth century. Otherwise it is often undiagnosed until bleeding begins.<sup>170</sup>

Postpartum hemorrhages often occur during the third stage of labor (also known as the placental stage of labor), or the time after the birth of the infant but before the delivery of the placenta. Normal duration of the third stage is between five and ten minutes, although up to thirty minutes is still considered normal. After thirty minutes, the risk of postpartum hemorrhage increases.<sup>171</sup> Retained placenta, uterine atony (lack of uterine muscle contraction), laceration, and coagulopathy (when the blood's ability to clot is impaired) are the main causes of postpartum

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<sup>168</sup> Pinto Filho, *Obstetrica domiciliaria*, 39–40.

<sup>169</sup> Ibid. Physicians in Brazil were writing about how to properly identify signs of placenta previa at the time. See Edison Cantalice Ferreira de Mello, *Contribuição ao estudo da cesareana nas placentas previas* (Rio de Janeiro: Typ. Coelho, 1923), 39–44; José Villela da Costa Pinto, *Da placenta praevia e seu tratamento racional* (Rio de Janeiro: Typ. Papelaria e Livraria David, 1914), 23–38; Edemar Silveira, *Tratamento da placenta previa* (Nichteroy: Typ. Serra Nova, 1916), 13–18.

<sup>170</sup> Varney, Kriebs, and Gregor, *Varney's Midwifery*, 703.

<sup>171</sup> Ibid., 905. Also Everett F. Magann et al., “The Length of the Third Stage of Labor and the Risk of Postpartum Hemorrhage,” *Obstetrics & Gynecology* 105, no. 2 (2005): 290–93.

hemorrhage.<sup>172</sup> The instances when postpartum hemorrhage was caused by unskilled birth attendants was only when the attendant tried to rush the delivery of the placenta, causing hemorrhage at the placental site.<sup>173</sup> When birth attendants had the knowledge and skills to manage the third stage, which often meant waiting for the natural expulsion of the placenta, postpartum hemorrhage caused by bleeding from the placental site was avoidable. In the other instances, however, postpartum hemorrhages were not necessarily the fault of the provider (unless caused by intrusive use of forceps) and not completely preventable.

Physicians' own observations demonstrate other, less prevalent obstetric complications behind maternal mortality rates. Pinto Filho described the childbirth of thirty-seven-year-old A.G.S. in the *Maternidade Laranjeiras* in 1923. After being transported by ambulance to the hospital, Pinto Filho found his patient with a fever and high pulse rate. He could not discern a fetal heartbeat. A.G.S. was rachitic, with a deformed pelvis that was not suitable for a natural delivery. Pinto Filho employed forceps to extract the dead fetus, whose umbilical cord had ruptured four centimeters above the naval and was wrapped around its neck (perhaps from the use of forceps to extract the infant). Despite the obstetric intervention, A.G.S. died fourteen hours later from "obstetric shock."<sup>174</sup> Pinto Filho noted that A.G.S. was rachitic. Rickets is a childhood disease that affects the development of the skeletal structure in which bones do not receive the amounts of calcium and phosphorous required to harden. To properly absorb calcium and phosphorus, the body needs sufficient levels of vitamin D, most often acquired from the sun,

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<sup>172</sup> Yinka Oyelese and Cande V. Ananth, "Postpartum Hemorrhage: Epidemiology, Risk Factors, and Causes," *Clinical Obstetrics and Gynecology* 53, no. 1 (2010): 147–56.

<sup>173</sup> Loudon, *Death in Childbirth*, 99.

<sup>174</sup> Pinto Filho, *Obstetrica domiciliaria*, 36–37.

but also available from fatty fish oils.<sup>175</sup> Thus, rickets is both a sun and a nutritional deficiency, the latter if the child is not getting enough calcium (although breast milk almost always provides the needed amount).<sup>176</sup> After the industrial revolution, rickets became associated with urban industrial cities such as London and New York in which pollution and long hours indoors kept children from the sun and not tropical regions like Brazil.<sup>177</sup> In the pre-World War II U.S. south, African-American infants were more commonly stricken with rickets than white children.<sup>178</sup> Dark-skinned infants are more susceptible to rickets, particularly during the winter in northern climates, as their skin pigment makes them more likely to have a vitamin D deficiency.<sup>179</sup> Today Brazilian children have higher concentrations of metabolized vitamin D than European children, with no cases of rickets even among malnourished children.<sup>180</sup>

How does this disease relate to childbirth? Since rickets affects bone development, it can cause malformations of the pelvis.<sup>181</sup> If the pelvis was severely deformed, it could cause obstructed labor and mother and child would eventually die during delivery.<sup>182</sup> Despite the devastating consequences a misshapen pelvis could have on a woman's health during childbirth, Irvine Loudon, in his discussion of maternal mortality rates in Europe and the United States (regions more prone to rickets than Brazil), has demonstrated that contracted pelvises caused by

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<sup>175</sup> Edward Shorter, *A History of Women's Bodies* (New York: Basic Books, Inc., 1982), 22.

<sup>176</sup> Tom D. Thacher et al., "Nutritional Rickets around the World: Causes and Future Directions," *Annals of Tropical Paediatrics* 26, no. 1 (2006): 1–16.

<sup>177</sup> Loudon, *Death in Childbirth*, 135; Shorter, *A History of Women's Bodies*, 24–25.

<sup>178</sup> Shorter, *A History of Women's Bodies*, 22.

<sup>179</sup> Kumaravel Rajakumar, "Vitamin D, Cod-Liver Oil, Sunlight, and Rickets: A Historical Perspective," *Pediatrics* 112, no. 2 (2003): e132.

<sup>180</sup> Thacher et al., "Nutritional Rickets around the World: Causes and Future Directions," 7.

<sup>181</sup> Shorter, *A History of Women's Bodies*, 22–23.

<sup>182</sup> Loudon, *Death in Childbirth*, 131.

rickets *were not* a main cause of maternal mortality.<sup>183</sup> No historical studies have been done on the prevalence of rickets in Brazilian history. From the etiology and epidemiology of the disease, it seems that perhaps Afro-Brazilians with calcium deficiency would have rickets, yet Brazilian physicians contended in the late-nineteenth and early-twentieth centuries that rickets was not common among black women in Brazil.<sup>184</sup> Fernando Magalhães argued in his widely used 1933 obstetric textbook that rickets was non-existent in Brazil.<sup>185</sup> Pinto Filho's patient, A.G.S., was white and Brazilian. If she had been Portuguese, she could have experienced rickets during her childhood in Europe, where rickets was more common. While A.G.S.'s death may have been caused by a malformed pelvis caused by rickets, if we extrapolate from Irvine Loudon's work on the United States and Europe, it was still not a significant cause of maternal mortality.

As Irvine Loudon argues, reading the texts of obstetricians one gets the idea that most births were incredibly dangerous and that many women died in childbirth. The evidence from Carioca physicians and police reports also gives this sensation. Many women died from pregnancy-related complications, childbirth, and abortions; however, both physicians' writings and police investigations tend to document only difficult cases; they do not describe normal deliveries. It is easy to think that all labors were difficult and dangerous, when in reality over 95 percent of deliveries were probably without significant problems for the mother or infant.<sup>186</sup> Yet both maternal and fetal death marked the reproductive lives of many women in early-twentieth-century Rio de Janeiro, and physicians viewed stillbirth and maternal mortality as pressing health

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<sup>183</sup> Ibid., 135–43. Other historians have argued that rickets was “rampant,” but have not studied it in relation to maternal mortality per se. Rajakumar, “Rickets: A Historical Perspective,” e132–33. Edward Shorter argues otherwise, positing that one in four lower-class, urban women had a contracted pelvis due to rickets. Shorter, *A History of Women's Bodies*, 25.

<sup>184</sup> Justo Jansen Ferreira, *Do parto e suas consequencias na especie negra* (Rio de Janeiro: Laemmert, 1887), 34.

<sup>185</sup> Fernando Magalhães, *Clinica obstetrica (Novas lições)* (Rio de Janeiro: Editora Guanabara, 1933), 85.

<sup>186</sup> Loudon, “Maternal Mortality,” 184; Idem, *Death in Childbirth*, 285–86.

problems.<sup>187</sup> Overall, physicians believed that a lack of free and widespread prenatal and birthing care was the underlying cause of high stillbirth and maternal mortality rates.<sup>188</sup> While prenatal care would probably have reduced these rates to some extent, the medical knowledge required to fully combat these events were not implemented until the late 1930s and early 1940s. Notwithstanding these limitations, physicians made attempts to improve maternal-infant health.

## Conclusion

In the early-twentieth-century, physicians, philanthropic associations, and by the 1930s, even the Brazilian state, worked to develop a comprehensive and uniform network of maternal-infant healthcare. This included the construction of maternity hospitals and the expansion of prenatal care in existing public health services. Despite these efforts, most women continued to give birth at home with differential levels of assistance based on class. Moreover, elevated and sustained stillbirth and maternal mortality rates continued throughout this period. Stillbirths were most often caused by syphilis (miscarriage or antepartum stillbirth), or by obstetric complications during delivery (intrapartum stillbirth). The three main causes of maternal mortality—puerperal fever, toxemia, and obstetric hemorrhage—also remained a major health issue. Toxemia could have been combated through better prenatal care and some instances of obstetric hemorrhage through better obstetric care during delivery. In regards to puerperal fever, physicians employed aseptic and antiseptic practices, but truly combating puerperal fever was not within medicine's capabilities before penicillin

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<sup>187</sup> Orlando Paranhos, *A morte do feto no utero (suas causas e meios de evital-a)* (Rio de Janeiro: Empresa Typographica Editora "O pensamento," 1923), 51; Marcilio Ribeiro, *Natimortalidade e mortalidade infantil* (Rio de Janeiro: Revista dos Tribunaes, 1923), 22; Benedicto Leite Pentead, *Causas obstetricas da nati-mortalidade* (Rio de Janeiro: Typ. de Antonio Morgado, 1924), 9.

<sup>188</sup> Moura, *Maternidade desvalida*, 37; Lago, *Maternidade desvalida*, 10; Carvalho, *A defeza da maternidade*, 85.

Physicians worked to improve reproductive health outcomes in the city, efforts that were often not matched by any comprehensive state support. Their propositions surely laid the groundwork for the improved maternal-infant health outcomes that would appear in later decades. And many tools that would have helped physicians combat negative outcomes were simply not available. Despite these efforts—and lofty rhetoric exalting the wonders of improved obstetric care—the medical profession still believed that abortion, infanticide, and contraceptive use were more pressing problems than poor reproductive health outcomes. The next chapter will explore how abortion was both imagined and attacked within the medical profession.



## Chapter Two

### A Plague of Illegal Abortions: The Medical Profession and Fertility Control

In 1918, Brazil's National Academy of Medicine (ANM), based in Rio de Janeiro, formed a commission to formally respond to the "epidemic" of criminal abortions "sweeping" the city.<sup>1</sup> The commission's five members, including leading obstetrician Fernando Magalhães, believed that this "very pressing bio-social problem" threatened "public security."<sup>2</sup> According to some Academy members, a "plague of criminal abortions" was rapidly descending upon the city, and Brazilian society was "greatly infected by this monstrous crime."<sup>3</sup> Carioca women were "promoting a true strike of the uterus, and [with] the pretext of revolting against the laws of men, they are wanting to separate themselves from the laws of the sexes."<sup>4</sup> The commission's resulting report included an aggressive and intrusive program to combat the practice.<sup>5</sup> Its findings sparked a nearly four-year-long heated debate in which leading physicians argued vehemently on the best methods to stop illegal abortion. Despite divergences in opinion on how to end the practice, physicians agreed on one central point: women should not have abortions. Women were, above all, good wives and dutiful mothers. Abortion allowed women to separate sex from reproduction and reject traditional gender roles, threatening the family and the nation.

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<sup>1</sup> Fernando Magalhães in Academia Nacional de Medicina, "A questão medico-legal do aborto provocado," *Revista de Gynecologia e D'Obstetricia e de Pediatria* 15, no. 2 (1921): 74. The issue was first brought up by Magalhães in May of 1918. The commission was created immediately after, and it presented its findings in July of the same year. Fernando Magalhães and Olympio da Fonseca, "Aborto criminoso," *Brazil-Medico* 32, no. 19 (1918): 149; Ernesto Nascimento Silva, "Aborto criminoso," *Brazil-Medico* 32, no. 20 (1918): 158.

<sup>2</sup> Nascimento Silva and Magalhães in Academia Nacional de Medicina, "A questão medico-legal do aborto provocado," *Revista de Gynecologia e D'Obstetricia e de Pediatria* 14, no. 6 (1920): 214, 219.

<sup>3</sup> Respectively, Arnaldo Quintella in Academia Nacional de Medicina, "A questão medico-legal do aborto provocado," *Revista de Gynecologia e D'Obstetricia e de Pediatria* 14, no. 10 (1920): 396; Fernando Magalhães in Academia Nacional de Medicina, "A questão medico-legal," 1921, 76.

<sup>4</sup> Academia Nacional de Medicina, "A questão medico-legal," 1921, 76.

<sup>5</sup> Ernesto Nascimento Silva, "Parecer sobre o aborto criminoso," *Brazil-Medico* 32, no. 41 (1918): 324–25.

This chapter explores the medical profession's views and policies towards women's reproduction and fertility control in early-twentieth-century Rio de Janeiro. It argues that the medical profession—in particular obstetricians—advocated for state control over the nuclear family and was a crucial player in cementing the bourgeois family model in the early-twentieth century.<sup>6</sup> The rapid urbanization, increased immigration, and growing presence of women in the workplace that characterized turn-of-the-century Rio de Janeiro threatened the longstanding Catholic ideal of the traditional family led by a male patriarch.<sup>7</sup> During an unstable period in terms of patriarchal authority, the medical profession's rhetoric upheld the “new” bourgeois family, and their social policies facilitated the dispersal of its tenets into the heretofore sacred space of the home. By working to limit women to the roles of wife and mother, the medical profession sought to reign in women's individual freedom and reinforce patriarchal control over women's sexuality and reproduction.<sup>8</sup> The incorporation of a colonial gender hierarchy in modern forms went beyond limiting women's freedoms, however. Rather, it represented a larger state effort to attack the system of family-based patriarchy. The result was the transference of patriarchy from the family to the state, which only consolidated under Vargas's *Estado Novo* of the late 1930s.<sup>9</sup>

Since the nineteenth century, physicians had believed women's reproduction was the foundation of a strong nation. In their writings and policies, physicians emphasized a “cult of

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<sup>6</sup> Besse, *Restructuring Patriarchy*, Chapter four; Martins, *Visões do feminino*, 224; Wadsworth, “Moncorvo Filho e o problema da infância.”

<sup>7</sup> Stepan, *The Hour of Eugenics*, 43–44. These ideals, however, were based on an idealized view of Brazilian society. Illegitimacy and low marriage rates were the norm in eighteenth- and nineteenth-century Brazil. See Lewin, *Surprise Heirs I*; Idem, *Surprise Heirs II*.

<sup>8</sup> As Martins argues, scientifically investigating and explaining female “difference” was crucial to the creation and installation of gender hierarchies based in seemingly immutable sex characteristics. *Visões do feminino*, 56.

<sup>9</sup> Besse, *Restructuring Patriarchy*; Caulfield, *In Defense of Honor*.

motherhood,” and maternalism, or the belief in women’s natural roles as mothers, grew in strength. By the 1920s, “scientific motherhood,” the medical movement in which physicians taught women how to properly raise their children had gained traction. The family model, based on traditional gender roles that relegated women to the private sphere, featured prominently in early-twentieth-century medical discussions about maternal-infant health and the nation’s future.

The medical profession’s position on sexuality, female morality, and the family was heavily influenced by Brazil’s Catholic roots. At the turn of the century, however, science in general and medicine in particular became the dominant authority in cultural conversations on Brazilian civilization.<sup>10</sup> Beginning in the late-nineteenth century, physicians employed advances in scientific knowledge to wrestle social power away from the Catholic Church. They utilized their roles as Brazil’s intelligentsia—often allied with the state—to assert their voice in the public sphere on matters relating to population and the family.<sup>11</sup> Their success was also due to the First Republic’s embrace of positivism, which broke the state’s cultural alliance with the Church.<sup>12</sup> Under the *Estado Novo*, the Church once again became tightly aligned with the Vargas regime. By that time, however, physicians had surpassed the Church in terms of cultural authority and established themselves as new experts in matters of sexuality and the family.

This did not imply that physicians rejected Catholic ideology; rather, obstetricians co-opted Catholic ideals on traditional gender roles and motherhood to support a “scientific”

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<sup>10</sup> See Dias de Barros in Academia Nacional de Medicina, “A questão medico-legal do aborto provocado,” *Revista de Gynecologia e D’Obstetricia e de Pediatria* 14, no. 12 (1920): 469–73; Garfield de Almeida in Academia Nacional de Medicina, “A questão medico-legal,” 1921, 60.

<sup>11</sup> Stepan, *The Hour of Eugenics*, 37. This dispute between the Church and the scientific community was key to the creation of “modern” science across the Western world in the eighteenth and nineteenth centuries. Schwarcz, *O espetáculo das raças*, 48.

<sup>12</sup> On positivism during the First Republic see Todd A. Diacon, *Stringing Together a Nation: Cândido Mariano Da Silva Rondon and the Construction of Modern Brazil, 1906-1930* (Durham: Duke University Press, 2004), Chapter four; Skidmore, *Black into White*, 10–14.

approach that espoused the same ideologies. Physicians employed religion to cement women's natural roles as mothers, to argue for the "inalienable" truth that women wanted to reproduce, and to channel those ideas for the good of the Brazilian nation, all the while upholding physicians' singular role in guiding women in their reproductive lives and decisions.<sup>13</sup>

Obstetricians' emphasis on scientific motherhood was also closely aligned with the rise of eugenic thought in Brazil in the 1920s. Brazilian eugenics had a "positive" bend in which leading eugenicists believed that the Brazilian population could be improved through constructive measures such as improved hygiene rather than negative approaches such as sterilization. Despite this attitude, racist theories of the late-nineteenth and early-twentieth century influenced Brazilian eugenics. The explicitly scientific racist thought of the late-nineteenth century that posited a strict hierarchy of the races morphed into a more implicitly racist belief in the "whitening" of the Brazilian population through miscegenation in the early-twentieth century. By the 1930s, the idea of a "racial democracy" gained prevalence. Brazilian thinkers believed that miscegenation had "successfully" led to a "new" (and whiter) Brazilian citizen. Yet none of these theories attacked the racist belief in the superiority of whiteness or questioned the racial inequalities of the post-abolition state. Brazilian eugenics presented a less intrusive approach towards reproduction while still maintaining the racist undertones that maintained social inequality. In the end, Brazilian eugenicists believed that *all* citizens—no matter their race or class—should reproduce. The improvement of the nation lay in miscegenation and hygiene, not restricting reproduction.

In this way, obstetricians saw themselves on the front line of issues of reproduction and improving the "quality" of the Brazilian race. Because the medical profession was key to the

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<sup>13</sup> See Magalhães, *Clinica obstetrica*, 345.

transfer of patriarchy from the individual family to the state, they rejected any and all forms of female agency, seen in their harsh condemnation of fertility control, particularly abortion and contraception. In fact, by fixating on these embodied demonstrations of female power, physicians saw these issues as more pressing than the stillbirth and maternal mortality rates examined earlier. In the end, fertility control threatened not only male physicians' power but also the future of the nation, as Brazilian elites believed they could mold all infants, no matter their race or class, into productive workers through the growing eugenics movement.

This chapter will first discuss the hygiene and scientific motherhood movements in the fields of obstetrics, gynecology, and pediatrics in the late-nineteenth and early-twentieth centuries. Then, it will discuss how the traditional gender ideologies that underpinned these groups intersected with the racial politics of the Brazilian eugenics movement. The gender and racial discourses that circulated within the scientific motherhood and eugenics movements crystallized to condemn any and all forms of female-controlled fertility control, particularly contraception and abortion. This chapter will continue by demonstrating how physicians combated what they saw as "the implementation of Malthus in the tropics." In particular, it will examine medical debates about female sterilization and abortion. The chapter will conclude by analyzing how physicians' exaltation of motherhood was reflected in their view of therapeutic abortions. Physicians agreed that the woman's life was more important than the life of the fetus, and unanimously agreed that a physician had the right to perform an abortion if the mother's life was in danger. This did not imply that they supported abortion, however. Rather, therapeutic abortion was one more area in which physicians asserted scientific control over women's bodies.

## Scientific Motherhood

Since its beginning, the Brazilian obstetric profession believed that medicine needed to be practice for the greater good of society. Obstetrics as a specialization began in early-nineteenth-century continental Europe.<sup>14</sup> Initially, Brazilian obstetrics lagged several decades behind its European counterparts. Medicine began to become institutionalized with the arrival of the Portuguese court in Rio de Janeiro in 1808, after which Brazil's first medical schools opened in Bahia and Rio de Janeiro.<sup>15</sup> It was not until a series of educational reforms in the mid- to late-nineteenth century, however, that obstetrics and gynecology were incorporated into medical pedagogy.<sup>16</sup> In the 1880s, Brazil's medical schools introduced clinical obstetric courses, and students began practicing on female patients. While behind in clinical practice, Brazilian obstetricians were up-to-date on leading European medical theories. By the turn-of-the-twentieth century, they had a similar clinical practice to European obstetricians.<sup>17</sup>

Accompanying this improvement in obstetric training in Brazil was the medical valorization of motherhood. With the creation of Brazil's first medical schools, a "maternal pedagogy" became institutionalized within medical teaching.<sup>18</sup> To be sure, women's roles as mothers had been valorized since the beginning of Portugal's colonization project. The Brazilian Catholic Church saw mothers as a conduit through which they could transmit cultural values, emphasizing the importance of Church marriage and institutionalizing Church authority within

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<sup>14</sup> Martins, *Visões do feminino*, 66.

<sup>15</sup> Brenes, "História da parturição," 137; Schwarcz, *O espetáculo das raças*, 28, 197–98.

<sup>16</sup> Brenes, "História da parturição," 137–44; Rohden, *Uma ciência da diferença*, 70–71. It was at this time that the two specialties became separate branches. Martins, *Visões do feminino*, 142, 146–49.

<sup>17</sup> This was true across medical and scientific disciplines. Mott, "Assistência ao parto," 200; Rohden, *Uma ciência da diferença*, 75; Schwarcz, *O espetáculo das raças*, 30.

<sup>18</sup> Brenes, "História da parturição," 137, 145; Martins, "Vamos criar seu filho," 143–44.

the family.<sup>19</sup> In the nineteenth century, however, the medical profession slowly began to co-opt the Church's hegemonic control over social understandings of maternity, and with it, definitions of gender and sexuality. Much like the Church, the medical profession redefined motherhood in order to institutionalize its position in Brazilian society.

The fields of obstetrics and pediatrics were at the forefront of the campaign to valorize motherhood through their adoption of the science of puericulture. This “scientific cultivation of the child” began in France under obstetrician Adolphe Pinard in the mid-nineteenth century.<sup>20</sup> The French medical preoccupation with childrearing arose in response to perceived problems of low fertility and high infant and maternal mortality rates across the country. The resulting pronatalist position emphasized the importance of maternal-infant health for the nation's future. French puericulture linked pronatalism to medicine, and obstetricians saw mothers and children as a “reproductive, collective political economy.”<sup>21</sup> Brazilian science and medicine was heavily influenced by the French intellectual tradition. In the nineteenth and early-twentieth centuries, France was where Brazilian physicians trained abroad and published.<sup>22</sup> Thus Brazilian physicians also invoked pronatalist sentiments in their writings, despite a different demographic reality. Brazilian pronatalism privileged the “mother-child unit” as a place of medical intervention for obstetricians, gynecologists, and pediatricians.<sup>23</sup> It also introduced and subsequently reinforced the notion that children were a larger political good.

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<sup>19</sup> del Priore, *Ao sul do corpo*.

<sup>20</sup> Dunn, “Adolphe Pinard.”

<sup>21</sup> Stepan, *The Hour of Eugenics*, 77. Pinard was one of the first Western physicians to argue that life began from the moment of conception. Academia Nacional de Medicina, “A questão medico-legal do aborto provocado,” *Revista de Gynecologia e D'Obstetricia e de Pediatria* 14, no. 9 (1920): 397.

<sup>22</sup> Martins, *Visões do feminino*, 177; Stepan, *The Hour of Eugenics*, 72.

<sup>23</sup> Stepan, *The Hour of Eugenics*, 78.

This emphasis on motherhood and puericulture resulted in the Brazilian obstetric profession's crusade to improve maternal-infant health in the mid-nineteenth century. The concept of "hygienic" motherhood arose around the interconnected issues of breastfeeding and infant mortality during the Empire (1822-1889). As Jurandir Costa Freire demonstrates, medical concerns about the "alarmingly" high rates of infant mortality in the mid-nineteenth century centered on the issue of breastfeeding, particularly the upper-class tendency to outsource this practice to enslaved women.<sup>24</sup> Physicians blamed elite (white) mothers for the high rates of infant mortality across race, class, and legal status.<sup>25</sup> Elite white women's reliance on enslaved (black) *amas de leite* caused those enslaved women to kill or abandon their own children. Moreover, elite women's "rejection" of the duties of maternity (breastfeeding) led their children to become "poisoned" by the syphilitic and "racially inferior" bodies of enslaved black women, causing high infant mortality rates among white children. Whether by "forcing" enslaved women to commit infanticide or entrusting white children to the whims of "capricious" black bodies, physicians believed that elite women were fueling high infant mortality rates. But, as Costa argues, physicians had ulterior motives for these new prescriptions on women's breastfeeding habits, as they allowed doctors to regulate women's movements.<sup>26</sup> Prescribing breastfeeding not

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<sup>24</sup> *Ordem médica e norma familiar*, 1st ed. (Rio de Janeiro: Edições Graal, 1983), 163–69. This was a tendency based in the larger project of Atlantic slavery, which reified African women's supposed "propensity" for birth and breastfeeding as the basis for their enslaved status. They were both producers and reproducers, and their bodies were to be used for both purposes. Jennifer L. Morgan, *Laboring Women: Reproduction and Gender in New World Slavery* (Philadelphia: University of Pennsylvania Press, 2004). This trend also mirrored larger European ideas about women's "work" as it intersected with race and class. Breastfeeding was considered "work," and upper-class women in England and New England used poor white women as wet nurses. Marylynn Salmon, "The Cultural Significance of Breastfeeding and Infant Care in Early Modern England and America," *Journal of Social History* 28, no. 2 (1994): 247–69.

<sup>25</sup> This continued in the early-twentieth century. Martins, *Visões do feminino*, 232.

<sup>26</sup> *Ordem médica e norma familiar*, 258. Physicians' reimagining of "proper" motherhood in Brazil was part of the larger establishment of bourgeois motherhood in the West. Ruth Perry, "Colonizing the Breast: Sexuality and Maternity in Eighteenth-Century England," *Journal of the History of Sexuality* 2, no. 2 (1991): 204–34.



only improved the child's health but also controlled the free time and movement of the new mother, keeping her within the home and shoring up the nuclear family.

What Costa describes as “hygienic” motherhood in the late-nineteenth century morphed into a “scientific” movement by the First Republic. The idealization of motherhood after the abolition of slavery was based first on capitalist requirements for a healthy workforce and later on eugenic concerns for the quality of Brazil's population. Good mothers were responsible for the upbringing of healthy, docile, and working bodies, and thus, the future of Brazil.<sup>27</sup> The idea of the “ideal” worker shifted after Vargas came to power, particularly under the corporatist *Estado Novo* dictatorship of the late-1930s. According to Susan Besse, children needed to be trained into “responsible and productive citizens that maintained social order.”<sup>28</sup> Brazilian efforts must also be placed within early-twentieth-century hemispheric ideologies on the “science” of childrearing. Maternal-infant health became the rallying cry of physicians throughout Latin America, as advances in scientific knowledge, medical techniques, and the consolidation of modern states made reproduction central to future progress.<sup>29</sup>

By the 1920s, building upon the early hygiene and puericulture movements and buoyed by the growing eugenic wave in the country, the medical profession began promoting the idea of scientific motherhood, which sought to control how women mothered their children.<sup>30</sup> Women were the educators of the future Brazilian nation, a task for which they needed the guidance of

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<sup>27</sup> Martins, “‘Vamos criar seu filho,’” 140. See also Besse, *Restructuring Patriarchy*, 91. At this time, physicians across medical specialties began to discuss their practice in terms of the “nation” instead of individual patients. This was part of a larger medical trend not confined to the field of obstetrics. Schwarcz, *O espetáculo das raças*, 200.

<sup>28</sup> *Restructuring Patriarchy*, 97.

<sup>29</sup> Bliss, *Compromised Positions*; Guy, *Sex and Danger in Buenos Aires*; Raúl Necochea López, *A History of Family Planning in Twentieth-Century Peru* (Chapel Hill: University of North Carolina Press, 2014); Rodríguez, *Civilizing Argentina*, 112–14; Stepan, *The Hour of Eugenics*, 78–79.

<sup>30</sup> Besse, *Restructuring Patriarchy*, Chapter four; Freire, *Mulheres, mães e médicos*. The hygiene movement was prevalent in all medical thought. Schwarcz, *O espetáculo das raças*, 168.

the medical profession. Physicians would educate mothers, who would, in turn, raise better children and ultimately reduce infant mortality.<sup>31</sup> In doing so, doctors legitimized their own profession as the leader of the path to a healthier and stronger nation. What started out as advice columns in women's magazines in the 1920s morphed into full-fledged "how-to" manuals penned by physicians in the 1930s.<sup>32</sup> A partnership between middle- and upper-class women and physicians emerged, and this new alliance viewed motherhood as two-sided. On the one hand, women had an "inherent" maternal instinct. On the other hand, because children were now a "public good," they had to be raised correctly, a task for which these "inherent" instincts were not sufficient. As Susan Besse argues, "Physicians and educators influenced by the eugenics movement insisted that women needed a rational, "scientific" understanding of childhood development and modern principles of hygiene if they were to fulfill their new patriotic duty and social function of "perfecting" the race."<sup>33</sup> Doctors argued that only they could teach women the proper "techniques of motherhood."<sup>34</sup> As such, physicians engaged in a pedagogical project that taught women to care for their children's physical health and moral education while simultaneously introducing and cementing bourgeois values and skills.<sup>35</sup>

Women were not passive consumers of this ideology, however. As Maria Martha de Luna Freire argues, middle- and upper-class women, as both readers of and contributors to women's magazines, played an active role in the development of the discourse and practice of scientific

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<sup>31</sup> Martins, *Visões do feminino*, 232; Idem, "Vamos criar seu filho," 146. The late-nineteenth-century hygiene movement worked to develop and propagate the idea that parents erred in the raising of their children because of ignorance. Costa, *Ordem médica e norma familiar*, 70.

<sup>32</sup> For magazines see Freire, *Mulheres, mães e médicos*. For books see Martins, "Vamos criar seu filho." Mary del Priore argues that "maternal pedagogy" was an integral part of the Portuguese colonizing project. *Ao sul do corpo*.

<sup>33</sup> *Restructuring Patriarchy*, 99.

<sup>34</sup> Freire, *Mulheres, mães e médicos*, 15–14, 123; Martins, *Visões do feminino*, 232.

<sup>35</sup> Besse, *Restructuring Patriarchy*, 98–104.

motherhood in the 1920s. Because this dialogue valued motherhood and thus reinforced traditional gender roles, it allowed upper-class women entrance into the public sphere.<sup>36</sup> Women, engaging in maternal activities such as philanthropy, could engage in public life as social mothers.<sup>37</sup> And because this rhetoric was couched in “technical” and not ideological terms, it gained the support of disparate social actors, from feminists to Catholic conservatives to physicians.<sup>38</sup> In fact, as Susan Besse demonstrates, “the taboos around questioning the sanctity and naturalness of motherhood remained so strong that even radical intellectuals remained silent or joined in exalting the role.”<sup>39</sup> At first, this conversation was restricted to women of the middle and upper classes; by the late 1930s, however, physicians had begun targeting women of all social strata.<sup>40</sup> Despite the “inclusion” of women into the rhetorical fold, scientific motherhood was rooted in the separation of the spheres and the need for traditional gender roles.<sup>41</sup> Physicians’ valorization of motherhood relied on the medical tradition of legitimizing hierarchies of gender by insisting that while women were intellectually inferior to men, they were morally superior.<sup>42</sup> Scientific motherhood depended on the belief that women were inherently maternal, and this “scientific” position mirrored Catholic views on the family.

By the 1930s, obstetricians were unified in their position that motherhood was not only women’s natural role but also their sacred duty. Fernando Magalhães encapsulated this view in

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<sup>36</sup> Freire, *Mulheres, mães e médicos*, 19–33, 246.

<sup>37</sup> Corrêa, *As ilusões da liberdade*, 182–83. For social motherhood in Latin America see Lavrin, *Women, Feminism, and Social Change*.

<sup>38</sup> Besse, *Restructuring Patriarchy*, 3; Freire, *Mulheres, mães e médicos*, 126.

<sup>39</sup> *Restructuring Patriarchy*, 108.

<sup>40</sup> Martins, “Vamos criar seu filho,” 137; Wadsworth, “Moncorvo Filho e o problema da infância.”

<sup>41</sup> Stepan, *The Hour of Eugenics*, 78.

<sup>42</sup> Martins, *Visões do feminino*, 233.

his 1933 obstetric textbook: “Due to her sex, a woman is linked to the eternity of the species; the female genital apparatus is not individual property, it is the property of the [human] race of which the woman is the depository.”<sup>43</sup> Scientific motherhood cemented the medical profession’s authoritative position over the Church on issues of reproduction and the family.

The discourse of scientific motherhood worked in combination with the medical and philanthropic efforts surrounding obstetric health and social assistance examined earlier. The physicians that had worked to solidify their expertise in the 1920s wrote the state policy that Getúlio Vargas adopted in the late 1930s when he institutionalized maternal-infant care under the federal government.<sup>44</sup> Vargas became the “father” of all poor children, making the state a metaphor for the nuclear family at its very core.<sup>45</sup>

### **Making Race: Eugenics, “Whitening,” and a Racial Democracy**

The early-twentieth-century medical movement that valorized motherhood was closely allied with emerging racialized eugenic thought. As such, obstetricians’ and pediatricians’ efforts to create “healthy” mothers and children in the 1920s were based on class- and race-based hierarchies that had the goal of improving the ‘quality’ of the Brazilian race. It was no coincidence that the scientific motherhood movement of the 1920s depicted a healthy Brazilian child as white.<sup>46</sup> Eugenics arrived in Brazil in the second decade of the twentieth century. Brazil was the first Latin American country to have a eugenics society, officially formed in São Paulo

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<sup>43</sup> *Clinica obstetrica*, 344.

<sup>44</sup> Besse, *Restructuring Patriarchy*, 94.

<sup>45</sup> Wadsworth, “Moncorvo Filho e o problema da infância”; Besse, *Restructuring Patriarchy*, 4. See also Caulfield, *In Defense of Honor*.

<sup>46</sup> Besse, *Restructuring Patriarchy*, 94, 228n15; Costa, *Ordem médica e norma familiar*, 13, 208–9; Wadsworth, “Moncorvo Filho e o problema da infância.”

in 1918 by physician Renato Kehl.<sup>47</sup> As the eugenics movement gained force in the 1920s and moved its headquarters to Rio de Janeiro, leading physicians such as medico-legal specialist Afrânio Peixoto and obstetrician Fernando Magalhães joined its ranks. By 1929, Brazil hosted their first national eugenics congress.<sup>48</sup> After the rise of Vargas in 1930, the eugenics movement continued to expand. The eugenics movement in the 1930s was linked to calls for social legislation addressing “social plagues” such as infant mortality and alcoholism. But as with attempts to improve access to obstetric care and reproductive health outcomes, any meaningful legislation and its accompanying impact was slow in coming.

Nancy Leys Stepan’s discussion of the intellectual foundations of Brazilian eugenics demonstrates that Brazilian eugenicists accepted a Lamarckian and not Mendelian theory of heredity. Now mainly discredited, Lamarckian theory was widely accepted in the early decades of the twentieth century in France and Latin America.<sup>49</sup> The French naturalist Jean-Baptiste Lamarck believed that altering an organism’s environment could produce permanent hereditary changes (transmutation) that would then be passed on to the next generation. Mendelian theory (the basis of our modern knowledge of genetics) separated heredity from any environmental influences. Mendelian scientists did not believe changes in the “social environment” would permanently improve hereditary traits.<sup>50</sup> This convergence resulted in the scientific community’s

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<sup>47</sup> da Cunha, *Intenção e gesto*, 305–13.

<sup>48</sup> Stepan, *The Hour of Eugenics*, 46–54. It seems that eugenics arrived slightly later in Bahia, with the first medical articles addressing it dating from 1923. Schwarcz, *O espetáculo das raças*, 215. For the conference proceedings see *Primeiro Congresso Brasileiro de Eugenia: actas e trabalhos*, vol. 1 (Rio de Janeiro, 1929).

<sup>49</sup> The Brazilian scientific community’s adherence to Lamarckian beliefs mirrored their larger intellectual debt to French medicine in general. Stepan, *The Hour of Eugenics*, 80.

<sup>50</sup> *Ibid.*, 28, 67–68. Stepan demonstrates how the Brazilian scientific community participated in lively debates about Lamarckian versus Mendelian eugenics, and adherents to Mendelian belief challenged the dominant Lamarckian camp. The Lamarckian version held out until the 1940s. *Ibid.*, 95–100, 168. The rise of epigenetics in the late-twentieth century has begun to challenge this strict divide. Gary Felsenfeld, “A Brief History of Epigenetics,” *Cold Spring Harbor Perspectives in Biology* 6, no. 1 (2014), doi:10.1101/cshperspect.a018200.

belief in “positive social engineering” rather than the “negative” eugenic measures such as sterilization that were used in the Mendelian-dominated eugenics movement in the United States.<sup>51</sup> Brazil’s “positive eugenics” was accompanied by the “optimistic” environmentalist-sanitary view that changing the environment would lead to “permanent improvement.”<sup>52</sup>

Despite this “positive” view, racist ideologies still permeated medical thinking, as Brazil was influenced by the late-nineteenth-century rise of scientific racism in the West. The turn of the century was a key period in which Brazilian intellectuals harnessed European theories of racial hierarchy to reaffirm social inequalities in the face of the abolition of slavery and the implementation of democracy. But Brazil’s long history of racial mixing and subsequent “multi-racial society” forced Brazilian intellectuals to fit a variety of European racial theories into a Brazilian context.<sup>53</sup> Social Darwinism was a prominent racial ideology in early-twentieth-century Brazil, and elites adopted its foundational argument that there were inherent differences between the races from which a natural hierarchy formed. European racist thought believed that miscegenation worked against this “natural” division and was a negative presence that could lead to degeneration.<sup>54</sup> This was a contradictory position for Brazilian elites who faced the demographic consequences of centuries of slavery and miscegenation: a large population of color. Lilia Schwarcz argues that in response to this theoretical and “practical” dilemma,

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<sup>51</sup> For sterilization in the United States see Rebecca M. Kluchin, *Fit to Be Tied: Sterilization and Reproductive Rights in America, 1950-1980* (New Brunswick: Rutgers University Press, 2011); Johanna Schoen, *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill: University of North Carolina Press, 2005); Alexandra Stern, *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America*, 2nd ed. (Berkeley: University of California Press, 2016). To see how American sterilization policies translated abroad in Latin America, see Briggs, *Reproducing Empire*, 142–61.

<sup>52</sup> Stepan, *The Hour of Eugenics*, 73.

<sup>53</sup> Skidmore, *Black into White*, 39, 49–53.

<sup>54</sup> Schwarcz, *O espetáculo das raças*, 18, 34–36, 58–60; Skidmore, *Black into White*, 51–53. On the idea of degeneration in Brazilian thought see Dain Borges, “‘Puffy, Ugly, Slothful and Inert’: Degeneration in Brazilian Social Thought, 1880-1940,” *Journal of Latin American Studies* 25, no. 2 (1993): 235–56.

Brazilian thinkers adapted the theory of social evolutionism, another popular racial ideology that believed that all races were in evolution towards a state of “perfectability.” Social evolutionism did not negate that hierarchical racial differences existed; rather, it supported the view that miscegenation could lead to a more perfect race as the strongest race (white) would prevail.<sup>55</sup> The result was the establishment of an explicit “whitening thesis” in the country in the first decades of the Republic. While some elites continued to despair at their country’s “degenerate” state, the majority of Brazilian elite thinkers came to terms with this contradiction through the theory of whitening.<sup>56</sup>

The whitening thesis ameliorated European claims of degeneracy while still upholding whiteness as the ideal. Brazilian intellectual elites believed that through miscegenation, “superior” white genes would triumph over their indigenous and African counterparts. In this way, miscegenation would ultimately lead to the whitening of the population. Underlying this belief was the inherently racist view that whiteness would prevail over blackness, as it was a “biologically superior” race.<sup>57</sup> In the 1920s and 1930s this hierarchical whitening thesis was reconfigured in new terms. On the one hand, the positive eugenics movement that rose to prominence in the second decade of the twentieth century lessened physicians’ earlier more racist approach towards the Brazilian population.<sup>58</sup> No longer did elites view “race” as the

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<sup>55</sup> Schwarcz, *O espetáculo das raças*, 18. Martins has demonstrated how social Darwinist thought also supported gender hierarchies, as diverse thinkers made analogies between women and “inferior” races. A racial hierarchy went hand-in-hand with a gendered hierarchy for these men of science. *Visões do feminino*, 49–50.

<sup>56</sup> Probably one of the most famous proponents of *mulatto* degeneracy was the medico-legal physician Nina Rodrigues. See Corrêa, *As ilusões da liberdade*; Schwarcz, *O espetáculo das raças*, 202–17; Skidmore, *Black into White*, 57–64. For a negative view in the medical profession see José Rodrigues Bastos Coêlho, *Defeza da maternidade* (Rio de Janeiro: Typ. da Revista dos Tribunaes, 1913), 27.

<sup>57</sup> This belief in biological superiority was buoyed by high levels of white immigration and the belief that mixed-race Brazilians preferred lighter partners. Skidmore, *Black into White*, 45–46, 64.

<sup>58</sup> Schwarcz, *O espetáculo das raças*, 170, 236.

central problem; rather, education and hygiene—central tenets to positive eugenic thought—were at play. On the other hand, elites believed that the nation was whitening itself. This demographic “success” allowed elites to begin to valorize Brazil’s black past while still implicitly believing in the superiority of the white race.<sup>59</sup> The “new” idea of racial democracy, often attributed to Gilberto Freyre but actually a theory that arose from a variety of intellectual debates in the 1930s, celebrated Brazil’s racial mixing. Nevertheless, the theory was still based on the idea that whiteness was Brazil’s future.<sup>60</sup> Moreover, while “racial democracy” shifted mentions of race from biology to culture, the influence of the eugenics movement imbued this new “cultural” rhetoric with biological connotations based on racial hierarchies.<sup>61</sup> And many of the theory’s main proponents were “disciples” of previous racist thinkers.<sup>62</sup>

The rise of the *Estado Novo* in 1937 coincided with the institutionalization of racial democracy. Vargas co-opted the idea, supporting *mestiçagem* not because it would whiten the population, but because it would produce a “new” Brazilian citizen. Nevertheless, as scholars have demonstrated, neither the 1920s eugenics movement nor the later emphasis on racial democracy actually attacked the racial practices and larger social exclusionary structure that marginalized Afro-Brazilians. Underlying this belief was the long-standing evolutionary model of “inevitability:” whiteness would prevail.<sup>63</sup> Vargas, then, created a new version of what it

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<sup>59</sup> Skidmore, *Black into White*, Chapter six.

<sup>60</sup> On the origin of the term see Antonio Sérgio Alfredo Guimarães, “Africanism and Racial Democracy: The Correspondence Between Herskovits and Arthur Ramos (1935–1949),” *Estudios Interdisciplinarios de América Latina y el Caribe* 19, no. 1 (2008): 53–79.

<sup>61</sup> Corrêa, *As ilusões da liberdade*, 203–4; Schwarcz, *O espetáculo das raças*, 172, 248.

<sup>62</sup> Corrêa, *As ilusões da liberdade*, 162; da Cunha, *Intenção e gesto*, 324.

<sup>63</sup> Schwarcz, *O espetáculo das raças*, 170; Skidmore, *Black into White*, 64–69.



meant to be Brazilian even while racial and class hierarchies continued to structure society. In this “racial and social fiction,” of the late 1930s, eugenics thrived.<sup>64</sup>

Despite this more inclusive racial rhetoric, Brazilian physicians shifted towards a more “negative eugenics” position in the 1930s.<sup>65</sup> Many members of the medical profession hoped to implement more coercive “hygienic” measures such as the regulation of marriage through pre-nuptial certificates like its neighbor Argentina.<sup>66</sup> Eugenics took a central spot on the political stage when “the promotion of eugenic education” was written into the new constitution of 1934 and became the responsibility of the federal government under Vargas.<sup>67</sup> Despite this swing, Nancy Leys Stepan has demonstrated that as the Catholic Church grew closer to the Brazilian state under Vargas, any radical eugenic ideas such as forced sterilizations and birth control were pushed to the side. Yet, as Stepan argues, the fact that eugenics became part of federal legislation demonstrates how legitimized it had become as both a scientific and a public discourse.<sup>68</sup>

Brazilian interpretations of both scientific racism and eugenics allowed elites to view the poor as impoverished because of their habits—lack of hygiene, poor housing conditions, and ignorance—and thus racial and class biases were written into later discussions of racial

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<sup>64</sup> Stepan, *The Hour of Eugenics*, 168.

<sup>65</sup> Robert Wegner and Vanderlei Sebastião de Souza, “Eugenia ‘negativa’, psiquiatria e catolicismo: embates em torno da esterilização eugênica no Brasil,” *História, Ciências, Saúde - Manguinhos* 20, no. 1 (2013): 263–88.

<sup>66</sup> For this discussion in Brazil see Barbosa, *Malthus no Brasil*, 121; João Costa, *A restrição da natalidade* (Rio de Janeiro, 1913), 167–70; Paranhos, *A morte do feto no útero*, 53–58. At the same time, however, many Brazilian intellectuals fought against this more negative trend. For example, at the First Brazilian Eugenics Conference in 1929, anthropologist Edgar Roquette-Pinto was greatly opposed to the racist position of many members. He believed that the “Brazilian problem” was not one of race but one of hygiene. *Primeiro Congresso Brasileiro de Eugenia*. See also Schwarcz, *O espetáculo das raças*, 96; Skidmore, *Black into White*, 185–90, 197. Argentina also proposed the “forcible registration of pregnancy” during the same time period. Rodriguez, *Civilizing Argentina*, 244; Stepan, *The Hour of Eugenics*, 121.

<sup>67</sup> Stepan, *The Hour of Eugenics*, 126.

<sup>68</sup> *Ibid.*, 127.

democracy.<sup>69</sup> Yet precisely because physicians located these ills in habits and not necessarily heredity, they positioned themselves as the bearers of the education needed to “uplift” the impoverished classes. Poor children needed to be raised and educated correctly to contribute productively to Brazil’s growth as a nation.<sup>70</sup> Instead of rejecting darker or poorer Brazilians as unfit citizens, and thus supporting contraception, sterilization, or even abortion among certain populations, medical elites believed they could “train” all women to raise proper Brazilians.<sup>71</sup> In particular, the working classes, dominated by people of color, could be educated to reproduce responsibly. In fact, because Brazilian physicians believed that middle- and upper-class (white) women practiced abortion at a higher rate than their lower-class counterparts, they applauded the supposed elevated reproductive activity of the mixed-race lower classes as an example that white middle- and upper-class women should follow.<sup>72</sup>

One thing was clear; physicians, including obstetricians, saw themselves on the front line of “maintaining the purity of the race.”<sup>73</sup> And eugenic thinking, just like scientific motherhood, allowed physicians to insert themselves into the family in the name of the nation.<sup>74</sup> By the 1920s, doctors wholeheartedly included poor (and thus Afro-Brazilians) in their efforts to hygienize and

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<sup>69</sup> Ibid., 37.

<sup>70</sup> Costa, *Ordem médica e norma familiar*, 73; Wadsworth, “Moncorvo Filho e o problema da infância.”

<sup>71</sup> Mariza Corrêa notes that despite many physicians’ extreme racism, they all opposed abortion. *As ilusões da liberdade*, 180.

<sup>72</sup> On middle- and upper-class abortion rates see Campos, *Aborto criminoso*, 2; Rezende, *Do aborto*, 12. On the exaltation of lower-class reproduction see Martins, *Visões do feminino*, 188.

<sup>73</sup> Coêlho, *Defeza da maternidade*, 96. See also Carvalho, *A defeza da maternidade*, 13; Joaquim Linhares de Lacerda, *Hygiene da gravidez* (Rio de Janeiro: Typ. dos Annaes, 1924), 23–24; Pinto Filho, *Obstetrica domiciliaria*, 16; Ribeiro, *Natimortalidade e mortalidade infantil*, 64.

<sup>74</sup> Martins, *Visões do feminino*, 159; Schwarcz, *O espetáculo das raças*, 227, 236.

improve the Brazilian race through education, better health services, and the moral strengthening of the lower classes.<sup>75</sup>

### **Malthus in the Tropics: Combating Sterilization and Contraception**

The medical profession's belief in scientific motherhood, their valorization of motherhood for all women, regardless of race or class, and their hope to "improve" the quality of the Brazilian race, was paralleled by their complete rejection of women's right to control their fertility. Even before the arrival of the eugenics movement in the 1920s, Carioca physicians had begun to debate neo-Malthusian ideas. Although Brazil was not experiencing a "crisis of depopulation" like that in France (whose medical ideas were the most influential in Brazil), the majority of physicians were adamantly opposed to any form of birth control, viewing it as a "corrupting" influence on society's morals.<sup>76</sup> According to physicians, Malthus had not solved the problem of poverty through birth control, and thus contraceptive use in Brazil would not solve poverty either.<sup>77</sup> Moreover, Brazil needed to populate its vast territory, and it had an abundance of natural resources to accommodate a growing population.<sup>78</sup> On a whole, the medical profession believed birth control should be criminalized. As we shall see, this condemnation was tied to fertility control's perceived threat to traditional gender roles.

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<sup>75</sup> Carvalho, *A defeza da maternidade*, 151.

<sup>76</sup> Costa, *Restrição*, 38–42. The problem of depopulation in France hung as a menacing specter over all medical ideas in Brazil. Barbosa, *Malthus no Brasil*, 129; Costa, *Restrição*, 43, 51. See also Marinete dos Santos Silva, "Reprodução, sexualidade e poder: as lutas e disputas em torno do aborto e da contracepção no Rio de Janeiro, 1890-1930," *História, Ciências, Saúde - Manguinhos* 19, no. 4 (2012): 1243–44.

<sup>77</sup> Barbosa, *Malthus no Brasil*, 28; Costa, *Restrição*, 89.

<sup>78</sup> Martins, *Visões do feminino*, 187.

One method physicians particularly condemned was sterilization.<sup>79</sup> Only when a physician believed that pregnancy endangered a woman's life was sterilization acceptable, and physicians denounced women who sought out sterilization to avoid having children for "frivolous reasons."<sup>80</sup> In this sense, physicians employed the notion of sterilization as another channel through which they legitimized their control over women's reproductive lives. Sterilization became a topic of heated debate in 1893 and again throughout the first decade of the twentieth century when an Italian physician practicing in Rio de Janeiro, Abel Parente, advertised his sterilization technique in the city's newspapers. Physicians immediately attacked Parente, and he was brought to trial in 1901, an event that was the subject of intense public discussion and press coverage. Historians have argued that physicians' condemnation of Parente mirrored their larger rejection of female-controlled forms of birth control. In this line, Marinete dos Santos Silva demonstrates that positivist jurists used the Parente case to condemn the larger abortion "industry," which they believed was run by unlicensed midwives.<sup>81</sup> Ana Paula Vosne Martins argues that the Parente debate was about larger social discussions of the role of the female body. As the female body had begun to be harnessed for the good of the nation, sterilization directly threatened its future.<sup>82</sup>

Fabíola Rohden, in the most detailed study of the case's medical and legal aspects, contends that physicians used the dispute to insert themselves as the main actors in not only scientific debates but also moral and societal discussions.<sup>83</sup> Parente's method consisted of

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<sup>79</sup> Barbosa, *Malthus no Brasil*, 54–61; Costa, *Restrição*, 29.

<sup>80</sup> Barbosa, *Malthus no Brasil*, 57.

<sup>81</sup> "Reprodução, sexualidade e poder," 1245.

<sup>82</sup> *Visões do feminino*, 185–86.

<sup>83</sup> Rohden, *Uma ciência da diferença*, Chapter four.

scraping the uterine walls to destroy the uterine mucous and injecting boiling water or caustic substances into the uterus, temporarily impeding conception. The procedure had to be repeated at regular intervals, so it was neither permanent nor female-controlled. The majority of physicians condemned Parente's methods and sterilization in general, citing, among other reasons, that no woman would voluntarily choose to reject motherhood, and that it would disrupt the biological (and thus "natural") workings of the female body. But physicians also attacked Parente for announcing the procedure without first discussing it within the larger medical community. To most physicians, women could not make rational decisions in regards to sterilization, and they would make rash choices if allowed to access contraception freely. Parente's independent medical practice threatened the consolidation of the obstetric profession, as it allowed individual women (of the upper classes) to access his services independently.<sup>84</sup> As we will see with therapeutic abortion, physicians viewed the decision of interrupting a pregnancy to save the life of the mother as a serious one that called for prolonged and "objective" scientific debate.

In a larger sense, the Parente case represented how physicians viewed female-decided fertility control as an attack on patriarchy. In a moment when the state, aided by the medical profession, was working to control patriarchal authority, female-decided sterilization poised a grave threat to male power. As Fabíola Rohden argues, "It is as if an intervention in the genital apparatus, especially one oriented towards contraception, would introduce a new variable, one capable of breaking with the rules of feminine behavior oriented towards motherhood and

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<sup>84</sup> Physicians also critiqued Parente for "profiting" off sterilization techniques, at the "cost" of his honor. Dias de Barros in Academia Nacional de Medicina, "A questão medico-legal," 1920, 468.

sexuality [only] as an exercise of the reproductive function.”<sup>85</sup> As we will see with abortion, sterilization represented female autonomy and a break between sexuality and procreation.<sup>86</sup>

Despite the attacks against him, a limited number of physicians supported Parente’s practice. In this sense, they also condoned—to a limited extent—the idea that women had the right to control their fertility. In 1893, shortly after the Parente debate became public, the director of the city’s Sanitary Directorate, Francisco de Castro, published the book *O invento Abel Parente*.<sup>87</sup> In support of Parente, he argued that women had the right to sterilization, a decision they could make on their own. But this was a singular position. Most pro-Parente physicians argued that women should only be sterilized after three children; motherhood was still required.<sup>88</sup>

Some physicians supported neo-Malthusian ideas while still rejecting the practice of sterilization. For example, one medical student argued in 1911 that it was the intention behind the contraceptive act that determined its morality. If a doctor made the decision, contraception was acceptable. He contended that because the Brazilian state did not adequately support its impoverished population, temporary contraceptive methods were acceptable in the lower classes.<sup>89</sup> Once the married couple reached a more stable financial situation, they could “continue to increase the offspring of the fittest children, because [those] that would be raised in regular or good moral conditions...would constitute themselves as the elements most useful to

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<sup>85</sup> *Uma ciência da diferença*, 198.

<sup>86</sup> Brazilian physicians were not the only group to condemn sterilization. As Nancy Leys Stepan has demonstrated, the Church opposed sterilization, as it saw reproduction as its sphere of authority. It did not want to cede this power to the medical profession. Both had similar positions in regards to restricting women’s autonomy, however. *The Hour of Eugenics*, 111.

<sup>87</sup> *O invento Abel Parente no ponto de vista do direito criminal, da moral publica e da medicina clinica* (Rio de Janeiro: Laemmert & C., Livreiros-Editores, 1893).

<sup>88</sup> Rohden, *Uma ciência da diferença*, 188, 209.

<sup>89</sup> Mello, *Meios anticoncepcionaes*, 16, 141, 158.

society and to the race.”<sup>90</sup> Yet, neither sterilization nor abortion were the answer as both directly challenged the sanctity of motherhood. “Sterilization would be the death of the woman, as it would annihilate the characteristic that most ennobles and dignifies her—motherhood.”<sup>91</sup> Physicians did not mention that many sterilization techniques at the time were temporary and doctor-controlled. Susan Besse has argued that the medical profession began to espouse the idea of “responsible maternity” in which they accepted limited and temporary contraception use in order to raise better children.<sup>92</sup> For example, some physicians believed that the temporary restriction of the poor population’s fertility, guided by the medical profession, would eventually lead to the increase of the population in a hygienic and orderly fashion. It was their professional duty to instill the correct moral uses of contraception in the Brazilian populace.<sup>93</sup>

As Marinete dos Santos Silva demonstrates, however, these views of contraceptive use for the poor population coincided with eugenic discourses on racial mixing. It was no coincidence that some physicians believed temporary measures for poor families—most often of mixed race—were necessary in order to “improve the race.”<sup>94</sup> Some physicians even began to support the limited sterilization of “abnormals” such as the mentally ill and “inherent” criminals.<sup>95</sup> Again, physicians asserted their technical knowledge into Brazilian women’s

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<sup>90</sup> Ibid., 38. The phrase “uteis à sociedade e a raça” was also used in the nineteenth century in relation to women and their contribution to the nation. See Jane-Marie Collins, “‘Uteis a Si E a Sociedade’ Or a Brief Guide to Creolisation in Nineteenth-Century Brazil: Black Women, Mobility, Marriage and Markets in Salvador Da Bahia (1830-1888),” *European Review of History* 16, no. 3 (2009): 413–36.

<sup>91</sup> Mello, *Meios anticoncepcionaes*, 19.

<sup>92</sup> *Restructuring Patriarchy*, 105.

<sup>93</sup> Mello, *Meios anticoncepcionaes*, 124, 140.

<sup>94</sup> “Reprodução, sexualidade e poder,” 1244.

<sup>95</sup> Manoel Tavares Neves Filho, *Da esterilização de anormaes como factor eugenico* (Rio de Janeiro: Pap. Confiança, 1921), 6–7, 20–23. See also Julio Novaes in Academia Nacional de Medicina, “A questão medico-legal do aborto provocado,” *Revista de Gynecologia e D’Obstetricia e de Pediatria* 15, no. 7 (1921): 274.

reproductive lives, discursively creating the space in which only the medical profession had the right to decide women's reproductive autonomy. In line with the eugenics movement, most physicians who supported contraception to a limited extent hoped to improve the conditions in which all Brazilians reproduced.<sup>96</sup>

By the 1930s, in line with the shift towards a more negative eugenics rhetoric, physicians were looser in their definition of degenerates. Causes now included urbanization, alcoholism, syphilis, tuberculosis, leprosy, and environmental defects.<sup>97</sup> Now, some physicians believed that the sterilization of specific people was for the “good of the family, society, collectivity, and the *patria*.”<sup>98</sup> While Catholicism still condemned the practice, some physicians argued that religion should not restrict the sterilization of abnormal citizens. Rather, it should only condemn the practice among “healthy” Brazilians. But physicians' expanded definition of people who could be sterilized did not lead physicians to support birth control for all women.<sup>99</sup>

Whether or not physicians agreed on the specific cases of contraceptive use and sterilization, one thing remained clear: doctors and not women were to make decisions about reproduction. Historians have demonstrated that physicians condemned women who actively rejected motherhood, but scholars have not analyzed the importance of medical decision-making in this position.<sup>100</sup> Those who supported sterilization only did so if they were the ones deciding who was “abnormal.” In the end, physicians, and not women, made the decision whether poverty necessitated the use of contraception or sterilization. Physicians dismissed women's own

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<sup>96</sup> Stepan, *The Hour of Eugenics*, 87.

<sup>97</sup> Manoel Ligiéro, *Algumas considerações sobre o Néo-malthusianismo como factor eugenico* (Rio de Janeiro: Typ. Yankee, 1930), 17–22, 49, 54.

<sup>98</sup> *Ibid.*, 43.

<sup>99</sup> *Ibid.*, 24–25, 43–45, 54.

<sup>100</sup> Martins, *Visões do feminino*, 188.



experiences and ability to make rational decisions. Debates about contraception and sterilization (and abortion) were less about the specifics of when and how contraception was acceptable and more about legitimizing the medical profession's patriarchal control over women's bodies and decisions. In fact, the few physicians that accepted limited contraceptive use only supported male-controlled methods such as abstinence or condoms.<sup>101</sup>

In their discussions of sterilization and contraception, many physicians believed that contraceptive use was rampant among all classes of Cariocas, including married couples.<sup>102</sup> Physicians decried the large numbers of advertisements for contraception (and abortion services) in the city's papers.<sup>103</sup> Generally, physicians argued that "civilization" caused contraceptive use, mirroring late-nineteenth-century debates across Europe and Latin America that "modernity" was the cause of the degeneration of the female sex.<sup>104</sup> For the working classes, the high cost of living as well as the exploitation of women and children by industry led to fertility control.<sup>105</sup> For middle- and upper-class women, their vanity was the cause.<sup>106</sup> One physician in 1913 warned that feminism would lead to increased contraceptive use: "Women today increasingly search for sufficient opportunity to affirm their personality, the absolutism of their rights, the independence

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<sup>101</sup> Silva, "Reprodução, sexualidade e poder," 1252. During the Brazilian Eugenics Congress of 1929, some physicians supported limited sterilization. Again, these cases were to be decided by a male physician. Stepan, *The Hour of Eugenics*, 113.

<sup>102</sup> Mello, *Meios anticoncepcionaes*, 139.

<sup>103</sup> Campos, *Aborto criminoso*, 62; Costa Junior, *Abôrto criminozo*, 94; Mattos, *Aborto criminoso*, 12–13; Pimentel, *Estudo psicologico*, 27, 130; Rezende, *Do aborto*, 13; Rizzo, *Aborto criminoso*, 14; Tatsch, *Estudo clinico do aborto*, 23–25.

<sup>104</sup> Azevedo, *Do aborto*, 27; Camara, *Do aborto criminoso*, 11; Campos, *Aborto criminoso*, 22, 58, 61, 126–28; Elias, *Hygiene da gravidez*, 123–24; Mattos, *Aborto criminoso*, 14–15; Pimentel, *Estudo psicologico*, 26–29, 35–37; Rezende, *Do aborto*, 13; Rizzo, *Aborto criminoso*, 51–54; Tatsch, *Estudo clinico do aborto*, 20, 23. For an analysis of this trend in Europe see Martins, *Visões do feminino*, 51, 115, 193. For this idea in Argentina see Rodriguez, *Civilizing Argentina*, 73–79.

<sup>105</sup> Costa, *Restricção*, 49, 62–64, 67, 70–89, 96–101.

<sup>106</sup> *Ibid.*, 47–48, 101–6; Machado, *Mortalidade das creanças*, 49, 74–77. See also Besse, *Restructuring Patriarchy*, 104.

of their ideas.”<sup>107</sup> Physicians even believed that feminism led to an increased number of miscarriages. Wrote one medical student in 1911, “Feminism is the cause of miscarriage, because it requires an agitated life [which]...is full of emotions; and [there is] nothing like repeated emotions to favor the interruption of [a] pregnancy.”<sup>108</sup> Women’s “perverted” aspirations of flying airplanes, becoming elected officials, and having a presence in the public sphere were in complete opposition to the “majesty of the home, the sublimity of procreation, and the grand morality of motherhood.”<sup>109</sup> Even the few physicians who supported neo-Malthusian contraceptive practices believed that feminism was the true evil that caused lower birth rates. Freethinking physician Julio Novaes contended in 1921 that criminal abortion was not the reason for lower birth rates in the “civilized world.” Rather, the rise of suffrage movements in Europe after World War I was the reason behind declining European fertility rates: “The doctrine of feminism truly matters in the decrease of birth rates.”<sup>110</sup> In condemning feminism, physicians reinforced motherhood as women’s innate role and cemented a “natural” divide between the sexes. Underlying these fears was the supposed dissolution of the family.

What types of contraceptive methods did Cariocas rely on? Physicians believed that Brazilian men and women used four main methods of contraception: condoms, pessaries, post-coitus washings, and *coitus interruptus*.<sup>111</sup> Physicians stated that condoms were negative for men as they reduced intimacy and contact. Pessaries, particularly the “occlusive” pessary, were caps

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<sup>107</sup> Costa, *Restrição*, 48. See also 64-70.

<sup>108</sup> Barbosa, *Malthus no Brasil*, 70.

<sup>109</sup> Carvalho, *A defeza da maternidade*, 149.

<sup>110</sup> Julio Novaes in Academia Nacional de Medicina, “A questão medico-legal do aborto provocado,” *Revista de Gynecologia e D’Obstetricia e de Pediatria* 15, no. 6 (1921): 243.

<sup>111</sup> Other methods cited included vaginal sponges, spermicides such as quinine or peroxinated salt, the M.C. Stopes method, X-ray treatment, female sterilization, and breastfeeding.

that fit over the cervix to prevent the entrance of sperm (similar to what today we would call cervical caps).<sup>112</sup> In the early-twentieth-century, physicians saw pessaries as the most effective method as they could remain in the vagina for longer periods of time. Post-coital washings were performed with cold water or antiseptic or acidic solutions. Physicians argued that prostitutes used this washing method, and they almost never became pregnant. Physicians did not agree on the effectiveness of *coitus interruptus*, but most who wrote on the subject mentioned it as a common method.<sup>113</sup>

For the limited number of physicians who supported temporary contraceptive practices, it is telling how physicians described “optimal” contraception, methods that required not only intensive planning but also repeated access to a physician. In 1911, one medical student described the best contraceptive method as the following:

We believe the best process is as follows: before the [sexual] act, introduce the Mensinga pessary, whose size should have been previously determined by a physician in accordance with the diameter of the vagina, and who should have also taught [the woman] the technique of introducing the unit [into the vagina] without which it is subject to failure. To facilitate the placement, the pessary should be covered with a small amount of pure Vaseline....After conveniently placing the pessary, one suppository of quinine should be introduced into the vagina. The next morning, if the [sexual] act occurred during the night, the woman [should] wash her vagina with warm water, a measure many women perform daily.<sup>114</sup>

While the description of visiting a physician and being fitted for a contraceptive device may not sound unfamiliar to women today, we must remember that most women in 1911 did not have

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<sup>112</sup> For the contraceptive qualities of pessaries see Elinor A. Accampo, “The Gendered Nature of Contraception in France: Neo-Malthusianism, 1900-1920,” *Journal of Interdisciplinary History* 34, no. 2 (2003): 235–62. Pessaries also were—and are—used to support the cervix and the uterus in cases of uterine prolapse and other problems that arise when a woman loses pelvic muscle tone. Judith Walzer Leavitt, *Brought to Bed: Childbearing in America, 1750-1950* (New York: Oxford University Press, 1986), 30–31; Varney, Kriebs, and Gregor, *Varney’s Midwifery*, 408–9.

<sup>113</sup> For contraceptive methods discussed in this paragraph see Ligiéro, *Néo-malthusianismo*, 32–40; Mello, *Meios anticoncepcionaes*, 145–50.

<sup>114</sup> *Meios anticoncepcionaes*, 150.

access to any forms of reproductive healthcare. Prenatal care was almost non-existent. Seeing a physician and purchasing a pessary was not within the limited means of many women. In the rare instances physicians believed contraception was acceptable, they posited that only a licensed, male physician could make that decision. Female-controlled fertility control was seen as an aberration and unacceptable. Physicians viewed abortion in a similar light.

### **Debating Abortion in the National Academy of Medicine**

While some physicians supported limited instances of contraceptive use, all decried the “frequent” practice of abortion as a “disease” that threatened the future of the nation.<sup>115</sup> As such, physicians presented the “war” against illegal abortion as a public health issue on par with infectious diseases such as smallpox and cholera.<sup>116</sup> In 1915, the ANM first voted on the need to repress criminal abortions.<sup>117</sup> This unanimous rejection of abortion is important to remember, as the following debates clearly pitted physicians against each other in how they believed this repression should be written into law. While physicians disagreed on the manner in which the state should criminalize abortion, they unanimously condemned the practice.

In 1918, the topic of criminal abortions once again surfaced within the ANM. In May of that year, Fernando Magalhães went before the Academy to discuss the issue, the grave consequences of which he was seeing ever more frequently in his clinical practice. Magalhães

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<sup>115</sup> Costa Junior, *Abôrto criminozo*, 93, 98–108; Elias, *Hygiene da gravidez*, 110, 121; Mattos, *Aborto criminoso*, 43–46; Pimentel, *Estudo psicologico*, 17, 27; Tatsch, *Estudo clinico do aborto*, 23; Francisco Pinto da Fonseca Telles, *A pericia obstetrica* (Rio de Janeiro: Besnard Frères, 1915), 54–55. Physicians had been writing about this trend since the 1870s. See for example, José Luiz Moreira de Barros, *Do aborto criminoso* (Rio de Janeiro: Typographia do Direito, 1877); Gabriel Horacio de Barros, *Do aborto criminoso* (Rio de Janeiro: Typ. de G. Leuzinger & Filhos, 1877); Camillo de Moura Estevão, *Do aborto criminoso* (Rio de Janeiro: Typographia Esperança, 1878).

<sup>116</sup> Costa Junior, *Abôrto criminozo*, 113; Pimentel, *Estudo psicologico*, 27.

<sup>117</sup> Rohden, *A arte de enganar a natureza*, 98.

believed that physicians needed to work in conjunction with the police to find and end abortion. Moreover, the press must stop publishing advertisements for abortive and contraceptive services.<sup>118</sup> In response, a five-member commission formed, including Magalhães and leading medico-legal physician Afrânio Peixoto, to study the issue and come up with legislation to present to the national legislature.<sup>119</sup> That Carioca physicians were debating law was not new to how they viewed their role as physicians within the larger political arena. In fact, many leading physicians that participated in these debates were also politicians, and they saw creating legislation based on their medical careers as part and parcel of their duty to the nation.<sup>120</sup>

The resulting motion, presented to the ANM in July, advocated for the complete repression of criminal abortions through the increased medical vigilance of women's private lives. The motion discussed criminal abortion in nine points centered around four main ideas. One, the commission called for the prohibition and repression of all advertisements related to abortion and contraception. Two, it asked for the inspection and control of all private and unlicensed maternity hospitals (*casas de partos*). Three, it demanded the compulsory notification of all abortions *and* miscarriages. Four, it asked for legal changes in how abortion was prosecuted. The commission recommended that abortion prosecutions should go before a judge rather than a jury (which was already the case, and the commission was mistaken), the absolution of the postabortive woman if she revealed the name of the abortion provider, and the capability of the physician to break the Hippocratic oath and patient-doctor confidentiality to testify in court. In conjunction with testifying, the commission believed the physician should be able to

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<sup>118</sup> Magalhães and Fonseca, "Aborto criminoso," 149. See also Besse, *Restructuring Patriarchy*, 105.

<sup>119</sup> This was based on the French model, whose National Academy of Medicine had undergone the same planning in response to its abortion "problem." Nascimento Silva, "Aborto criminoso," 158.

<sup>120</sup> For physicians as politicians see Barreto, "Dar à luz no Rio de Janeiro."

bring the case directly to the public prosecutor, bypassing the police and the need for an investigation. The commission only upheld patient-doctor confidentiality if the woman wanted to carry her pregnancy to term.<sup>121</sup> As Fernando Magalhães argued, confidentiality was only owed “to the woman that has within her uterus a child, and, not to the criminal woman that has already expelled from her uterus the product of conception. The woman that is protected by professional secrecy [patient-doctor confidentiality] is she who wants to carry her pregnancy to term, far away from indiscreet eyes.”<sup>122</sup> Magalhães was referring to fallen yet “honorable” women who gave birth in secret to avoid public dishonor. While they lost their sexual honor by conceiving a child out of wedlock, Magalhães gave them access to social honor if they embraced maternity.



IMAGE 4: *Illegal abortion clinic, 1928.*  
Source: (AN) CS.0.PCR.4940 (1928).

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<sup>121</sup> Nascimento Silva, “Parecer,” 1918.

<sup>122</sup> Academia Nacional de Medicina, “A questão medico-legal,” 1920, 228–29.

Debate began even before the public presentation of the motion, as one commission member, Dr. Olympio da Fonseca, did not sign off on the compulsory notification of abortions and miscarriages or the absolution of the woman if she named the provider.<sup>123</sup> Dissenting physicians immediately attacked the commission's lack of statistics in their calculations of the "plague of abortions" threatening the city.<sup>124</sup> Academy members soon found themselves at loggerheads, as they could not even agree on the guidelines for public debate. Personal attacks and unruly debaters soon forced a temporary stalemate.<sup>125</sup> When the debate was re-opened in April of 1920, the personal attacks did not subside, and the heated arguments continued for another year and a half.

The debate centered around two issues. The first was the disagreement about whether or not the woman who sought out the abortion should walk free from charges if she named the provider. The commission and its supporters, led by Magalhães, firmly believed that a woman should not face punishment if she named the abortion provider. Magalhães depicted women as helpless beings who lacked agency in their reproductive decisions; thus, they should not be held responsible for seeking out an abortion.<sup>126</sup> The opposing camp, led by physicians Belmiro

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<sup>123</sup> Nascimento Silva, "Parecer," 1918, 325; Olympio da Fonseca et al., "Parecer sobre o aborto criminoso," *Brazil-Medico* 32, no. 45 (1918): 358.

<sup>124</sup> See the statements of Dr. Belmiro Valverde and Dr. Julio Novaes in Fonseca et al., "Parecer," 358. For counterarguments see Ernesto Nascimento Silva, "Parecer sobre o aborto criminoso," *Brazil-Medico* 32, no. 48 (1918): 381; Ernesto Nascimento Silva and Arnaldo Quintella, "Sobre o aborto criminoso," *Brazil-Medico* 32, no. 49 (1918): 390. This issue was also a point of contention in the 1920-1921 version of the debate. See Academia Nacional de Medicina, "A questão medico-legal," 1920, 215-16; Academia Nacional de Medicina, "A questão medico-legal do aborto provocado," *Revista de Gynecologia e D'Obstetricia e de Pediatria* 14, no. 8 (1920): 313-16.

<sup>125</sup> Fernando Magalhães actually resigned from his role as President of the Specialized Surgery Section of the Academy in protest. Rohden, *A arte de enganar a natureza*, 99, 119n4. It seems that this was not the only time that Magalhães sparred with his colleagues. In 1918 he resigned his post as director of the *Maternidade Laranjeiras* after disagreements with colleagues. Barreto, "Dar à luz no Rio de Janeiro."

<sup>126</sup> Magalhães in Academia Nacional de Medicina, "A questão medico-legal do aborto provocado," *Revista de Gynecologia e D'Obstetricia e de Pediatria* 14, no. 7 (1920): 261.

Valverde and Julio Novaes, argued that women would falsely accuse “honest” and upright physicians in order to escape punishment, threatening not only physicians’ social standing but also their ability to practice medicine (and economic livelihood).<sup>127</sup> Most notably, this was one of the only mentions of women’s “agency” throughout the entire debate. Novaes argued that a woman, in negotiating her absolution, would “due to interests of liberty or vengeance, when a woman has provoked an abortion on herself, she will outwardly deflect the responsibility of her actions, blaming and denouncing, under oath, an innocent [doctor]!”<sup>128</sup> The only instance physicians granted women agency in making reproductive decisions was by portraying them as vindictive and conniving.

The second question centered on patient-doctor confidentiality, particularly the commission’s proposal to require the mandatory reporting of all miscarriages and abortions, and the requirement that physicians report a criminal procedure if a woman came to them with postabortion complications.<sup>129</sup> For Magalhães’s camp, mandatory reporting of miscarriages was a public health issue in line with that of tuberculosis. Public health measures existed for the greater “social good,” which stood above the privacy of the individual. Abortion was “a crime against the nation,” and it was a physician’s duty to end its existence through any means

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<sup>127</sup> See Garfield de Almeida in *ibid.*, 266–67; Olympio da Fonseca in Academia Nacional de Medicina, “A questão medico-legal,” 1920, 310; Dias de Barros in Academia Nacional de Medicina, “A questão medico-legal,” 1920, 467; Julio Novaes in Academia Nacional de Medicina, “A questão medico-legal,” 1921, 286.

<sup>128</sup> In Academia Nacional de Medicina, “A questão medico-legal,” 1921, 286.

<sup>129</sup> In the years preceding the debate, some medical students believed that patient-doctor confidentiality was one of the reasons the exact number of illegal abortions was unknown by the police. Costa Junior, *Abôrto criminozo*, 93, 114; Costa, *Restricção*, 151.



necessary.<sup>130</sup> The opposing camp did not see abortion in the same vein as infectious disease, and they believed that the end of medical confidentiality would destroy their “noble profession.”<sup>131</sup>

Fabiola Rohden has contended that the debate unveiled the existence of a “continuum” of medical beliefs about abortion and neo-Malthusian ideas in the early-twentieth century.<sup>132</sup> In Magalhães’s camp, physicians believed that they had the right, even the *duty*, to control the Brazilian population, ensuring the future of the country and the security of its citizens. In opposition stood physicians like Julio Novaes who believed that sexuality and reproduction were still individual questions to be handled by the family. Both camps however, vehemently rejected abortion. Thus, the ANM debate about abortion actually served as a proxy for a larger discussion of the role of the physician in Brazilian society. Physicians were not simply grappling with the issue of abortion; they were also dealing with the transference of patriarchy from the family to the state. Some physicians believed that they had the right to intervene in the private sphere. These physicians were the supporters of a state-controlled patriarchal norm. For example, Nascimento Silva argued the practice of criminal abortion was a “national danger” that constituted a “bio-social problem.”<sup>133</sup> Magalhães agreed, and because the future of the nation was at stake, physicians had not only the right but also the duty to enter into the private space of Brazilian citizens.<sup>134</sup>

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<sup>130</sup> Magalhães in Academia Nacional de Medicina, “A questão medico-legal,” 1920, 265. See also Carlos Seidl in Academia Nacional de Medicina, “A questão medico-legal,” 1920, 433.

<sup>131</sup> Olympio da Fonseca and Belmiro Valverde in Academia Nacional de Medicina, “A questão medico-legal,” 1920, 310, 317; Belmiro Valverde in Academia Nacional de Medicina, “A questão medico-legal,” 1921, 52–54.

<sup>132</sup> *A arte de enganar a natureza*, 98–106.

<sup>133</sup> Academia Nacional de Medicina, “A questão medico-legal do aborto provocado,” *Revista de Gynecologia e D’Obstetricia e de Pediatria* 15, no. 5 (1921): 197.

<sup>134</sup> Magalhães in *ibid.*, 205.

Others believed that the father, the “head of household” needed to remain in charge of the family. They put forth the traditional family-based patriarchal norms that had dominated Brazilian society until the First Republic. Olympio da Fonseca, for example, while a member of the commission and a supporter of the majority of its main points, vocally disagreed with compulsory notification of all abortions and miscarriages. This practice “would invest [legal] authority with a dangerous right, that to penetrate every household, even the most respectable, to conduct an investigation, a subversive trespassing...of the family.”<sup>135</sup> Mandatory reporting would threaten the honor of the Brazilian family. Belmiro Valverde argued that “Nobody can launch against a family suspicions of such nature [abortion], contrary to law and to morality...There would not be one honest woman that called a doctor when she found herself miscarrying, because the physician would denounce her to the public health department and cast over her honorability an ignominious suspicion.”<sup>136</sup> ANM President Miguel Couto argued that the mandatory reporting law could “weaken the Brazilian family:”

The physician...must carry out his mission to the end and thus we will see the physician enter into the family home in order to examine women, even against their will. We know that while it is the head of the family who chooses the physicians who enter his house, it is the woman who chooses in whose honorability she confides to expose her body<sup>137</sup>.

Couto firmly believed that “Society is constructed on the basis of the family and not of the individual.” In other words, the debate about abortion was also about the role of the physician in Brazilian society and his responsibility in helping the state co-opt patriarchal norms.

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<sup>135</sup> Da Fonseca in Academia Nacional de Medicina, “A questão medico-legal,” 1920, 310. Dias de Barros took this one step further, arguing that while the law should condemn contraceptive practices, they were still a private matter. In Academia Nacional de Medicina, “A questão medico-legal,” 1920, 475.

<sup>136</sup> In Academia Nacional de Medicina, “A questão medico-legal,” 1921, 54.

<sup>137</sup> In Academia Nacional de Medicina, “A questão medico-legal,” 1921, 150.

Many physicians positioned themselves somewhere between the two extremes represented by Magalhães and Novaes. But not one physician supported a women's right to an abortion. Couto, for example, was against the compulsory notifications of abortions and miscarriages. But he was in complete support of the need for a rigorous debate about the city's pressing matter of criminal abortion.<sup>138</sup> One of Magalhães's fiercest critics, Dr. Belmiro Valverde, who wholeheartedly rejected the commission's proposal, did not question that the repression of illegal abortion was a matter of utmost importance.<sup>139</sup> Even the neo-Malthusian acolyte Julio Novaes argued "I do not adhere to nor did I adhere to the right [to have] an abortion."<sup>140</sup> Despite this consensus in the evils of letting women access abortions, the debate ended in a stalemate.

The debate once again reappeared in the First National Congress on Medical Practice in 1922. The motion that was published from its proceedings was nearly identical to the ANM's earlier document. As Fabíola Rohden has argued, this later motion demonstrates that Magalhães's camp had won, defeating the neo-Malthusians with the larger acceptance of more invasive medical policies towards combating illegal abortion.<sup>141</sup> While these motions never made it into law, the medical field—particularly obstetricians and gynecologists—had accepted their role as personal repressors of abortion, a role for which they needed to "invade" the home. In other words, the triumph of this position demonstrated that physicians had fully accepted their

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<sup>138</sup> In Academia Nacional de Medicina, "A questão medico-legal do aborto provocado," *Revista de Gynecologia e D'Obstetricia e de Pediatria* 15, no. 3 (1921): 115.

<sup>139</sup> Academia Nacional de Medicina, "A questão medico-legal," 1920, 217, 225. See also Carlos Siedl in Academia Nacional de Medicina, "A questão medico-legal," 1920, 432. All the Academy's members that took part in the debate, including Valverde, also agreed on the need to repress "Neo-Malthusian" advertising, except for Dr. Julio Novaes. In Academia Nacional de Medicina, "A questão medico-legal," 1920, 225.

<sup>140</sup> In Academia Nacional de Medicina, "A questão medico-legal," 1921, 277.

<sup>141</sup> *A arte de enganar a natureza*, 106.

role in the transference of patriarchy from the family to the state, and while policy never made it into law, as we will see in Chapter Four, it did make it into police practice.

### **Therapeutic Abortions and Medical Authority**

Despite the consensus around the need to repress criminal abortion, physicians believed that therapeutic abortions—or an abortion to save the life of the mother—was a legitimate medical procedure. Even in the heated ANM debate on abortion, physicians upheld their “right” to medically terminate a pregnancy.<sup>142</sup> In fact, obstetricians’ support of therapeutic abortions was part of the larger fight for the right to decide social matters in the public sphere between the scientific community and the Catholic Church. In it, physicians cast themselves as the only authority to determine when a therapeutic abortion was indicated. In this sense, the debate over therapeutic abortion in Brazil was similar to those elsewhere in the West. Leslie Reagan has demonstrated that criminal law in the late-nineteenth-century United States allowed for therapeutic abortions, but it did not specify what constituted a threat to the mother’s life. As medical technologies advanced and cesarean sections became safer, therapeutic abortions fell out of favor. By the 1940s and 1950s, for example, physicians had restricted their definition of when a therapeutic abortion was called for at the same time that they situated themselves as the sole decision-makers in the process. As Reagan argues, “As medical knowledge and skill advanced, women lost their place in making decisions.”<sup>143</sup>

Brazilian physicians had begun debating therapeutic abortions in the nineteenth century. Obstetricians unanimously agreed that if the woman’s life was in danger, it was always

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<sup>142</sup> Carlos Seidl in *Academia Nacional de Medicina*, “A questão medico-legal,” 1920, 434; Dias de Barros in *Academia Nacional de Medicina*, “A questão medico-legal,” 1920, 479; A.M. Teixeira in *Academia Nacional de Medicina*, “A questão do aborto,” *Revista Syniátrica* 8, no. 10 (1915): 149.

<sup>143</sup> *When Abortion Was a Crime*, 67. See also 5, 66, 173-81.

acceptable for the licensed medical profession to perform an abortion.<sup>144</sup> The woman was already part of society, and thus her life was more valuable than the potential life of the fetus.<sup>145</sup> For example, in 1873 one medical student condemned the criminal practice of abortion. But he asserted “However, to provoke an abortion to ensure the woman’s life, whose pregnancy cannot proceed with threatening her existence—that is to undergo a duty that imparts the feelings of justice and charity; that is to meet one of those sad necessities that cannot be refused.”<sup>146</sup>

These views remained unchanged into the early-twentieth century. In line with their strong emphasis on motherhood, physicians continued to value the mother’s life over the fetus.<sup>147</sup> Even anti-abortion crusader Fernando Magalhães agreed with this medical concept. He argued that religious ideals should not interfere with a physician’s necessity to perform a therapeutic abortion. Magalhães wrote in 1922 that “...[Christian] doctrine created the dogma of the

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<sup>144</sup> José Climaco d’Oliveira Aguiar, *Do aborto criminoso* (Rio de Janeiro: Perservança, 1869), 68; Israel Rodrigues Barcellos Filho, *Do aborto criminoso* (Rio de Janeiro: Typ. do Apostolo, 1870), 34; Gustavo Xavier da Silva Capanema, *Do aborto criminoso* (Rio de Janeiro: Typographia Perservança, 1870), 137; Antonio José da Costa e Sá, *Do aborto criminoso* (Rio de Janeiro: Typographia Perservança, 1869), 76; João Pires Farinha Filho, *Aborto criminoso* (Rio de Janeiro: Typographia Universal de Laemmert, 1875), 52; Manoel Antonio Furtado, *Aborto criminoso* (Rio de Janeiro: Typographia Universal de Laemmert, 1875), 51; Alfredo Piragibe, *Do aborto criminoso* (Rio de Janeiro: Typographia Universal de Laemmert, 1870), 99; Alberto Gonçalves de Souza Portugal, *Aborto criminoso* (Rio de Janeiro, 1876), 65. In fact, nineteenth-century physicians used lay midwives’ abortion methods for therapeutic ends. Brenes, “História da parturição,” 136.

<sup>145</sup> On the woman as part of society see João Nogueira Penido, *Do aborto provocado* (Rio de Janeiro: Typographia Universal de Laemmert, 1851), 24–25. On the valuation of the mother’s life see Francisco Bonifacio de Abreu, *Dissertação na qual se justifica o aborto provocado* (Rio de Janeiro: Universal de Laemmert, 1851), 8–9; Hermenegildo Rodrigues de Alvarenga, *Casos em que o aborto provocado é indicado* (Rio de Janeiro: Universal de Laemmert, 1856), 14; Lazaro Gonçalves Corrêa do Couto, *Aborto criminoso* (Rio de Janeiro: Typ. Moreira, Maximino, 1876), 69; Joaquim Gonçalves Ferreira Junior, *Aborto criminoso* (Rio de Janeiro: Typographia da Reforma, 1876), 86; Manoel Rodrigues de Figueiredo, *Aborto criminoso* (Rio de Janeiro, 1876), 51; Cassiano Nunes Moreira, *Do aborto criminoso* (Rio de Janeiro: Typographia de Domingos Luiz dos Santos, 1868), 81; Augusto Gonçalves da Silva Netto, *Dos vomitos rebeldes durante a prenhez, e do seu tratamento em relação ao aborto provocado* (Rio de Janeiro: Typographia Imperial e Constitucional de J. Villeneuve, 1859), 25.

<sup>146</sup> Sebastião Gonçalves da Silva Mascarenhas, *Do aborto provocado* (Rio de Janeiro: Typographia da Reforma, 1873), 4.

<sup>147</sup> For the value of a mother’s life see Ricardo Moreira da Cruz, *Estudo sobre o parto prematuro artificial* (Rio de Janeiro: Besnard Frères, 1899), 16; Sylvio Miraglia, *Indicações da interrupção da gravidez* (Rio de Janeiro: Typographia Coelho, 1925), 8; Pimentel, *Estudo psicologico*, 34; Sebastião Raphael Sebas, *Aborto terapeutico* (Rio de Janeiro: Officinas Graphicas do Jornal do Brasil, 1917), 11; Tatsch, *Estudo clinico do aborto*, 26.

inviolability of embryonic life and so strict is the ecclesiastic opinion that it allows for no exceptions [for therapeutic abortions], whatever the indicating morbid situation...the doctrine is erroneous and inhumane.”<sup>148</sup> By not performing the abortion, the physicians would sacrifice two lives instead of one. Science, not the Church, should make this decision. As one medical student argued in 1917 “...[s]ocially, the mother already has her position defined, the ties that bind her to the family are stronger and more necessary than those of this young being[,] almost without life.”<sup>149</sup> What had once been condemned by “religious, moral, and social prejudices,” was by the early-twentieth century accepted practice.<sup>150</sup>

While the medical profession criticized Christianity for supporting the “supposed inviolability of pregnancy,” they believed that Science had triumphed over superstition and was the new religion to be adhered to by all Brazilians.<sup>151</sup> In relation to therapeutic abortion one medical student argued in 1925 that “[n]owadays, fortunately, the religious question is no longer considered. We think that the physician, carrier of the title of priest of Science, absolutely has no right to let himself be taken over by religious scruples that are not those of his priesthood.”<sup>152</sup> While physicians cited religion in their belief that life began at the moment of conception and no

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<sup>148</sup> *Lições de clinica obstetrica*, 2nd ed. (Rio de Janeiro: Livraria Castilho, 1922), 426.

<sup>149</sup> Sebas, *Aborto terapeutico*, 11.

<sup>150</sup> Antunes, *Do aborto criminoso*, 16. See also Godofredo de Carvalho, *Do aborto* (Rio de Janeiro: Papelaria Luiz Macedo, 1914), 39; Edmundo Lima, *Parto prematuro artificial* (Rio de Janeiro: Papelaria Macedos, 1918), 22–23. In the nineteenth century, obstetricians also argued that they should be able to practice therapeutic abortions without stigma. Abreu, *Aborto provocado*, 9; José Maria Pereira Monteiro, *Aborto criminoso* (Rio de Janeiro: Typographia Universal de Laemmert, 1875), 46; Penido, *Do aborto provocado*, 24; Paulino Cyrillo Leão da Silveira, *Do aborto provocado* (Rio de Janeiro: Typographia da Reforma, 1873), 35. For an overview of Catholic thought on therapeutic abortions see Sebas, *Aborto terapeutico*.

<sup>151</sup> Cruz, *O parto prematuro*, 13; Jayme da Silva Oliveira, *Parto provocado* (Rio de Janeiro, 1916), 7.

<sup>152</sup> Sylvio Miraglia, *Indicações da interrupção da gravidez* (Rio de Janeiro: Typographia Coelho, 1925), 8.

one had the right to extinguish that life through an abortion (except a licensed physician), they did not believe religion should influence medical decisions.<sup>153</sup>

When was a therapeutic abortion indicated? Physicians in the 1920s outlined four situations in which the physical health of the mother was in danger. One, in cases of eclampsia (a leading cause of maternal mortality as mentioned earlier). Two, when the woman had an infectious disease such as tuberculosis. Three, in cases of heart conditions that could lead to sudden death during delivery. And four, in cases of possible obstetric hemorrhage such as placenta previa or placental abruption (also a leading cause of maternal death).<sup>154</sup> Despite these indications, physicians pointed out that therapeutic abortions were rarely practiced.<sup>155</sup> In fact, the lack of prenatal care for the majority of the female population coupled with the cultural practice of seeking medical assistance late in labor meant that medical indications for an abortion to save the life of the mother were rarely detected. We must remember that the therapeutic abortions these physicians were discussing almost always occurred very late in the pregnancy, and often during delivery.

One other instance in which the medical community discussed therapeutic abortions was in the case of rape. In 1915, the same year the ANM first issued a statement on criminal abortion, Carioca physicians weighed in on the recent French debate about mass rape in World War I. They discussed whether or not abortion should be allowed in the case of rape, specifically the rape of French women by German soldiers. Obstetricians, medical-legal specialists, and other

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<sup>153</sup> Coêlho, *Defeza da maternidade*, 54.

<sup>154</sup> Azevedo, *Do aborto*, 22–23; Camara, *Do aborto criminoso*, 58; Carvalho, *Do aborto*, 40; Costa, *Restrição*, 154; Magalhães, *Lições*, 429–38; Mattos, *Aborto criminoso*, 34; Miraglia, *Interrupção da gravidez*, 9; Pimentel, *Estudo psicológico*, 35; Tatsch, *Estudo clínico do aborto*, 27–34. Physicians also began detailing how to perform therapeutic abortions. Silva, *Interrupção terapeutica*.

<sup>155</sup> Alvaro Augusto de Andrade, *Tratamento do aborto infectado* (Rio de Janeiro: Jornal do Commercio de Rodrigues, 1919), 6.

physicians responded to the question in a session of the ANM.<sup>156</sup> Of the eight physicians who participated in the debate, five firmly opposed therapeutic abortions in the case of rape. They argued that “civilized” centers that functioned under the rule of law would never allow such an exception.<sup>157</sup> For example, Dr. A. Quintella contended that a physician who performed an abortion in the case of rape was acting on “sentimental” or irrational reasons. It was the nation’s duty to “protect and help...the lives of these unfortunate little children.”<sup>158</sup>

Two of the physicians supported abortions in the case of rape, but they justified their position by affirming women’s natural maternal instincts.<sup>159</sup> Dr. A.M. Teixeira, for example, argued that the French women raped during World War I continued to express maternal love despite their tragic plight. He argued that French women did not practice birth control (an opinion that was contrary to common belief at the time on both sides of the Atlantic Ocean), and thus they obviously embraced motherhood and should not have to carry to term a child conceived through rape. In doing so, Teixeira centered women’s experiences in his analysis of the situation, an uncommon position for physicians at the time. Wrote Teixeira: “Can the physician not think like the poor mother, can the physician not think like the disgraced virgin, he has all his good reasons supported by his studies, but who suffers, who is tortured, is she, the unfortunate one.”<sup>160</sup> Nevertheless, Teixeira only privileged the experiences of certain women, who, as dutiful wives and mothers or virgins, conformed to patriarchal notions of female honor.

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<sup>156</sup> Rohden, *A arte de enganar a natureza*, 89–97.

<sup>157</sup> See Dr. Ernesto Nascimento e Silva, Dr. Queiroz Barros, Dr. Afrânio Peixoto, and Dr. Rocha Faria in “A questão do aborto,” 1915, 117–21; and Dr. A. Quintella in “A questão do aborto,” 1915, 145–54.

<sup>158</sup> Academia Nacional de Medicina, “A questão do aborto,” 1915, 145–46.

<sup>159</sup> See Dr. Miguel Couto and Dr. A.M. Teixeira in “A questão do aborto,” 1915, 117–21; “A questão do aborto,” 1915, 145–54.

<sup>160</sup> Academia Nacional de Medicina, “A questão do aborto,” 1915, 120. In the same issue, Miguel Couto also supported women’s ability to make their own decision. *Ibid.*, 118.



On the surface, Teixeira provided women with self-autonomy and decision-making capabilities, but his underlying argument still upheld the idea that women were only worth “saving” if they followed traditional gender roles and patterns of sexual behavior. In fact, Teixeira believed that a woman’s morality was the basis of her rational decision-making capabilities: “The moral sense of these women is all theirs—her morality is the fruit of her reasoning...her physical activity is influenced by and subject to the vision of her martyrdom.”<sup>161</sup> As we will see, this medical idea—that acting in defense of one’s honor was rational—was reiterated in judicial decisions.

Moreover, Teixeira upheld eugenic ideals in his discussion of therapeutic abortion in the case of rape. Children were the future of not only the individual family but also the nation. An unwanted child, not brought up within the tenets of scientific motherhood, would be a dangerous addition to the Brazilian population.<sup>162</sup> One leading physician, Erico Coelho, also supported this position in his 1915 lecture to the Rio de Janeiro Medical School. Coelho argued that the famed Italian criminologist Cesare Lombroso identified male rapists as “degenerates.” To force a woman to bring to term a child of a degenerate was to poison the future generations.<sup>163</sup> And Teixeira by no means supported abortion in any other case. To not want a child was an abomination and against criminal laws and the “laws of nature.”

The last physician who participated in the debate, the famed medical-legal physician Dr. Souza Lima, presented a more nuanced approach. He believed that because French women could not defend their lost honor in the courts—as these were mass crimes committed during a period of war—women should have the right to a therapeutic abortion. He believed in the very specific application of the rape exception, only within the context of war in which normal judicial

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<sup>161</sup> A.M. Teixeira in Academia Nacional de Medicina, “A questão do aborto,” 1915, 154.

<sup>162</sup> *Ibid.*, 149.

<sup>163</sup> Erico Marinho da Gama Coelho, *A mulher e a guerra* (Rio de Janeiro: Imprensa Nacional, 1916), 39.

avenues for defending one's honor were unavailable.<sup>164</sup> If the rape did not occur during wartime, Souza Lima did not believe a therapeutic abortion was permissible.

In the debate, physicians also disputed the definition of "health." Many of the physicians who supported abortion in the case of rape believed that a danger to a woman's health also included her mental well-being. They argued that if a woman was going to commit suicide due to her rape and unwanted pregnancy, she should have access to a therapeutic abortion.<sup>165</sup> Physicians that condemned therapeutic abortion in the case of rape believed that the definition of health was restricted to the physical body. Despite their lack of agreement in regards to rape and abortion, physicians still wholeheartedly agreed about their right to practice therapeutic abortions to save the mother's life if her physical health was in danger. In doing so, physicians further cemented their singular position as holders and practitioners of medical knowledge.

Despite their support of medically-controlled therapeutic abortions and their valorization of maternal life, by the 1920s physicians had begun to argue that fetal life began at the moment of conception. Thus, the fetus should have full societal protection.<sup>166</sup> The rise of eugenics, changes in legal jurisprudence, and advances in medical techniques all contributed to physicians' increased valuation of fetal life. First, the field of obstetrics shifted its focus from the individual mother to the "future" of the Brazilian race.<sup>167</sup> While the state needed to initiate this protection through the mother, the "the true tabernacle in which lives the sacred deposit," to ensure a strong

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<sup>164</sup> Dr. Souza Lima Academia Nacional de Medicina, "A questão do aborto," *Revista Syniátrica* 8, no. 12 (1915): 177-79.

<sup>165</sup> See for example A.M. Teixeira in Academia Nacional de Medicina, "A questão do aborto," 1915, 148-49. Also Miraglia, *Interrupção da gravidez*, 9.

<sup>166</sup> Baptista, *Da protecção á primeira infancia*, 5. In fact, this increased emphasis on the fetus was one of the driving forces behind physicians' attempts to inculcate the need for prenatal care in the cultural logic of Brazilian women. Martins, *Visões do feminino*, 198.

<sup>167</sup> Martins, *Visões do feminino*, 192.

nation they also needed to protect the fetus.<sup>168</sup> For example, one 1923 medical dissertation supported the increased criminalization of abortion, arguing that in doing so, physicians were protecting the life of the embryo: “In addition to the repression of a crime...we would be protecting new lives threatened by the criminal actions of unscrupulous individuals. The life that we intend to protect, while still in its embryonic stages, is worthy of our...help.<sup>169</sup>

Second, Brazilian civil law changed to include the protection of fetal rights in the second decade of the twentieth century. Article 4 of Brazil’s 1916 Civil Code stated that “The civil personality of man commences at his birth with life; but the Law protects the rights of the unborn person [*nascituro*] from his conception.”<sup>170</sup> While only birth turned a fetus into a subject with rights and duties, the Code still afforded the unborn child full legal protection.<sup>171</sup> Clóvis Beviláqua, the jurist who crafted the 1916 Code, contended that a “natural” person was a subject with laws and duties, and that birth was the moment in which the human’s personality was consolidated, as it marked the beginning of juridical life.<sup>172</sup> Yet, physicians believed that the law determined that life began at conception, and the state had the duty to protect the unborn fetus.<sup>173</sup>

Third, medical advances in cesarean section techniques allowed physicians to begin to contemplate saving the life of both the mother and the fetus in a medical emergency. In the

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<sup>168</sup> Baptista, *Da protecção á primeira infancia*, 5.

<sup>169</sup> Mattos, *Aborto criminoso*, 46. See also Silva, “Reprodução, sexualidade e poder,” 1251.

<sup>170</sup> Clovis Beviláqua, *The Civil Code of Brazil*, trans. Joseph Wheeler (New York: Aldao, Campos & Gil, 1920), 5; Clovis Beviláqua, *Código Civil dos Estados Unidos do Brasil*, 6th ed. (Rio de Janeiro: Editora Rio, 1976), 176–77. This text would remain in place until 2002, when Brazil’s new Civil Code was passed. The new Code, however, did not change this clause. Luís Roberto Barroso, “Gestação dos fetos anencefálicos e pesquisas com células-tronco: dois temas acerca da vida e da dignidade na Constituição,” *Panóptica* 1, no. 7 (2007): 22.

<sup>171</sup> Barroso, “Gestação dos fetos anencefálicos,” 22.

<sup>172</sup> Aline Albuquerque S. de Oliveira, Sandra Montenegro, and Volnei Garrafa, “Supremo Tribunal Federal do Brasil e o aborto do anencéfalo,” *Bioética* 13, no. 1 (2005): 85–86.

<sup>173</sup> Moacyr Ferreira da Silva, *Das embriotomias* (Rio de Janeiro: Typ. Vasconcellos, 1926), 21.

nineteenth century, without prenatal care, therapeutic abortions were almost always performed late in the third trimester or even during delivery, when the mother's life was in danger and there was no way to save both her and the fetus. These procedures were called craniotomy or embryotomy and were performed on both live and dead infants. The former was a "lessening of the head" in which the skull was punctured to reduce its volume and remove it from the vaginal canal. An embryotomy was a procedure in which the fetus was dismembered *in utero* and taken out in pieces.<sup>174</sup> In Brazil, cesarean sections—before improved surgical techniques in the 1920s, the advent of blood transfusions in the 1930s, and antibiotics in the 1940s—were only permissible if the mother was already dead, and the child was still alive and needed to be delivered.<sup>175</sup> This debate upheld the view physicians held towards necessary or "therapeutic" abortion: if one had to choose between the fetus and the mother, he should always save the mother.<sup>176</sup> But as cesarean sections became safer, physicians began to condemn embryotomies performed on live fetuses.<sup>177</sup> Magalhães, who championed safer cesarean techniques in Brazil beginning in 1915, completely condemned embryotomy performed on live fetuses in 1922, arguing that it should be abolished from obstetric practice in Brazil.<sup>178</sup> While he supported his belief that fetal life was not inviolable—seen in his support of therapeutic abortions—he argued

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<sup>174</sup> Loudon, *Death in Childbirth*, 132–35; Reagan, *When Abortion Was a Crime*, 66–67; Woods, *Death Before Birth*, 254. For Brazil specifically see Rohden, *Uma ciência da diferença*, 63, 74.

<sup>175</sup> For the medical indications that called for a cesarean section see Cruz, *O parto prematuro*, 12.

<sup>176</sup> Martinho Palmerston Ribeiro Guimarães, *Embryotomia* (Rio de Janeiro: Typ. de Miranda & Almeida, 1884), 2; Adolpho Martins de Oliveira, *Paralelo entre a embryotomia e a operação cesariana* (Rio de Janeiro: Typographia Universal de Laemmert, 1872), 24, 27, 34, 36.

<sup>177</sup> Costa, *Restrição*, 154–55. For embryotomies on dead fetuses see Silva, *Das embryotomias*, 21; Affonso Pimentel de Ulhôa, *Baseotripsia* (Rio de Janeiro: Leuzinger, 1918), 6.

<sup>178</sup> On Magalhães and cesarean sections see Martins, *Visões do feminino*, 194–95, 206.

that an embryotomy on a live fetus was a criminal procedure. “Because the fetus inside the uterus is someone... a natural person... the subject of rights; it is not a *thing*.”<sup>179</sup>

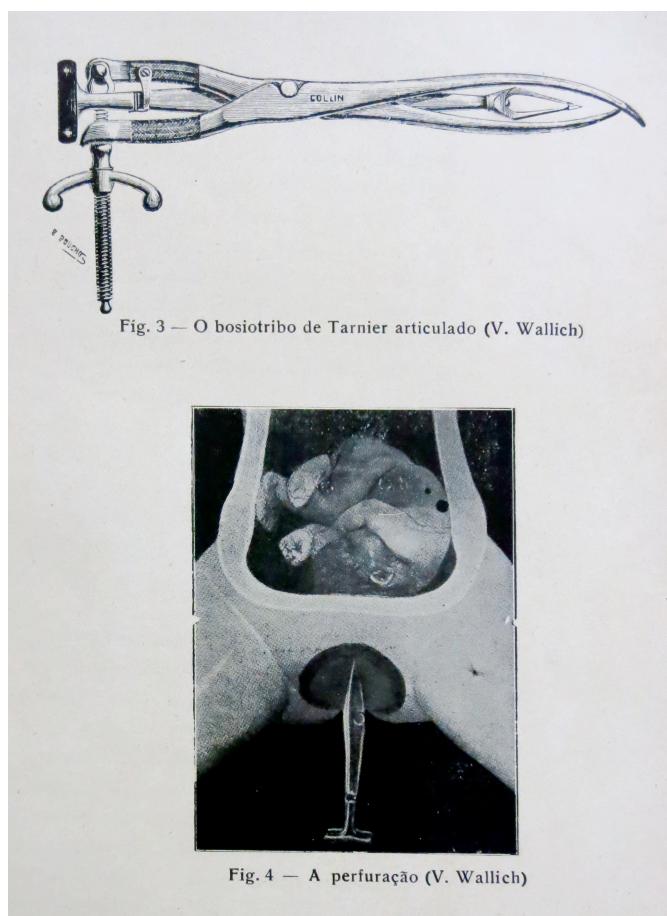


IMAGE 5: *The tools and procedure of an embryotomy.*

Source: José Juliano Vanzolini, *Da embryotomia* (Rio de Janeiro: Typ. Barberó, 1914).

In fact, the debate about when life began and whose life held more value was a prominent feature of the ANM’s larger discussion of how to combat illegal abortion.<sup>180</sup> Fernando Magalhães, basing his argument in the Civil Code, contended that because the Code declared that

<sup>179</sup> Magalhães, *Lições*, 444.

<sup>180</sup> See for example the heated discussion between Drs. Dias de Barros and Carlos Seidel in Academia Nacional de Medicina, “A questão medico-legal,” 1920. Not all physicians supported the view that an embryo had civil rights. Julio Novaes, who represented the most pro-Malthusian camp, demonstrated that among the Western scientific community, this view was far from hegemonic. He cited the German school, which believed that a fertilized egg did not have ownership rights. He believed that an embryo or fetus did not have civil rights until its birth. Julio Novaes in Academia Nacional de Medicina, “A questão medico-legal,” 1920, 279; Idem in Academia Nacional de Medicina, “A questão medico-legal,” 1921, 242–45.

the civil personality of a human began at conception, the fetus was “clearly” a person. He argued that even the 1871 Law of the Free Womb, which had freed the unborn children of enslaved women, demonstrated this fact.<sup>181</sup> Magalhães did not simply believe that physicians had to defend the unborn child because of their individual rights, however. In line with the eugenic thinking of the time, he presented the protection of fetal rights as important to the future of the Brazilian nation: “Abortion is a great evil, an epidemic of large degradation, contagious due to the example of its impunity, deadly due to its sacrifice of embryonic life. This embryonic life is the seed of the nation, its future, its guarantee.”<sup>182</sup>

In this sense, physicians’ growing emphasis on the legal rights of the fetus stood parallel to religious views on the meaning of life.<sup>183</sup> Despite their fervent belief that religion had no place in medical practice, their views actually evolved to stand closer to the Catholic Church’s as the decades passed. Early Christian thinkers believed that since the fetus only acquired a soul at “quickening” or when the first fetal movements were felt, abortion was a lesser sin of adultery and not murder. In 1869, however, the Church posited that life began at the moment of conception and thus condemned abortion as murder. In 1895, the Church denounced therapeutic abortion.<sup>184</sup> Like the Church, physicians increasingly valued fetal life over time, which complicated medical views on therapeutic abortions. Nevertheless, in the early-twentieth century, the obstetric profession never concluded that a fetus’s civil rights superseded those of its mother. Rather, they changed their support of certain medical techniques.

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<sup>181</sup> In Academia Nacional de Medicina, “A questão medico-legal,” 1921, 67–68.

<sup>182</sup> In Academia Nacional de Medicina, “A questão medico-legal,” 1921, 205.

<sup>183</sup> Mattos, *Aborto criminoso*, 48.

<sup>184</sup> Reagan, *When Abortion Was a Crime*, 7; Sebas, *Aborto terapeutico*.

## Conclusion

As historians have demonstrated, the medical profession's focus on the Brazilian family gained force throughout the nineteenth century. This attention only increased after the abolition of slavery and the onset of the First Republic, and it became institutionalized into national state policy during Vargas's *Estado Novo* (1937-1945). Physicians' writings about and intervention in the family centered on women—as reproducers of the Brazilian nation. It was through women that doctors would mold the new generation of citizens. Medicine incorporated centuries-old Catholic ideas on traditional gender roles and the family that relegated women to their functions as wives and mothers. While medical discussions integrated religious values in their rhetoric, they did not explicitly invoke religion. Rather, they used their “rational” scientific knowledge to usurp power from the Catholic Church and become the authority on reproduction and the family in the public sphere. The medical profession became an ally in the transference of patriarchy—and its control over women's reproduction—from the family to the state.

Physicians' efforts converged in the rise of “scientific” motherhood in the 1920s, which purported to use clinical data and scientific reason to teach mothers how to properly raise their children for the good of the family and the nation. This movement was influenced first by scientific racism and then positive eugenic ideas that permeated medical and legal teachings. What started as a complete condemnation of racial mixing and a pessimistic view of the future of the Brazilian “race” due to the high percentage of people of African descent shifted into an embrace of miscegenation based in whitening ideals in the 1910s and 1920s. Physicians supported the idea that interracial sex would eventually lead to the whitening of the Brazilian populace. This belief constructed the framework for the later thesis of “racial democracy” that celebrated Brazil's African culture without dismantling social and racial hierarchies. These

beliefs, in conjunction with the Brazilian neo-Lamarckian eugenics movement, which emphasized the influence of environment and behavior, meant that physicians supported the reproduction of the entire population, no matter one's class or race. Thus, it also reinforced the patriarchal condemnation of contraception and abortion. The few instances in which physicians supported the limited use of non-permanent methods of contraception and therapeutic abortions unveiled more about the consolidation of medical authority rather than the acceptance that women should make decisions about their fertility. Physicians' condemnation of abortion incorporated Catholic views on procreation and harnessed them for the good of the state, while using them to consolidate their scientific authority both in public and in women's private lives.

In this patriarchal and racist medical milieu, everyday citizens contended with non-sanctioned forms of sex and reproduction on a daily basis. In this next chapter, we will see how dominant ideas of race and gender influenced how lower-class Cariocas viewed and responded to fertility control through the lens of gossip and denunciation.



## Chapter Three

### *Ouvi Dizer: Gossip, Denunciation, and Gendered Forms of Power*

In late May of 1915, the police arrested Evanina dos Santos and Inascia Maria do Nascimento.<sup>1</sup> Both the city's Chief of Police and the local precinct chief had received denunciations that Santos had had an abortion after which Nascimento had buried the fetus in a nearby hill.<sup>2</sup> The district police chief argued that because of "the grave accusation" of abortion and because the "the press made [a] great clamor about the accusation," he had been forced "to act with force and security," arresting the two women, performing a pelvic exam on Santos, and excavating the alleged burial location. The entire process turned out to be a cruel hoax, as the pelvic exam demonstrated that Santos had never been pregnant and the excavation uncovered a small doll buried in the hillside. The police records do not explain why the denouncer, the male owner of the land where the doll was buried, made the false accusations. But he clearly tapped into police and judicial anxiety about female fertility control, and his actions were far reaching.

Twenty years later, another abortion denunciation caught the police's attention. In 1936, a man alerted the police that two of his female neighbors had buried a fetus in a nearby hill.<sup>3</sup> The police questioned Maria de Lourdes da Silva, who testified that she had sought out a midwife for "stomach pains." Silva took the medicine prescribed to her and later aborted a two- to three-month-old fetus alone at home. Feeling sick and weak, Silva asked two female neighbors to bury

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<sup>1</sup> (AN) CS.HCO.1602 (1915).

<sup>2</sup> Anonymous written denunciations were sent to the Chief of Police with some regularity. Marcos Luiz Bretas, *A guerra das ruas: povo e polícia na cidade do Rio de Janeiro* (Rio de Janeiro: Arquivo Nacional, 1997), 75–77; Martine Jean, "Guardians of Order: Police and Society in Rio de Janeiro, Brazil, 1902-1930" (PhD diss, Yale University, 2010), 106–16. Analyzing administrative police documents from the Chief of Police's office, Martine Jean argues that citizens chose to make accusations directly to the Chief of Police rather than the local district police chief. But a look at the districts' daily logbooks and police investigations demonstrates differently. It seems citizens resorted to both local and citywide authorities.

<sup>3</sup> (AN) CS.0.IQP.7444 (1936). See also Soihet, *Condição feminina*, 145.

the fetus behind the house. Silva told the police “that the abortion and consequent burial of the fetus was brought to the Police’s attention as an act of vengeance by an individual named Antonio, resident of the same street...who had an issue with [Silva’s female neighbors], and decided to denounce their actions to a police official.” Here, the vengeance and denunciation of one male neighbor coexisted with female solidarity. Again, the police responded to the denunciation initiated by a male neighbor and investigated the women.

In early-twentieth-century Rio de Janeiro, gossip about and denunciations of fertility control represented the circulation and subsequent consolidation of ideas on proper female sexuality and sexual honor.<sup>4</sup> The public imagination associated abortion and infanticide with clandestine and thus “immoral” sex, and gossip solidified those moral boundaries in the public sphere. This chapter argues that accusations of fertility control not only cemented public opinions about female sexual morality but also revealed the ways in which Brazilians, particularly Cariocas of the popular classes, negotiated civic participation. While the First Republic did not allow women or the impoverished to vote, post-abolition Brazil still held the promise of increased mobility and access to political and economic power through the implementation of wage labor and the adoption of symbolic democratic principles. Through gossip about and denunciation of fertility control, the city’s residents both challenged and upheld state restrictions. The reinforcement of constricted notions of honor based on female sexuality and racial hierarchies worked to contract the expansion of those freedoms. Yet at the same time, in a period when most of the popular classes were illiterate and disenfranchised, denouncing other women for infanticide or abortion might have been the only chance working-class women

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<sup>4</sup> Sociologists have argued that in societies organized around the importance of the “gendered performance of sexuality,” gossip centers on sexual behavior. Sally Engle Merry, “Rethinking Gossip and Scandal,” in *Reputation: Studies in the Voluntary Elicitation of Good Conduct*, ed. Daniel B. Klein (Ann Harbor: The University of Michigan Press, 1997), 53.

and men had to assert their authority in the public sphere. According to Jürgen Habermas, the public sphere is “an institutionalized arena of discursive interaction.”<sup>5</sup> While this “discursive” space is separate from the state (and in fact can facilitate discourse that is critical to state structures), here, denunciations of fertility control functioned as a bridge for the poor, especially women, to participate in state life. Because the state paid attention to these claims, denunciations both bestowed civic recognition on denouncers and bolstered official control.<sup>6</sup>

But did popular denunciations of fertility control imply that the people denouncing these practices believed what they were saying? Employing Antonio Gramsci’s definition of hegemony can help us understand how this elite “worldview” became “common sense” among the popular classes. Carl Boggs describes Gramsci’s concept of hegemony as

the permeation throughout civil society...of an entire system of values, attitudes, beliefs, morality, etc. that is in one way or another supportive of the established order and the class interests that dominate it. Hegemony in this sense might be defined as an ‘organizing principle’, or world-view...that is diffused by agencies of ideological control and socialization into every area of daily life. To the extent that this prevailing consciousness is internalized by the broad masses, it becomes part of ‘common sense’; as all ruling elites seek to perpetuate their power, wealth, and status, they necessarily attempt to popularize their own philosophy, culture, morality, etc. and render them unchallengeable, part of the natural order of things.<sup>7</sup>

If these denunciations were demonstrations of elite hegemony over the lower classes, gossip about fertility control revealed that the city’s poor residents had internalized elite attitudes and were reinscribing bourgeois notions of respectability. But perhaps gossip and denunciation were conscious manipulations of this hegemonic ideology to accrue social capital within their

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<sup>5</sup> *The Structural Transformation of the Public Sphere: An Inquiry into a Category of Bourgeois Society*, trans. Thomas Burger and Frederick Lawrence (Cambridge, MA: The MIT Press, 1989). The quote is from Nancy Fraser, “Rethinking the Public Sphere: A Contribution to the Critique of Actually Existing Democracy,” *Social Text*, no. 25/26 (1990): 57.

<sup>6</sup> For a discussion of how abortion complicates our understanding of public versus private see Reagan, *When Abortion Was a Crime*, 2–3.

<sup>7</sup> *Gramsci’s Marxism* (London: Pluto Press, 1976), 39.

communities, using idioms of family and respectability to do so.<sup>8</sup> Gossip and denunciation of fertility control could have been an interplay of the two, with the lower classes both believing hegemonic ideas of race, class, and sexuality and consciously using those for personal gain.

Historiography of the Old Republic in Brazil has been concerned with the values and ideologies of the urban poor and working classes. Scholars have worked to demonstrate that the poor in Rio de Janeiro expressed different values than those prescribed in a top-down manner by the state.<sup>9</sup> For example, historians studying fertility control have shown how legal and medical discourses created legitimate modes of behavior that decidedly placed abortion and infanticide, seen as practices of the “popular classes,” outside its limits.<sup>10</sup> Yet other scholars also have highlighted that the working class could simultaneously express or reproduce some of those same ideologies and prejudices.<sup>11</sup> In this sense, female-initiated or intra-class denunciations of purported reproductive crimes contradicts the view that it was the law in and of itself that created a disciplinary structure surrounding fertility control. Denunciations of reproductive crimes demonstrate that denouncers both viewed certain actions as improper female behavior and knew the police took those accusations seriously and employed considerable manpower to investigate the event.<sup>12</sup> In this case, the sexual and gender morals of both the state, represented by the police,

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<sup>8</sup> On social honor and capital see Pierre Bourdieu, *Outline of a Theory of Practice* (Cambridge: Cambridge University Press, 1977); Idem, “The Forms of Capital,” in *Readings in Economic Sociology* (Malden, MA: Blackwell Publishers Inc., 2002), 280–91.

<sup>9</sup> Engel, “Paixão, crime e relações de gênero”; Esteves, *Meninas perdidas*; Soihet, *Condição feminina*.

<sup>10</sup> Rodrigues, “Os crimes das mulheres,” 135. Fabíola Rohden argues that medical and judicial preoccupation with “popular” practices of abortion and infanticide could have stemmed from the visibility of these practices in the lower classes. Middle- and upper-class women could more easily hide their recourse to abortion. *A arte de enganar a natureza*, 124–25.

<sup>11</sup> Caulfield, *In Defense of Honor*, 107, 171; Chalhoub, *Trabalho, lar e botequim*, 149; Esteves, *Meninas perdidas*, 117–25; Jean, “Guardians of Order,” 108–20; Rodrigues, “Os crimes das mulheres,” 142.

<sup>12</sup> As Marcos Bretas writes, “The policing of sexual behavior illustrates the role of both the police and citizens in the enforcement of laws and social values.” “The Sovereign’s Vigilant Eye? Daily Policing and Women in Rio de Janeiro, 1907-1930,” *Crime, Histoire & Sociétés/Crime, History & Societies* 2, no. 2 (1998): 58. Mary del Priore

and its lower-class citizens converged in the accusation, investigation, and social shaming of these women. This was not a top-down implementation of medical and legal discourses condemning abortion and infanticide, but rather a recreation of that disciplinary rhetoric within the same social class.<sup>13</sup>

This community scrutiny is an example of what Michel Foucault calls “the panopticism of every day.”<sup>14</sup> For Foucault, there is no limit to legal-judicial practices because they are internalized in its subjects:

Power is exercised rather than possessed; it is not the ‘privilege’, acquired or preserved, of the dominant class, but the overall effect of its strategic positions—an effect that is manifested and sometimes extended by the position of those who are dominated. Furthermore, this power is not exercised simply as an obligation or a prohibition on those who ‘do not have it’; it invests them, is transmitted by them and through them...<sup>15</sup>

Women’s (and men’s) daily negotiations with shifting patriarchal structures led many to internalize the condemnation of any visible manifestations of female control. Sueann Caulfield has contended that all classes shared a common vocabulary of sexual honor—in particular about premarital sex—during this time, and popular practice both reproduced and challenged gendered norms.<sup>16</sup> In fertility control cases, community condemnations mirrored larger political and medical rhetoric and facilitated police inquiries into poor women’s reproductive lives.

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argues that prejudice against women who had abortions was part of daily life since the colonial period. “A árvore e o fruto.” “A árvore e o fruto.”

<sup>13</sup> See also Roselane Neckel et al., “Aborto e infanticídio nos Códigos Penais e nos processos judiciais: a pedagogia de condutas femininas,” in *Práticas proibidas: práticas costumeiras de aborto e infanticídio no século XX*, ed. Joana Maria Pedro (Florianópolis: Cidade Futura, 2003), 90–91.

<sup>14</sup> *Discipline and Punish: The Birth of the Prison*, trans. Alan Sheridan, 2nd ed. (New York: Vintage Books, 1995), 223.

<sup>15</sup> *Ibid.*, 26–27.

<sup>16</sup> Caulfield, *In Defense of Honor*.

Scholars have argued that the controlling forces of gossip and rumor, or “informal” methods of social control weaken as formal institutions take their place.<sup>17</sup> The “informal” speech forms examined here held power because they interacted with a “formal” judicial system. However, while the state pushed to strengthen institutions of social control in the first several decades of the twentieth century, the police force and judicial systems were plagued with bureaucratic inefficiencies that weakened their ability to act as strict enforcers. Additionally, the continuation of poverty allowed for gossip to retain its power of “formal” social control. For example, the poor population’s concentration in informal housing settlements such as *favelas*—geographical territories in which the state, at least until the 1940s, did not intervene—created a fertile environment for mechanisms such as shaming. Gossip, rumor, and denunciation were most prevalent in judicial documents relating to fertility control in the first two decades of the twentieth century. By the 1930s, the presence of “fugitive speech,” while not disappearing, played a less overt role in alerting the state to fertility control.<sup>18</sup> As Vargas consolidated power, he co-opted individual methods of denunciation and institutionalized patriarchal control over women’s reproduction. State officials now made accusations against women.

This chapter explores what denunciations of and gossip about fertility control reveal in relation to the attitudes of lower-class women and their families, and how those attitudes intersected with state practice and ideology. To do so, this chapter first provides the theoretical background to understanding the role of gossip and denunciation in relation to social honor and reputation. It places particular emphasis on the role of urban lower- and working-class living

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<sup>17</sup> Sally Engle Merry argues that “talk, by itself, is far less important in deterring deviance than we imagine. Gossip is often part of larger social processes, however, that lead to the implementation of powerful social, economic and political sanctions.” Merry, “Rethinking Gossip and Scandal,” 48.

<sup>18</sup> This term comes from Lauren Derby, “Beyond Fugitive Speech: Rumor and Affect in Caribbean History,” *Small Axe* 44 (July 2014): 123–44.

conditions in early-Republican Rio de Janeiro as perfect environments in which social discord developed into gossip and denunciation. Then, it analyzes how denunciations were one avenue through which lower-class citizens interacted with the state. These denunciations hinged upon notions of female sexual morality and reinforced patriarchal gender norms. But racial categories also influenced popular understandings of sexual morality. Thus, the chapter discusses how race and sex were intertwined in gossip about fertility control. It then examines how and why gossip became public in the form of denunciations by examining the city's immigrant communities. While gossip and denunciation often sought to scapegoat immigrants, intra-group denunciations underlined the preeminence of gender over nationality in determining group cohesion. Finally, this chapter argues that women were not the only ones who had to defend themselves in reproductive-related gossip. Men employed denunciation to protect their own social honor, threatened by the possibility of female sexual independence through fertility control. In the end, gossip, rumor, and denunciation unveiled the social context of the time. These forms of speech reinforced prevailing notions on gender, sexuality, and race, while also demonstrating the public's increased fears surrounding early-twentieth-century demographic changes. The practices of gossip and denunciation both reinforced elite ideology about female sexuality and served as an avenue for the lower classes, particularly women, to interact with the state.

### **Gossip in Context: Community Formation, Living Spaces, and Urban Poverty**

Beginning in the 1960s, anthropologists included gossip in their analysis of social group behavior. The structural-functionalist approach argued that gossip functioned for the good of the social group by creating moral boundaries and forming group identity. In response, individualists believed that gossip was not in the interest of group formation but rather was an individual

method of communication.<sup>19</sup> More recent scholarship has demonstrated that social context and individual interests are “not mutually exclusive but complementary.”<sup>20</sup> Gossip can serve both to define a group and to further individual interests. What is clear is that gossip creates and exists within what F.G. Bailey terms a “moral community,” or a population with shared values that is “prepared to make moral judgments about one another.”<sup>21</sup> To judge someone, whether positively or negatively, makes both the one passing the judgment and the one being judged part of that community, even if they are subsequently scapegoated. Scholarship has built upon the community-individual paradigm to analyze gossip’s role in relation to perceived aberrant sexual behavior, for instance adultery. Gossip surrounding a specific “scandalous” sexual incident worked in a functionalist sense to solidify the group based on class- and gender-based values.<sup>22</sup> More recent work on gossip has explored the reconfiguration or reinforcement of gender roles in relation the sex trade and the internal policing of female behavior in migrant communities.<sup>23</sup>

Social scientists also have argued that we must take into account both the physical terrain and its accompanying social conventions when considering gossip.<sup>24</sup> The urban living situations

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<sup>19</sup> For the former structural approach see Max Gluckman, “Gossip and Scandal,” *Current Anthropology* 4, no. 3 (June 1963): 307–16; Idem, “Psychological, Sociological and Anthropological Explanations of Witchcraft and Gossip: A Clarification,” *Man* 3, no. 1 (March 1968): 20–34. For the latter individualistic approach see Robert Paine, “What Is Gossip About? An Alternative Hypothesis,” *Man*, New Series, 2, no. 2 (June 1967): 278–85; Idem, “Gossip and Transaction,” *Man* 3, no. 2 (June 1968): 305–8.

<sup>20</sup> Merry, “Rethinking Gossip and Scandal,” 50.

<sup>21</sup> “Gifts and Poison,” in *Gifts and Poison: The Politics of Reputation*, ed. F.G. Bailey (New York: Schocken Books, 1971), 7.

<sup>22</sup> A. L Epstein, *Scenes from African Urban Life: Collected Copperbelt Papers* (Edinburgh: Edinburgh University Press, 1992), Chapter five.

<sup>23</sup> Respectively, Denise Brennan, “Women Work, Men Sponge, and Everyone Gossips: Macho Men and Stigmatized/ing Women in a Sex Tourist Town,” *Anthropological Quarterly* 77, no. 4 (2004): 705–33; Jennifer Cole, “The *Téléphone Malgache*: Transnational Gossip and Social Transformation among Malagasy Marriage Migrants in France,” *American Ethnologist* 41, no. 2 (2014): 276–89.

<sup>24</sup> Erving Goffman, *The Presentation of Self in Everyday Life* (New York: Doubleday, 1990), 227; John C. Hotchkiss, “Children and Conduct in a Ladino Community of Chiapas, Mexico,” *American Anthropologist* 69, no. 6 (1967): 713.



of many of Rio de Janeiro's residents were key in providing the necessary community context in which these modes of speech flourished. While some scholars have seen small towns as more conducive to the spread of gossip due to the tight-knit community structure, Sally Engle argues that the makeup of the surrounding social network is more important than the size of the community. "Gossip flourishes in close-knit, highly connected social networks but atrophies in loose-knit, unconnected ones."<sup>25</sup> When urban environments house closely-connected networks with economic and social ties, gossip successfully functions as in rural communities.<sup>26</sup> I argue that crowded tenement and *favela* housing functioned as a small town within a large "anonymous" city. Everyone knew everyone else by virtue of proximity, and this provided the perfect physical and social space for the creation and circulation of gossip and denunciation.<sup>27</sup>

In early-twentieth-century Rio de Janeiro, collective housing units were the norm for poor residents. These crowded living spaces did not leave much room for control over one's reputation, or what Erving Goffman has termed "the arts of impression management."<sup>28</sup> It was easy for private information to become public and potentially damage one's social standing.<sup>29</sup> Scholars have demonstrated how living situations in the city "precluded any ordinary standard of

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<sup>25</sup> Merry, "Rethinking Gossip and Scandal," 52. For scholars who have placed emphasis on small towns see Jean-Noël Kapferer, *Rumors: Uses, Interpretations, and Images* (New Brunswick, NJ: Transaction Publishers, 2013), 170.

<sup>26</sup> "Rethinking Gossip and Scandal," 64.

<sup>27</sup> Similarly, Camillia Cowling demonstrates how enslaved and free(d) women of color during late-nineteenth-century Rio de Janeiro employed rumor and gossip to stake claims over space and property. *Conceiving Freedom*, 145–48, 180–82.

<sup>28</sup> *The Presentation of Self*, Chapter six; *Stigma: Notes on the Management of Spoiled Identity* (New York: Prentice Hall, 1963), 130.

<sup>29</sup> As Hotchkiss contends, "Information about oneself that becomes a topic of general gossip has escaped one's control. It might be used in ways that are damaging to one's reputation." "Children and Conduct," 713.

privacy.”<sup>30</sup> In particular, housing arrangements in the first several decades of the twentieth century did not allow for personal privacy, telling when we remember homebirths were the norm for the majority of the population. A homebirth or infanticide did not go unnoticed in a building where 343 residents shared six latrines.<sup>31</sup> For instance, in one 1905 investigation, neighbors easily found the cadaver of a newborn discarded in the backyard of a tenement-style house.<sup>32</sup> The police questioned all of the residents, and while the investigation never clarified the circumstances surrounding the infant’s death, the police chief’s remarks provide a brief yet evocative glimpse into the living situations of many Carioca residents at the turn-of-the century:

One should note that the indicated...is an old country house [*chácara*] from the middle of the last century; with an infiniteness of rooms, bedrooms, hallways, yards [*áreas*] and outhouses [*dependências*] of all types: a *cortiço* full of intrigues. It is situated on a hill [*morro*], and, in order to enter it, one must know the various stairways that give access to the diverse levels in which the building is divided. The backyard [where the cadaver was found] is...extensive...[and] goes up the *morro*; an uncouth and abandoned land.

It was in this boarding house that the accused female Deodelinda Cardozo supposedly gave birth with the help of her two female roommates and where the women discarded the cadaver. The close living quarters facilitated the neighbors’ knowledge of the event.

Overpopulated collective housing had been a Carioca reality since the Empire, but in the first ten years of the Republic, particularly in the central zones of the city, construction of these slum-like apartments increased.<sup>33</sup> Housing for the urban poor first consisted of cramped and unhygienic communal housing arrangements in the form of *casas de comodors* (boarding houses), *cortiços*, and *estalagens* (both tenement-style housing). Single-family homes were only options

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<sup>30</sup> Sandra Lauderdale Graham, “Making the Private Public: A Brazilian Perspective,” *Journal of Women’s History* 15, no. 1 (2003): 30. See also Soihet, *Condição feminina*, 151.

<sup>31</sup> These numbers come from Graham, “Making the Private Public,” 30; Idem *House and Street*, 121.

<sup>32</sup> (AN) T8.0.IQP.1773 (1905).

<sup>33</sup> Jaime L. Benchimol, *Pereira Passos, um Haussmann tropical: a renovação urbana da cidade do Rio de Janeiro no início do século XX* (Rio de Janeiro: Prefeitura da Cidade do Rio de Janeiro, 1990), 181–83.

for the middle and upper classes.<sup>34</sup> Sam Adamo argues that a hierarchy of lower-class housing existed in the early-twentieth century. In terms of collective housing, *cortiços* and *estalagens* were the best housing for the working poor, while *casas de comodors*, due to the transient nature of the tenants, and *favelas* were a step down.<sup>35</sup> Collective housing consisted of a group of small rooms called *casinhas* lining a long hallway with a central patio and one street exit. Residents shared bathrooms and wash tanks.<sup>36</sup> Collective housing often had piped water while *favelas* did not, but all areas were hotspots of infectious diseases such as typhoid fever, tuberculosis, whooping cough, measles, and malaria.<sup>37</sup> For their part, elites and authorities viewed collective housing as centers of immoral behavior.<sup>38</sup> In 1906, one city official described an *estalagem* as a crowded row of *casinhas* with a shared living room “where one eats, one irons clothes, one sews, one slanders their neighbors.”<sup>39</sup> It is interesting to note that the official spoke in gendered terms, as ironing and sewing were women’s tasks. Elites viewed gossip as a woman’s pastime.

In response to the expansion in collective housing in the 1890s, Rio de Janeiro’s mayor Francisco Pereira Passos (1902-1906) destroyed tenement housing in the center of the city, pushing lower-class residents into the surrounding suburbs and to a lesser extent into the hillside

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<sup>34</sup> Adamo, “The Broken Promise,” 31.

<sup>35</sup> Ibid. See also Soihet, *Condição feminina*, 142–43.

<sup>36</sup> Adamo, “The Broken Promise,” 32; Soihet, *Condição feminina*, 143. See also (AN) T8.0.PCR.825 (1901).

<sup>37</sup> Adamo, “The Broken Promise,” 3, 33–34.

<sup>38</sup> Esteves, *Meninas perdidas*, 71–72; Jean, “Guardians of Order,” 109–11; Teresa A. Meade, “Civilizing” Rio: *Reform and Resistance in a Brazilian City, 1889-1930* (University Park: Pennsylvania State University Press, 1997), 66–69. This was apparently the case since the 1880s. Graham, *House and Street*, 116–17. Popular literature also portrayed collective housing as centers of vice and disorder. Aluísio Azevedo, *O cortiço* (Rio de Janeiro: Saraiva, 2001); Luiz Edmundo, *O Rio de Janeiro do meu tempo*, vol. 1, 2 vols. (Rio de Janeiro: Imprensa Nacional, 1938).

<sup>39</sup> Everardo Backheuser, *Habitações populares* (Rio de Janeiro: Imprensa Nacional, 1906), 109.

*favelas*.<sup>40</sup> While the Passos reforms demolished a considerable number of collective arrangements, this type of housing still predominated central and suburban areas after Passos's time in power. Sidney Chalhoub argues that housing options after the Passos reforms still completely lacked in personal privacy, which, although a middle-class ideal in-and-of-itself, is telling in the realm of childbirth and fertility control.<sup>41</sup> During the Vargas years, these modes of speech fade away from the judicial documents of abortion and infanticide. Perhaps the destruction of collective housing and the population's spreading to the suburbs and *favelas* dispersed the crowded hubs in which rumormongering thrived. Gossip that resulted in formal state action was more common in crowded collective housing than in *favelas* during the nascent period of the latter's growth (1890-1920). While the state had no qualms with direct intervention into *cortiços* and *estalagens*, *favelas* proved a more treacherous intervention, and the police steered clear.<sup>42</sup> But, through the expansion of state services, Vargas also co-opted the act of denunciation, as public health officials and physicians took on the role of denouncer.<sup>43</sup>

Denunciations were not restricted to fertility control practices during the first decades of the First Republic. For example, the public condemned other forms of overt sexuality, particularly prostitution. While the Pereira Passos reforms of the early-twentieth century forcibly

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<sup>40</sup> Benchimol, *Pereira Passos*, 260–68, 286–94; Fischer, *A Poverty of Rights*, 35–38; Meade, “Civilizing” *Rio*, 123–25. The expansion of rail lines into the suburban areas made this move possible in the 1910s and 20s. Adamo, “The Broken Promise,” 37; Meade, “Civilizing” *Rio*, 79–82. Suburban train lines had connected rural areas to urban ones since the mid-nineteenth century, but their construction accelerated after 1890. Abreu, *Evolução urbana do Rio de Janeiro*, 50. While *favelas* existed since the beginning of the Republican period, and they increased in size after the Passos reforms, the majority of the population moved to the suburbs. *Favelas* would begin to grow exponentially in the 1940s, with the move of jobs to suburban areas and the development of the city's South Zone. *Ibid.*, 66, 95, 108.

<sup>41</sup> Chalhoub, *Trabalho, lar e botequim*, 143.

<sup>42</sup> See (AN) CS.0.IQP.3426 (1923). *Cortiços* were the first locations of direct state intervention into the lives of the urban poor, beginning with Mayor Barata Ribeiro's destruction of the famous “Cabeça de Porco” *cortiço* in 1893. Abreu, *Evolução urbana do Rio de Janeiro*, 50.

<sup>43</sup> See (AN) CT, Cx.1928 N.60 (1931); (AN) CS.0.IQP.6612 (1931); (AN) CT, Cx.2010 N.535 (1933); (AN) CS.0.IQP.7229 (1935); (AN) CS.0.IQP.7592 (1936).

removed the visible forms of prostitution from the city center, prostitution was never criminalized (although pimping was), and so the fight over public “decency” continued throughout the early-twentieth century.<sup>44</sup> And many residents supported the persecution of more blatant aspects of female sexuality, sending denunciation letters to the police about scandalous scenes in their neighborhood.<sup>45</sup> These denunciations drew rigid moral and geographic boundaries surrounding sexual behavior. Amy Chazkel has argued that denunciations involving the public sphere in the late Empire and early-First Republic implied that citizens of all classes “participated in the negotiation of normative ideas about the city.”<sup>46</sup> Chazkel has demonstrated that private citizens denounced their neighbors to the police to further their own self interests on issues surrounding the illegal lottery game, the *jogo do bicho*, particularly to control petty commerce and the use of public space.<sup>47</sup> Accusations that pivoted on ideas of the proper use of public space highlighted popular views on the geographic boundaries of legitimate behavior.

### **Denunciation, Civil Recognition, and the Written Word**

Denunciations demarcated the boundaries of the public sphere. In this sense, they also reveal how individuals interacted with the state. Sheila Fitzpatrick and Patrick Gellately define denunciations in modern history as “spontaneous communications from individual citizens to the

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<sup>44</sup> On prostitution in Rio de Janeiro see Sueann Caulfield, “O nascimento do Manguê: raça, nação e o controle da prostituição no Rio de Janeiro, 1850-1942,” *Tempo* 9 (2000): 43–63; Lená Medeiros de Menezes, *Os estrangeiros e o comércio do prazer nas ruas do Rio, 1890-1930* (Rio de Janeiro: Arquivo Nacional, 1992); Cristiana Schettini, *Que tenhas teu corpo: uma história social da prostituição no Rio de Janeiro das primeiras décadas republicanas* (Rio de Janeiro: Arquivo Nacional, 2006).

<sup>45</sup> Bretas, “The Sovereign’s Vigilant Eye?,” 58; Soihet, *Condição feminina*, 200–222.

<sup>46</sup> *Laws of Chance*, 121. See also Jean, “Guardians of Order,” 112, 120–32.

<sup>47</sup> In one 1917 case, the police chased a *bicheiro* after receiving an anonymous denunciation. It seems that the complaint was made out of self interest, as the accused had been cheating one of his funders. *Laws of Chance*, 101–4, 120–21.

state (or to another authority such as the church) containing accusations of wrongdoing by other citizens or officials and implicitly or explicitly calling for punishment.”<sup>48</sup> While denunciations can be against authorities, the most common form involve everyday grievances against one’s neighbors, colleagues, friends, or families. Most of the denunciations examined here, while couched in the ideals of a “good” denunciation, i.e. for the public good, were often “bad” or self-interested denunciations.<sup>49</sup> As we saw from the previous chapter, the medical community viewed fertility control as a danger to Brazil’s future as a prosperous nation. Individuals’ denunciations of abortion or infanticide must be situated within this larger discourse. In fact, many denouncers couched their words in terms of Christian responsibility and improper female behavior that threatened social order.<sup>50</sup> Yet those same denunciations included personal vendettas due to unpaid debts or neighborhood rivalry.

Scholarship has shown that denunciation as a widespread practice often occurs under totalitarian regimes. As Lauren Derby argues in her discussion of the Trujillo dictatorship in the Dominican Republic (1930-1961), denunciation afforded gossip official status.<sup>51</sup> Under Trujillo’s rein, citizens participated in public life through the “Foro Público,” a state-sanctioned newspaper column that printed public denunciations of civil servants.<sup>52</sup> Similarly, while formal politics were all but null in Nazi Germany, denunciations became a resource for citizens to

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<sup>48</sup> “Introduction to the Practices of Denunciation in Modern European History,” *The Journal of Modern History* 68, no. 4 (1996): 747.

<sup>49</sup> *Ibid.*, 763. For instance, there are cases of women denouncing their female neighbors for clear cases of child abuse. See (AN) CS.0.PCR.1373 (1915). See also Soihet, *Condição feminina*, 229–32, 368, 372, 378.

<sup>50</sup> See (TJRJ) Cx.00.502.624-6 Pos.Recall (1923); (AN) CT, Cx.1860 N.1692 (1926). For a discussion of the latter in relation to Christian morals, see Rohden, *A arte de enganar a natureza*, 138–40.

<sup>51</sup> *The Dictator’s Seduction: Politics and the Popular Imagination in the Era of Trujillo* (Durham: Duke University Press, 2009), 141–42.

<sup>52</sup> Derby argues that the ‘Foro’ both empowered citizens while expanding state control. “Thus, what may have been experienced as empowering was itself a ‘technology of power,’ or ‘mode of submission,’ in Michel Foucault’s terms.” *Ibid.*, 149. See Foucault, *Discipline and Punish*, 22–24.

express their positions and seek change.<sup>53</sup> In fact, totalitarian regimes, by making their apparatuses available to all citizens, become totalitarian from the bottom up. People, encouraged to denounce their fellow citizens, employ the state to further their own needs, ultimately increasing its reach.<sup>54</sup> While both personal and political denunciations flourish under authoritarian regimes, they are not exclusive to them, and the practice can occur in highly-stratified democratic regimes.<sup>55</sup>

In early-twentieth-century Rio de Janeiro, denunciations of supposed fertility control were one manner in which the lower classes could interact with the state and gain recognition. If the city's police received a denunciation of alleged abortion or infanticide within their district, the decision to look into the case, regardless of its veracity, reified the denunciation as possible truth in the eyes of the surrounding community. Most importantly, the police's readiness to respond to these accusations of fertility control awarded social status to the denouncers through participation in civic life in a highly stratified democratic regime. According to Joseph Love, the First Republic democratized the political process by increasing the number of elected positions across government levels, expanding suffrage, and decentralizing authority. But it still remained an elite system that serviced a small percentage of the population. While voter participation

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<sup>53</sup> Fitzpatrick and Gellately, "Introduction to the Practices of Denunciation," 752.

<sup>54</sup> Jan T. Gross, "A Note on the Nature of Soviet Totalitarianism," *Soviet Studies* 34, no. 3 (July 1982): 367–76; Idem, "Social Control under Totalitarianism," in *Toward a General Theory of Social Control*, ed. Donald Black, vol. 2 (Orlando: Academic Press, Inc., 1984), 59–77.

<sup>55</sup> Fitzpatrick and Gellately, "Introduction to the Practices of Denunciation," 759. For authoritarian contexts see John Connelly, "The Uses of Volksgemeinschaft: Letters to the NSDAP Kreisleitung Eisenach, 1939-1940," *The Journal of Modern History* 68, no. 4 (December 1996): 899–930; Derby, *The Dictator's Seduction*; Robert Gellately, "Denunciations in Twentieth-Century Germany: Aspects of Self-Policing in the Third Reich and the German Democratic Republic," *The Journal of Modern History* 68, no. 4 (December 1996): 931–67; Sheila Fitzpatrick, "Signals from Below: Soviet Letters of Denunciation of the 1930s," *The Journal of Modern History* 68, no. 4 (December 1996): 831–66; Vladimir A. Kozlov, "Denunciation and Its Functions in Soviet Governance: A Study of Denunciations and Their Bureaucratic Handling from Soviet Police Archives, 1944-1953," *The Journal of Modern History* 68, no. 4 (December 1996): 867–98.

increased dramatically compared to Imperial times, at the turn of the century, it hovered at only 2.7 percent of the population. In 1930, it was only 5.7 percent. And Brazil's longstanding tradition of patron-client relations (*coronelismo*) was only strengthened during the Republic.<sup>56</sup>

At a time when women could not vote, and sanctioned participation in public life was highly gendered and classed, denunciations afforded lower-class men and women a means through which they could engage with a state. In this way, denunciation was a way to gain civic recognition, even if the immediate goal was the social shaming of enemies. While often reproducing state rhetoric, Lauren Derby argues that these modes of speech still challenge what Ranajit Guha terms the "univocity of statist discourse."<sup>57</sup> As Derby writes, rumor and gossip "...bring in the backstage dissident voices from the kitchen and the bedroom that otherwise get silenced in historical records that privilege formed public opinion and male voices."<sup>58</sup>

While gossip in this sense democratized participation in the public sphere, the state still favored more formal methods—such as written denunciations—that reinforced hierarchies based on class. At a time marked by high rates of illiteracy, written denunciations restricted many of those being denounced from understanding or protecting their reputation. It is all the more surprising, then, that some lower-class women's denunciations appear in the written form. For

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<sup>56</sup> "Political Participation in Brazil, 1881-1969," *Luso-Brazilian Review* 7, no. 2 (1970): 7–15. For these relationships in the nineteenth century see Graham, *Patronage and Politics*.

<sup>57</sup> *The Small Voice of History: Collected Essays* (Bangalore: Permanent Black, 2009), 11–12.

<sup>58</sup> "Beyond Fugitive Speech," 139–40. Historians of early American have demonstrated how the growing disregard for gossip silenced women's voices in the courtroom and within society at large. Cornelia Hughes Dayton, *Women Before the Bar: Gender, Law, and Society in Connecticut, 1639-1789* (Chapel Hill: University of North Carolina Press, 1996); Jane Kamensky, *Governing the Tongue: The Politics of Speech in Early New England* (New York: Oxford University Press, 1997). Thank you to Devon Van Dyne for bringing this to my attention.



example, a female neighbor's denunciation note initiated a 1904 investigation into the alleged infanticide of Antonia "China" Mendes Bezerra.<sup>59</sup>

[Note 1] Dr. Police Chief,

I am going to tell you something that happened in the Travessa 11 de Maio, n. 16, house n. 1 that everyone has surmised. In this house there is a great sorceress [*feiticeira*] by the name of Lina who does all sorts of spellcasting, procures men for women, and gives luck to those that don't have fortune and also rents rooms to young men at 500 *reis* per hour. I am going to tell about the case.

There is in this house 2 young women, one is named Rita and the other China, who got involved with a boy by the name of Saturnino. Some time ago, this boy ruined [*fez mal*] China and she became pregnant she said to everyone that it was an illness.<sup>60</sup> She went to consult Doctor Mourão, and he said that she was already 7 or 8 months pregnant and then the sorceress began to make medicine and magic in order to cast out [*bota fora*] the child but it was so that the child was born beautiful and smart and the sorceress squeezed the neck of the little innocent child and buried it in the basement of the same house. The father of these 2 young women is a machinist on the steamship *Brazil*. He is José Bezerra, and everything happened when he was on a long journey.

The sorceress has a very old fetus in a bottle that she says was China's, but that is a lie, everyone in the boarding house knows that. It was Albertina who told me, she saw the incident. Lina got that fetus a long time ago. – Your Servant Margarida Assumpção

[Note 2] Dr. Police Chief,

In the Travessa Onze de Maio number 16 a young woman had a child and that child was killed by a certain person, Aunt Lina, so that the fruit of a crime would not appear. This young woman goes by the nickname "China" and her father is the machinist of the steamship *Brazil*. This tricky scheme was done while the father was away for five months. So, if you want a witness, look on the same news number 19, for the midwife Rosa who is a witness and Albertina who came to know [the situation] and the examining Doctor Mourão and said to somebody that she was in a very advanced stage [of pregnancy], finally everyone from the tenement knows about the case. The child was buried in the basement of the house. – Margarida Rosa da Assumpção.

Margarida Rosa da Assumpção lived in the same tenement as Antonia "China" Bezerra and sent two handwritten notes to the police in which she accused Bezerra and her Aunt Lina of

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<sup>59</sup> (AN) 0R.0.IQP.3065 (1904). This case also appears as "An Alleged Infanticide Allegation," trans. Cassia Roth, in Daryle Williams, Amy Chazkel, and Paulo Knauss de Mendonça, eds., *The Rio de Janeiro Reader: History, Culture, Politics* (Durham: Duke University Press, 2016), 148–62. For other written denunciations see (AN) CQ.0.IQP.626 (1909); (AN) T8.0.IQP.3834 (1911); (AN) 72.0.IQP.1042 (1914). Denunciations could be official and employ the service of a lawyer. (AN) CT, Cx.1860 N.1692 (1926).

<sup>60</sup> Women often declared that they thought they were sick and not pregnant. See (MJ) RG.13243 Cx.1403 (1902); (AN) CA.CT4.0.376 (1907); (MJ) RG.4382 Cx.577 (1910); (TJRJ) Cx.01.803.478-01 Pos.G4.S8.2336 (1912).

infanticide. In her first note, the neighbor stated that the entire tenement knew of the event, and named specific witnesses who could testify in the case. Assumpção continued in her second letter that Aunt Lina, “a great sorceress,” had first given medicine to China and performed witchcraft to cast the child out (most probably a reference to an abortion), but the child had been born alive, and thus Lina then committed infanticide.

Bezerra’s female neighbors testified that they knew she had been pregnant due to the “volume of her belly,” and that Bezerra had given birth because “various times in the street she [the neighbor] heard said (*ouvi dizer*) that the same Antonia [Bezerra] had had a child, seeing that it was said various times...by more than one person of the residents there.” The testimonial record is full of “heard said,” which the police use as proof of Bezerra’s delivery. Bezerra, for her part, confirmed that she had been deflowered, and, as a consequence, had become pregnant. To “hide the crime from her father’s eyes,” she had taken several drugs. Bezerra said the drugs had initially failed, but that she later gave birth to a stillborn infant. Because the police never found a cadaver and thus were unable to prove the infanticide, the female witnesses involved used their own ideas about pregnancy and female sexual morality to condemn the woman in question.<sup>61</sup> This denunciation is all the more surprising because it was allegedly written by a woman. In 1906, 54 percent of women were illiterate.<sup>62</sup> Assumpção was part of a minority of literate women in 1904 that gave her access to the state in some form. But her ability to write did not grant her entrance to “formal” public life, as women remained disenfranchised until 1932. Compared to the other women involved in the investigation (of whom only Bezerra herself was

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<sup>61</sup> The case was incomplete, and it was unofficially archived in 1910.

<sup>62</sup> In 1920, that number had been reduced to 44 percent. Republica dos Estados Unidos do Brazil, *Recenseamento do Rio de Janeiro (Districto Federal). Realizado em 20 de setembro de 1906*. (Rio de Janeiro: Oficina da Estatística, 1907), 108–9; Directoria Geral de Estatística, *Recenseamento do Brazil. Realizado em 1 de setembro de 1920*, vol. 2, 1a Parte. População do Rio de Janeiro (Rio de Janeiro: Typ. de Estatística, 1923), 414–15. See also Hahner, *Poverty and Politics*, 89.

literate), however, the note and the police's response demonstrates how literacy could enhance a woman's presence in the public sphere and her chances of being heard and taken seriously by the state. While perhaps an anomaly, Assumpção's note allowed her to negotiate her role within her neighborhood and present herself as an outstanding citizen to authorities.

Rio de Janeiro, 26-8-1904 Nº 1. 3  
Polícia

Na travessa 11 de Maio 15 uma moça donzella  
teve uma criança e esta criança foi  
morta por uma tal tia Lina. afim de  
nós aparecer o fructo de um crime.  
Esta donzella tem por apelido "Chirã"  
o pai é machinista do vapor Brazil  
esta criança foi feita enquanto o pai  
estêve 5 meses e tanto fóra, querendo  
testemunha procure na mesma travessa  
19 a Rosa parteira que é uma testemunha  
a Albertina que foi que apreicion e o  
Sr Mourão que examinou e disse a al  
quem que ella estava n'um estado tão  
adiantado, afim de todos da estalagem  
sabem d'este caso. a criança foi interada  
no porão da casa. Margarida Rosa da Assumpção

IMAGE 6: Denunciation note from Margarida Rosa da Assumpção to the police.  
Source: (AN) 0R.0.IQP.3065 (1904)

These handwritten notes bestowed state recognition onto their female writer. Her literacy allowed her to engage in the public sphere and thus democratized a highly-stratified society. But

literacy could also reinforce gender hierarchies by privileging those who already had access to public modes of communication such as newspapers. Denunciations and gossip that appeared in the daily press not only galvanized state attention but also forced the police to act. For example, in 1908, Simão Carlos published a scathing report in the *Diario de Notícias* in which he accused the Portuguese midwife Maria de Piedade Borges of running an abortion clinic and committing infanticide.<sup>63</sup>

How the crimes—because the case deals with true crimes—how they unfolded; how they unfurled, how they proceeded with impunity their devastating work, both the police and our own readers can now see and appreciate with terror, who certainly will be astonished how events of such gravity, scandals of shocking immorality, could have unfolded in a civilized city like ours, without a vestige, a crack, a mere sliver of light, had until now aroused the slightest suspicion of anyone.

We have found out about a horrible case, thanks to the finesse of our reporting; at first, we denied it credit, so painfully horrific was the event we came across. But, in our profession as sincere and honest journalists, we could not abandon the denouncement that came to us, and so, with the utmost secrecy, we studied the case, analyzed it in all its minutiae, in all of its mysterious details, in order to uncover irrefutable evidence...

The crime, or, better said, the crimes became overtly clear. A physician, oblivious to his professional duties, forgetting his own humanity, makes a pact with a midwife equally culpable of equal contempts, and with her, practices the horrific crimes of infanticide and provocation of abortions, clearly inflicting and without the slightest scruples, the code of civilization, the moral code, the Penal Code!...

It was late at night; silence reigned over almost all of the city, and in the midst of this profound silence....

...a high-pitched laugh pierces the air.

--Soon after others.

--Others.

All the whispering and disturbances stem from a *sobrado* on the *rua do Trem* n. 14. It seemed, from the look of the house, [to be] a small, intimate meeting, which are so common in this capital [city], and that made the silent neighborhood of Santa Luzia thunder.

The sounds, the laughter, continued and became lost in the sounds confused by the wind. All of a sudden, a female voice could be heard, and it laughingly exclaimed:

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<sup>63</sup> (AN) CS.0.IQP.237 (1908).

--Ah! Ah! Ah! Children, for what do I want children? They only serve to bother us!  
--And fortunately we have the Mme. Maria da Piedade Borges to rid ourselves of this encumbrance...

In response to the article, the police questioned a total of twenty-one witness in addition to Maria da Piedade Borges. The Portuguese immigrant was an unlicensed midwife, who had worked at the maternity ward at the *Santa Casa de Misericórdia*. While the testimony is both contradictory and contentious, it appears that along with delivering newborns, Borges at times performed abortions and helped women who did not want to or could not care for their children find informal foster homes. Nevertheless, no direct evidence proved these claims.

The newspaper article and subsequent police investigation uncovered intimate aspects of the gendered power relations that governed the lives of all those involved. Borges was a property owner who had rented a room to Carlos, the reporter. She had also rented out a room to another woman, Honorina Silva, whose particularly vicious testimony supported Carlos's claims. Both Carlos and Silva had allegedly stopped paying their rent, and Borges had resorted to the police to evict them. After this economic struggle, Carlos published his exposé in the newspaper. While it seems plausible that Borges provided a range of reproductive health services, from delivery to post-miscarriage treatments to abortions, the ferocity of the accusation unveils how ordinary power struggles could both draw from and feed into larger moral debates about proper gendered behavior—here female reproduction. In this scenario, Borges held more economic power over her male tenant, and it seems that Carlos had no recourse in the face of an eviction except to use his privileged standing as a literate newspaper reporter to slander the woman who had thrown him out. He chose to accuse Borges of being an abortion provider because he knew this subject would catch both the public's and the police's attention—and force the state to act.

What is also interesting is how Carlos, as a literate male, had the ability to address his eviction in a way Honorina Silva, the female tenant who had also been thrown out, did not. Silva was illiterate and worked as a domestic servant. She had no way to write a newspaper article, let alone a denunciation note. While we will see that the police also responded to verbal accusations, the force did not take Silva's lower-class standing seriously. In fact, the district police chief wrote of Simão Carlos's testimony in high esteem, emphasizing that Carlos took it under oath. When referring to Silva, however, the police chief found her testimony to be more "circumstantial" in nature. Carlos also denounced two men—a pharmacist and a physician—for colluding with Borges. But the police did not seem to take this part of the accusation to heart, and the force did not investigate the men.

Written denunciations of fertility control—whether sent directly to the police or published in the newspaper—galvanized police attention and resources. The state took these denunciations seriously and mobilized significant manpower to investigate the accusations. The written word reinforced existing hierarchies by privileging literate Cariocas and those with access to the press. But it also democratized the public sphere by allowing those excluded from civic participation, like women, to gain state recognition. But even illiterate men and women found the state a willing listener in relation to verbal gossip about race and fertility control.

### **Race and Sexuality in Verbal Gossip**

While the state—in particular the police—viewed written denunciations as more serious than verbal ones, they still heard and responded to more informal modes of idle talk. Verbal gossip also reflected moral boundaries in witnesses' discussions of race in relation to gender, sexuality, and fertility control. "Proper" behavior was defined for women as sex strictly within

marriage and with members of the same race. In the first two decades of the twentieth century, Cariocas condemned not only overt forms of female sexuality but also racial mixing.

Sueann Caulfield argues that the popular classes involved in her large set of deflowering cases in the 1920s and 1930s recognized color hierarchies and stereotypes but were reluctant to explicitly mention skin color in their testimony, highlighting what Caulfield observes as a reproduction of the elites' silence on racial issues. When color was mentioned, its presence was dependent on other extenuating circumstances such as economic status and personal qualities. Any "association between dark skin and moral laxity" was made in conjunction with other social factors.<sup>64</sup> Olívia Maria Gomes da Cunha also demonstrates in her analysis of over 3,000 vagrancy cases that the only physical information that was offered *ad hoc* in witness testimony was in relation to skin color.<sup>65</sup> In cases involving reproduction, unofficial descriptions of color were invoked in regards to sexual relationships and supposed proclivities towards fertility control practices. Whiteness was never mentioned.

One manner in which color appeared underhandedly in the testimony examined here was in witnesses' discussions of sexual partners. In cases in which the accused woman and her family explicitly discussed her sexual partner, they often described him as darker in color. In the 1902 abortion and deflowering investigation involving the *parda* (mixed-race) Ercilia da Costa, she and her godmother described her deflowerer several times as the "*preto* [black] Florentino."<sup>66</sup> Accused deflowerers often negated the accusation and countered by blaming anonymous men of

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<sup>64</sup> *In Defense of Honor*, 169. Caulfield builds upon both historical and anthropological scholarship that found similar conclusions. For example, Hebe de Castro argues that both the upper and lower classes espoused ideas similar to racial democracy during the nineteenth century. *Das cores do silêncio: os significados da liberdade no sudeste escravista, Brasil século XIX* (Rio de Janeiro: Arquivo Nacional, 1995), 404. For contemporary understandings see Peter Fry, "O que a Cinderela negra tem a dizer sobre a 'política racial' no Brasil," *Revista USP* 28 (Dezembro/Fevereiro 95/96): 122–35.

<sup>65</sup> *Intenção e gesto*, 111–14.

<sup>66</sup> (AN) MW.0.IQP.440 (1902).

color. For example, on an early September morning in 1909, the Froés family awakened to the cries of a live infant covered in leaves in the backyard.<sup>67</sup> Mr. Froés discovered that his live-in domestic servant Joaquina Moreira had given birth earlier that morning. The police questioned Moreira for the name of the infant’s father, which she reluctantly supplied as José Leandro da Silva, a boarder at the same house. Silva vehemently negated the claim, counterattacking with the information that Moreira’s partner was a small *moreno* (mixed-race) man named Nabor, and that Moreira was known to have “various boyfriends.” Despite her insistence on Silva’s paternal responsibility, the police tried to find Moreira’s alleged partner “Nabor,” although to no success. Whether the accused or accusing, lower-class men and women blamed darker men for unsanctioned sexual relationships. Additionally, witness testimony also described women who supposedly practiced fertility control as darker in color. When a dead newborn was found in 1904, neighbors testified that they observed a *negra* (black) or *creoula* (black or mixed-race) abandoning the body.<sup>68</sup> In one 1905 investigation of an abandoned infant cadaver, the mother’s race was not discussed (hinting at her whiteness), but witnesses described the roommate who helped her commit infanticide as *preta* (black).<sup>69</sup>

Hearsay about interracial sexuality also linked sexual promiscuity to color. In November 1907, housemates Flausina Teixeira and Maria da Silva got into a heated argument.<sup>70</sup> Loud enough for all the neighbors to hear, Teixeira accused Silva and her partner Manoel of

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<sup>67</sup> (AN) CT, Cx.1909 N.1776 (1909). See also (AN) 7H.0.IQP.821 (1907). For men who simply negated the claim see (TJRJ) Cx.01.722.640-5 Pos.7.G6.S5.2151 (1922).

<sup>68</sup> (AN) T8.0.IQP.1408 (1904).

<sup>69</sup> (AN) T8.0.IQP.1773 (1905).

<sup>70</sup> (AN) 7H.0.IQP.821 (1907).



infanticide.<sup>71</sup> Teixeira screamed that years earlier, the couple had murdered Silva's newborn child because it was not Manoel's, "being him [Manoel] white and the child black." Shortly after the argument the police investigated the accusation. The couple testified that Silva had been pregnant with another man's child when the two began living together eight years earlier. Silva had given birth to a *preto* (black) child that died shortly after birth from natural causes. For her part, Teixeira testified that Silva had first had sexual relations with an Afro-Brazilian (the infant's father) and then with a Brazilian of European descent, Manoel, who did not want a mixed-race child. That was why the couple killed the infant. Teixeira also testified that she had "heard [at] various times" fights between Silva and her former partner, the infant's father. Teixeira's husband also testified that Silva's former partner, "told heavy insults to Manoel's woman [Silva] and said to the deponent's wife [Teixeira] that he admired her for living in the company of such people, her being a married woman." In their accusation, Teixeira and her husband established themselves as the opposite of Silva and Manoel: respectable, married citizens who took no part in scandalous behavior. By inserting racial categories into her denunciation of fertility control, Teixeira demonstrated that racial mores in relation to sexual partners marked social perceptions of gendered behavior. Silva had engaged in sexual relations out of wedlock with several men of different races, marking her both as sexually promiscuous and as transgressing racial boundaries.

Teixeira may have had personal motivations for accusing Silva and her partner of infanticide. Perhaps the two women had repeatedly bickered in their shared home and their conflicts had come to a head that November afternoon. Teixeira and her husband rented a room

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<sup>71</sup> Erving Goffman would describe this scene as a performance of information management in which reputations are constructed and destroyed. "Another kind of scene occurs when the interaction between two persons becomes so loud, heated, or otherwise attention-getting, that nearby persons engaged in their own conversational interaction are forced to become witnesses or even to take sides and enter the fray." *The Presentation of Self*, 211.

from Silva and Manoel, establishing an economic hierarchy in which the latter held more power. The argument and resulting accusation could have resulted from festering economic resentment. Teixeira may have wanted to socially shame Silva, asserting her own dominance in the community where they lived. In this sense, Teixeira's denunciation challenged the couple's social honor at the same time that she asserted her own social capital in a situation in which she held little.<sup>72</sup> While the police chief chalked the accusation up to "merely...an intrigue between female friends," the couple's private lives had been aired to the whole community.

The fact that Maria da Silva's race was not included in the investigation supports the hypothesis of an association between blackness and supposed hypersexuality. Teixeira declared that Silva's child was black because its father was black. Teixeira believed the child would have been white if Manoel, Silva's current (white) partner had been the father. Thus, it appears that Teixeira perceived Silva as white. If Teixeira only mentioned the race of Silva's child and her sexual partners but not Silva's own skin color, she couched Silva's supposed sexual promiscuity through the race of her sexual partners. Here, Silva's "hypersexuality" was defined not by her own race but by her interracial sexual choices. A similar situation occurred in the case of Joaquina Moreira and José da Silva mentioned above. The police's forensic examiners declared the newborn as white. But neither Moreira's nor Silva's race was mentioned. In fact, Silva negated Moreira's claims that he was the infant's father by marking her as promiscuous through her sexual activity with the mixed-race Nabor. Again, Moreira's sexuality was mitigated by her

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<sup>72</sup> Pierre Bourdieu writes of marital strategies, "Inasmuch as they belong to the class of reproduction strategies, matrimonial strategies differ in no way in their logic from those strategies designed to preserve or increase symbolic capital which conform to the dialectic of honour, whether they involve the buying back of land or the paying back of insults, rape, or murder; in each case, the same dialectical relationship can be observed between vulnerability (through land, women, the house, in short, *hurma*) and the protection (through men, rifles, the point of honour; in short, *nif*) which preserves or increases symbolic capital (prestige, honour); in short, *hurma*." *Outline of a Theory of Practice*, 214n11.

interracial sexual choices and not by her own race. White women's sexuality was defined as "hyper" by associating it with men of color.

While anecdotal, these unofficial mentions of color show a tendency towards describing both male sexual "voraciousness" and female fertility control practices as darker in color. Perhaps when witnesses described a person lighter in color, they did not include it in their physical descriptions, demonstrating their own bias. Conversely, it could be that witnesses used color descriptions freely, describing both white, mixed-race, and black individuals, but the police only wrote down the descriptions of darker individuals, highlighting the police's own prejudices. Either way, these "slips" of knowledge about race expose both the community's and the state's idea on the supposed intersection of blackness and (hyper) sexuality.<sup>73</sup>

Scholars have demonstrated how police investigations perpetuated racial stereotypes.<sup>74</sup> For example, Olivia Mara Gomes da Cunha—in her extensive study of police identification practices in early-twentieth-century Rio de Janeiro—contends that in police documents, mentions of "race" were markedly absent. However, the police employed "skin color" in a way that marked certain bodies as different. Cunha calls this an "exercise of composition and interpretation" in which a process of "adjectivization" occurred. In this way, skin color became a "distinctive signal" that interacted with other "social classifications" to permanently mark the person in question. This allusion to skin color without explicitly invoking race existed within a larger racist discourse that naturalized racial hierarchies. Writes Cunha, "...we can imagine how

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<sup>73</sup> See (AN) MW.0.IQP.1852 (1908). Patricia Hill Collins argues that the West has historically hypersexualized black sexuality. "For both women and men, Western social thought associates Blackness with an imagined uncivilized, wild sexuality and uses this association as one lynchpin of racial differences." *Black Sexual Politics: African Americans, Gender, and the New Racism* (New York: Routledge, 2005), 27. Caulfield demonstrates that some instances of the "sensual *mulata*" or "prostituted black woman" appeared in court records. *In Defense of Honor*, 168. See also da Cunha, *Intenção e gesto*, 272–73; Esteves, *Meninas perdidas*, 59–60.

<sup>74</sup> Caulfield, *In Defense of Honor*; da Cunha, *Intenção e gesto*.

the use of a terminology of “color” permitted the police to allude to a picture of *differences* based on “racial” classifications, without “race” being manipulated as a relevant social category.”<sup>75</sup> Police activities converged with a larger “raceless” discourse to create identities that while explicitly raceless were implicitly racialized.

In investigations of reproductive-related events, unspoken understandings of race and sexuality converged. For example, the fluidity of racial characters within the police’s use of forensic science demonstrates how subjective understandings of race and sexuality influenced scientific “objectivity.” In the 1932 infanticide investigation of Maria Augusta, the police categorized Augusta as *preta* (black) in her pelvic exam and *parda* (mixed-race) in the autopsy that followed her suicide.<sup>76</sup> Moreover, because her newborn was classified as white and Augusta as a person of color, the police questioned her on the skin color of the child’s father. Augusta declared he was “*moreno* but not *pardo*,” emphasizing the gradations inherent to mixed-race classifications. To Augusta, and possibly the police, *moreno*, while still implying a person of color, signified a lighter color than *pardo*. In a 1914 investigation in which the young Judith Monteiro died from an abortion, the forensic specialists classified Monteiro as “white, with characteristics of *mestiçagem*,” or mixing.<sup>77</sup> *Mestiçagem* was not a neutral term employed to solely identify a mixed-race individual, however.<sup>78</sup> Twenty years earlier in 1894, the famed anthropologist and father of Brazilian medico-legal science Raimundo Nina Rodrigues published *As raças humanas e a responsabilidade penal no Brasil*. In the text, Rodrigues analyzed works

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<sup>75</sup> *Intenção e gesto*, 160. See also Idem, “The Stigmas of Dishonor: Criminal Records, Civil Rights, and Forensic Identification in Rio de Janeiro, 1903-1940,” in *Honor, Status, and Law in Modern Latin America*, ed. Sueann Caulfield, Sarah C. Chambers, and Lara Putnam (Durham: Duke University Press, 2005), 306–9.

<sup>76</sup> (AN) 6Z.0.IQP.16784 (1932). See also (AN) CS.0.IQP.2204 (1912) and (AN) CT, Cx.1928 N.60 (1931).

<sup>77</sup> (AN) 72.0.IQP.1042 (1914).

<sup>78</sup> For a discussion of the term *mestiço* see Caulfield, *In Defense of Honor*, 154–55; Skidmore, *Black into White*, 23.

of European scientific racism to argue for differing levels of criminal law based on race in Brazil.<sup>79</sup> In fact, his discussion of (hyper)sexuality directly related to issues of racial mixing.<sup>80</sup> In his chapter on crime and *mestiços*, Rodrigues wrote, “The sensuality of the black then can almost reach the brink of morbid sexual perversions. The reproductive excitation of the classical Brazilian *mulata* can no longer be considered an abnormal type.”<sup>81</sup> As Mariza Corrêa has demonstrated, Rodrigues linked blackness and femaleness together in a web of inferiority, superimposing his beliefs about female hysteria onto the black race and its hypersexuality back onto the *mestiça* woman.<sup>82</sup> Medical and legal theorists in the early-twentieth century continued to depict the mixed-race *mulata* and *mestiça* as embodying the hypersexuality thought to be inherent to persons of African descent. While Monteiro was white, her death from an abortion implied her sexual activity out of wedlock, and in the doctors’ eyes, her “hypersexuality.” As we saw in the previous chapter, Rodrigues’s late-nineteenth-century negative views of miscegenation gave way to a validation of interracial sexuality that became the basis of the theory of racial democracy dominant in the 1930s. Both leftist and rightist thinkers in the 1920s and Vargas’s corporatist authoritarianism of the 1930s validated interracial sex as the basis of Brazil’s identity.<sup>83</sup> But as Sueann Caulfield has argued, racist attitudes in conjunction with

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<sup>79</sup> *As raças humanas e a responsabilidade penal no Brasil*, 3rd ed. (São Paulo: Companhia Editora Nacional, 1938). See also Caulfield, *In Defense of Honor*, 32–33; Corrêa, *As ilusões da liberdade*.

<sup>80</sup> Rodrigues, “Os crimes das mulheres,” 97.

<sup>81</sup> *As raças humanas*, 199, emphasis in original.

<sup>82</sup> *As ilusões da liberdade*, 113–14.

<sup>83</sup> Gilberto Freyre, *Casa-grande & senzala: formação da família brasileira sob o regime da econômica patriarcal*, vol. 1 (J. Olympio, 1933).

gendered stereotypes continued. In the writings of intellectuals and politicians “racist attitudes, including a vocabulary that sexualized women of color, did not disappear.”<sup>84</sup>

Martine Jean has argued in her discussion of the Civil Guard in Republican Rio de Janeiro that a convergence of race, gender, time, and location “produce[d] criminals out of individual subjects.”<sup>85</sup> When civil guards were written up for interacting improperly on the streets, the mention of race in these documents became a “qualifier” that marked the women with whom the guard was interacting as licentious. If the guard was standing with a “black” woman, the document implied she was a prostitute.<sup>86</sup> Similarly, Olívia Maria Gomes da Cunha has demonstrated that the closer to the streets a woman of color was, the more likely she was to be subjected to police repression due to her perceived status as a prostitute.<sup>87</sup> References to color functioned in the same way here. Witnesses mentioned skin color in order to qualify the person’s supposed sexuality. It was more plausible to blame a “black” woman in the neighborhood for abandoning a child because of the association of blackness and hypersexuality.

### **Across Continents: Hearsay, Reputation, and Immigration**

Gossip and denunciation not only delineated prevailing views on gender, sexuality, and race but also demonstrated how residents negotiated the city’s early-twentieth-century demographic changes through these methods of speech. Immigration to southeast Brazil expanded in the late-nineteenth century as Brazilian planters, especially in the state of São Paulo,

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<sup>84</sup> *In Defense of Honor*, 146.

<sup>85</sup> “Guardians of Order,” 188, 191.

<sup>86</sup> *Ibid.*, 189. Irving Goffman demonstrates how the person who you are with serves as a social identifier for your person. *Stigma: Notes on the Management of Spoiled Identity*, 47.

<sup>87</sup> *Intenção e gesto*, 203.

searched for new forms of wage labor leading up to and in the wake of abolition.<sup>88</sup> Nationally, Italians made up the largest foreign group in the country, followed by the Portuguese, Spanish, and Japanese.<sup>89</sup> In the city of Rio de Janeiro, Portuguese immigrants were the dominant foreign group throughout the early-twentieth century, followed by Italian and Spanish immigrants.<sup>90</sup>

Denunciations of fertility control demonstrate discord between immigrant groups and Brazilians. For example, in 1915 the native Brazilian Maria Pereira da Silva denounced her Spanish neighbor Carmen Teixeira for supposedly strangling and then burying her newborn in the backyard of her house.<sup>91</sup> What on the surface seemed a simple denunciation of infanticide was a more complicated matter involving family feuds, neighborhood friendships, and immigrant scapegoating. Presenting herself as the vigilant, patriotic neighbor, Silva testified that she had been in the home of the Portuguese midwife Maria Augusta, and “out of curiosity,” had asked Augusta if she had attended the birth of Teixeira’s child. Silva continued by saying that the midwife Augusta told her that she had gone to Teixeira’s house after the birth where she found a dead newborn, which seemed to have been hung, as its eyes were “bugging out” from its head. Silva testified that she had asked Teixeira about her newborn to which Teixeira had replied that she had “expelled a *móla* [placental cells] and that the midwife told her to kill it so it wouldn’t become a lizard.”

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<sup>88</sup> For immigration to coffee plantations in São Paulo see Thomas H. Holloway, *Immigrants on the Land: Coffee and Society in São Paulo, 1886-1934* (Chapel Hill: University of North Carolina Press, 1980).

<sup>89</sup> Klein, “Portuguese Immigrants”; Idem, “The Social and Economic Integration of Spanish Immigrants in Brazil,” *Journal of Social History* 25, no. 3 (Spring 1992): 505–29. For Japanese immigration see Jeffrey Lesser, *Negotiating National Identity: Immigrants, Minorities, and the Struggle for Ethnicity in Brazil* (Durham: Duke University Press, 1999).

<sup>90</sup> Hahner, *Poverty and Politics*, 47; Klein, “Portuguese Immigrants,” 317–19.

<sup>91</sup> (AN) 72.0.IQP.1412 (1915). Silva was a migrant from the neighboring state of Minas Gerais.

In response to Silva's denunciation, the police dug up Teixeira's backyard (ultimately finding nothing), and questioned twelve witnesses, including Silva and the two accused women, Teixeira and Augusta. The investigation uncovered a much larger feud that encompassed the entire neighborhood. Silva was good a friend of the midwife Augusta's daughter, Anna Ferreira, who had fought with her mother in the days preceding the denunciation. Apparently, Augusta had yelled that despite being married, Ferreira had "had various men." Ferreira had angrily replied that it was better to be with various men than to be a "murderer" as her mother was for killing Teixeira's child. Augusta's other daughters (Ferreira's sisters) testified that at first Ferreira, her husband, and Silva had tried to spread the rumor that the sisters had killed two children and buried them in the backyard. When this rumor did not catch on in the community, as the neighbors could attest to the sisters' "honesty," the group switched tactics and targeted the unsuspecting Spanish immigrant, Teixeira. The fact that the group had to change their rumor to fit into socially-accepted ideas about individual women's behavior demonstrates how the neighborhood viewed Teixeira. As Jean-Nöel Kapferer argues, rumors have "a strict logic," and they must provide "explanations that are socially acceptable to the group in which they circulate."<sup>92</sup> Rumors that do not fit into a specific social-historical context will not take hold. As the only Spanish immigrant in an area of Brazilians and Portuguese immigrants, Teixeira existed on the neighborhood's fringes. Targeting her was more logical than denouncing established group members

In fact, Teixeira had given birth to a premature stillborn infant five years earlier. Both Teixeira and her husband reaffirmed their marital integrity and social honor in their testimonies. Teixeira declared that she had no reason to hide a child "as she has been married for eight years,

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<sup>92</sup> *Rumors*, x, 173.



[and] her husband is still alive, from whose company the declarant never separates.” Here, Teixeira underscored her fidelity to her husband. Implied in her statement was the idea that a faithful, married woman would never engage in fertility control. Teixeira continued that it was Silva’s social behavior that challenged gender norms. According to Teixeira, Silva was separated from her husband, who she had abandoned to live a “disgraced life.” Teixeira highlighted Silva’s infidelity and supposed promiscuous sexual activity. Teixeira’s husband also countered Silva’s claim by declaring “it is a *calúnia* against his wife.” He declared he lived in perfect harmony with Teixeira, “who he never suspected the slightest deviation straying in her conduct as a wife.” The couple established Teixeira’s sexual honor through her marital fidelity, which ultimately reaffirmed her husband’s social honor in the public sphere.

Silva’s original accusation was meant to socially disgrace her friend Anna Ferreira’s family members through the public destruction of their sexual reputation. Ferreira first tried to publicly shame her sisters. But this accusation fell on deaf ears, as her sisters had never been pregnant, were seen as “respectable” in the neighborhood, and were part of the dominant group. Ferreira then enlisted the help of Silva to implicate her mother. But perhaps unable to find an accusation that attacked her mother’s honor, she turned towards scapegoating a Spanish immigrant. It seemed that accusing Teixeira of infanticide (and Augusta of helping) gained a foothold in the neighborhood and caught the police’s attention. Because Teixeira had been pregnant, and the pregnancy had ended in a stillbirth, perhaps the women believed their accusation would ring true in the neighborhood. But it also seems plausible that they ended up targeting Teixeira because she was an “outsider” in the community. Additionally, by choosing the crime of infanticide, Silva and Ferreira knew the police would respond to the verbal accusation. And they did. The police enlisted significant manpower to excavate an entire

backyard and question various neighbors. In the end, the police chief stated that the denunciation “seemed to be an action done in the lowliest perversity,” and the investigation was closed.

While the denunciation of supposed fertility control demonstrates the practice of immigrant scapegoating, accusations of abortion and infanticide also occurred within immigrant groups. The 1910 infanticide trial of Portuguese immigrant Joaquina Gonçalves reveals how notions of gender and sexuality crisscrossed the Atlantic Ocean and shaped the immigrant experience.<sup>93</sup> Sidney Chalhoub, in his important study of the working class in the early-First Republic, has found that serious conflicts between Portuguese immigrants and native-born Brazilians existed in the realm of work. Brazilian elites favored Portuguese workers, white “agent of the capitalist order” over former slaves and freed blacks. At a time of massive migration and immigration, poor blacks and Portuguese competed for jobs within a social context that valued white labor over its darker counterpart.<sup>94</sup> Conflicts at work that pitted native-born blacks against Portuguese immigrants often ended in violence, and both groups demonstrated solidarity within their social and ethnic communities. Portuguese immigrants often reinforced elite ideology on race and work. Thus the onset of the capitalist order in Rio de Janeiro was not simply a top-down imposition of elite desires on a struggling but united working-class population. Rather, a divided lower class internalized and reproduced this power struggle centered on race.<sup>95</sup> Analyzing the gendered dynamics of the Portuguese community, however, complicates Chalhoub’s discussion of solidarity. Prevailing views on female sexual behavior and patriarchal power could divide an immigrant community.

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<sup>93</sup> (MJ) RG.4382 Cx.577 (1910).

<sup>94</sup> On racial discrimination in industrial work see Adamo, “The Broken Promise,” Chapter two.

<sup>95</sup> Chalhoub, *Trabalho, lar e botequim*, 89–114, 149.

In May of 1910, Joaquina Gonçalves gave birth alone in the yard of the *casa de comodors* where she lived with her husband, Antonio. After the birth, Gonçalves allegedly tore the umbilical cord with her fingers, and the child died soon after. The tenement's landlord, the Portuguese Manoel Duarte, notified the police about the suspicious circumstances surrounding the infant's death. The couple testified separately that they had been married for ten to twelve years, and they had a thirteen-year-old son who lived with his maternal grandparents in Portugal. Initially, Antonio had emigrated to Brazil alone, leaving Gonçalves and their son behind.<sup>96</sup> During that separation, Gonçalves had conceived twice—one pregnancy that resulted in what she alleged as a miscarriage and one in which the child died two weeks after birth from “weakness.” Antonio testified that he had forgiven Gonçalves for her infidelity, and now the couple lived together in harmony in Rio de Janeiro. He also declared he was the infant's father.

The landlord who had denounced Gonçalves to the police, Manoel Duarte, had been Gonçalves's neighbors in Portugal, and their living situation in Rio de Janeiro was not a coincidence. In fact, it was Duarte who had denounced Gonçalves to the police in Portugal for the alleged abortion. Duarte told the police in Rio de Janeiro “that there began to be said in the *Freguezia* [in Portugal] that Joaquina Gonçalves had provoked an abortion.” Duarte emphasized in his testimony that in Portugal, he was a “Corporal of Command” (*cabo de ordens*). Duarte's testimony underscored his social standing, demonstrating his higher social position in relation to Gonçalves and “proving” his trustworthiness.

In total, the police questioned seven neighbors including Duarte and Gonçalves's husband, Antonio. Most of the witnesses declared that Gonçalves had denied her pregnancy to everyone in the tenement, including her husband. Three neighbors testified that Gonçalves had

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<sup>96</sup> Herbert Klein demonstrates that Portuguese immigrants were most likely to arrive as single adult males without accompanying dependents. “Portuguese Immigrants,” 319–20.

killed her child. One witness, Duarte's wife, also declared that Gonçalves had had an abortion and abandoned a child earlier in Portugal. In fact, the discussion of Gonçalves's actions in Portugal formed the basis the justice system's denunciation. First, the district police chief wrote in his summary that "spreading throughout the [Portuguese] *freguezia* the news that the said Joaquina [Gonçalves] had aborted" demonstrated that Gonçalves had engaged in "grave crimes and repeated faults." Her rumored criminal abortion in Portugal was reason enough to believe that she was currently capable of infanticide. The prosecutor also took note of her supposed past crimes: "in the words [*dizer*] of the witnesses of the present investigation, she was already condemned for the crime of abortion in Portugal." The law saw Gonçalves as a repeat offender based on witness hearsay.

Gonçalves's defense lawyer tried to slander Duarte in the hopes of acquitting his client of infanticide. Her lawyer declared that Duarte had romantically pursued Gonçalves in Portugal since before she was married. After she rebuffed him, Duarte became Gonçalves's enemy. Then he had gathered "false witnesses" and denounced her for abortion. According to Gonçalves's defense, it was Duarte, in both Portugal and Rio de Janeiro, who denounced Gonçalves "in order to call public attention against the accused [Gonçalves]." And it was Duarte who "created the general belief that the accused [Gonçalves] was a criminal, making a horrible impression converge against her, as now it is the *voz geral* that the accused has been his victim."

Gonçalves's lawyer brought in five male character witnesses to simultaneously defend his client's sexual honor and to attack Duarte's social standing. If the whole case pivoted on Duarte's denunciation, the lawyer wanted to prove that he had no social worth from which a valid denunciation could be made. To do so, the lawyer used witness testimony from men of Duarte's social status. Three of the five witnesses had been Gonçalves's neighbors in Portugal

before immigrating to Rio de Janeiro. One witness stated that “although he had not seen [anything], he knew from information” that Duarte had unsuccessfully vied for Gonçalves’s attention in Portugal. Another witness vehemently attacked Duarte’s character with alleged firsthand information “that he [Duarte] was a *cabo de ordens* in the village, a classification given to countrymen who have completed their military duty, although it does not represent anything.” A third witness stated that “Duarte is an individual capable of the worst infamies and of this he [the witness] knows and affirms because knowing Duarte for close to six years, he has seen him [Duarte] always involved in the intrigues of the lives of others.”<sup>97</sup> The defense witnesses declared that Duarte had denounced Gonçalves for abortion in Portugal, an accusation that then spread through the surrounding village as gossip. Apparently, the Portuguese police had excavated Gonçalves’s yard in search of the fetus, without any luck.

Moreover, these men testified that Duarte had conspired to keep Gonçalves in his Rio tenement. According to Gonçalves’s lawyer, Duarte, after publicly shaming the accused in Portugal, had purposely become friends with Gonçalves’s husband on the boat ride across the Atlantic. He had convinced the husband to move into the building in which he was the landlord in Rio de Janeiro. After learning that the couple was going to move to another building, Duarte supposedly asked to borrow 30\$000 *milreis* from Gonçalves’s husband, “saying after to other people that it was so he could keep them [the couple] in his house until Joaquina [Gonçalves] gave birth, which he would denounce to the Police as a crime.” Gonçalves’s husband confirmed this, testifying that they could not move from Duarte’s tenement because Duarte owed them money and was paying them back by not charging rent.<sup>98</sup> Duarte used his power as Gonçalves’s

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<sup>97</sup> A fourth witness who had rented rooms to both couples made similar claims.

<sup>98</sup> Sally Merry argues that “Gossip controls behavior when the people who gossip exercise other forms of social control over its victims.” “Rethinking Gossip and Scandal,” 48.

landlord to control her living arrangement and create a situation in which his denunciation would have serious consequences.

The hearsay crisscrossed the Atlantic Ocean more explicitly, however. The communication networks exposed in the case demonstrate a connection between Portuguese immigrants in Brazil and their families in Portugal that is often overlooked in discussion of the immigrant experience. One Brazilian witness, a neighbor of Gonçalves, read and wrote letters for the illiterate Portuguese immigrants in the area. From his privileged position as the guardian of the written word, he declared that nothing in all of the letters he received from Portugal included information on the supposed abortion, “being certain that if any fact that had occurred in Portugal in which...[Gonçalves] was involved, the letters would have forcefully brought the news.” This witness’s literacy gave him both social standing and power over his immigrant neighbors’ lives.

The two sets of witnesses turned the case into a game of social standing.<sup>99</sup> If Gonçalves had not had a defense lawyer who had the wherewithal to launch an impressive counterattack in the courts, her social standing, represented by the moral character of the men representing her, would have been far inferior to that of Duarte. As we saw, the social position of the witnesses could be just as, if not more important, than that of the accuser and the accused themselves. In the end, Gonçalves’s infanticide charge uncovered a much longer history of antagonism, supposed inappropriate female sexual behavior, and gendered power struggles within immigrant communities. Gonçalves had transgressed several boundaries, and her behavior did not fit into the “mold” of the dutiful mother and faithful spouse. She had left a child behind in Portugal, repeatedly been unfaithful to her husband, and had neglected her child after its birth in Rio de

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<sup>99</sup> Merry also contends that “The spread of slander and gossip depends in part on the size and strength of each party’s social network and its willingness to communicate his or her version of events.” *Ibid.*, 60.

Janeiro. When her husband did not seem to care about her past transgressions and thus “failed” to uphold patriarchal values, Duarte, and ultimately the state, stepped in. Perhaps Portuguese solidarity was weak when it came to gendered conflicts of social and sexual honor.

### **Social Honor, Individual Patriarchy, and the State**

Scholars of fertility control in Brazil have argued that abortion rumors controlled women’s behavior by casting doubt on their sexual honor and public reputation.<sup>100</sup> But “idle talk” around abortion also attacked men’s individual patriarchal authority. Husbands and fathers perceived rumors surrounding their female family members’ sexual life as assaults on their patriarchal control. Nonetheless, scholarship has not focused on the role men played in facilitating gossip about female sexuality. Female sexual independence—evidenced through the clandestine practice of fertility control—also threatened male figures.<sup>101</sup> Men employed denunciations of abortion to defend their social standing and authority in both the public and private spheres. Fathers denounced deflowerers who took their daughters’ virginity and husbands denounced midwives who performed abortions on their wives.

Sueann Caulfield has argued that while the patriarchal notion that men’s honor was based on their wives’ or daughters’ sexuality was widespread in the 1920s and 30s, this idea competed with the burgeoning bourgeois notion of honor as an individual characteristic.<sup>102</sup> This shifting definition of male honor coincided with the relocation of patriarchal control from the individual father to the state. For Carioca men, female sexual independence evidenced through the clandestine practice of fertility control threatened both their eroding patriarchal control over the

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<sup>100</sup> Pedro, *Práticas proibidas*; Rodrigues, “Os crimes das mulheres.”

<sup>101</sup> On social honor and capital see Bourdieu, *Outline of a Theory of Practice*.

<sup>102</sup> *In Defense of Honor*, 43–44.

family and the notion of male honor as attached to female sexuality. Men denounced the people who facilitated women's access to abortions in an attempt to reassert their authority over their families and their own honor. However, these individual attempts actually facilitated the state's ability to assume patriarchal control. Men relied on the state—here the police and judicial system—to hear and respond to their claims, giving it the power to control and castigate women's sexual independence. On the surface, men's denunciations of outside threats to their female family members' sexual honor seemed to support individual patriarchy. In reality, however, they facilitated the state's expansion into the private lives of all those involved.<sup>103</sup>

Denunciations of abortion providers or facilitators were one manner in which fathers attempted to defend their family's honor in the face of perceived threats to their status as patriarchs.<sup>104</sup> For example, in 1914 the Navy official Isidro Borges sent a letter to the deputy police chief. In it, he denounced his ex-wife's common-law husband (*amasio*) for causing the death of his daughter Judith Monteiro.<sup>105</sup> Monteiro and her common-law stepfather had allegedly been having an affair that had left Monteiro pregnant. Soon after, she died from a uterine hemorrhage, and it was “the version in the neighborhood” that Monteiro's stepfather (and sexual partner) had forced Monteiro to take an abortifacient, which had killed her. Monteiro's father Borges was surprised with the news of his daughter's death. He quickly sent a letter to the police in which he stated that Monteiro had been deflowered by her stepfather who then forced her to have an abortion. Invoking his role as the worried father and patriarch, Borges asked the police investigate the deflowering and death of his daughter.

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<sup>103</sup> Leslie J. Reagan argues that state officials in turn-of-the-century United States also began co-opting individual patriarchal practices in relation to abortion and pregnancy. *When Abortion Was a Crime*, 115.

<sup>104</sup> See also (AN) MW.0.IQP.1493 (1907) in which a father accuses his daughter's husband of physical abuse that ends in a miscarriage. The accusation is unfounded and seems to be due to the father's dislike of his son-in-law.

<sup>105</sup> (AN) 72.0.IQP.1042 (1914).



Various witnesses supported Borges's version of events, relaying the "*boatos e versões*" (rumors and gossip) that had flowed freely through the community. Regardless of his concerned letter, it seems that Borges had not been the protecting father he invoked in his denunciation. Monteiro's parents had never been officially married, although Borges deftly noted in his letter that he had officially registered both of his daughters' births (and thus his name appeared on the birth certificates). In fact, Monteiro's mother testified that Borges had abandoned her and her daughters, forcing her to find another man to become the family's breadwinner. The death of Monteiro, then, made Borges's inability to fulfill his role as the family patriarch even more glaring. One, Borges had failed to defend his daughter's sexual honor. Remember, she had allegedly been deflowered by her common-law stepfather, Borges's stand-in. Two, he could not save her life as her efforts to hide her extramarital sexual relations resulted in her death. Nevertheless, Borges's patriarchal failures did not stop the police from taking Borges's petition seriously and investigating the death. In fact, perhaps the police—as agents of the state—viewed Borges's lack of fatherly authority as an opportunity to assume patriarchal control.

Husbands also employed abortion denunciations to gain control over their wives' independent decisions to terminate a pregnancy. These denunciations were most often levied at the midwives who provoked the abortions and not at their own wives. The fact that these men had to publicly denounce other women to control their wives demonstrated that they had little practical power over their wives' decisions.<sup>106</sup> For example, in 1929 Avelino Lourenço Teixeira brought a formal complaint against the midwife Bertha Vieira.<sup>107</sup> Teixeira stated that Vieira had performed an abortion on his common-law wife (*amasia*) Rosa Lopes. After the procedure,

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<sup>106</sup> See also (AN) CR.0.IQP.566 (1912).

<sup>107</sup> (AN) CT, Cx.1950 N.118 (1929).

Lopes became sick and she admitted to her husband that she had sought out an abortion without his knowledge. Lopes had relied on female neighbors to provide the information on where to seek out an abortion and to bury the aborted fetus. Only her ill health alerted her husband to her actions. Lopes eventually died during the course of the investigation from an abdominal infection. But even when Lopes was alive, both Teixeira and the police placed the blame on the midwife as the woman who had influenced Lopes to seek out the abortion that ultimately killed her. To these men, Lopes's desire to end a pregnancy was manipulated by outside forces.

At times, husbands even sought the police's help to find the unknown persons who had provided their wives with knowledge about self-aborting. In 1926, Joaquim Augusto da Costa was called home from his woodworking office to find that his wife Clara Elisa do Nascimento was hemorrhaging.<sup>108</sup> It turned out she had provoked an abortion "in his absence and without his knowledge." Nascimento had inserted a rubber probe (*sonda*) into her vagina. Her attempt proved unsuccessful as she did not expel the placenta and was suffering from an infection. Nascimento died the next day, and Costa went to the police not only to report the death but also to find the person who had provided Nascimento with the probe and knowledge to self-abort. To her husband, Nascimento could not have consciously sought out an abortion. Rather, someone else influenced her to do so. As we will see in Chapter Five, husbands' focus on abortion providers reflected how the state prosecuted abortion.

Like the women discussed earlier, men used abortion denunciations not only to reinforce patriarchal authority but also to gain social recognition from the state. In these cases, social class was an important mitigating factor in defending a man's honor. For example, in the case of the Navy official Isidro Borges and his daughter Judith Monteiro, both Borges and the police

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<sup>108</sup> (AN) CS.0.IQP.3881 (1926).

highlighted his social position and class standing. In another 1923 abortion denunciation case, Palmyro Silva sent a handwritten note to public health officials.<sup>109</sup> In it, he accused his female neighbor of performing abortions:

Most Eminent Sir, Doctor Director of the Department of the Control of Medicine  
Respectful greetings

As a Brazilian and a Christian, I must bring to your knowledge the crimes practiced by a *parteira coriosa* [sic] by the name of Maria Adelaide so and so [*de tal*], resident of the Rua Emilio Zaluart [sic] n. 90, Estação de Ramos. The case is, most Excellent Sir, that this Portuguese woman, abusing our laws for a mere 40 *milreis* makes an angel [*faz um anjo*] without the slightest scruple it is a question of bringing money and subjecting oneself to her stupid operations. Being their lives in danger many women have deplored such a reminder within these is D. Laura Machado dos Santos, resident of the same street n. 24 who will be able to inform you of millions of these cases in this sense practiced by the already mentioned “midwife.”

Awaiting the measures that the case requires. I am with respect and esteem.  
Palmyro Silva, Rua Estrada da Penha 1147, furniture merchant, 18 of November 1923.

The Public Health department forwarded the letter to the city’s Chief of Police, who declared the case urgent and ordered an investigation.

The police questioned Palmyro Silva and the woman he named in his note, Laura dos Santos, who subsequently named four more “victims.” The police interrogated the other women, who all denied that they had gone to Adelaide, the midwife, for abortions. One witness told the police “she does not maintain intimate relationships with her female neighbors because they always have friction between them and so that the same doesn’t occur with the declarant, she avoids intimacy with them.” But the same woman continued by saying that she had “heard said” (*ouviu dizer*) that Adelaide had performed an abortion on Santos—the woman named in the note—after which the two women (Adelaide and Santos) had quarreled. Another “victim” testified to the police that the midwife had told her “firsthand” that a woman in the neighborhood

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<sup>109</sup> (TJRJ) Cx.00.502.624-6 Pos.Recall (1923). For other cases of male denouncers see (AN) T8.0.IQP.1408 (1904); (AN) MW.0.IQP.1493 (1907); (AN) 72.0.IQP.1042 (1914); (AN) CS.0.IQP.2323 (1918); (AN) CT, Cx.1950 N.118 (1929); (AN) CS.0.IQP.7759 (1937).

had gone to Adelaide for an abortion. When the woman's husband found out what she had done without his consent, he caused a "scandal." As we saw, men denounced midwives for performing abortions on their wives without their knowledge in attempts to reinforce their individual patriarchal authority. It appears Palmyro was not the husband who had made a scandal in the neighborhood (he testified he was a widow). But on a larger scale, Palmyro found Adelaide's presence in the neighborhood as a threat to his patriarchal standing in the public sphere. To allow an abortionist to freely practice within his neighborhood defied male control in general.

In his letter, Silva clearly impressed upon the public health department his social status. He was literate and a furniture merchant. He also called upon his identity as a Christian and Brazilian citizen to implore the state to root out this "evil." In turn, the public health department emphasized the social status of Silva by including his occupation in their note to the police. This point was later underlined by someone who read through and commented on the investigation, either the police chief or the public prosecutor. It seems that the law placed emphasis on the social status of the denouncer. Silva portrayed himself as a worthy citizen who should be listened to. And, more importantly, those with access to state power—the police and the public health department—agreed. Scholars have demonstrated how Rio de Janeiro's judicial system held lower-class men and women to higher burdens of proof to prove their honor in the public sphere.<sup>110</sup> Silva's letter highlights the importance of social status when interacting with the state.

Additionally, in one 1937 abortion and deflowering case, the middle-class medical student Helio Loyola went to the police to clear up his name and restore his social honor.<sup>111</sup> His

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<sup>110</sup> Caulfield, *In Defense of Honor*; Soihet, *Condição feminina*, 150. Sarah Chambers also argues that that in early-Republican Peru, the courts held lower-class men and women to higher burdens of proof to prove their honor in the public sphere. "Private Crimes, Public Order: Honor, Gender, and the Law in Early Republican Peru," in *Honor, Status, and Law in Modern Latin America*, ed. Sueann Caulfield, Sarah C. Chambers, and Lara Putnam (Durham: Duke University Press, 2005), 27–49.

<sup>111</sup> (AN) CX, Cx.154 N.4714 (1937)

girlfriend, Alcyr da Cunha Mattos, had suffered a premature delivery. Her mother and a licensed midwife had tried to bury it in the surrounding woods “to avoid a scandal” and to keep the information from Mattos’s father, an army coronel. But someone saw the women and notified the police. Loyola soon read in the newspapers that he was blamed for deflowering Mattos. He went to the police to “formally” deny the accusation and remedy the newspaper’s attack on his reputation as a soon-to-be doctor. This is one of the rare glimpses we have of how the middle classes negotiated their social and sexual honor. While lower-class women’s reproductive lives were dealt with in public, most middle- and upper-class women’s reproductive events remained a “familial” or private issue.<sup>112</sup> Mattos’s pregnancy, while ending in a stillbirth, was not solely her burden to bear. Her mother paid for a licensed midwife and became involved in the cover-up to avoid a public scandal. In fact, both women hoped to spare Mattos’s father (and patriarch) of any knowledge of the case. While unsuccessful, their actions demonstrate their ability to function outside the individual patriarchy of the family. But where the father failed, the state succeeded.

In the end, the practice of abortion threatened men’s patriarchal control. Protecting a woman’s sexual honor upheld men’s own social honor. Denouncing abortion attacked visible demonstrations of female power. Thus, men often attempted to assert control in situations where their wives or daughters had an abortion by denouncing third parties. In doing so, however, men relied on a state intent on consolidating its own version of patriarchy. Men’s individual attempts to reinforce patriarchy actually facilitated state cooptation.

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<sup>112</sup> See also Caulfield, *In Defense of Honor*, 13. As Ann Twinam has argued for late-colonial Spanish America, personal connections defined the parameters of the elite private sphere, which was more expansive than that of the lower classes. *Public Lives, Private Secrets*, 28–29.

## Conclusion

Gossip and denunciation delineated the sexual, racial, and gender mores of Republican Rio de Janeiro. In relation to fertility control, these modes of speech threatened women's sexual and social honor in the public sphere, and they reinforced elite gender and racial norms. Cramped living conditions and the lived experience of poverty created the perfect environment for these modes of speech to hold social sway. Moreover, at a time when most residents were symbolically included but effectively excluded from civic life, informal speech proved one avenue through which lower-class women and men could interact with the state. Gender and race intersected in gossip about and denunciation of abortion and infanticide in that those who gossiped and those who listened (the state) connected (hyper)sexuality to people of color. Immigration and migration added to this practice, with both inter- and intra-immigrant gossip playing a role in social group formation or dissolution. Men proved just as vulnerable as women to these attacks as a woman's sexual honor reflected directly on the man's social position.

In early-twentieth-century Rio de Janeiro, fertility control could mean sexual freedom, independence from one's husband, and more economic autonomy. These practices allowed women to break from their prescribed roles as wife and mother. As such, they directly attacked the entire gendered system of honor that reinforced patriarchal norms in a system simultaneously racialized and classed. The lower classes' use of gossip and denunciation demonstrates both the strong hold patriarchal norms held during the First Republic and how those norms infiltrated themselves into the daily lives of the city's residents. But women's fertility control practices shows how women continued to negotiate and defy these understandings.

The content of these police documents demonstrates that these denunciations did not fall on deaf ears. While these denunciations caused women to become ostracized in their

neighborhoods, lose their jobs, and even run away, one of the most obvious consequences was the invasive participation of the police. And the city's police, examined in depth in the following chapter, proved a willing listener.<sup>113</sup>

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<sup>113</sup> There are some cases of police denouncing women for possible fertility control, but they were acting in their capacity as neighbor, although they invoked their social status as civil guards in their testimonies. See (AN) CR.0.IQP.188 (1908); (AN) T8.0.IQP.3623 (1910).

## Chapter Four

### Policing Pregnancy: Reproduction, Poverty, and the Law

On an early October morning in 1912, twenty-nine-year-old Isalina Vieira went into labor.<sup>1</sup> Accompanied by her female neighbor, Vieira went to the *Maternidade Laranjeiras* to deliver her child. Upon their arrival, the night doorman notified the women that the doctor had refused Vieira's entry as all the beds were occupied.<sup>2</sup> Soon after, Vieira delivered her child on the sidewalk in front of the hospital. A municipal guard, who arrived shortly after the birth, asked the hospital for help, but the doctor refused. An ambulance then transported Vieira to the *Santa Casa de Misericórdia*, and her friend, the dead newborn, and the guard went to the municipal morgue, as in the guard's words, "no crime was suspected." Once notified of the infant's death, however, the district police chief suspected infanticide. He questioned Vieira and her friend (both illiterate) as well as the doorman, several police officers, and the hospital's physicians. Vieira testified that she was married but had been separated from her husband for twelve years. Both women declared separately that while the child was born alive, it fell to the sidewalk during the birth after which umbilical cord ruptured. The police autopsy concluded that the cause of death was due to four factors: a premature delivery, a ruptured umbilical cord, a small skull fracture, and the "omission of the necessary care." The last clause, taken directly from the 1890 Penal Code, served as the district police chief's reasoning behind the

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<sup>1</sup> (AN) CR.0.IQP.674 (1912).

<sup>2</sup> The Maternity Hospital was not the only public hospital turning people away from its doors. (AN) CS.0.IQP.3426 (1923); (AN) Cx.1950 N.118 (1929). See also Adamo, "The Broken Promise," 116–17; Marcos Luiz Bretas, *Ordem na cidade: o exercício cotidiano da autoridade policial no Rio de Janeiro, 1907-1930* (Rio de Janeiro: Rocco, 1997), 100, 157. For São Paulo see Mott, "Assistência ao parto," 201. Physicians commented on this problem as well. Telles, *A pericia obstétrica*, 43. Another medical student wrote in 1915 that while on call at the *Maternidade Laranjeiras*, a woman arrived in labor, but there were no available beds. The doctors admitted her anyways, and she soon after gave birth to a healthy baby. Elias, *Hygiene da gravidez*, 130.



investigation. But the police chief concluded that only two of the three legal requirements existed for infanticide, the death itself and the lack of post-birth care. The crucial factor essential for a conviction was absent—the intent to kill. He argued that witness testimony had proven Vieira would not have gone to the hospital if she had planned to murder her child. While the district chief may have believed that Vieira’s sexual and reproductive life lay outside of the established norms of “proper” female sexual behavior—virginity or chastity outside of marriage and fidelity and motherhood within it—he believed she was innocent.

Vieira’s tragic delivery, the ensuing police investigation, and her eventual exoneration exemplifies the uneven criminalization of poor women’s reproduction in early-twentieth-century Rio de Janeiro. On the one hand, the death of Vieira’s newborn came to the police’s attention because she was poor. She went to one of the only institutions that provided impoverished women institutional birthing facilities. However, the state’s lack of sufficient services made the hospital more of a gesture than an improvement in the reproductive health of the city’s poorest women. On the other hand, the police’s actions proved contradictory in relation to Vieira’s reproduction. Initially suspecting infanticide, the district police chief took Vieira’s testimony into account to conclude that she had not committed a crime. While she faced no punitive legal response, the investigation cast Vieira’s sexual life into question and subjected her to unnecessary police scrutiny.

This chapter explores the larger trend illustrated in Vieira’s case: the growing police involvement in poor women’s reproductive lives in the early-twentieth century. It demonstrates that the police’s dual responsibilities in the areas of social service administration and crime control, in conjunction with the specific effects of poverty on women’s reproductive lives, allowed the police to conflate miscarriage and stillbirth with abortion and infanticide. Police

investigations of reproduction coincided with poor health outcomes for lower-class women and their children. Instead of improving obstetric services, the state—through the police—increased its surveillance of women’s bodies.

This chapter argues that police practice embedded patriarchal definitions of female sexuality into modern judicial and societal attitudes towards women’s bodies across the city. As the state began to control women’s reproduction in the early-twentieth century, the police played an active role in how women’s reproductive lives were defined and monitored. The force considered women who did not adhere to patriarchal definitions of gendered behavior as inclined towards the practices of abortion and infanticide. Thus, the police took on the newfound role of the public patriarch, engaging in “everyday form[s] of state formation” by reinscribing gender hierarchies on a daily basis.<sup>3</sup> But women actively negotiated police scrutiny over their reproductive lives. As “rebellious” wives, mothers, and daughters, women acted in ways that complicated any monolithic consolidation of patriarchal norms on the part of the police.

Scholarship has detailed the state’s uneven criminalization of Rio de Janeiro’s lower classes during the early-twentieth century. Historiography has illustrated that police action discriminated based on race.<sup>4</sup> For example, the 1890 Penal Code newly criminalized folk healing, often associated with Afro-Brazilian beliefs. The practice subsequently came under increased police scrutiny.<sup>5</sup> Scholars also have examined the daily lives of the lower classes, demonstrating that popular practice often jarred with elite prescriptions.<sup>6</sup> Additionally, scholars

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<sup>3</sup> Gilbert M. Joseph and Daniel Nugent, eds., *Everyday Forms of State Formation: Revolution and the Negotiation of Rule in Modern Mexico* (Durham: Duke University Press, 1994).

<sup>4</sup> Adamo, “The Broken Promise”; da Cunha, *Intenção e gesto*. For São Paulo see Boris Fausto, *Crime e cotidiano: a criminalidade em São Paulo, 1880-1924* (São Paulo: Brasiliense, 1984).

<sup>5</sup> Borges, “Healing and Mischief”; Giumbelli, *O cuidado dos mortos*.

<sup>6</sup> Caulfield, *In Defense of Honor*; Chalhoub, *Trabalho, lar e botequim*; Esteves, *Meninas perdidas*.

have tackled the gendered dimensions of crime, in particular the uneven and often contradictory criminalization of prostitution.<sup>7</sup> In Brazil in general and in Rio de Janeiro specifically, scholars have viewed abortion and infanticide through the lens of criminalization.<sup>8</sup> But as historians of nineteenth-century Europe have highlighted, fertility control cannot be separated from the influence of poverty on reproduction and motherhood.<sup>9</sup> In this vein, this chapter demonstrates that not only fertility control but also pregnancy and birth became targets of police intervention. This intrusive model solidified itself in the First Republic and early-Vargas era to form the foundation of modern police attitudes towards women's bodies.

This chapter first discusses the structure of the police force in the city, demonstrating how its dual responsibilities as both a law enforcement agency and administrative organization created the institutional structure in which the police investigated both criminal and non-criminal reproductive events. It goes on to provide an overview of the police investigations, including their component parts as well as an understanding of the women involved. The chapter then uses case studies to illustrate the circumstances in which women's reproductive lives came to the police's attention, and, more importantly, how both the police and the women involved negotiated gendered understandings of sexuality and honor. The chapter concludes by contending that police mistrust embodied larger legal and medical attempts to control women's reproduction within Brazil's turn-of-the-century modernization process.

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<sup>7</sup> For general discussions of the criminalization of women see Bretas, *Ordem na cidade*, Chapter five; Idem, "The Sovereign's Vigilant Eye?"; Soihet, *Condição feminina*. For prostitution see Caulfield, "O nascimento do Mangue"; Menezes, *Os estrangeiros e o comércio do prazer*; Schettini, *Que tenhas teu corpo*. For prostitution in São Paulo see Rago, *Os prazeres da noite*.

<sup>8</sup> Hentz, "A honra e a vida"; Pedro, *Práticas proibidas*; Rodrigues, "Os crimes das mulheres"; Rohden, *A arte de enganar a natureza*; Soihet, *Condição feminina*.

<sup>9</sup> Rachel Fuchs, *Poor and Pregnant in Paris: Strategies for Survival in the Nineteenth Century* (New Brunswick: Rutgers University Press, 1992); Ellen Ross, *Love and Toil: Motherhood in Outcast London, 1870-1918* (New York: Oxford University Press, 1993).

## The Police in Rio de Janeiro

The early-twentieth century marked a crucial period in the institutionalization and professionalization of the police. Understanding this process as well as the force's structure is crucial to comprehend its involvement in women's reproductive lives.<sup>10</sup> Scientific racism and eugenics influenced the early-twentieth-century professionalization of the city's police. As Brazilian jurists, physicians, and police chiefs debated the future of the nation in terms of race and gender, they increasingly embraced a positivist understanding of crime. The field of positivist criminology, which emphasized the measurable aspects of scientific data as the main method to combat crime, became gospel in the city's policing circles.<sup>11</sup> The intellectual elite in the city read and adopted the ideas of famed Italian criminologist Cesare Lombroso and French police officer Alphonse Bertillon.<sup>12</sup> And the police incorporated a method of "scientific" policing that employed positivist criminology to theorize and combat crime based on evolutionary traits.<sup>13</sup> After Vargas's rise to power in 1930, the new federal government, utilizing the capital city as its test site, expanded its use of statistics to combat what it saw as the continued presence of

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<sup>10</sup> The police in Brazil was, and still is, divided into two separate forces: the civil police and the military police. On the most basic level, the military police force patrol the streets, while the civil police conduct all criminal investigations and deal with administrative issues. This chapter deals exclusively with the civil police. Bretas, *Ordem na cidade*, 40; Idem, *A guerra das ruas*, 47, 53–55.

<sup>11</sup> Machado, *Mortalidade das creanças*, 4. For positivist criminology in Latin America see Rodriguez, *Civilizing Argentina*, 26, 33, 36.

<sup>12</sup> For example Augusto Militão Pacheco, *Do infanticídio* (Rio de Janeiro: Imprensa Gutenberg, 1893), 13, 18; Camara, *Do aborto criminoso*, 15; Barbosa, *Malthus no Brasil*, 28; Machado, *Mortalidade das creanças*, 23–24. For their influence in the police see Bretas, *Ordem na cidade*, 44; da Cunha, *Intenção e gesto*, 141–45, 265, 325–29; Jean, "Guardians of Order," 93. For the field of legal medicine see Corrêa, *As ilusões da liberdade*.

<sup>13</sup> Bretas, *Ordem na cidade*, 66–67; Gizlene Neder and Nancy Priscilla Naro, "A instituição policial na cidade do Rio de Janeiro e a construção da ordem burguesa no Brasil," in *A polícia na Corte e no Distrito Federal, 1831-1930*, ed. Gizlene Neder, Nancy Priscilla Naro, and José Luiz Werneck da Silva (Rio de Janeiro: Pontifícia Universidade Católica do Rio de Janeiro, 1981), 235. For Lombroso and female criminals see Soihet, *Condição feminina*, 81–110.

degenerate crime.<sup>14</sup> In practice, however, efforts to scientifically investigate crime were not implemented in a consistent manner. For example, in the realm of reproduction, constant bureaucratic delays in relation to forensic evidence complicated investigations of reproductive events that relied heavily on that evidence for prosecution.<sup>15</sup>

Because Rio de Janeiro was the capital during this time period, the city's police force was directly subordinated to the federal government, and practices within its jurisdictional boundaries set precedent for police procedure across the country.<sup>16</sup> The force was part of the federal Ministry of Justice, and the president appointed the city's police chief. The police was then organized into several satellite or auxiliary offices (*delegacias auxiliares*). These provided direct support to the police chief while simultaneously managing specific areas of the police's city-wide duties, such as the medico-legal (forensic) services. The force was further divided into urban and suburban districts or precincts (*delegacias*), each supervised by a district police chief (*delegado*).<sup>17</sup> The district police chiefs oversaw the investigations analyzed throughout this dissertation. These men were the highest-ranking police personnel in the city's precincts. All held law degrees and had professional legal experience, demonstrating that the exchanges between the district police chiefs and everyday citizens often were marked by class (and racial)

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<sup>14</sup> da Cunha, "1933," 146; Idem, *Intenção e gesto*, Chapter two.

<sup>15</sup> See (AN) 0R.1578 (1901); (AN) CT, Cx.2017 N.1233 (1902); (AN) 6Z.0.IQP.105 (1902); (AN) MW.0.IQP.737 (1903); (AN) 0R.0.IQP.3065 (1904); (AN) CT, Cx.2007 N.1975 (1910); (AN) T8.0.IQP.3834 (1911); (AN) 72.0.IQP.90 (1912); (AN) 72.0.IQP.1407 (1915); (AN) CS.0.IQP.3019 (1920); (AN) CS.0.IQP.3693 (1925); (AN) CT, Cx.2006 N.2008 (1926); (TJRJ), Cx.00.502.623-4 Pos.7.G1.S11.1239 (1928); (AN) 6Z.0.IQP.16784 (1932); (AN) CT, Cx.1999 N.302 (1932); (AN) CS.0.IQP.6819 (1933); (AN) CS.O.IQP.7592 (1936). See also Bretas, *Ordem na cidade*, 156–59; Chazkel, *Laws of Chance*, 234. Higher-ranking members of the civil police were acutely aware of these inadequacies. For example, in 1914 former district police chief turned judge Eurico Cruz organized a conference on Rio de Janeiro's police force and judicial system. The conference criticized the irregular police procedures that ultimately allowed criminals to walk free. *A luta técnica contra o crime* (Rio de Janeiro: n.p., 1915). Cited in Bretas, *A Guerra das ruas*, 63.

<sup>16</sup> Bretas, *A guerra das ruas*, 72; Idem, *Ordem na cidade*, 42–43; Jean, "Guardians of Order," 76, 79.

<sup>17</sup> Jean, "Guardians of Order," 79–80.

differences.<sup>18</sup> Even the lower-ranking police deputies (*comissários*), who interacted most frequently with residents on a day-to-day basis, were relatively educated and received middle-class wages.<sup>19</sup> Despite their education, district police chiefs held little practical police training.<sup>20</sup> In fact, most district chiefs did not plan for a career in the police and changed positions frequently.<sup>21</sup> Because the police was subordinated to the Ministry of Justice, every new president would appoint a different city police chief. This chief, in turn, would assign new auxiliary and district chiefs, hampering the creation of a coherent and consistent policing model.<sup>22</sup> The district chiefs in charge of reproductive health investigations changed frequently. No single district chief repressed fertility control more than others. Rather, investigations were spread out over many years under the supervision of a number of different men.

Both the police's admiration for French criminology and its bureaucratic structure were indicative of Brazil's systemic adoption of the authoritarian French form of policing. The French viewed the police force as an agent that could both combat crime and perform larger administrative business, and the French force engaged in matters of statecraft through their civil administrative duties.<sup>23</sup> This was also the case for the Rio de Janeiro police. On a citywide level, the head of the police was in charge of the state-run orphanage, the city's mental institution, and

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<sup>18</sup> Bretas, *Ordem na cidade*, 51.

<sup>19</sup> In 1907, police deputies earned salaries equivalent to those of a professor and district police chiefs' salaries were equivalent to a doctor's. *Ibid.*, 33.

<sup>20</sup> Jean, "Guardians of Order," 82, 128n211. On the day-to-day activities of the police see da Cunha, *Intenção e gesto*, Chapter four.

<sup>21</sup> Bretas, *Ordem na cidade*, 51, 52n33.

<sup>22</sup> *Ibid.*, 47; *Idem*, *A guerra das ruas*, 39–41; Jean, "Guardians of Order," 82–83.

<sup>23</sup> Bretas, *Ordem na cidade*, 39–40; Jean, "Guardians of Order," 12–14, 20.

all municipal cemeteries.<sup>24</sup> On a day-to-day level in their respective police precincts, the district police chiefs oversaw public health inspections and issued letters of admittance to public hospitals.<sup>25</sup> The city's police force held multiple roles, tasked with both providing social services and repressing crime.<sup>26</sup> In regards to reproduction, their dual responsibilities resulted in the force's mediation of not only abortion and infanticide but also pregnancy and birth.<sup>27</sup>

The district police chiefs were the central figures in these investigations. For example, when a woman brought her stillborn child to the precinct for burial assistance, the district police chief decided whether to administer the necessary paperwork or criminally investigate. As such, these men acted as "tacit judges" on a daily basis, employing their knowledge of the law (and their lack of knowledge about medicine) to decide what might comprise a crime. This is doubly important when considering that the city's lower classes relied on police stations for access to public healthcare, the resolution of bureaucratic issues, and the use of municipal burial services. Poor women's reproductive lives were addressed in public, as they had to rely on the police for rudimentary healthcare. Middle- and upper-class women's reproduction remained a private issue, as they could discreetly deal with a pregnancy that ended in a miscarriage or a delivery that resulted in a stillbirth. Elite families had the help of private physicians and the secrecy inherent in the "sacred" private space that upper-class women inhabited. Lower- and working-class

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<sup>24</sup> Bretas, *Ordem na cidade*, 50–51; Jean, "Guardians of Order," 107. For cemeteries see Marcellino da Gama Coelho and José Caetano de Alvarenga Fonseca, *Projecto de Codigo de Policia Municipal da Cidade do Rio de Janeiro* (Rio de Janeiro: Jornal do Commercio de Rodrigues, 1900), 78, 208; *Consolidação das Leis e Posturas Municipaes*, vol. 2 (Rio de Janeiro: Paula Souza, 1905), 124–25.

<sup>25</sup> For example (AN) CS.0.IQP.1740 (1916); (AN) CS.0.IQP.2323 (1918); (AN) Cx.1950 N.118 (1929). See also Bretas, *Ordem na cidade*, 25, 64–65, 99; Chazkel, *Laws of Chance*, 91.

<sup>26</sup> Jean, "Guardians of Order," 107. Bretas posits that this dual role created a conflict for a police force that favored the repression of crime. He names these roles "social service and social control." *Ordem na cidade*, 24, 99.

<sup>27</sup> On this idea of police as mediators, see da Cunha, *Intenção e gesto*, 47.

women, however, had to come to the specific person who could either solve their problem administratively or turn it into a criminal investigation.

### Investigating Reproduction

When looking at judicial records, we begin to comprehend how both women and the police negotiated patriarchal definitions of sexuality and reproduction on a day-to-day basis. Cases also demonstrate how an expanding police force and continued poor health outcomes influenced judicial practice. This chapter is based on the 130 police investigations of abortion, infanticide, miscarriage, stillbirth, and pregnancy in the city of Rio de Janeiro under the 1890 Penal Code (1890 to 1940). The majority involved lower-class women. While the police investigated women in relation to reproductive events under the entirety of the 1890 Code, most investigations occurred between 1900 and 1920, the period in which the police professionalized as a force and developed the practical procedures of their jobs.<sup>28</sup> By the 1930s, overt police involvement in reproductive events had declined slightly as Table 4.1 indicates.

TABLE 4.1 *Number of police investigations per decade*

Decades	Total number of cases
1890-1899	2
1900-1909	44
1910-1919	39
1920-1929	21
1930-1939	24
<b>TOTAL</b>	<b>130</b>

Source: Appendix A.

On the one hand, public health infrastructure expanded in the 1920s and 1930s. Due to a combination of improved police communication and better public health services, the police's

<sup>28</sup> Bretas, *A guerra das ruas*, 38, 71; Idem, *Ordem na cidade*, 47–50; Jean, “Guardians of Order,” 79n133, 80.



role in adjudicating access to healthcare decreased. Hospitals became better able to respond to the non-criminal occurrences of miscarriages and stillbirths. For example, in his study of the force's daily logbooks from seven districts in the early-twentieth century, Marcos Bretas demonstrates that hospital admittance letters for the poor numbered 259 in 1909, sixteen in 1917, and seven in 1925. What is more, the 1925 cases involved emergency health situations, not requests for admittance to public hospitals. Miscarriages registered in the daily logbooks also decreased, from thirty-three in 1909, to thirty-seven in 1917, to only seven in 1925.<sup>29</sup> Yet the early-twentieth-century policing that had established a culture of mistrust towards poor women's reproductive lives continued into the 1930s and expanded into other arenas. The physicians and public health officials who took over the role of first responder in stillbirths or miscarriages continued to suspect poor women.

On the other hand, improvements to health infrastructure still did not adequately meet the population's needs. The majority of the city's population remained impoverished, and, as we saw in Chapter One, reproductive health outcomes remained poor. Thus, the police continued to deal with non-criminal reproductive events throughout the 1920s and 1930s, although to a lesser extent. And the police continued to respond to criminal issues, by, for example, raiding abortion clinics or investigating abortion-related deaths.<sup>30</sup> In fact, abortion investigations become more frequent in the 1930s. While the small number of cases does not allow us to determine if abortion

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<sup>29</sup> *Ordem na cidade*, 99–101, 114.

<sup>30</sup> For abortion clinics see (AN) CS.0.IQP.237 (1908); (AN) CQ.0.IQP.626 (1909); (TJRJ) Cx.00.502.624-6 Pos.Recall (1923); (AN) 6Z.0.PCR.21018 (1938); (AN) 6Z.0.PCR.22279 (1938). For abortion deaths see (AN) CS.0.IQP.3881 (1926); (AN) CT, Cx.1950 N.118 (1929); (AN) CT, Cx.1928 N.60 (1931); (AN) CT, Cx.2010 N.148 (1931); (AN) CT, Cx.1845 N.67 (1932); (AN) CT, Cx.2010 N.535 (1933); (AN) CS.0.IQP.7592 (1936); (AN) CS.0.IQP.8559 (1938); (AN) 6Z.0.IQP.22570 (1938).

became more prevalent than infanticide as a method of fertility control, the cases do demonstrate a gradual shift in police focus on fertility control from infanticide to abortion.<sup>31</sup>

Police procedure also highlights increased police emphasis on abortion. In 1929, the city's Chief of Police conferred upon one district police chief, Antonio Augusto de Mattos Mendes, the power to repress abortion across the city.<sup>32</sup> Nevertheless, I have found only one case, an abortion trial, in which Mendes headed the investigation. This directive demonstrates that when the city's police chief had a specific cause, he did not direct all district precincts to change procedure but rather put the power into the hands of the auxiliary districts or created special task forces to tackle the problem.<sup>33</sup> In the end, however, the Chief of Police's interest in combating abortion did not translate into significant changes to police practice across the city.

Vargas's consolidation of political power throughout the 1930s and the solidification of state patriarchy also contributed to this slight decline in the number of cases over time. During the Republican period, when authority over women's sexual honor shifted from the family to the state, the established gender hierarchy was in flux. The contradictory police actions that we saw in Vieira's investigation were results of this transitional period, as the state, in all of its forms, was uneven in its implementation of patriarchal power. Initially suspicious, the district police chief proved more understanding after listening to Vieira. In this sense, the district police chief was acting as Vieira's father, both protecting and condemning her actions. By the late 1930s, the state had consolidated its control over gender relations, and Vargas had enforced the belief that a strong nuclear family was the basis of social order and the future of the nation.<sup>34</sup> While the police

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<sup>31</sup> See also Rohden, *A arte de enganar a natureza*, 127.

<sup>32</sup> This *Portaria* is included in the abortion trial of the midwife Elly Waeger. (AN) CS.0.PCR.5608 (1930), 5.

<sup>33</sup> Bretas, *Ordem na cidade*, 115–16.

<sup>34</sup> Besse, *Restructuring Patriarchy*; Caulfield, *In Defense of Honor*.

in the mid- to late-1930s was no longer expanding state patriarchy on a day-to-day basis, the web of suspicion regarding poor women's reproduction had already been cast. Police attitudes towards women's bodies had become embedded in official and unofficial channels.

The legal results of these investigations demonstrate the extent to which the police confused poor reproductive health outcomes with criminal events. In fact, most of the 130 investigations were deemed non-criminal. In these investigations, the police district opened an official inquiry, to which the public prosecutor, representing the state, decided not to press charges based on the record, and the case never went to trial.<sup>35</sup> Fifteen cases (12 percent) had evidence of a crime. For example, clear forensic and testimonial proof demonstrated the existence of infanticide, or the police found a live child, but the force was unable to identify the responsible person.<sup>36</sup> Forty-six investigations (35 percent) involved cases in which either forensic evidence was inconclusive or no physical evidence existed. For instance, the police was unable to determine if an infant had been a still or live birth or a rumor had initiated the investigation. From the mid-1920s to the late-1930s, this second subset included women who died from post-abortion infections, but the police was unable to differentiate between an induced abortion and a miscarriage.<sup>37</sup> The third and most common type of cases were investigations of

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<sup>35</sup> I have found only one investigation in which the presiding judge rejected the public prosecutor's decision to close the case and sent it to a higher court prosecutor. This case involved the deflowering of a young woman and then a subsequent abortion. The prosecutor, however, upheld the assistant prosecutor's decision and closed the case. (AN) MW.0.IQP.440 (1902).

<sup>36</sup> I have found one case where the public prosecutor sent the police investigation to trial, but bureaucratic delays caused the statute of limitations to expire. (AN) SF, Cx.2317 N.28 (1892).

<sup>37</sup> See (AN) CS.0.IQP.3881 (1926); (AN) CT, Cx.1950 N.118 (1929); (AN) CT, Cx.1928 N.60 (1931); (AN) CT, Cx.2010 N.148 (1931); (AN) CT, Cx.1845 N.67 (1932); (AN) CT, Cx.2010 N.535 (1933); (AN) CS.0.IQP.7229 (1935); (AN) CS.0.IQP.7592 (1936); (AN) CS.0.IQP.8559 (1938). There are two cases of women being investigated as abortion providers without being charged for any specific procedure. (AN) CS.0.IQP.237 (1908); (AN) CQ.0.IQP.626 (1909). I include them here because no physical evidence was found to incriminate them. Physicians at the time acknowledged the difficulty in differentiating between abortion and miscarriage. Antunes, *Do aborto criminoso*, 10; Mattos, *Aborto criminoso*, 29.

miscarriages or stillbirths for which there was no criminal evidence. Forensic exams determined sixty-nine investigations (53 percent) non-criminal. This chapter focuses on the last subset. In the end, the public prosecutor did not press charges in any of the investigations, and no one went to trial. Yet, as we saw in the previous chapter, the process of being investigated was significant. Police action invited social shame and cast public doubt on the accused woman's sexual morality. The police questioned entire neighborhoods about intimate events, such as when a woman lost her virginity, the details of her marriage, and the circumstances of her delivery.

In this way, the investigations functioned, in the words of Olívia Maria Gomes da Cunha, as permanent “stigmas of dishonor.” Cunha argues that police identification processes in relation to minor crimes such as vagrancy in early-twentieth-century Rio de Janeiro were “rituals” of “categorization and control” that served as processes of “public humiliation.” While few people were convicted of crimes, “the ‘stigmas of dishonor’ resulted from the transformation of ‘suspected’ illicit activities into a permanent record.”<sup>38</sup> In the same way, police investigations of reproductive events publically damaged women's reputations within their communities by creating suspicion towards their sexual and social honor. In this sense, the investigations served as what historian Joanna Pedro calls “pedagogical processes,” teaching women proper modes of behavior through the shame and humiliation of others.<sup>39</sup> Illicit sexual activities and fertility control were punished by public disgrace rather than jail time. These women served as cautionary examples for entire communities, and as Leslie Reagan has argued for the U.S., being investigated itself “constituted a form of punishment and control for women.”<sup>40</sup>

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<sup>38</sup> “The Stigmas of Dishonor,” 305, 309, 311.

<sup>39</sup> *Práticas proibidas*, 11–12.

<sup>40</sup> *When Abortion Was a Crime*, 5.

Who were the women involved in these cases? The available data do not always answer this question, as police records are not complete. For all official witnesses, the police noted information such as age, civil status, nationality, occupation, and literacy, but they did not always include race (unless they conducted a forensic exam).<sup>41</sup> Moreover, the police did not always directly question the woman if she was not the accused party. Thus the investigations often lack women's identifying information. In fact, many women were never officially accused, and the police also investigated male partners, midwives, and neighbors as potential suspects.<sup>42</sup> From the available police data, however, we can deduce that the majority of the women investigated were involved in some form of low-paying domestic service, illiterate, under the age of twenty-five, and of darker skin.

The following racial classifications come from medical exams performed on the women in question.<sup>43</sup> Only forty-three of the 130 investigations included the accused woman's race. Seventeen were considered *parda* (brown-skinned or mixed-race); seventeen were *branca* (white); and six were *preta* (black). Three women were considered black in one medical exam and *parda* in a second.<sup>44</sup> While a small sample size, when compared with the racial makeup of

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<sup>41</sup> For changes in police practice see da Cunha, "1933"; Idem, "The Stigmas of Dishonor."

<sup>42</sup> Scholarship has overlooked this fact. Fabiana Rodrigues argues that abortion and infanticide were crimes practiced in their totality by women. Rodrigues, "Os crimes das mulheres," 22, 53, 112, 121, 149. Under the 1890 Penal Code, abortion, infanticide, and child abandonment could be practiced by both genders. Women practiced these acts with more frequency, but men also performed abortions, committed infanticide, and abandoned children. For suspected men see (AN) T8.0.IQP.1408 (1904); (AN) CT, Cx.1806 N.360 (1912); (AN) 72.0.IQP.1042 (1914); (AN) 6Z.0.IQP.9981 (1927); (AN) CS.0.IQP.8241 (1938). For suspected couples see (AN) 7H.0.IQP.671 (1907); (AN) 0R.0.IQP.6132 (1908); (AN) 6Z.0.IQP.105 (1912); (AN) 70.0.IQP.1517 (1915). For accused men see (AN) CS.0.IQP.1918 (1917); (AN) CS.0.IQP.2352 (1918); (AN) CS.0.IQP.2323 (1918); (AN) CS.0.IQP.3693 (1925); (AN) 70.0.IQP.9291 (1929); (AN) 70.0.IQP.10555 (1930).

<sup>43</sup> See the following exceptions: police annotations, (AN) 72.0.IQP.1412 (1915); (AN) 70.0.IQP.3005 (1919); (AN) CT, Cx.1740 N.1072 (1935). Official death certificate, (AN) T7.0.IQP.1922 (1908). Hospital records, (AN) CS.0.IQP.3693 (1925). The race of one white woman was determined from her nationality (Italian), (AN) CT, Cx.1956 N.587 (1898).

<sup>44</sup> (AN) CS.0.IQP.2204 (1912); (AN) CT, Cx.1928 N.60 (1931); (AN) 6Z.0.IQP.16784 (1932).

the 1890 and 1940 censuses, these numbers establish that the women involved were disproportionately of color as Table 4.2 demonstrates.

TABLE 4.2 *Color of women as percentage of investigations where color was recorded and of census population*

Color	Investigations	1890 Census	1940 Census
White ( <i>branca</i> )	40	56	69
<i>Mestiça/cabocla</i> (1890); <i>Parda</i> (1940) <sup>45</sup>	44	19	18
Black ( <i>preta</i> )	16	15	13

Source: Republica dos Estados Unidos do Brazil, *Recenseamento do Distrito Federal (Cidade do Rio de Janeiro) em 31 de dezembro de 1890* (Rio de Janeiro: Leuzinger, 1895), xvi, 36, 38-39; Instituto Brasileiro de Geografia e Estatística, *Recenseamento geral do Brasil (1 de setembro de 1940)*, Distrito Federal, Part 16 (Rio de Janeiro: Instituto Brasileiro de Geografia e Estatística, 1951), 52.

Fifty-seven investigations recorded the occupation of the accused woman. Twenty-six (46 percent) were described as *domésticas* (housewives); twenty-two (39 percent) as working in domestic service (*serviços domésticos*); six (11 percent) as cooks (*cosinheira*); one as a seamstress (*costureira*); one as a merchant (*comerciante*); and one as a bank teller (*bancária*).<sup>46</sup> The police employed the category *doméstica* when women reportedly did not work outside the home. In practice, however, the term often signified women engaged in informal wage work as domestic servants.<sup>47</sup> The police had the tendency to view unofficial female work as non-

<sup>45</sup> In the 1890 Census, the term *pardo/a* was not used. Instead the terms *mestiça* (mixed race) and *cabocla* (mixed race of indigenous descent) were used. The 1940 Census compared its data to the 1890 census by labeling the 1890 categories as *branco* and *preto/pardo*. Instituto Brasileiro de Geografia e Estatística, *Recenseamento geral do Brasil (1 de setembro de 1940)*, 1. Race was not recorded in the 1900, 1906, and 1920 censuses. See Edith Piza and Fúlvia Rosemberg, “Cor nos censos brasileiros,” *Revista USP*, no. 40 (December 1998): 122–37. For the purposes of these calculations, of the three women who were considered both black and *parda*, I assigned two to the *parda* category and one to the black category. This method has the least distortion of the statistical results. In the end, the most salient feature is that whether marked as *mestiça*, *parda*, or *preta*, these classifications implied women of color.

<sup>46</sup> Two of the domestic servants were defined as *arrumadeira* and *agregada*, both implying maids. One of the cooks was noted as a *copeira*, or kitchen helper. Both the merchant and bank teller died from illegal abortions. These occupations were taken either from police testimony or the autopsy report.

<sup>47</sup> Sueann Caulfield classifies her use of the category *doméstica* to refer to women who did not work outside of the home. *In Defense of Honor*, 158–59. I use the same definition. However, if the woman or other witnesses mentioned that she worked for wages, I coded her occupation as a domestic servant, even if the police officially recorded her as a *doméstica*.

professional and classify it in error.<sup>48</sup> The police also recorded the literacy of forty-eight women. Twenty-nine women (60 percent) were illiterate, while nineteen women (40 percent) were literate.<sup>49</sup> Additionally, the police recorded the age of sixty-six women. The majority of women were between the ages of twenty and twenty-four as Table 4.3 demonstrates.

TABLE 4.3 *Number of women according to recorded age*

Age	Women
15-19	19
20-24	28 <sup>50</sup>
25-29	7
30-39	11
40 and over	1
<b>TOTAL</b>	<b>66</b>

Source: Appendix A.

Finally, there was no significant category in regards to women’s marital status. Of the seventy-seven women for whom civil status was noted, single and married women appear in almost equal numbers, which contradicts the statistics for women prosecuted for infanticide and abortion (overwhelmingly single) examined in Chapter Five. In fact, if we include the category of *amasiada*, or non-married but coupled, a common occurrence in Brazilian history, the number of women in stable relationships was higher than the number of single women as Table 4.4 demonstrates.<sup>51</sup>

<sup>48</sup> Engel, “Paixão, crime e relações de gênero,” 160. See (AN) T8.0.IQP.1773 (1905); (AN) Cx.1999 N.302 (1932); (AN) CS.0.IQP.8241 (1938).

<sup>49</sup> This includes one woman who could “sign her name.” (AN) CS.0.IQP.6967 (1933).

<sup>50</sup> In one case the age of the woman was recorded as “presumed” twenty-six by the police and twenty-two by the forensic exam. I used the age from the forensic exam. (AN) T8.0.IQP.3623 (1910).

<sup>51</sup> Magali Engel argues that the term *amasiamento* was used in both newspapers and judicial documents to refer to unofficial marriages. Engel, “Paixão, crime e relações de gênero,” 162, 174n23. Martha Abreu de Esteves demonstrates that informal unions were common among Rio de Janeiro’s lower classes. *Meninas perdidas*, 181–90.

TABLE 4.4 *Number of women according to recorded civil status*

Civil Status	Women
Single ( <i>solteira</i> )	30
Married ( <i>casada</i> )	28
Coupled but unmarried ( <i>amasiada</i> )	12
Widowed ( <i>viuva</i> )	5
Separated ( <i>separada</i> )	2
<b>TOTAL</b>	<b>77</b>

Source: Appendix A.

The investigations contained two main components: witness testimony and medico-legal exams. Witnesses were often neighbors, family members, doctors, and midwives, and testimony was rich in detail but strictly guided by the police.<sup>52</sup> As Olívia Maria Gomes da Cunha argues in relation to women charged for vagrancy, the police placed serious importance on favorable male testimony.<sup>53</sup> It was no coincidence that the police chief believed Vieira and her female friend's story after it was corroborated by male police officers. The second component of the investigations was the medico-legal exam. There were four principal exams in reproductive-related investigations. First, pelvic exams were performed on women to determine the existence of a recent birth or criminal abortion. These were termed "supposed birth exams" (*exame de parto suposto*) or "criminal or provoked abortion exams" (*exame de aborto criminoso* or *provocado*). Second, bodily exams (*corpo de delito*) were performed on women in domestic violence cases that resulted in miscarriages to determine if the abuse had caused the miscarriage. They were also performed on live infants that had been abandoned. Third, infanticide autopsies (*exame de infanticídio*) tried to determine if a newborn was a still or live birth and, if the latter, the cause of death. Last, the police performed autopsies on women who died from postabortion

<sup>52</sup> On police questioning see Fischer, *A Poverty of Rights*, 379n40.

<sup>53</sup> "The Stigmas of Dishonor," 304–5.



or postpartum complications. Most women underwent these invasive and often terrifying procedures, and the exams' dry legalese belies their terrorizing effects.

In these exams, the police displayed legal and medical confusion over many reproductive events. Scholars have demonstrated that the police confounded abortion with infanticide during the early-twentieth century.<sup>54</sup> In practice, however, the police more often confused stillbirth with infanticide. The *docimasia pulmonar hydrostatica*, colloquially known as the water test, analyzed the fetal lungs as a whole and in segments to determine whether the infant had died *in utero* or after birth. It was believed that floating lungs indicated the infant had breathed and thus had been born alive.<sup>55</sup> While the efficacy of the exam is questionable, as all pulmonary tissue typically floats (especially if the cadaver is in a state of decomposition), the courts relied on the test for prosecution.<sup>56</sup> Generally, medico-legal specialists carefully cited inconclusive results, and the police often used witness testimony to make up for this lacuna in forensic data. Understanding a woman's sexual behavior—and if it fit into proper definitions of womanhood and motherhood—was unofficially just as important as scientific “proof.” Women were not simply passive victims of overzealous police action, however. Rather, they actively negotiated invasive policing. For example, when the young Italian immigrant Rosa Chrispim faced trial for infanticide in 1907, she hired a lawyer who successfully barred the police from performing a pelvic exam on his client.<sup>57</sup>

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<sup>54</sup> Rohden, *A arte de enganar a natureza*, 127–28. See (AN) CT, Cx.1978 N.1036 (1924).

<sup>55</sup> For a historical overview see Mark Jackson, “Suspicious Infant Deaths: The Statute of 1624 and Medical Evidence at Coroner’s Inquests,” in *Legal Medicine in History*, ed. Michael Clark and Catherine Crawford (Cambridge: University of Cambridge, 1994), 75–81.

<sup>56</sup> For a current-day evaluation of the test see Jack Moar, “The Hydrostatic Test: A Valid Method of Determining Live Birth?,” *The American Journal of Forensic Medicine and Pathology* 18, no. 1 (1997): 109–10.

<sup>57</sup> (AN) CA.CT4.0.376 (1907).

How exactly did the police become involved with poor women's reproductive lives? And how were miscarriages and stillbirths investigated as abortion and infanticide? The following cases demonstrate how the police's institutional structure—crime control and administration—provided the force with the initial contact with poor women's reproductive lives. But police action demonstrated larger negotiations between women and the state over understandings of gender and sexuality.

### **Criminal Births**

The civil police's dual roles in crime control and social service administration created the institutional structure within which poor women were investigated for reproductive events that were not necessarily criminal. As we saw in the previous chapter, one point of contact between the police and women's reproductive lives was community denunciation. In these cases, the police acted in the capacity of a criminal enforcement agency. The 1906 infanticide investigation of eighteen-year-old Etelvina de Aguiar highlights how the police responded to infanticide allegations regarding women who acted outside of gendered norms of behavior.<sup>58</sup> The pregnant Aguiar was a live-in domestic servant in a lower-middle-class suburb. As she neared her due date, her employers informed her that she needed to find another home in which to deliver her child.<sup>59</sup> Aguiar moved out to give birth, but soon after she returned to the home of her former employer, asking to be reinstated as a domestic servant. However, an anonymous denunciation alerted the police that Aguiar's infant had "disappeared," and the force investigated the case.

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<sup>58</sup> (AN) 7H.0.IQP.671 (1907). See also Rodrigues, "Os crimes das mulheres," 125; Rohden, *A arte de enganar a natureza*, 131.

<sup>59</sup> Sandra Lauderdale Graham demonstrates how Aguiar's employer had unilateral power over her in terms of where she could give birth and if she would be rehired. *House and Street*, 107.

Aguiar and her partner testified that she had had an “undoing” (*desmancho*) alone in her partner’s home, a euphemism for a first-trimester miscarriage.<sup>60</sup> Contrary to the statements of Aguiar and her partner, most of the witnesses testified that Aguiar had been roughly eight-months pregnant when she gave birth. The other witnesses, including her former employers, also stated that Aguiar had allegedly given birth to a stillborn son, although no one ever saw the body or knew where it was buried. Perhaps most damning, however, were the words of her employer, Antonio Coelho. Early on in the investigation Coelho testified that “lately” Aguiar had not been sleeping in her domestic servant quarters and that she “did not have honest behavior.” The police took heed of the words coming from a man of higher social standing than Aguiar and proceeded to question the other witnesses about Aguiar’s behavior. The investigation soon switched from determining the possibility of infanticide to judging Aguiar’s guilt based on her overall behavior. Even her partner hoped to avoid possible condemnation by stating that while he had had sexual relations with Aguiar, he had not impregnated her: “he had relations with the indicated [Aguiar] but the pregnancy...came from another man and not he the indicated.” Here, the only other male witness corroborated the story of Aguiar’s sexual promiscuity.

The police never found the infant and thus never performed an autopsy. The district police chief suspected an infanticide due to the testimonial discrepancies: “Etelvina’s [Aguiar’s] attitude, wanting to negate a fact told by four witnesses—that is that she was...in a very pregnant state—rigorously suggests the conviction that in reality Etelvina [Aguiar] gave birth to an infant and that she committed infanticide.” But he lamented the lack of forensic evidence, as without it, the state could not prosecute. While Aguiar avoided punishment, the district police chief, as well

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<sup>60</sup> Aguiar did not specifically refer to which trimester she was in, but from reading her case along with others, *desmancho* most often referred to an early miscarriage. She later changed her story, reporting that she had been four months pregnant when she miscarried.

as the other men in her life, still managed to condemn her sexual behavior. Her “promiscuous” sexuality and outward rejection of motherhood—the only honorable role left for her—required correction, and the police chief played the role of patriarchal enforcer.

The 1911 home delivery of sixteen-year-old Angelica de Lourdes also demonstrates the police’s role as both criminal enforcer and benevolent patriarch.<sup>61</sup> An illiterate woman of color from Northeast Brazil, Lourdes worked as a live-in nanny near the city center. According to her employer, Dr. João Baptista, one morning Lourdes complained of stomach pains and went to her room. Soon after, the members of the house realized that Lourdes was in labor and called a midwife. By the time the midwife arrived, however, Lourdes had given birth, and the infant was dead. The midwife noticed bruising around the child’s neck and mouth, to her the signs of a violent death, and she voiced her suspicions to Baptista, who then notified the authorities.<sup>62</sup> The police interrogated Lourdes in the precinct mere hours later. They also questioned Baptista and the other household servants. In her statement, Lourdes declared that she had been “violently raped” by Baptista’s gardener nine months earlier. The gardener acknowledged that he was the father of the child, but he described the sexual encounter in less violent terms. He had “deflowered” Lourdes and had planned to marry her.<sup>63</sup> Several months after the rape, Lourdes noticed changes in her body but because “she did not know the signs of pregnancy, she was unaware that she was pregnant.”

The autopsy (employing the water test) detailed that the child had been born alive but died soon after. The doctors did not find evidence of manual strangulation. Rather, the death was

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<sup>61</sup> (AN) CR.0.IQP.466 (1911).

<sup>62</sup> Perhaps the midwife was trying to shield herself from any police suspicion that she had caused the infant’s death.

<sup>63</sup> “To deflower” and “to rape” were two separate crimes under the 1890 Penal Code. João Vieira de Araujo, *O Código Penal interpretado*, vol. 1 (Rio de Janeiro: Imprensa Nacional, 1901), 305–42. For the difference between “deflowering” and “rape” see Caulfield, *In Defense of Honor*, 34–35.

caused by a skull fracture and subsequent brain hemorrhage. Lourdes testified that she had grabbed the child's head to facilitate its delivery: "In the desperation of pain, she guided her hands to the area to grasp the child...[forcing] its delivery and let[ting] it fall to the floor." Lourdes fainted and only after she awoke did she notice that the infant was dead. The district chief investigated Lourdes because the midwife had suspected infanticide, suspicions voiced to the police by a male authority figure.<sup>64</sup> But the district chief was more understanding in his paternalistic summary remarks: "A young girl from the North, naïve and ignorant, ignored her [pregnant] state, not knowing what was causing the growth of her belly." He contended that the autopsy's conclusion precluded the existence of an infanticide. To the chief, the cause of death was "the force made by the impatient girl to free herself." His sympathetic words placed Lourdes in the role of innocent and seduced daughter in need of protection.<sup>65</sup>

Twenty years later a similar case occurred not far from Lourdes's neighborhood. In December 1932, a garbage collector found a dead infant in the trash.<sup>66</sup> The police investigated and "after various diligences" questioned the eighteen-year-old live-in domestic servant Maria Augusta, a black migrant from the neighboring state of Minas Gerais. The literate Augusta testified that the night before she had unexpectedly delivered a stillborn infant in the bathroom of her employer's house. Augusta continued "that with fear of her bosses knowing that she was a mother," she placed the infant in the trash. Like Lourdes, Augusta had denied her pregnancy, noticing "that her belly was slightly larger but...[ignoring] that she was pregnant."

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<sup>64</sup> It is possible that the midwife wanted to protect herself from any possible denunciations.

<sup>65</sup> See also Reagan, *When Abortion Was a Crime*, 59–60. For Carioca judges as paternal figures see da Cunha, *Intenção e gesto*, 117.

<sup>66</sup> (AN) 6Z.IQP.16784 (1933).

The police questioned Augusta about her sexual history. She testified that she had sexual intercourse for the first time in Minas Gerais with a man “whose name she can’t remember.” After arriving in Rio, Augusta had met a soldier, and the couple “had many carnal relations together in the surrounding empty fields.” But by the time Augusta gave birth, she had not seen her partner in months. The autopsy report (which included the water test) concluded that the infant had been born alive and died from manual strangulation (determined by small markings on the infant’s neck) and asphyxiation (determined from trash residuals in the throat). There was a several week delay between when the autopsy was conducted and when the precinct received the report. During this time, Augusta committed suicide by lighting herself on fire. The district chief concluded that “possibly touched by remorse for the crime...[Augusta] committed suicide, setting fire to her dresses.” Here, the chief took on the role of irate father, projecting his own views of guilt onto Augusta. We do not know if Augusta felt “remorse”; perhaps she was terrified of what would happen and saw death as her only option. Her actions demonstrate an extreme version of the desperate situation many poor women of color confronted in the face of an unwanted pregnancy.

In the end, neither Aguiar, Lourdes, nor Augusta were prosecuted for infanticide. In the case of Aguiar, the police was unable to perform an autopsy. For Lourdes and Augusta, both autopsies concluded that the women had delivered live children that died from somewhat violent means.<sup>67</sup> With Lourdes, the police chief empathized with her case—she had stated she had been raped and thus had not engaged in “promiscuous” sexual activity freely—and believed she did not commit infanticide. The police condemned Aguiar and Augusta, however, for their sexual promiscuity, actions that marked them guilty of infanticide. Perhaps Aguiar’s male employer

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<sup>67</sup> See also (AN) 70.0.IQP.3005 (1919).

initiated the “stigmas of dishonor” by stating she was not an “honest woman.” For Augusta, her frank discussion of her sexual history with several men may have convinced the district chief that the autopsy was indicative of infanticide. But her violent suicide precluded the police’s ability to press charges, although it seems that Augusta would have been charged if she had not died. Through sympathy or condemnation, the police reinforced the Brazilian’s definition of proper female sexuality on a day-to-day basis.

Denunciations of possible crimes, particularly infanticides, alerted the police to reproductive-related events. As we saw in the previous chapter, because these crimes could be violent and often caught the public’s attention with newspapers printing scandalous headlines, the police felt pressure to spend their resources on investigating them.<sup>68</sup> Police surveillance of supposed fertility control both drew on and added to the larger culture of condemnation surrounding these practices. But non-violent events such as burial procedures also attracted police attention and existed at the center of the force’s twofold responsibilities.

### **Disposing of the Dead**

In addition to acting as a criminal enforcement agency, the police was in charge of the bureaucratic formalities surrounding burial procedures. Because municipal cemeteries were under police jurisdiction, the police was in charge of the registration, proper disposal, and burial of the dead during the First Republic and early-Vargas era.<sup>69</sup> In this sense, cemetery duties also

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<sup>68</sup> See (AN) SF, Cx.2314 N.798 (1902); (AN) MW.0.IQP.1852 (1908); (AN) CS.0.IQP.237 (1908); (AN) T8.0.IQP.2697 (1908); (AN) CT, Cx.1806 N.360 (1912); (AN) CS.0.IQP.2323 (1918); (AN) CT, Cx.154 N.4714 (1937). Bretas also argues this in terms of other types of investigations. *Ordem na cidade*, 117, 136.

<sup>69</sup> In 1890, the new Republican state passed legislation that secularized all cemeteries, placing their control in the hands of the local police. Decreto N. 789 of 29 September 1890 implemented Article 72§5 of the 1891 Constitution. *Consolidação*, 1905, 2:124–25. Although retaining their religious affiliations, cemeteries had been under municipal control since at least 1828. For Rio de Janeiro see *Posturas da Camara Municipal do Rio de Janeiro* (Rio de Janeiro: Imperial e Nacional, 1830); *Codigo de Posturas da Ilustrissima Camara municipal do Rio de Janeiro e*

involved the force's dual capacities. On the one hand, the police managed access to the municipal cemeteries. On the other hand, because criminal law regulated the disposal of the dead, the unlawful discarding of cadavers in public was a misdemeanor.<sup>70</sup> And the practice of the public disposal of cadavers, including newborns, was a salient feature of early-twentieth-century city life. If deemed infanticide, newborn cadavers were part of the police's crime controlling duties. If declared a stillbirth, they were both an administrative and criminal concern, although the latter as a misdemeanor. How the police chose to react, however, hinged upon larger notions of class, gender, and race.

Beginning in 1900—the earliest year in which I found an investigation of the public disposal of a dead infant—passersby and the police found fetuses on the street or in parks, washed up on beaches, floating in Guanabara Bay, in abandoned yards, or in drainage canals constructed as part of the urban reforms to sanitize the city center. They appeared near train stations, on ferries, and in the backyards of houses and abandoned lots. They were wrapped in newspapers, fabric, or even put into tin containers. Sometimes they were dressed in carefully prepared baby clothes. Similar to the longstanding visible practice of child abandonment in colonial Brazil, abandoned newborn cadavers were part of, in the words of Alcileide Cabral do Nascimento, the “urban landscape” of Rio de Janeiro.<sup>71</sup>

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*Editaes da mesma Camara* (Rio de Janeiro: Eduardo & Henrique Laemmert, 1870); *Codigo de Posturas da Cidade do Rio de Janeiro*, 1889.

<sup>70</sup> The 1890 Penal Code classified as a misdemeanor the burial of bodies in violation of sanitary regulations (Article 364). Soares, *Codigo Penal de 1890*, 728.

<sup>71</sup> “O ‘espetáculo’ da morte de crianças e a Casa dos Expostos no Recife colonial,” in *Uma história social do abandono de crianças: De Portugal ao Brasil, séculos XVIII-XX*, ed. Renato Pinto Venancio (São Paulo: Alameda/Editora PUC Minas, 2010), 254. Contemporary physicians commented on this phenomenon. See João Gonçalves Lopes Filho, *Do infanticidio* (Rio de Janeiro: Companhia Impressora, 1894), 7; Aldemaro Coutinho Pessoa, *Exame medico legal e autopsia do recém-nascido* (Rio de Janeiro: A. Graça, 1910), 8.



Forty-seven of the 130 investigations examined here dealt directly with the public disposal of a fetus or newborn. While the majority of these cases occurred in the first two decades of the twentieth century, the practice continued into the early-Vargas era as Table 4.5 shows.

TABLE 4.5 *Number of investigations dealing with public disposals of newborns per decade*

Decade	Number of investigations
1900-1909	17
1910-1919	16
1920-1929	8
1930-1939	6
<b>TOTAL</b>	<b>47</b>

Source: Appendix A.

The infant cadavers underwent forensic testing to determine if a crime existed. In most cases the results determined a stillbirth. Apart from a series of six cases of newborn cadavers found floating in the ocean in 1921, the investigations were not concentrated in any specific districts. Other than 1921, the greatest numbers were investigated in the years 1908 to 1910.<sup>72</sup> In other words, it does not appear that any specific district chief investigated these disposals more than his counterparts.

The corpses of newborn infants were not the only bodies left in public places, however. In fact, in their early-twentieth-century annual reports, the city's police included the number of adult and newborn cadavers found in the city's streets and surrounding waters shown in Table 4.6. While data past 1906 are not available, this table highlights the practice of public disposals as a facet of urban life in the first two decades of the Republic. The contrast between the number of public disposals of infants reported and the number of investigations conducted demonstrates that the police did not investigate every publicly abandoned cadaver.

<sup>72</sup> There were four investigations in 1908, three in 1909, and four in 1910.

TABLE 4.6 *Abandoned cadavers found in public, Rio de Janeiro, 1891 to 1906*

Year	Adult Cadavers	Infant Cadavers	Total Cadavers
1891	36	5	41
1892	--	--	--
1893	--	--	--
1894	56	4	60
1895	84	8	92
1896	58	7	65
1897	71	13	84
1898	--	--	110*
1899	38	3	41
1900	37	13	50
1901	--	--	58
1902	--	--	29*
1903	--	--	32*
1904	41	15	56
1905	33	6	39
1906	--	--	76*

\* The police did not specify if the cadavers were adult or newborn in 1898, 1902, 1903, and 1906.

*Source: Relatório apresentado ao Presidente da Republica dos Estados Unidos do Brasil em junho de 1891.* (Rio de Janeiro: Imprensa Nacional, 1891), Anexo, 11; *Relatório apresentado ao Presidente da República dos Estados Unidos do Brasil em abril de 1895* (Rio de Janeiro: Imprensa Nacional, 1895), 64; *Relatório apresentado ao Presidente da República dos Estados Unidos do Brasil em abril de 1896* (Rio de Janeiro: Imprensa Nacional, 1896), 73; *Relatório apresentado ao Presidente da República dos Estados Unidos do Brasil em março de 1897* (Rio de Janeiro: Imprensa Nacional, 1897), 132; *Relatório apresentado ao Presidente da República dos Estados Unidos do Brasil em abril de 1898* (Rio de Janeiro: Imprensa Nacional, 1898), 247–48; *Relatório apresentado ao Presidente da República dos Estados Unidos do Brasil em março de 1899* (Rio de Janeiro: Imprensa Nacional, 1899), 77; *Relatório apresentado ao Presidente da Republica dos Estados Unidos do Brasil em março de 1900* (Rio de Janeiro: Imprensa Nacional, 1900), 168; *Relatório apresentado ao Presidente da República dos Estados Unidos do Brasil em março de 1901* (Rio de Janeiro: Imprensa Nacional, 1901), 164; *Relatório apresentado ao Presidente da República dos Estados Unidos do Brasil em março de 1902* (Rio de Janeiro: Imprensa Nacional, 1902), 84; *Relatório apresentado ao Presidente da República dos Estados Unidos do Brasil em abril de 1903* (Rio de Janeiro: Imprensa Nacional, 1903), 81; *Relatório apresentado ao Presidente da Republica dos Estados Unidos do Brasil em março de 1904* (Rio de Janeiro: Imprensa Nacional, 1904), Anexo, 132; *Relatório apresentado ao Presidente da República dos Estados Unidos do Brasil em março de 1905* (Rio de Janeiro: Imprensa Nacional, 1905), Anexo G, 184; *Relatório apresentado ao Presidente da Republica dos Estados Unidos do Brasil em março de 1906* (Rio de Janeiro: Imprensa Nacional, 1906), Anexo E, 14; *Relatório apresentado ao Presidente da República dos Estados Unidos do Brasil em março de 1907*, vol. 1 (Rio de Janeiro: Imprensa Nacional, 1907), 79.

The physical expansion of the city in the post-abolition period resulted in the increased detection of these public disposals. The development of the city's infrastructure made these disposals more visible, as construction of public works and transportation lines facilitated the

discovery of fetuses and infant cadavers.<sup>73</sup> In 1908, for example, employees of the train line that went from the city center to the suburbs found an infant cadaver that had been strangled to death next to the tracks.<sup>74</sup> The conductor hypothesized that one of the passengers had thrown the infant, wrapped in newspapers, from the window of the train car. The police was unable to locate any suspects. In 1919, the city contracted the public waste department to construct a landfill in one suburban district. The immigrant men contracted to do the job found a buried stillborn infant.<sup>75</sup> A year later, crew members of the ferry boat *Cantaceira* found a stillborn infant under a first-class bench during a Niterói-Rio route.<sup>76</sup> In the latter two cases, the police never found who abandoned the cadaver.

But urban infrastructure still did not meet the needs of the city's growing population. Thus, urban sprawl and its accompanying poverty led to the conditions in which bodies continued to be publicly discarded. Poor reproductive health outcomes, cramped living conditions, and lack of financial resources affected if and how people disposed of the dead. In particular, the financial inability to pay for a proper burial coupled with the bureaucratic hoops one had to jump through to receive public assistance resulted in public disposals. For example, a 1909 investigation of a fetus found floating in the ocean touched upon not only burial regulations but also the prohibitive expenses they entailed.<sup>77</sup> The autopsy cited a miscarriage, and the district police chief questioned neighboring residents for possible motives behind the disposal. The

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<sup>73</sup> On public transportation see Benchimol, *Pereira Passos*, 239–43, 260–62; Meade, “Civilizing” *Rio*, 79–82, 123, 128.

<sup>74</sup> (AN) T8.0.IQP.2697 (1908).

<sup>75</sup> (AN) CS.0.IQP.2819 (1919).

<sup>76</sup> (AN) CT, Cx.2009 N.1523 (1921).

<sup>77</sup> (AN) MW.0.IQP.2273 (1909). For other non-criminal cases see (AN) 0R.4460 (1906); (AN) T8.0.IQP.1773 (1905); (AN) MW.0.IQP.2162 (1908).

witnesses offered the hypothesis that it was “to avoid orders and burial expenses” or “to hide some fact.” But people also clearly abandoned newborns to hide infanticides. In 1902, one district chief investigated a case in which a newborn was found in the street with twine wrapped around its neck.<sup>78</sup> While an autopsy showed the cause of death as manual strangulation, the police was unable to locate any suspects.

Even Cariocas intent on following proper bureaucratic formalities often ran into problems with the police in relation to burying the dead. In 1908, a trunk containing the cadaver of a newborn infant was found outside the Teatro Municipal, alongside the recently-constructed Avenida Central—the pride and joy of Mayor Pereira Passos’s urban reforms (1902-1906).<sup>79</sup> Upon reading about the event in the newspaper, the cobbler Antonio Ferreira Campos went to the district police station in charge of the case with the following information. His domestic servant Maria Emilia had given birth in his home the previous day. The child was a stillborn, and as Emilia did not have the “means for its burial,” Campos brought the cadaver to the Central Police Station for the necessary paperwork to send the cadaver to the Public Morgue for its “legal ends.” Enlisting the help of his friend, Theodoro Pedro Martins, Campos took the child to the police where he was given the “respective guide for its burial...[and] with permission from an official...they headed for the Public Morgue.” At this point the two men ran into trouble as they became separated on their journey. Although Campos waited at the morgue for several hours, Martins and the trunk with the newborn never appeared.

The forensic exam performed on the newborn, which included the water test, determined that it was a stillbirth. The district chief stated that the stillborn infant had been brought to the

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<sup>78</sup> (AN) 0I.0.IQP.2872 (1902). For other criminal cases see (AN) 0R.1647 (1901); (AN) CT, Cx.2017 N.1233 (1902); (AN) T8.0.IQP.2697 (1908); (AN) 6Z.0.IQP.16784 (1932).

<sup>79</sup> (AN) MW.0.IQP.1852 (1908).

police's central command "to be buried after the legal requirements [were] met." Perhaps the testimony of a middle-class man convinced the district chief he did not need to question the mother of the infant, Maria Emilia. Campos described his employee as *preta* (black). A poor woman of color, Emilia did not have the resources to bury her stillborn infant. We can hypothesize that if Emilia had been the one to publicly discard the infant, perhaps the police would not have been so understanding in their conclusion. Most likely, the words of her white male employer proved important in the force's decision to not condemn the single woman for an out-of-wedlock pregnancy. Campos's words shielded Emilia from excessive police intervention.

In the face of miscarriage and stillbirth, some Cariocas chose to bury the fetus or infant at home. The police also responded to these home burials in its dual capacity, often hearing about the burial through denunciation (and responding with a criminal investigation) and then performing administrative duties to properly bury the infant. In 1904, an anonymous denunciation letter alerted the police that the twenty-four-year-old *parda* Guilhermina Gonçalves de Assis and her partner (*amasio*) João Pinto, had buried a fetus in the backyard of their building near the city center.<sup>80</sup> The couple and the unlicensed midwife who attended the birth testified that Assis had prematurely delivered a fetus of six-months gestational age in her home. Pinto testified that he was unaware of the proper burial procedures. He believed that a stillbirth did not need to be brought to the attention of the police, so he "got a small wooden box and buried [it] in the backyard." Two female neighbors confirmed the couple's story that Assis had fallen down a flight of stairs a month earlier, which they believe caused the stillbirth.<sup>81</sup> The autopsy, employing

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<sup>80</sup> (AN) T7.0.IQP.403 (1904).

<sup>81</sup> Women highlighting that a fall or equivalent event, and not criminal behavior, was the reason behind a miscarriage or premature birth was a common theme. For supposed falls see (AN) 7C.495 (1902); (AN) T8.0.IQP.2701 (1908); (AN) T8.0.IQP.2727 (1908); (AN) T8.0.IQP.3239 (1909); (AN) T8.0.IQP.3254 (1909); T8.0.IQP.3623 (1910); for physical altercations see (AN) 0R.0.IQP.6132 (1908); for a 'scare' see (AN)

the water test, confirmed their story. Similarly, in 1911 an anonymous letter alerted the police that a soldier had buried a fetus in his backyard.<sup>82</sup> Antonio Ferreira de Oliveira told authorities that he had been away on assignment for nine days. Upon return, his wife, in her “excitement,” had miscarried (*desmancho*) a fetus of roughly three-months gestational age. Oliveira declared that he buried the child out of ignorance and without malicious intent.<sup>83</sup> He testified that if the child had been born to term, he would not have buried it in the backyard. The police dug up the backyard and sent the fetal remains to their medico-legal specialists for forensic testing, which confirmed the miscarriage.

A 1927 investigation highlights how home burials persisted into the late-Republican period and extended to the middle class.<sup>84</sup> Twenty-eight-year-old George Lemos, a federal employee at the Ministry of Agriculture, told the police that his girlfriend had suffered a premature delivery at home. Lemos, acting “in complete ignorance of the legal formalities,” had taken the cadaver in a suitcase to his friend’s house to bury it in the backyard. The friend’s stepmother, wanting to avoid problems, notified the police. The girlfriend stated that Lemos was unable to pay the funeral expenses and thus had proposed the backyard burial. She thought no harm had been done as “in her land in this manner one proceeded and nothing happened.” (Her testimony stated that she was Brazilian).

These investigations demonstrate that there was a familiarity with home burials in the case of miscarriages and stillbirths. This understanding was influenced by two trends. On the one

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T7.0.IQP.1142 (1909); for carrying heavy loads see (AN) MW.0.IQP.2634 (1910); for accidentally hitting her stomach see (AN) CS.0.IQP.1154 (1914); for high heels see (AN) CX, Cx.154 N.4714 (1937).

<sup>82</sup> (AN) T8.0.IQP.3834 (1911).

<sup>83</sup> For a much later case in which a doctor supposedly advised the grandmother she could bury a stillbirth in the backyard “because it was a fetus,” see (AN) CT, Cx.154 N.4714 (1937).

<sup>84</sup> (AN) 6Z.0.IQP.9981 (1927).

hand, acceptance of home burials probably came from Portuguese traditions, reinforced by the arrival of Portuguese immigrants from the rural north.<sup>85</sup> Northern Portugal had a long tradition of churchyard and unofficial burials, and public cemeteries did not arrive in the region until the 1920s and 1930s.<sup>86</sup> On the other hand, miscarriages and stillbirths were not seen as the grave events we regard them as today. João José Reis contends that child death in nineteenth-century Salvador da Bahia was viewed as a less solemn occasion than its adult counterpart. High infant mortality rates contributed to this cultural and religious outlook, as most families had experienced the loss of an infant child.<sup>87</sup> By the late-nineteenth and early-twentieth centuries, urban, elite Brazilians began to experience the death of young children as a somber affair.<sup>88</sup> However, Brazilians of all classes viewed stillbirth differently than infant death. In the late-nineteenth and early-twentieth centuries, both the Brazilian elite and the lower classes viewed stillbirths as distinct from and less serious than the death of an infant that had already become part of the family.<sup>89</sup> Perhaps this was due to the Catholic view of newborns as free of sin and thus automatically sent to heaven (*anjinhos*).<sup>90</sup> Home burials of fetuses and stillborn infants falls

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<sup>85</sup> Klein, "Portuguese Immigrants," 310–11, 317.

<sup>86</sup> Patricia Goldey, "The Good Death: Personal Salvation and Community Identity," in *Death in Portugal: Studies in Portuguese Anthropology and Modern History*, ed. Rui Feijó, Herminio Martins, and João de Pina-Cabral, JASO Occasional Papers 2 (Oxford: Journal of Anthropological Studies of Oxford, 1983), 6.

<sup>87</sup> *Death Is a Festival: Funeral Rites and Rebellion in Nineteenth-Century Brazil*, trans. H. Sabrina Gledhill (Chapel Hill: University of North Carolina Press, 2003), 99, 103, 119–21, 124. This was a common trend across the Western world. As Carol Sanger writes, "Until the late nineteenth century, the natural death of infants and small children (and the death of their mothers in childbirth) was a regular feature of family life." "'The Birth of Death': Stillborn Birth Certificates and the Problem for Law," *California Law Review* 100 (2012): 274.

<sup>88</sup> Ana Maria Mauad, "A vida das crianças de elite durante o Império," in *História das crianças no Brasil*, ed. Mary Del Priore (São Paulo: Editora Contexto, 1999), 156–57; Jeffrey D. Needell, *A Tropical Belle Epoque: Elite Culture and Society in Turn-of-the-Century Rio de Janeiro* (Cambridge: Cambridge University Press, 1987), 137. Jurandir Freire Costa argues that the Brazilian medical profession's reaction to infant mortality had a key role in this change. *Ordem médica e norma familiar*, 87, 162.

<sup>89</sup> Mauad, "A vida das crianças," 158.

<sup>90</sup> Costa, *Ordem médica e norma familiar*, 160; Needell, *A Tropical Belle Epoque*, 278n90. Reis, on the other hand, demonstrates that Brazilians worried about children who died without proper baptism. *Death Is a Festival*, 101.

in line with this attitude. Elevated stillbirth rates continued into the early-twentieth century; thus, the context in which these cultural sentiments arose did not change. The less serious view of stillbirths helps explain why many Cariocas believed miscarriages and stillbirths did not require state attention.<sup>91</sup>

Perhaps more important, however, was how and why the police “reclassified” these potential crimes as administrative matters. Forensic evidence and witness testimony helped dissipate the criminal circumstances surrounding the events. But it is important to note that in all of these cases, men both took charge of burial matters and served as the main point of contact with the police. As employers, *amasios*, or husbands, these men mitigated any culpability surrounding the woman. Their testimonies always come first in the police investigations, and the police placed more emphasis on their words and actions than any of the women involved.

### **Bureaucratic Births**

When the city’s lower classes did go to the police for the paperwork to bury their dead properly, the district police chief could easily turn this administrative matter into a criminal investigation. In particular, the bureaucratic structure of the country’s vital registries (which included the registration of death) and cemetery systems resulted in police administration over death certificates related to non-criminal miscarriages and stillbirths. The secularization of vital registries in the late-nineteenth century relied on municipal police forces to carry out many administrative duties in relation to death.<sup>92</sup> Both federal and municipal law regulated the

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<sup>91</sup> See (AN) CA.CT4.0.492 (1908). Physicians also commented on the common practice of burying fetuses and stillbirths in the backyard. Ribeiro, *Natimortalidade e mortalidade infantil*, 22.

<sup>92</sup> Decreto N. 9886 of 7 March 1888. Civil registration of births, deaths, and marriages in Brazil began with Decreto N. 5604 of 25 April 1874, which shared powers of registration between the state and ecclesiastic registries. In 1888, the state barred ecclesiastical authorities from registration. While the 1888 decree underwent some changes during the period of this study, the clauses relating to the registration of deaths remained unchanged during the Republican



registration of death, but because burials were a local responsibility, municipal codes and their police enforcers implemented the law on a day-to-day basis.<sup>93</sup> If a licensed doctor did not attend a stillbirth, miscarriage, or maternal death (an unlikely occurrence in the early-twentieth century as most deaths did not occur in hospitals) and sign an official death certificate (required by federal and municipal law), two “qualified” persons could attest to the death. The death certificate needed to include the cause of death and whether it was natural or violent. For stillbirths, law only required a simple declaration of the event. But to bury any remains in a public cemetery, one needed a death certificate.<sup>94</sup> If a couple could not get an official death certificate (which had to be signed by a physician), the family had to go to the police for burial paperwork (*guia*) and bring the cadaver to the cemetery’s morgue, after which public health officials would issue the death certificate.<sup>95</sup>

Police investigations involving burial paperwork demonstrated how the intersection of police administrative duties and urban poverty resulted in the uneven criminalization of reproductive events. The need to obtain written police permission for burial services suggests that the procuring citizen might not have had the resources or knowledge to present their own death certificate, which would have allowed them to bypass the required police autopsy and

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and early-Vargas era. For earlier failed attempts to implement a civil registry see Mara Loveman, “Blinded like a State: The Revolt against Civil Registration in Nineteenth-Century Brazil,” *Comparative Studies in Society and History* 49, no. 1 (2007): 5–39.

<sup>93</sup> In this sense, the Rio de Janeiro police acted in the same capacity as the Irish Coroner’s Court. Ciara Breathnach and Eunan O’Halpin, “Scripting Blame: Irish Coroners’ Courts and Unnamed Infant Death, 1916–32,” *Social History* 39, no. 2 (2014): 210–28.

<sup>94</sup> For federal law see Chapter I, Article 56; Chapter III, Article 74, 77 of Decreto N. 9886 of 7 March 1888. For municipal law see *Posturas da Camara Municipal 1830;Codigo de Posturas 1870;Codigo de Posturas 1889;Codigo de Posturas, Leis, Decretos 1894;Consolidação das Leis e Posturas Municipaes*, vol. 1 (Rio de Janeiro: Paula Souza, 1905); *Consolidação*, 1905. For a case dealing with this issue see (AN) CS.0.IQP.2323 (1918).

<sup>95</sup> For a medical description of this process see José Julio Fernandes Barros, *Contribuição ao estudo da idade dos fetos vitáveis e a termo pelos pontos da ossificação* (Rio de Janeiro: Jornal do Commercio de Rodrigues, 1914), 31. The verification of death certificates was one role that the city’s police chief continually asked to be transferred to the municipality’s civil authorities. Bretas, *Ordem na cidade*, 64–65.

possible criminal investigation. Marcos Bretas argues that cases in which residents notified their local police district of miscarriages were common in the daily log books, but that only cases with “suspect circumstances” merited an investigation.<sup>96</sup> These “suspect circumstances,” however, could have been police misunderstandings about pregnancy and childbirth or subjective views on a young woman of color who appeared at the precinct’s doors. For example, district police chiefs often cited the presence of physical marks as the reason behind investigations of unattended homebirths that resulted in a stillbirth, yet children naturally have physical marks after childbirth.<sup>97</sup> In one 1908 case, the police investigated a married couple who had brought a stillborn infant to the police for burial paperwork due to markings on the newborn’s head.<sup>98</sup> The husband Manoel José Marins testified that a week before the birth, he and his wife, Dona Margarida, had gone out on a Sunday stroll and decided to take a trolley (*bonde*) ride. Getting into the trolley, Dona Margarida fell to her seat, as the vehicle began moving before she could sit down. After the “shock,” Dona Margarida complained of pain in her abdomen, and several days later she noticed that all fetal movements had stopped. A day later she went into labor, and Marins went out to fetch an unlicensed midwife, leaving his wife in the care of his mother.<sup>99</sup> By the time Marins returned with the midwife, the infant had been born. Both the mother-in-law and Dona Margarida stated that the child was a stillbirth, yet because no doctor was present to sign a

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<sup>96</sup> *Ordem na cidade*, 180n19.

<sup>97</sup> Jana L. Pressler and Joseph T. Hepworth, “The Conceptualization, Measurement, and Validation of Transient Mechanical Birth Trauma,” *Clinical Nursing Research* 9, no. 3 (2000): 317–38. For cases that demonstrated physical marks see (AN) T8.0.IQP.2701 (1908); (AN) T8.0.IQP.2727 (1908); (AN) T8.0.IQP.3239 (1909); (AN) T8.0.IQP.3254 (1909); (AN) T8.0.IQP.3280 (1909). For cases that did not see (AN) 6Z.0.IQP.105 (1912). For more cases involving *guias* and miscarriages or stillbirths see (AN) 0R.0L.IQP.6132 (1908); (AN) T7.0.IQP.1142 (1909); (AN) CS.0.IQP.1154 (1914); (AN) CS.0.IQP.6967 (1933).

<sup>98</sup> (AN) T8.0.IQP.2701 (1908).

<sup>99</sup> The midwife was not specifically called a *parteira curiosa* by the police, but she did state her occupation as *doméstica*, implying that she probably did not have any formal training as a midwife.

death certificate, the couple had to bring the incident to the police. The autopsy, employing the water test, confirmed the couple's testimony.<sup>100</sup>

In a 1909 case, the police investigated a stillbirth as a possible infanticide after a married couple brought in an infant born with a congenital birth defect.<sup>101</sup> The district police chief did not take the couple's testimony, and the investigation only included the autopsy of the newborn, which established that the infant had celosomia, "a congenital malformation characterized by a fissure or absence of the sternum and ribs and protrusion of the viscera."<sup>102</sup> The physical state of the cadaver, with a large herniation in the thorax through which the abdominal organs protruded, was not typical of an infanticide. Perhaps the malformation swayed the police into performing an autopsy to confirm their leanings towards a congenital birth defect and not applied violence.<sup>103</sup> If this were the case, testimony to substantiate the facts surrounding the pregnancy and birth were unnecessary. However, it is telling that this case came under police jurisdiction and not the auspices of the growing public health system. A birth defect became a criminal matter because of the police's administrative duties. Trained in law and not medicine, the district chief perhaps did not understand the nature of fetal malformations.

At times, physicians used a district police chief's lack of medical knowledge to criminalize the *parteiros curiosas* that threatened their medical practice—and economic

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<sup>100</sup> The cadaver was in an advanced state of decomposition, which often serves as a false positive in the water test on the lungs. The weight and length were 2,300 grams and fifty centimeters, respectively. The physical marks could have been signs of decomposition.

<sup>101</sup> (AN) T8.0.IQP.3280 (1909).

<sup>102</sup> Marie T. O'Toole, ed., *Mosby's Medical Dictionary*, 9th ed. (St. Louis, MO: Elsevier Mosby, 2012), 316.

<sup>103</sup> Physicians in Rio de Janeiro had written on how fetal anomalies differed from the markings of infanticide from the late-nineteenth century. By 1909, it was established medical knowledge. See João Luiz Teixeira da Silva, *Do infanticídio em geral; caracteres do recém-nascido e signaes materiaes do crime* (Rio de Janeiro: Imprensa Industrial, 1887); José Ignacio da Fonseca, *Do infanticídio em geral; elementos constitutivos do crime e sua demonstração medico-legal* (Rio de Janeiro: Typ. Montenegro, 1889); Eduardo Augusto de Araujo Jorge, *Do infanticídio em geral; elementos constitutivos do crime e sua demonstração medico-legal* (Rio de Janeiro: Typ. Universal de Laemmert, 1889).

livelihood. In 1908, Dr. Platão Cavalcanti de Albuquerque went to his local precinct to denounce a local *curiosa* for causing a stillbirth.<sup>104</sup> Both the midwife, Olympia dos Santos, and Albuquerque had examined the unnamed woman early in the labor. Both had left to attend other deliveries, as the woman's contractions were not strong enough to merit their presence. It seems, however, that Santos assisted the birth, and by the time Albuquerque arrived, the stillborn infant had already been delivered. Santos described the infant as "a phenomenal case, absolutely nonviable, presenting a disformed head, with the eyes and eyelids almost out of their orbits, with warped ears." Albuquerque came to a similar conclusion—albeit in more technical terms—but instead of correctly identifying an nonviable fetus, he believed that "that the death of the fetus was due to the use of surgical instruments or at least due to a great malpractice from manual maneuvers [on the part of the midwife]." He refused to sign the death certificate and notified the police. The district chief, probably unschooled in the markings of congenital birth defects, investigated the midwife for infanticide. The police's forensic specialists, however, soon concluded that the midwife had indeed been right. The autopsy report showed that "it is incontestably a teratologic case." Teratology is an abnormality in the fetus caused by environmental or genetic factors. An example is fetal alcohol syndrome.<sup>105</sup> Initially, however, the district chief believed the words of a licensed male physician and investigated the midwife for a non-criminal event.

A couple's need for burial assistance also initiated the investigation of the suspicious neonatal death following the home delivery of twenty-five-year-old Portuguese immigrant

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<sup>104</sup> (AN) T8.0.IQP.2682 (1908).

<sup>105</sup> Teratology is an abnormality in the fetus caused by environmental or genetic factors. An example would be fetal alcohol syndrome. "A teratogen is any agent or factor that can cause abnormalities of form or function (birth defects) in an exposed fetus." "A teratogen is any agent or factor that can cause abnormalities of form or function (birth defects) in an exposed fetus." Neville F Hacker, Joseph C Gambone, and Calvin J Hobel, eds., *Hacker and Moore's Essentials of Obstetrics and Gynecology*, 5th ed. (Philadelphia, PA: Saunders/Elsevier, 2010), 82.

Virgilia Carlota de Lemos.<sup>106</sup> One September evening in 1908, Lemos gave birth to a female infant in her home. As she had sent her husband, Malaquias, out to buy “wine to assist with the birth,” the only other person left attending the delivery was Lemos’s young toddler.<sup>107</sup> She told the police that she fell several times during the birth, once on top of the newborn. She also claimed that the umbilical cord, which she cut herself, was wrapped around the infant’s neck. That night, a neighboring couple heard a baby’s brief but loud cries, and the following morning they knocked on the Lemos’ door to ask about the birth. The couple stated that the child had died soon after birth, but the neighbors convinced the couple to go to the police so that “they could bury the child.” The district chief decided to investigate the case as a possible infanticide because the newborn “presented various bruises and its progenitors did not know how to satisfactorily explain its death, whose birth had not been attended by anyone.”<sup>108</sup>

The district police chief investigated not only the cause of death but also the couple’s honor. Several years earlier, Malaquias had moved to Rio de Janeiro from Portugal, leaving Lemos and their newborn child to emigrate at a later date. Lemos stated that she had had her last menstrual period on the boat ride across the Atlantic in March of 1908. Shortly after joining her husband, Lemos began feeling nauseous. She reported that she knew she was pregnant four months later when she felt “movements in her belly.” If this was the case, the September birth would place the newborn at seven-months gestational age, contradicting the autopsy. The district chief noted this discrepancy, arguing that the fetal dimensions adhered neither to the nine-month

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<sup>106</sup> (AN) 7E.0.IQP.1626 (1908).

<sup>107</sup> It seems that it was custom to give wine or other alcoholic drinks to laboring women to help with the pain. See Ferraz, *Hygiene da mulher gravida*, 41.

<sup>108</sup> The actual title of the investigation was: “Inquerito acerca do falecimento de um resemnascido de cor branca do sexo feminino, filho de Malaquias Marques e de Virgilia Carlota de Lemos occurendo na casa n.7 de Travessa do Cabuçú.” (Investigation about the death of a newborn, white, female, child of Malaquias Marques and Virgilia Carlota de Lemos, occurring in house number 7 of the *Travessa Cabuçú*).

gestational age cited in the autopsy nor to the couple's story, which hinged upon the fact that Lemos only became pregnant after reuniting with her husband. (In fact, the measurements were closer to a fetus of nine-months gestational age).<sup>109</sup> The police autopsy confirmed that the infant had been born alive and cited the cause of death as strangulation, although it did not specify if the strangulation was due to the umbilical cord or applied violence.

But the district chief did not take this forensic evidence as definitive proof of infanticide. Perhaps the neighbors' testimony in which they spoke highly of the couple's marital integrity, swayed him into believing the death was not criminal. The couple's timeline was key to the district police chief's ability to believe the child died a natural death from a difficult and perhaps premature delivery. If Lemos had become pregnant before emigrating, the child would have been the result of an adulterous union, and thus all the more reason to suspect foul play. The district police chief, endorsing the couple's and neighbors' continued affirmations of Lemos' fidelity, and despite the contradictory forensic results, argued that, as the death occurred "in the middle of the most extreme poverty," it was not an infanticide.

A less suspicious case specifically details how the lack of funds to pay for a private burial and the subsequent need for police assistance could result in an infanticide investigation. In 1912, the police investigated the stillbirth of the Portuguese immigrant couple, Maria Innocencia and Bernardo Francisco da Silva.<sup>110</sup> After Innocencia's water broke, Silva, a twenty-nine-year-old illiterate milk vendor, called a licensed midwife. After twenty-four hours, Innocencia was

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<sup>109</sup> The female neonate weighted 2,700 grams and was forty-five centimeters long. A weight range for twenty-eight weeks (seven months) for a female neonate is between 500 and 1500 grams. A length range is roughly between twenty-seven and forty centimeters. Forty-five centimeters is the upper range for a thirty-week (seven and one-half month) neonate. A nine-month-old female neonate is an average of 2,500 to 3,000 grams and fifty centimeters long, thus the measurements demonstrate a nine-month gestational age. Tanis R. Fenton and Jae H. Kim, "A Systematic Review and Meta-Analysis to Revise the Fenton Growth Chart for Preterm Infants," *BMC Pediatrics* 13, no. 59 (2013).

<sup>110</sup> (AN) 6Z.0.IQP.105 (1912). See also (AN) 70.1517 (1915).

still in the early stages of labor, so a doctor was summoned. The physician could not discern fetal heartbeats, and he used forceps to extract the infant. Silva brought the stillborn infant as well as an official death certificate signed by the physician to the local police precinct, hoping to avoid expenses. He wanted the police to send the cadaver to the *Santa Casa de Misericórdia*, which had a contract with the municipality for burial services.<sup>111</sup> While the death certificate cited a stillbirth, the police investigated the case as a possible infanticide. The police autopsy determined that the child had died due to a prolonged delivery, which had caused a dislocation of the skull and compression of the brain. Officials did not mention that these injuries were probably caused postmortem from the use of the physician's forceps to extract the infant.<sup>112</sup> That would blame the licensed physician rather than the working-class couple.

Despite Innocencia's central role to the investigation—she was the woman who conceived, carried, and delivered the infant—her words are absent from the police record, an omission that hints at a lesser level of official suspicion. The police only questioned Silva, the licensed midwife, and the attending physician. The district chief did not interrogate Innocencia. No neighborly gossip about an alleged affair punctuates the testimony. Because the investigation was not determining Innocencia's honor, it does not provide any information on her sexual or reproductive life. When compared to Lourdes's painful account of rape, or Augusta's description of her sexual history, we are left wondering why the district chief even suspected infanticide. The police could have issued the needed administrative paperwork for burial, as the signed death certificate was in accordance with federal, municipal, and police law.<sup>113</sup> In the cases of both

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<sup>111</sup> For burial expenses see *Consolidação*, 1905, 2:128–30.

<sup>112</sup> Steven G. Gabbe et al., *Obstetrics: Normal and Problem Pregnancies* (Philadelphia: Elsevier Health Sciences, 2012), 322–24.

<sup>113</sup> See also (AN) CS.0.IQP.2323 (1918); (AN) CS.0.IQP.3191 (1922).

Lemos and Innocencia, perhaps these district police chiefs viewed lower-class Portuguese immigrants in a suspicious light. In this sense, the investigation demonstrates that class and nationality mitigated cases in which women (and their husbands) adhered to patriarchal understandings of female sexual honor.

A 1930s abortion investigation highlights how expanded public health services did not necessarily result in reduced suspicion. In 1933, fifty-three-year-old *pardo* Eurico da Fonseca went to the local police precinct for the necessary paperwork to bury a miscarried fetus in the municipal cemetery.<sup>114</sup> The district chief sent Fonseca to the public health commissioner for the death certificate, but the official refused to sign because the fetus “had suffered violent maneuvers, with the head detached from the trunk.” Instead, the commissioner sent the case back to the police as a possible abortion. The police questioned the literate Fonseca, who lived “as if married” with thirty-four-year-old *parda* Maria Dias. They also questioned the semi-literate Dias, who, while coupled with Fonseca, was still officially married to another man. Both the couple and Dias’s *comadre* contended that several days before Dias miscarried, she had fallen while washing clothes. The ambulance service arrived after the miscarriage in which the fetus had been delivered in pieces, with the body coming first followed by the head. Because Dias had not expelled the placenta, she went to a public hospital where the extraction was performed.

The autopsy concluded that the fetus was macerated (*macerado*) (denoting a spontaneous fetal demise *in utero*).<sup>115</sup> Due to witness testimony, including the two male physicians who extracted the placenta and attested to a miscarriage, the district chief concluded that Dias had suffered a miscarriage and not an abortion. It is unclear why the health commissioner did not

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<sup>114</sup> (AN) CS.0.IQP.6967 (1933). For other cases involving health officials see (AN) T8.0.IQP.2682 (1908); (AN) CT, Cx.1806 N.360 (1912); (AN) CS.0.IQP.3019 (1920); (AN) CS.0.IQP.3426 (1923); (AN) CT, Cx.1928 N.60 (1931); (AN) CS.0.IQP.6612 (1931); CS.0.IQP.7229 (1935); (AN) CS.0.IQP.7592 (1936).

<sup>115</sup> Bamber and Malcomson, “Macerated Stillbirth.”



identify maceration, a condition the autopsy clearly identified and which the Brazilian medical profession had recognized since in the mid-nineteenth century.<sup>116</sup> If the commissioner had issued a death certificate, the couple would have bypassed police involvement. Similar to Lemos and Innocencia, lower-class Dias and Fonseca were also held to higher levels of proof, perhaps even more so because of their race and unmarried status.

The cases of Innocencia and Dias also beg the question of the role of the medical profession in the policing of reproduction. As we saw, early-twentieth-century physicians aligned themselves with a state intent on co-opting individual patriarchy for the good of the national “family.” As such, the writings of leading obstetricians rejected all forms of female agency, seen in their harsh condemnation of abortion and contraception, practices they believed were common among all classes of women. In the case of Innocencia, the physician’s presence did not seem to deter police suspicion away from the couple. But perhaps due to a lack of medical knowledge or an inability to blame the licensed medical profession in general, the police did not question the physician’s invasive procedure that may have caused the infant’s death. We must remember that the police did not question the maternity hospital’s negligence in the case of Vieira either. For Dias, perhaps the health commissioner classified her as a woman who had sought out an abortion. Dias was married but lived with another man. Both Dias and Fonseca were described as persons of color who used public assistance, demonstrating their lack of resources. Possibly, the health commissioner’s actions were individual manifestations of the medical profession’s suspicion of fertility control (of women of color in particular). Here

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<sup>116</sup> Baptista de Jesus Brasiel, *Breves considerações sobre o desenvolvimento do infanticídio* (Rio de Janeiro: Santos & Silva Junior, 1850); R. Gastão Fernandes de Sá, *Infanticídio* (Rio de Janeiro: Central de Brown & Evaristo, 1876); José Francisco Barcellos, *Do infanticídio* (Rio de Janeiro: Montenegro, 1892); João Teixeira de Oliveira, *Do infanticídio em geral; elementos constitucinaes do crime, sua demonstração medico-legal* (Rio de Janeiro: Montenegro, 1898); Pessoa, *Exame medico legal*; R. de Araujo Jorge Filho, *Do parto rapido. Sua importancia medico-legal* (Rio de Janeiro: Sociedade Anonyma Progresso, 1912).

physicians' actions were part of larger police and state control towards women's bodies. As Leslie J. Reagan argues in her history of abortion in the U.S., "It may be more accurate to think of the state apparatus not as the government, but as consisting of official agencies that work in conjunction with other semiofficial agencies." At various times, the medical profession acted "as an arm of the state."<sup>117</sup> The cases of Innocencia and Dias (and Vieira) demonstrate how the police was unwilling to implicate licensed physicians in any wrongdoing and how police action depended upon the cooperation of the medical profession.

### **Conclusion: Repressing Crime or Regulating Bodies?**

In 1914 the police found a newborn cadaver near the home of the single mother Joaquina Felix and brought her in for questioning.<sup>118</sup> The testimony of her male neighbors and male family members convinced the police that she was not the infant's mother. Similarly, in 1924, the police found an abandoned infant in the backyard of a home. The infant died in the precinct shortly after from cranial hemorrhaging. The police performed a pelvic exam on one woman who worked in the home where the infant was found, the twenty-two-year-old *preta* (black) Ana Israel da Costa. As the results showed that Costa had not given birth (and that she was menstruating), the police then performed a pelvic exam on the twenty-three-year-old Portuguese immigrant Maria Cândida, who also lived in the neighborhood.<sup>119</sup> Cândida also had not given birth; she was, like Costa, menstruating. The police's suspicion of Felix, Costa, and Cândida—a mistrust that resulted in social shame and the violation of their bodily integrity—was not coincidental. The force's dual roles of crime control and administration facilitated the state's

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<sup>117</sup> *When Abortion Was a Crime*, 3.

<sup>118</sup> (AN) 72.0.IQP.1043 (1914).

<sup>119</sup> (AN) CT, Cx.2009 N.1219 (1924).

increased surveillance of women's reproductive bodies, creating a web of suspicion that encompassed poor women who fit the stereotype of supposed licentious behavior. In Rio de Janeiro, police surveillance of women's reproduction was central to the early-twentieth-century transference of patriarchy from the family to the state.

Police acted upon preconceived notions of women who engaged in fertility control based on patriarchal notions of female sexuality complicated by a racial hierarchy that was the consequence of an ex-slave society. Being a single woman of color employed as a domestic servant who suffered a miscarriage or stillbirth was cause enough for an investigation. Often forced into the role as medical first responder, the police investigated poor health outcomes as possible crimes in the lower classes. But investigations that on the surface presented clear-cut cases of abortion or infanticide were more complicated events in which fertility control was conflated with the poverty-ridden circumstances surrounding pregnancy and birth. I contend that gender and racial inequalities were built into the foundation of modern police practice. In a period when established gender norms were in flux, the police, as stand-in patriarchs, worked to consolidate state control of women's reproduction.

These investigations rarely led to judicial convictions, however. While the police often acted as overzealous fathers in their investigative actions, they frequently sympathized with the women at the end. Despite the lack of severe judicial consequences such as prison time, the police still constituted an invasive presence in poor women's lives. At times, however these investigations did make it to court. These court cases are the subject of the next chapter.

## Chapter Five

### Prosecuting Honor, Defending Madness: Abortion and Infanticide in the Courts

In 1923, twenty-five-year-old Maria de Jesus faced the simultaneous charges of abortion and infanticide.<sup>1</sup> Jesus, a Portuguese immigrant, had given birth at the hotel where she worked as a maid. She had disposed of the body by cutting off the head and flushing the body down the toilet in the hotel's shared bathroom. Jesus then threw the head into the hotel's backyard. In her room, the police found a knife stained with blood, a pair of scissors, and a capsule containing a red substance. The police performed a pelvic exam on Jesus, which showed that she had recently given birth. The autopsy on the infant's head demonstrated that the child was full term. Toxicology testing on the knife and scissors established that neither presented traces of human blood. The capsule contained iodine, a non-abortive substance. The district police chief believed that the case lacked the forensic evidence necessary to prove either abortion or infanticide. The force never found the infant's body, and they were unable to perform the water test on the lungs. Despite the police chief's arguments and the legal discrepancies inherent in charging Jesus with both abortion, which implied the expulsion of a dead fetus, and infanticide, which required a live birth and then death, the public prosecutor pressed charges on both counts. The prosecutor condemned Jesus for her lack of maternal instincts: "The accused, demonstrating not to possess any vestiges of maternal sentiment, after provoking an abortion, killed the fruit of her womb, employing direct methods [to practice] her barbarian crime." In response, Jesus and her lawyers emphasized her confused mental state, arguing she had "lost her reasoning" after the birth. The

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<sup>1</sup> (AN) CT, Cx.1978 N.1036 (1923).

presiding judge pronounced the prosecutor's indictment without legal basis (*improcedente*) as Jesus could not be simultaneously tried for both abortion and infanticide and absolved her.

Maria de Jesus's juridical fate—absolution—exemplifies the persistent gap that existed between the letter of the law codified in the 1890 Penal Code and its application in fertility control trials in Rio de Janeiro. Jesus was just one of many women who allegedly practiced infanticide or abortion who walked free from charges. This chapter argues that judicial precedence allowed women to avoid punishment while still reinforcing patriarchal state control over definitions of motherhood, sexual honor, and women's rights in the public sphere. Acquittals for many crimes were common at the time; thus, sentencing trends in reproductive crimes were part of the judicial system's overall inability to uphold the rule of law in the early-twentieth century. Moreover, this legal trend was not confined to Rio de Janeiro's courts. During the nineteenth and early-twentieth centuries, women across Latin America and the Western world often were acquitted of infanticide and abortion.<sup>2</sup>

Judicial practice regarding fertility control mirrored both medical views on reproduction and positivists' legal understandings of criminal responsibility. To begin with, Brazilian physicians believed that all women, regardless of class or race, had the possibility of contributing to the future of the Brazilian nation through reproduction and motherhood. If all women could reproduce respectable citizens, all women held inherent maternal instincts, and thus honor, which could be defended in court. The "defense of honor"—here the dishonor brought on by a child

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<sup>2</sup> See for example Constance B. Backhouse, "Desperate Women and Compassionate Courts: Infanticide in Nineteenth-Century Canada," *The University of Toronto Law Journal* 34, no. 4 (1984): 447–78; Karen M. Brennan, "'A Fine Mixture of Pity and Justice': The Criminal Justice Response to Infanticide in Ireland, 1922–1949," *Law and History Review* 31, no. 4 (2013): 793–841; Simone Carone, "'Killed by Its Mother': Infanticide in Providence County, Rhode Island, 1870–1938," *Journal of Social History* 44, no. 1 (2010): 213–37; James M. Donovan, "Infanticide and the Juries in France, 1825–1913," *Journal of Family History* 16, no. 2 (1991): 157–76; Ruggiero, "Not Guilty: Abortion and Infanticide in Nineteenth-Century Argentina"; Kenneth H. Wheeler, "Infanticide in Nineteenth-Century Ohio," *Journal of Social History* 31, no. 2 (1997): 407–18.

born out of wedlock—was an explicit part of abortion and infanticide laws in the 1890 Penal Code. But women who practiced fertility control (and were caught) had already lost both their sexual honor (through supposed “illicit” sexuality) and their social honor (through their rejection of motherhood). As such, this clause played a secondary role in the application of the law. Rather, legal practice employed medical ideas about postpartum hysteria to demonstrate that women who practiced fertility control were irrational, as no woman would reject motherhood voluntarily. In this sense, “postpartum madness” and not the honor clause was the path through which even the most “fallen” women regained their honor.

Secondly, women’s differential legal treatment in the courts was indicative of a larger positivist application of the law. As scholars have demonstrated, while the 1890 Penal Code was written within a classical legal doctrine that emphasized free will, its application proved more positivist in nature, as differential understandings of responsibility were enforced based on the individual who had committed the crime.<sup>3</sup> Under positivist law, infanticide was not simply seen as the killing of a newborn child. Rather the individual circumstances that led the woman (or man) to commit the crime were more important than the crime itself. This allowed the courts to implement restricted access to citizenship by portraying women as incapable of rational thought and legal responsibility. Within this logic, women practiced abortion and infanticide for irrational reasons and not due to logical efforts to control their fertility.

The legal loophole demonstrated in Jesus’s case worked in favor of women who practiced fertility control on multiple levels. Most basically, the judicial system’s inefficiencies prevented many cases from going to trial. Early-twentieth-century Brazil hoped to erase its history of slavery and monarchic rule through the modernization of the legal system, but this

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<sup>3</sup> Alvarez, *Bacharéis, criminologistas e juristas*; Corrêa, *As ilusões da liberdade*.

goal was frustrated by overworked and understaffed courts.<sup>4</sup> Rio de Janeiro, as the capital and center of judicial decision-making, set legal precedent across Brazil, and the legal inefficiencies within its jurisdiction represented judicial inadequacies across the country. While the court system was disorganized, leading to delays that ended in incomplete cases, when the courts did prosecute women for abortion and infanticide the application of the law decriminalized women's actions on two levels.

In regards to infanticide, this disconnect operated at the level of the jury. When the prosecution brought a charge of infanticide to court, the case always went before a jury. In infanticide trials, juries came to one of two conclusions. They either found women not guilty or acquitted them for acting in an altered mental state during the crime. In the latter scenario, juries did not hold women accountable for their actions because if—as medical and legal writing argued—women's true nature was maternal, the murder of their child could only be discussed in terms of irrationality.<sup>5</sup> For abortion cases, this gap occurred at the level of the public prosecutor, who most often prosecuted the abortion provider and not the woman who sought out the abortion. This was partially due to the 1890 Penal Code's confusing abortion laws. Article 300 implied that the provider provoked an abortion *without* the woman's consent, while Article 301 specified that the provider or the woman herself provoked the abortion *with* the woman's consent. Because the sentence was harsher for Article 300, most prosecutors tried practitioners under that provision; subsequently, they could not prosecute the woman. Thus, women were less

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<sup>4</sup> This inefficiency was not exclusive to fertility control cases. Most *jogo do bicho* acquittals were based “on a lack of incriminating evidence or on the police's failure to follow procedure.” Chazkel, *Laws of Chance*, 5. See also 27, 90, 254. Keith S. Rosenn argues that “bureaucratic red tape” dates back to the colonial period in Brazil, and has persisted within the court system into the twentieth century. “Brazil's Legal Culture,” 10, 35–37.

<sup>5</sup> In fact, positivist legal scholars wanted to do away with the jury as they saw it as an affront to scientific understandings of legal responsibility. Alvarez, *Bacharéis, criminologistas e juristas*, 81. In infanticide trials, however, jury decisions reinforced what positivist criminologists believed.

likely than the abortion provider to be prosecuted even though both could be brought to trial for the crime.<sup>6</sup> This demonstrates that abortion was not solely a “woman’s crime” as scholars have contended, as the law charged both male doctors and female midwives.<sup>7</sup>

Legal practice condemned infanticide more harshly than abortion, as women charged with infanticide went to trial and were imprisoned during the court proceedings. Despite the differing application of the law, in both abortion and infanticide trials women negotiated reproductive agency and escaped punishment.<sup>8</sup> But these legal caveats had larger implications for women’s rights within the shifting parameters of a patriarchal society in transition. Sentencing trends held women irresponsible because the law viewed them as hysterical (explicitly in infanticide trials and implicitly in abortion ones) and thus as juridical children with no legal personhood.<sup>9</sup> Based on medical theories about women’s intellectual inferiority, the courts believed no rational woman would reject motherhood. In the end, legal trends allowed

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<sup>6</sup> Rachel Soihet presents three abortion cases that I did not find in the archives. Two prosecuted the midwife and not the pregnant woman (Processo Anna da Rocha Pires, 1912; and Processo Filomena de Souza Korff e Maria Albuquerque Fores e Silva, 1919). The third prosecuted the woman (Processo Carmem Maria de Faria, 1919). Soihet’s description demonstrates that the case was a late-term stillbirth or premature birth and subsequent infanticide. The courts were probably confused about the actual crime in question and decided to prosecute for abortion. *Condição feminina*, 341–46. Four abortion trials were in response to the death of the pregnant woman; thus, she could not have been the accused person. (AN) CS.0.PCR.4940 (1928); (AN) CT, Cx.1821 N.224 (1930); (AN) CS.0.PCR.5608 (1930); (AN) CS.0.PCR.6998 (1933). But even investigations and trials in which the postpartum female who sought out the abortion was alive but died during the trial, she was not the accused party. For police investigations see (AN) CT, Cx.1950 N.118 (1929); (AN) 6Z.0.IQP.22570 (1938). For trials see (AN) CT, Cx.1872 N.652 (1913); (AN) CS.0.PCR.3046 (1919); (AN) CT, Cx.1860 N.1692 (1926).

<sup>7</sup> Pedro, “Aborto e infanticídio,” 55–56; Rodrigues, “Os crimes das mulheres,” 149. Even infanticide under the 1830 and 1890 Penal Codes was not solely a “woman’s crime.” While women were overwhelmingly the accused party, I have found one case under each Code with male defendants, both involving incest. See (AN) 84, Cx.105 N.994 (1889); (AN) CS.0.PCR.2059 (1917).

<sup>8</sup> Cristiani Bereta da Silva finds a similar pattern in Florianópolis. Most women accused of infanticide and abortion (self-induced) did not face legal punishment. “Amores e dores, brigas e intrigas de Zulmas, Marizas, Florências: Processos judiciais 1900 a 1996,” in *Práticas proibidas: práticas costumeiras de aborto e infanticídio no século XX*, ed. Joana Maria Pedro (Florianópolis: Cidade Futura, 2003), 80.

<sup>9</sup> In line with Marcel Mauss’s discussion of personhood, women were denied their status as a person. “A Category of the Human Mind: The Notion of Person; the Notion of Self,” in *The Category of the Person: Anthropology, Philosophy, History*, ed. Michael Carrithers, Steven Collins, and Steven Lukes (Cambridge: Cambridge University Press, 1995), 1–25.



women to control their reproductive lives while simultaneously restricted that agency by reinforcing hegemonic ideas about motherhood and patriarchy. Criminal law required that fertility control be punished, yet it seems that its custodians were reluctant to do so. A lack of official judicial punishment maintained women in the realm of inactive citizens.

Women presented their own reasoning that sometimes coincided with and other times contradicted the legal rhetoric of the case. Women in both abortion and infanticide cases explicitly emphasized the dishonor brought on by a child born out of wedlock. This fell in line with both the letter of the law, the honor clause, and its practice, or the state's legal arguments. In infanticide cases, particularly the more gruesome ones, women also mention momentary losses of reason. Yet, the financial hardship of raising a child is a strong undercurrent in both abortion and infanticide trials. Whether a poor domestic servant or a middle-class dancer, many of these women viewed children as detrimental to their ability to work. While dishonor and shame played a role in their actions, so did financial necessity.

Although scholarship has examined the changes in fertility control law, it has not examined how modifications in the law were implemented in the courts. Scholars examining abortion and infanticide trials have not provided a systematic view of the cases' legal outcomes.<sup>10</sup> In contrast, this chapter traces judicial practice, elucidating how both the letter of the law and juridical negotiations created this uneven course. To do so, it first sketches out the general content and structure of the court cases. It emphasizes the underlying inefficiency of the criminal court system that precluded many of these cases from going to trial. The chapter will then provide an overview of the women involved in these cases. After, it discusses the arguments made by disparate legal actors to understand how the interplay of honor, madness, and maternal

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<sup>10</sup> For changes in law see de Castelbajac, "Aborto legal," 41; Hentz, "A honra e a vida," 54. For cases see Pedro, *Práticas proibidas*; Rodrigues, "Os crimes das mulheres"; Rohden, *A arte de enganar a natureza*.

instincts created a space in which women evaded official legal condemnation. Finally, the chapter concludes with women's own reasons and experiences. While women evaded prison sentences, this did not end the precarious nature of their lives. In the end, while the medical and legal professions harshly condemned abortion and infanticide, and the 1890 Penal Code criminalized women for these practices, the positivist application of the law proved more irregular in its understanding of responsibility.

### **Abortion and Infanticide Law**

An explicit legal justification that allowed for specific cases of reduced responsibility existed in fertility control law throughout the nineteenth and early-twentieth centuries.<sup>11</sup> To begin with, the letter of the law provided an explicit space of reduced criminalization: honor. Article 298§ (sole paragraph) detailed that infanticide was the murder of a newborn infant in the first seven days of life by either direct methods or the “denial of the care necessary” to prevent death. If the mother committed infanticide “to hide her own dishonor,” however, the sentence was reduced.<sup>12</sup> In relation to abortion, the 1890 Penal Code punished both unlicensed and licensed providers (Articles 300§1, §2; Article 301) and the pregnant woman (Article 301§1). Like infanticide, the sentence was reduced if the woman sought the abortion to “hide her dishonor.”<sup>13</sup> The law allowed women who practiced abortion or infanticide to invoke her honor as the motive for the crime and thus face a reduced sentence.

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<sup>11</sup> Hentz, “A honra e a vida,” 55.

<sup>12</sup> Araujo, *O Código Penal interpretado*, 1902, 2:2–40.

<sup>13</sup> A third article (302) allowed for therapeutic abortions, but criminalized the provider if the woman died. *Ibid.*, 2:54–63.

But the positivist tendency of judicial practice resulted in a more implicit application of differential responsibility that relied on notions of women's inherent irrationality. Positivist doctrine, by emphasizing the need to "scientifically" understand each individual case, enhanced the discretionary power of the law on varying levels, as lawyers and judges decided who held legal responsibility, not based on the idea of free will but rather from a consideration of the individual and her environment.<sup>14</sup> Brodwyn Fischer has demonstrated that while the 1890 Code was written as classical law, it provided specific instances for positivist application. One, it regarded some individuals as "incapable of exercising free will," for instance children, the insane, and women. Two, the procedural code of 1924, which regulated the application of the 1890 Penal Code, allowed for differential treatment based on social or economic status. Better prisons and the right to refuse identification procedures were just some of the options available to the middle and upper classes. Three, the Code incorporated the possibility of leniency based on attenuating circumstance, for instance if the crime was perpetrated in a moment of temporary insanity.<sup>15</sup> This last option proved most important in infanticide trials.

In infanticide cases, the legal justification for reduced responsibility was not the honor clause (Article 298§) but rather Article 27§4, which outlined legal responsibility. "The following are not criminals: Those who are found to be in a state of complete deprivation of the senses and intellect (*privação de sentidos e inteligência*) in the act of committing the crime."<sup>16</sup> This stance enforced the positivist legal concept that a crime was no longer an act already written into law.

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<sup>14</sup> Chazkel, *Laws of Chance*, 74, 81; Fischer, *A Poverty of Rights*, 163–64.

<sup>15</sup> *A Poverty of Rights*, 161–63.

<sup>16</sup> Soares, *Código Penal de 1890*, 76–79. In 1922, this was modified to read "disturbance of the senses," (*perturbação de sentidos*) which proved a "useless modification," as it did not change the application of the law. This change was part of Decreto N.4780, 27 Dezembro 1923, Art. 38. Antonio José da Costa e Silva, *Código Penal dos Estados Unidos do Brasil comentado*, vol. 1 (São Paulo: Companhia Editora Nacional, 1930), 191, 194.

Now an act's "criminality" depended on the person who practiced it. In other words, certain individuals could not be held legally responsible for their crime.<sup>17</sup> It was through this legal loophole that a woman who was found guilty of infanticide but found to be acting under a disturbance of the senses would walk free from criminal charges. In contrast, proponents of classical law believed that even in a state of complete mental upset, a person did not temporarily lose their understanding of right and wrong.<sup>18</sup>

The defense's utilization of this clause for acquittals was not specific to infanticide. In her study of sixty-three "crimes of passion" trials (where one spouse killed the other) between 1890 and 1930 in the city of Rio de Janeiro, Magali Engel demonstrates that roughly 43 percent of the cases (twenty-seven) were absolved, nineteen of those under Article 27§4.<sup>19</sup> Engel argues that both men and women were absolved under this article, but other scholars have contended that a gendered double standard existed in relation to crimes of passion.<sup>20</sup> Rachel Soihet, for example, demonstrates that while men relied on Art 27§4 for acquittals in "crimes of passion" trials, the courts did not give women that option.<sup>21</sup> In the cases in which men were absolved, they linked their arguments to the defense of their social honor, which had been marred by their wife's infidelity.<sup>22</sup> This was in line with Italian positivist criminologist Enrico Ferri's positivist

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<sup>17</sup> Peres and Nery Filho, "A doença mental," 338–39; Soihet, *Condição feminina*, 277–78. Not all positivist thinkers were supporters of this legal trend. Positivist criminologist and medical-legal expert Afrânio Peixoto was a vocal critic. Engel, "Paixão, crime e relações de gênero," 168–69.

<sup>18</sup> Soihet, *Condição feminina*, 277–78.

<sup>19</sup> "Paixão, crime e relações de gênero," 167; See also, Bretas, "The Sovereign's Vigilant Eye?," 65. Susan Besse argues that contemporaries stated that wife killers began to be convicted after 1930, but they do not cite their statistics. She erroneously cites they were acquitted earlier under Article 24, when, in fact, it was article 27§4. "Crimes of Passion: The Campaign Against Wife Killing in Brazil, 1910-1940," *Journal of Social History* 22, no. 4 (1989): 660.

<sup>20</sup> "Paixão, crime e relações de gênero," 170.

<sup>21</sup> *Condição feminina*, 277–87.

<sup>22</sup> Engel, "Paixão, crime e relações de gênero," 170.

legal view that crimes committed due to “socially useful” passions such as love and honor should be treated differently.

However, some positivist thinkers believed the acquittals represented a distortion of Ferri’s view. Leading Brazilian positivist physicians and forensic specialists argued that degenerated passions led to this practice, and these “abnormal” individuals should be found guilty and removed from society.<sup>23</sup> Positivist jurist Oscar de Macedo Soares, citing legal scholar Antonio Bento de Faria, argued in 1910 that “Bento de Faria considered the wording absurd [in Article 27§4], and [it] misconstrues the text’s orientation...because it constitutes an open door to the most shameful acquittals.”<sup>24</sup> In 1930, Antonio José da Costa e Silva also criticized the law as “contrary to the needs of social defense” because “the most incorrigible recidivisms will be found among the individuals favored by this attenuating circumstance.”<sup>25</sup> Costa e Silva argued, however, that “restricted liability” (*imputabilidade restrita*), existed for some psychological states connected to female sexuality, including menstruation, pregnancy, birth, and menopause. According to Costa e Silva, infanticide should be tried under the article, a belief other jurists in the 1930s supported.<sup>26</sup> It seems then, that on a whole, women only had recourse to Article 27§4 when committing infanticide, and not for crimes of passion (killing their husbands). The “unthinkable deed” of infanticide, flying in the face of the maternal ideals, could only be explained by madness. A woman’s lesser status in society, beliefs in her inherent maternal instincts, and ideas about her reduced intellectual capacity allowed the courts to apply gendered

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<sup>23</sup> For degeneration see Besse, “Crimes of Passion,” 658; Engel, “Paixão, crime e relações de gênero,” 168–69.

<sup>24</sup> Soares, *Código Penal de 1890*, 77–78.

<sup>25</sup> *Código Penal*, 1:199.

<sup>26</sup> *Ibid.*, 1:198. For example Siqueira, *Direito Penal Brasileiro*, 1:350. Siqueira argued only infanticide *honoris causa* could be tried under Article 27§4, implying that the defense of one’s honor and the momentary loss of reason were connected.

understandings of classical criminal law in a positivist manner. This trend upheld the same ideals as the honor clause although it did not rely on it explicitly. It infantilized women by restricting their legal rights while providing them with honor through motherhood.

In abortion trials, the legal gap that allowed women to escape punishment existed in the unclear nature of abortion law. Throughout the fifty years of the 1890 Penal Code's existence, jurists harshly criticized the chapter on abortion, calling it "one of the most defective of the new code" with its "inextricable practical doubts."<sup>27</sup> Their criticism attacked the convoluted meanings of Articles 300 and 301, whose obscure language did not specify when a woman had consented to the procedure or not.<sup>28</sup> While not expressly stated in the Code itself, jurists agreed that because Article 301 specifically mentioned that the abortion occurred *with* the knowledge of the pregnant woman, by default Article 300 implied that the abortion occurred *without* her knowledge or consent.<sup>29</sup> Article 301 did not modify the sentence if the woman died or if it was practiced by a licensed medical professional, and thus it was not in proportion to the varying (and harsher) sentences of Article 300§1 and §2.<sup>30</sup> In other words, if the prosecutor wanted a harsher sentence for the practitioner, he had to forego prosecuting the woman. In the only case in which the state prosecuted the woman, the prosecution tried the midwife, the woman, and her partner under

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<sup>27</sup> Araujo, *O Código Penal interpretado*, 1901, 1:55. Oscar de Macedo Soares called it one of the most controversial parts of the Code. Soares, *Código Penal de 1890*, 618.

<sup>28</sup> Scholars have not investigated the difference between the two articles. Hentz, "A honra e a vida," 72–73; Neckel et al., "Aborto e infanticídio nos Códigos Penais," 102–3; Rodrigues, "Os crimes das mulheres," 82; Rohden, *A arte de enganar a natureza*, 132.

<sup>29</sup> Araujo, *O Código Penal interpretado*, 1902, 2:61; Siqueira, *Direito Penal Brasileiro*, 1:595; Soares, *Código Penal de 1890*, 621. Defense lawyers in abortion cases reiterated this legal understanding. See (AN) CS.0.PCR.7644 (1935), especially 112–15.

<sup>30</sup> Araujo, *O Código Penal interpretado*, 1902, 2:61; Siqueira, *Direito Penal Brasileiro*, 1:597; Soares, *Código Penal de 1890*, 621.

Article 301 (confirming jurists' discussions).<sup>31</sup> Additionally, in the 1930 abortion trial of the licensed midwife Elly Waeger, the appellate court reclassified her crime from Article 300§1 to Article 301 because it found that the deceased woman, Celeste de Carvalho, had “actively” sought out the abortion.<sup>32</sup> Neither jurists commenting on the Penal Code nor legal practitioners prosecuting abortion in the courts mentioned that women were fully aware that they were getting an abortion and did so with the intent of ending their pregnancy.<sup>33</sup> The implied meaning of abortion law created the figure of an innocent woman who had been seduced twice, first into premarital sex by an unwitting suitor and then into undergoing an abortion by a conniving doctor or “superstitious” midwife. The prosecution of abortion reinforced the infantilizing tendency of criminal law. And because women were not prosecuted, the honor clause was not relevant.

Women's infantilized state—they were not tried as responsible adults in infanticide trials nor tried at all in abortion cases—reinforced the idea that all women had social honor through their roles as mothers. The idea of hysteria infantilized women, but their recourse to honor gave them personhood as mothers. Judicial practice ultimately maintained patriarchy. To understand how the courts restricted women's legal personhood, we will first explore how the cases made their way through the court system.

## **The Criminal Cases**

Understanding the structure and legal outcomes of the cases demonstrates how criminal law viewed women as second-class citizens. This chapter analyzes eighteen infanticide and

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<sup>31</sup> (AN) CS.0.PCR.7644 (1935).

<sup>32</sup> (AN) CS.0.PCR.5608 (1930), especially pages 149-51.

<sup>33</sup> Most nineteenth- and early-twentieth-century Penal Codes also wrote abortion law in this manner, demonstrating that this view was widespread across the West. (AN) CS.0.PCR.5608 (1930), 149-51.

eleven abortion trials under the 1890 Penal Code.<sup>34</sup> Only nine of the eighteen infanticide court cases went to trial. Of the remaining nine, five were closed because the statute of limitations expired (*prescrita*), and three were not completed due to bureaucratic delays. One, the trial of Maria de Jesus presented at the beginning of this chapter, was declared without legal basis (*improcedente*). Of the nine that went to trial, in four cases the jury found the woman not guilty of committing infanticide.<sup>35</sup> In three cases, the woman was found guilty of infanticide but absolved for acting in a mentally altered state.<sup>36</sup> In only one case was the young woman found guilty of infanticide and *not* found acting in a mentally altered state.<sup>37</sup> Because the prosecutor charged her under the honor clause of Article 298§ and asked for the minimum sentence, Helena Teixeira Pinto spent three years in prison. In infanticide cases, women were most likely to be found not guilty or absolved.

Ten of the eleven abortion cases went before a judge. Only one was closed before the trial due to bureaucratic delays (*prescrita*). Of the ten that received sentences, six were declared without legal basis (*improcedente*); one, which had two accused midwives, was declared without legal basis for the first midwife (*improcedente*) and with legal basis (*procedente*) and guilty for the second (she later appealed and the case was determined without legal basis); one was

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<sup>34</sup> I also analyze six child abandonment cases anecdotally (Article 292). One child abandonment case had circumstances very similar to most infanticide cases, and thus I include it as one of the eighteen infanticide cases. The child was discarded in a wooded area immediately after birth to die. Because it died, the district police chief declared infanticide by omission but the public prosecutor charged the woman with child abandonment (Art. 292§2). (AN) T8.0.PCR.825 (1901). See Appendix B for a full list of cases.

<sup>35</sup> (MJ) RG.13243 Cx.1403 (1902); (MJ) RG.13244 Cx.1403 (1903); (AN) CA.CT4.0.376 (1907); (MJ) RG.4382 Cx.577 (1910).

<sup>36</sup> (AN) CA.CT4.0492 (1908); (TJRJ) Cx.01.722.639-9 Pos.7.G6.S5.1438 (1911). Olivia Nogueira da Gama was found guilty and not acting in a stage of postpartum madness. She appealed, and the appeals court found her guilty of infanticide but as acting in a state of postpartum madness; she was acquitted, (MJ) RG.13245 Cx.1403 (1904).

<sup>37</sup> (TJRJ) Cx.01.803.478-01 Pos.G4.S8.2336 (1912).



absolved; and two were declared guilty.<sup>38</sup> Of the two guilty decisions, one was closed due to the expiration of the statute of limitations (*prescrita*) nine years after the initial investigation. It appears that the midwife was never imprisoned after the guilty decision. The second was appealed and the appellate court issued a stay on the execution of the sentence and changed the crime from Article 300§1 to Article 301. The judge never issued an arrest warrant, and the case was then closed nine years later due to bureaucratic delay. Thus, no midwife or doctor served prison time.<sup>39</sup> Most abortion trials were found *improcedente* because forensic evidence did not definitively prove that the death had been caused by a criminal abortion.<sup>40</sup> Cases demonstrated evidence of an *aborto*, which could mean either abortion or miscarriage, but not whether it had been spontaneous or provoked by either mechanical methods (for example a *sonda* inserted into the uterus) or medical means (abortifacients). Thus, for both infanticide and abortion, accused parties were likely to be absolved or not found guilty. Even if found guilty, bureaucratic delay worked in their favor. While women in infanticide cases were imprisoned during the trials, overall both abortion and infanticide trials did not lead to lengthy prison sentences.

Bureaucratic delay played a central role in the cases' legal outcomes. This was not particular to fertility control trials, and the growing pains of a modernizing judicial system also allowed accused parties to evade sentencing for other crimes.<sup>41</sup> The delays in the abortion and infanticide cases occurred at varying stages of the trial process and stemmed from various actors,

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<sup>38</sup> The judge declared one case *improcedente* in both the initial trial and the appeals trial. (AN) CT, Cx.1934, N.2105 (1939). In the case involving two midwives, the second midwife was still charged with practicing medicine without a license, although the charge of abortion was dropped, (AN) CS.0.PCR.6998 (1933).

<sup>39</sup> Cristiani Bereta da Silva finds a similar trend in Florianopolis. "Amores e dores, brigas e intrigas," 80.

<sup>40</sup> Joana Pedro, in her discussion of abortion and infanticide in twentieth-century Florianopolis, also argue that it was difficult to prove the self-provocation of abortion; thus the state focused on the persecution of *aborteiras*. "Aborto e infanticídio," 30.

<sup>41</sup> For the larger impact of bureaucratic delay on Brazilian legal culture see Rosenn, "Brazil's Legal Culture."

including the women themselves, witnesses, jurors, and judicial officials. For example, often witnesses did not show up in court to testify.<sup>42</sup> In infanticide cases, the only fertility control crime that went before a jury, jurors also did not show up to court. In the 1910 trial of Joaquina Gonçalves, her defense lawyer complained to the judge that Gonçalves had presented herself in court four days in a row for sentencing, but because the needed number of jury members had not shown up, the trial had been postponed.<sup>43</sup> In fact, the prosecutor himself had not appeared in court the day of the jury decision. Delays caused by the justice system also held up proceedings. The number of employees available to perform the judicial system's daily tasks was not adequate to meet demand, and personnel issues often delayed proceedings.<sup>44</sup> Bureaucratic delays hampered the law's own crusade against fertility control, proving that the incursion of the police investigations or the gossip surrounding the cases could be the cases' most invasive aspect.

But women also actively negotiated faulty procedure to their own advantage. In court cases, for example, women evaded punishment by disappearing. When the eighteen-year-old widow Izolina Aguiar was brought to trial for infanticide in 1900, she ran away with her young child during delays in the court proceedings. Unable to find her, the judge closed the case.<sup>45</sup> In 1920, nineteen-year-old black Jovelina dos Santos also disappeared during a delay in her

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<sup>42</sup> Rachel Soihet argues that this was an act of resistance on the part of the popular classes who were involved as witnesses. *Condição feminina*, 385. See also Chalhoub, *Trabalho, lar e botequim*, 34, 281, 283.

<sup>43</sup> (MJ) RG.4382 Cx.577 (1910)

<sup>44</sup> (AN) 01.0.PCR.3075 (1892); (MJ) RG.13245 Cx.1403 (1904); (MJ) RG.4382 Cx.577 (1910); (TJRJ) Cx.01.722.653-3 Pos.7.G6.S4.434 (1910); (TJRJ) Cx.01.722.639-9 Pos.7.G6.S5.1438 (1911); (TJRJ) Cx.01.803.478-01 Pos.G4.S8.2336 (1912); (AN) CS.0.PCR.1877 (1915); (TJRJ) Cx.01.722.640-5 Pos.7.G6.S5.2151 (1920); (AN) CT, Cx.1838 N.249 (1928). For cases that are simply incomplete see (AN) T8.2480 (1907); (AN) T8.0.PCR.825 (1901); (AN) T9.0.PCR.28 (1893). Gloria Lourenço's defense lawyers did not show up to court one day. (AN) CA.CT4.0492 (1908).

<sup>45</sup> (TJRJ) Cx.01.0722.629-6 Pos.7.G6.S3.3210 (1900).

infanticide trial, forcing the judge to end the proceedings.<sup>46</sup> In abortion trials, women also vanished, even though they were not the accused party.<sup>47</sup> Their absence, however, hints at their unwillingness to witness the public trial of their personal reproductive lives. Women found agency in judicial gaps, negotiating bureaucratic delays in their favor.

The twenty-nine court cases analyzed here consist of a complete police investigation, identical to those presented in the previous chapter.<sup>48</sup> After reviewing the police investigation, the public prosecutor pressed charges and took the accused to court.<sup>49</sup> Once in the criminal court system, infanticide and abortion trials differed in their procedure. Criminal courts viewed infanticide as a more grievous crime, and it went before a jury. A judge decided abortion cases.<sup>50</sup> Until the jury trial, court proceedings for both crimes advanced similarly.

After the police chief presented his investigative summary, the public prosecutor wrote a formal accusation.<sup>51</sup> At this time, the district chief, the public prosecutor, or the presiding judge

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<sup>46</sup> (TJRJ) Cx.01.815.354-9 Pos.S.G1.S20.1984 (1930). See also (AN) T9.0.PCR.28 (1893); (MJ) RG.13242 Cx.1403 (1902); (AN) CA.CT4.0.376 (1907); (AN) T8.2480 (1907); (TJRJ) Cx.01.803.478-01 Pos.G4.S8.2336 (1912); (AN) 72.0.IQP.1407 (1915); (TJRJ) Cx.01.722.640-5 Pos.7.G6.S5.2151 (1920); (AN) CS.0.PCR.5883 (1931). Men accused of infanticide also evaded trial by disappearing. (AN) CS.0.PCR.2059 (1917).

<sup>47</sup> Philomeni Temponi disappeared during the abortion trial that prosecuted the doctor and Temponi's former landlady. (AN) CS.0.PCR.5883 (1931).

<sup>48</sup> One abortion case is a *quiexa-crime*, or an official complaint brought directly to the judge, bypassing the police. This case did not involve a police investigation. It was based in Article 116§1 of the 1910 *Codigo do Processo Criminal* and Art. 2§2 of the 1925 version. Candido Mendes de Almeida, *Codigo do Processo Penal para o Districto Federal anotado* (Rio de Janeiro: Imprensa Nacional, 1925), 19–20; *Codigo do Processo Criminal do Districto Federal* (Rio de Janeiro: Imprensa Nacional, 1910), 19.

<sup>49</sup> In two cases the lower criminal court judge questioned the public prosecutor's decision to close the police investigation without pressing charges. In the infanticide trial of Izolina, the adjunct public prosecutor thought the case should be closed due to the insufficient number of witnesses. The judge sent the investigation to the supervising prosecutor who overruled the lower prosecutor's decision and sent the case to court using Decreto N. 2579, Art. 45§1, 49b, Art. 52§1n.1, 16 Agosto 1897. (TJRJ) Cx.01.722.629-6 Pos.7.G6.S3.3210 (1900).

<sup>50</sup> Decreto N. 1030, Art.100, 101§3, §5n.18, 14 Novembro 1890; Decreto N.2579, Art. 23, 16 Agosto 1897 ; Decreto N. 16.273, Art. 82§6n. 15, Art. 92§1, 20 Dezembro 1923, .

<sup>51</sup> The accusation briefly explained the circumstances surrounding the event, the specific crime for which the accused was charged, and a list of the witnesses to testify in court. Art. 121 of the *Codigo do Processo Criminal*, 19; Art. 12 of Almeida, *Codigo do Processo Penal anotado*, 23–24.

could request preventive custody (*prisão preventiva*).<sup>52</sup> Because infanticide cases were not eligible for bail (*inafiável*), the responsible authority could issue the arrest warrant without further explanation. In abortion trials, which were eligible for bail (*afiançável*), an arrest warrant could only be issued if the person had already spent time in prison or did not have a fixed residence and employment.<sup>53</sup> If neither the district police chief nor the public prosecutor requested preventive custody, the judge only issued an arrest warrant (*mandado de prisão*) after the court hearings (*sumário*) if he decided the case had legal basis (*procedente*).<sup>54</sup>

The district police chief asked for preventive custody during the ongoing investigation in only one infanticide trial. In 1908, Gloria Lourenço da Silva confessed to decapitating and then dismembering her newborn child, albeit a child she stated was stillborn.<sup>55</sup> The presiding judge granted the district police chief's request, and the police took Silva into custody before they concluded the investigation. In one case, the woman was *de facto* imprisoned. In the 1910 infanticide trial of Joaquina Gonçalves, the police sent Gonçalves to the infirmary in the city jail (*Casa de Detenção*) for medical care after her homebirth. While the district police chief did not officially ask for an arrest warrant until May 16, Gonçalves had been held in jail since May 2.<sup>56</sup>

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<sup>52</sup> Lei 2033, Art. 13§1, 2, 3, 4, Setembro 1871; Art. 42 of the *Código do Processo Criminal*, 9; Art. 100 of Almeida, *Código do Processo Penal anotado*, 61.

<sup>53</sup> Art. 42§1 and §2 of the *Código do Processo Criminal*, 9; Art. 101§1 and §2 of Almeida, *Código do Processo Penal anotado*, 61.

<sup>54</sup> For cases in which the presiding judge issued an arrest warrant see (MJ) RG.13242 Cx.1403 (1902); (AN) CA.CT4.0.376 (1907); (TJRJ) Cx.01.722.640-5 Pos.7.G6.S5.2151 (1920); (TJRJ) Cx.01.815.354-9 Pos.S.G1.S20.1984 (1930).

<sup>55</sup> (AN) CA.CT4.0492 (1908), Lei N. 2033, 20 Setembro 1871. The judge issued her arrest on August 6 1908, and Lourenço was arrested on August 7. The district police chief wrote his final report on August 10.

<sup>56</sup> (MJ) RG.4382 Cx.577 (1910). The district police chief issued a warrant for Gonçalves's arrest on May 9, 1910, and she was officially arrested on May 16. This is also the only case where the police sent a woman in need of medical care to jail. At other times, the police ordered women to seek medical care during the police investigation, yet they were normally sent to the *Santa Casa da Misericórdia*. (TJRJ) Cx.01.722.629-6 Pos.7.G6.S3.3210 (1900); (MJ) RG.13245 Cx.1403 (1904); (AN) CS.0.PCR.3046 (1919); (AN) CT, Cx.1978 N.1036 (1923).

For the most part, in abortion cases no arrest warrants were issued. In the 1931 abortion case against Dr. Water Barbosa Moreira and Marieta Silva, the district police chief asked for their preventive custody, citing that they had conspired beforehand to present a united front in their police testimonies.<sup>57</sup> The judge denied the request.

The accusation and possible preventive custody were followed by the court hearings (*sumário*) for both abortion and infanticide cases. These were performed in the intermediate criminal courts. The supervising judge oversaw the formal questioning of the prosecution's witnesses, the identification (*qualificação*) of the accused, and, if the accused had a formal defense, the defense's argument and witnesses.<sup>58</sup> In the questioning of both the witnesses and the accused, the judge initiated all inquiries.<sup>59</sup> After, the prosecutor and the defense lawyer (or the accused herself if she did not have a lawyer) could cross-examine the witnesses.<sup>60</sup> When the summary proceedings were complete, the presiding judge decreed the case either *procedente* or *improcedente*. Judges only declared cases prescribed (*prescrita*) or lapsed (*extinta*) if the statute of limitations (*prescrição*) had expired.<sup>61</sup> If declared *improcedente*, the case was closed, and the

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<sup>57</sup> (AN) CS.0.PCR.5883 (1931).

<sup>58</sup> For a discussion of how criminal cases made it through Rio de Janeiro's justice system see Fischer, *A Poverty of Rights*, 166–69, 379–80n42.

<sup>59</sup> As Fischer notes, "Once a case proceeded to the trial phase, it was governed by the "accusatorial" tradition, whereby the defendant had the right to a lawyer would be present for all testimony. In this second phase, Brazilian criminal procedure still differed from common law in that questions to witnesses, defendants, and victims were posed first by the judge and only later by lawyers." *Ibid.*, 379n40.

<sup>60</sup> Almeida, *Código do Processo Penal anotado*, Art. 311, 119. The defense could also provide their own witnesses. In infanticide cases, only the lawyers of Gloria Lourenço da Silva and Joaquina Gonçalves provided witnesses. Both women were Portuguese immigrants and the majority of the witnesses were former neighbors in Portugal that now resided in Rio de Janeiro. Respectively, (AN) CA.CT4.0492 (1908); (MJ) RG.4382 Cx.577 (1910). For abortion cases that presented defense witnesses see (AN) CS.0.PCR.4940 (1928); (AN) CS.0.PCR.7644 (1935).

<sup>61</sup> (TJRJ) Cx.01.722.629-6 Pos.7.G6.S3.3210 (1900); (MJ) RG.13242 Cx.1403 (1902); (MJ) RG.4382 Cx.577 (1910); (TJRJ) Cx.01.722.640-5 Pos.7.G6.S5.2151 (1920); (TJRJ) Cx.01.815.354-9 Pos.S.G1.S20.1984 (1930); (AN) CS.0.PCR.1877 (1915); (AN) CS.0.PCR.2059 (1917).

accused was absolved of all charges and freed if imprisoned.<sup>62</sup> If declared *procedente*, the case moved forward, to a jury trial in infanticide cases and to a judge's decision in abortion cases.

In infanticide cases that made it to jury trial, the prosecutor issued the formal bill of indictment (*libelo crime*), with the questions that would be asked of the jury. In it, the public prosecutor determined not only the questions but also the sentence. The case then went to the upper-division trial court (*Tribunal do Júri*).<sup>63</sup> The judge did not question the accused or the witnesses in front of the jury; rather, the entire case was read out loud. In fact, reading the written trial record and not active legal performance characterized criminal trials.<sup>64</sup> After either the jury's decision (in infanticide cases) or the judge's decision (in abortion cases), the defendant or the prosecutor had the option of appealing the decision. The trial could eventually make its way to Rio de Janeiro's appellate courts (*Corte de Apelação*) and even to the country's supreme court (*Supremo Tribunal*).<sup>65</sup> In appeals cases, the case went before the appellate court and the

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<sup>62</sup> The judge declared the prosecutor's case *improcedente* only once for infanticide trials, the case of Maria de Jesus discussed at the beginning of this chapter. Two child abandonment cases were determined *improcedente*. (AN) CS.0.PCR.1373 (1915); (AN) CT, Cx.1838 N. 249 (1928).

<sup>63</sup> The jury for infanticide cases was chosen out of a pool of eligible jurors. Until 1911, the pool consisted of 48 voting, literate, and employed (male) citizens of which twelve would make up the jury. Regulamento N. 120, Art. 224, 326, 357, 31 Janeiro 1842. After 1911, this was reduced to 22 potential members with seven making up the final jury. At least 15 potential jurors had to show up in court for the *sorteio* to occur (Article 279). Both the defense and the public prosecutor could each refuse up to four jurors each (Art. 279§1). Decreto N.9263, 28 Dezembro 1911, Art. 90, 277, 279§1.

<sup>64</sup> As Brodwyn Fischer states, "Over the course of any trial, the judges, lawyers, and police chiefs frequently rotated, and their replacements had only the trial's written records to go on. What was actually said or discovered thus mattered less than its representation, its reduction into a few pages of scribbled notes, undertaken by rushed and harried scribes." *A Poverty of Rights*, 167.

<sup>65</sup> For infanticide cases that were successfully appealed by the defendant see (MJ) RG.13245 Cx.1403 (1904). For cases in which the defendant was denied appeal see (TJRJ) Cx.01.803.478-01 Pos.G4.S8.2336 (1912). For infanticide cases appealed by the public prosecutor see (MJ) RG.4382 Cx.577 (1910). For infanticide cases in which the public prosecutor was denied appeal see (TJRJ) Cx.01.722.653-3 Pos.7.G6.S4.434 (1910). For abortion cases appealed by the defendant see (AN) CS.0.PCR.5608 (1930); (AN) CS.0.PCR.6998 (1933). For abortion cases appealed by the public prosecutor see (AN) CT, Cx.1934, N.2105 (1939). For abortion cases in which the public prosecutor was denied appeal see (AN) CS.0.PCR.5883 (1931). I have one supreme court case originating in Rio de Janeiro involving child abandonment (AN) BV.0.RMI.1271 (1893). For infanticide cases that made it to the Supreme Court (located in Rio de Janeiro), that originated in other states see (AN) BV.0.RMI.1063 (1899) Pará;

appeal judges decided the validity of the case. If the court decided in the affirmative, it either went before another jury (infanticide) or judge (abortion). If they decided against the appeal, the original decision was upheld and the trial was closed. If appealed again, the case followed a similar procedure in the supreme court.

The eighteen infanticide cases ranged from 1892 to 1930, but the majority occurred between 1900 and 1915 (thirteen). The eleven abortion cases ranged from 1913 to 1939, with the majority occurring between 1925 and 1939 (eight). If we combine these court cases with the police investigations in the previous chapter, we see a similar trend in the increased presence of abortion and the decreased presence of infanticide. The same gradual movement from the visibility of infanticide to the visibility of abortion appears in both investigations and the trials.<sup>66</sup>

### **Who Was Brought to Court for Fertility Control?**

While scholarship has often lumped together women who practiced fertility control, when examining the court cases more carefully, we see a difference between women accused of infanticide versus those who sought out abortions.<sup>67</sup> In relation to infanticide, most women accused of the crime were not from the city of Rio de Janeiro as Table 5.1 shows.

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(AN) BV.0.RMI.0459 (1905) São Paulo; (AN) BV.0.RMI.0660 (1905) Rio Grande do Sul; (AN) BV.0.RMI.0458 (1905) Rio Grande do Sul; (AN) BV.0.RMI.0207 (1906) Rio Grande do Sul.

<sup>66</sup> Scholars find the same movement from infanticide to abortion in Florianópolis occurring in the mid-twentieth century. Despite this change, infanticide continued to occur into the late-twentieth century, probably due to the continuation of high poverty rates and lack of access to healthcare. da Silva, “Amores e dores, brigas e intrigas,” 79–80; Joana Maria Pedro, Núcia Alexandra Silva de Oliveira, and Maristela Moreira de Carvalho, “Corpos femininos em debate: Aborto e infanticídio na imprensa de Florianópolis, uma história de controle e normatização (1950-1996),” in *Práticas proibidas: práticas costumeiras de aborto e infanticídio no século XX*, ed. Joana Maria Pedro (Florianópolis: Cidade Futura, 2003), 219–51.

<sup>67</sup> I derived the following information from the women’s police and court testimony.

TABLE 5.1 *Number of women accused of infanticide by birthplace*

Birthplace	Women
Rio de Janeiro city	2
Rio de Janeiro state or other Brazilian state	10
Brazil (location not specified)	2
Portugal	3
<b>TOTAL</b>	<b>17</b>

Source: Appendix B.

The race of the accused women was recorded in fifteen of the seventeen trials. Six of the accused women were *preta* (black); five women were *branca* (white); and four of the women were *parda* (mixed race). Three of the white women were Portuguese immigrants while the fourth was the daughter of Italian immigrants.<sup>68</sup> Most women accused of infanticide were also young.<sup>69</sup> Table 5.2 demonstrates that the majority were under the age of twenty-five.

TABLE 5.2 *Number of women accused of infanticide according to age*

Age	Women
19 or younger	8
20-24	4
25-29	3
30 and over	2
<b>TOTAL</b>	<b>17</b>

Source: Appendix B.

In contrast to the police investigations, the majority of women brought to trial for infanticide were single as Table 5.3 indicates

<sup>68</sup> I classified the race of the women based on either the medico-legal exams performed on the women or from official police notations. I took two of the four *parda* classifications from witness testimony. (AN) 01.0.PCR.3075 (1892); (TJRJ) Cx.01.722.640-5 Pos.7.G6.S5.2151 (1920). I derived one of the *preta* classifications from witness testimony., (MJ) RG.13244 Cx.1403 (1903). I classified one woman as white as she was the daughter of Italian immigrants. (AN) CA.CT4.0.376 (1907).

<sup>69</sup> I took the age that the woman was at the time of the crime, as many court cases dragged on for years. At times the woman reported different ages, but they all fell within the same age categories.



TABLE 5.3 *Number of women accused of infanticide according to civil status*

Civil Status	Women
Single ( <i>solteira</i> )	11
Married ( <i>casada</i> )	1
Coupled but unmarried ( <i>amasiada</i> )	2
Widowed ( <i>viuva</i> )	1
Separated ( <i>separada</i> )	2
<b>TOTAL</b>	<b>17</b>

Source: Appendix B.

Women accused of infanticide also were overwhelmingly employed in domestic service. Fourteen were domestic servants, thirteen of which lived in the home of their employers.<sup>70</sup> One was a *doméstica*, or housewife, but she received money from her brothers to take care of their home. One was employed as a hotel maid. One did not declare an occupation. In addition, most women were illiterate. Twelve did not know how to read while five were literate. Finally, four of the women mentioned having children already, either living with them or not. Two more mentioned they had children who had died, one from neonatal tetanus, and the second allegedly killed by the woman's former employer.<sup>71</sup>

From this small set, we can see that women brought to trial for infanticide were most likely to be young, black or brown, and illiterate. They were overwhelmingly employed as live-in domestic servants and had migrated or immigrated to the city of Rio de Janeiro. Most were single, thus extramarital relations, whether through consensual sex or rape were common.<sup>72</sup> Many of these women denied they had known they were pregnant. In her discussion of women's information networks surrounding fertility control methods in twentieth-century Florianópolis,

<sup>70</sup> I use the term domestic servant to encompass all women who worked as maids, cooks, nannies, and laundresses.

<sup>71</sup> Respectively (TJRJ) Cx.01.722.653-3 Pos.7.G6.S4.434 (1910); (MJ) RG.13245 Cx.1403 (1904).

<sup>72</sup> Other scholars have also highlighted these demographics, but without a systematic look at the cases. Rodrigues, "Os crimes das mulheres," 122, 133; Soihet, *Condição feminina*, 141.

Joanna Pedro argues that single women did not participate in married women’s “webs of solidarity” where they shared information about abortion and contraception.<sup>73</sup> In the cases examined here, single women, especially domestic servants without a familial network, were unable to share in abortion knowledge. But Pedro has contended that without access to this information, infanticide became “an effort of last resort.”<sup>74</sup> As we will see, women’s lack of knowledge about their bodies and their pregnancies resulted in infanticide not as “an effort of last resort” but as the first method women employed to control their fertility.

Was there a difference between women brought to trial for infanticide and women who sought out abortions? The place of birth was recorded for ten of the eleven women involved in the abortion cases. Most women were from the city of Rio de Janeiro, but the numbers are more evenly distributed than those for infanticide as Table 5.4 shows.

TABLE 5.4 *Number of women who sought out abortions by birthplace*

Birthplace	Women
Rio de Janeiro city	4
Rio de Janeiro state	1
Brazil (location not specified)	3
Portugal	2
<b>TOTAL</b>	<b>10</b>

Source: Appendix B.

In contrast to the women accused of infanticide, women who sought out abortions (and were caught), were overwhelmingly white. Of the ten cases in which the race of the postabortive woman was recorded, eight of the women were *branca* (white), one was *preta* (black), and one

<sup>73</sup> “Mulheres, memórias e experiências: Usos e disputas sobre o controle e autonomia do corpo feminino,” in *Práticas proibidas: práticas costumeiras de aborto e infanticídio no século XX*, ed. Joana Maria Pedro (Florianópolis: Cidade Futura, 2003), 160–61.

<sup>74</sup> “Aborto e infanticídio,” 23.

was *parda* (mixed race).<sup>75</sup> Ten of the eleven women's ages were recorded. Similar to women accused of infanticide (and women investigated for reproductive events but not brought to trial), women who sought out abortions were young, although their ages are distributed more evenly throughout their twenties and thirties as Table 5.5 demonstrates.

TABLE 5.5 *Number of women who sought out abortions according to recorded age*

Age	Women
19 or younger	4
20-24	2
25-29	2
30 and over	2
<b>TOTAL</b>	<b>10</b>

Source: Appendix B.

Also similar to the women accused of infanticide, the majority of women who sought out abortions were single as Table 5.6 indicates.<sup>76</sup>

TABLE 5.6 *Number of who sought out abortions according to civil status*

Civil Status	Women
Single ( <i>solteira</i> )	6
Married ( <i>casada</i> )	2
Coupled but unmarried ( <i>amasiada</i> )	2
Widowed ( <i>viuva</i> )	0
Separated ( <i>separada</i> )	1
<b>TOTAL</b>	<b>11</b>

Source: Appendix B.

In relation to employment, the women who sought out abortions were not overwhelmingly employed in domestic service, unlike the women accused of infanticide. In the abortion cases, six women were *domésticas*; one was an actress; one was a dancer; one was

<sup>75</sup> The classification for one woman was *preta* (black) in her first exam and *parda* (mixed race) in her second exam. I classified her as black. (AN) CS.0.PCR.3046 (1919).

<sup>76</sup> One woman who was *amasiada* was also widowed. I classify her as the former. (AN) CS.0.PCR.7644 (1935).

employed in domestic service; one was a teacher, and the occupation of one woman was not recorded. Additionally, most women were at least nominally educated, with five who were literate, and two who were illiterate. The literacy of four women was not recorded because they had died before the investigation began. Like women accused of infanticide, three women in the abortion cases mentioned they had children.

What does this small set of cases tell us? Women involved in abortion cases were also young and single, but they were more likely to be white and literate. They had varying occupations that earned more than a live-in domestic servant. Women in abortion cases actively acknowledged understanding that they were pregnant. They had the financial resources to pay for an abortion and the social network needed to access this knowledge. This snapshot demonstrates that infanticide remained the recourse of the very poor while abortion was only available to the working and middle classes. There was a stark class difference between women who were prosecuted for infanticide and those who were involved in abortion cases. How did those differences play out in the courts? While differing in rhetorical and legal approaches according to the crime (and woman) in question, the judicial system ultimately allowed all women to escape punishment at the same time it denied them legal personhood.

### **Fertility Control in the Courts**

While the judicial system prosecuted abortion and infanticide differently, it employed similar strategies to attenuate women's legal responsibility. In doing so, it took over the role of family patriarch and helped establish state control over women's reproduction. The prosecution relied on two main discursive strategies that both infantilized and condemned women for practicing fertility control: honor and motherhood. In infanticide trials, the prosecution either

argued that the woman had acted to hide her dishonor—sex out of wedlock and the subsequent pregnancy—or condemned her for acting without maternal instincts.<sup>77</sup> But these discursive strategies were not mutually exclusive, and the prosecution often employed both simultaneously. In this sense, the prosecution of infanticide under the 1890 Penal Code vacillated between Brazil’s deeply-ingrained colonial Catholic view on sexuality, which condemned the extramarital relations that led to the practices, and the twentieth-century emphasis on the brutality of the crime itself.<sup>78</sup> In line with this shifting position, in infanticide cases the prosecution almost always asked for the medium prison sentence.<sup>79</sup> There seemed to be a desire to prosecute the “inhumane” crime of infanticide but not too harshly. As we will see, in infanticide trials the jury negated the necessity of invoking the honor clause by absolving or acquitting most women, relying instead on the idea of temporary postpartum insanity.<sup>80</sup>

The prosecution explicitly relied on the honor clause as the concept was written into infanticide law. In fact, of the nine cases that went before a jury, seven were prosecuted under the honor clause (Article 298§).<sup>81</sup> In those cases, honor was invoked explicitly (through the

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<sup>77</sup> These initial arguments were important as they provided the basis for both the trial proceedings and the bill of indictment (*libelo crime*) presented to the judge and jury. Art. 212 of the *Codigo do Processo Criminal*, 31; Art. 322 of Almeida, *Codigo do Processo Penal anotado*, 123.

<sup>78</sup> On colonial Catholic persecution of abortion and infanticide see del Priore, “A árvore e o fruto.”

<sup>79</sup> For cases in which the public prosecutor asked for the maximum sentence see (AN) CA.CT4.0.376 (1907); (AN) CA.CT4.0492 (1908); (TJRJ) Cx.01.722.653-3 Pos.7.G6.S4.434 (1911). For medium sentences see (MJ) RG.13243 Cx.1403 (1902); (MJ) RG.13244 Cx.1403 (1903); (MJ) RG.13245 Cx.1403 (1904); (MJ) RG.4382 Cx.577 (1910); (TJRJ) Cx.01.722.639-9 Pos.7.G6.S5.1438 (1911). For minimum sentences see (TJRJ) Cx.01.803.478-01 Pos.G4.S8.2336 (1912). Roselane Neckel et. al. argue that in Florianópolis, the public prosecutor almost always asked for the maximum sentence in infanticide cases, ignoring the honor clause. Neckel et al., “Aborto e infanticídio nos Códigos Penais,” 106–7. That was not the case in Rio de Janeiro.

<sup>80</sup> This is also the case in the small number of infanticide trials examined in the city of Florianopolis throughout the twentieth century. Pedro, “Aborto e infanticídio,” 45.

<sup>81</sup> For the honor clause see (MJ) RG.13243 Cx.1403 (1902); (MJ) RG.13244 Cx.1403 (1903); (MJ) RG.13245 Cx.1403 (1904); (AN) CA.CT4.0.376 (1907); (AN) CA.CT4.0492 (1908); (TJRJ) Cx.01.722.653-3 Pos.7.G6.S4.434 (1910); (TJRJ) Cx.01.803.478-01 Pos.G4.S8.2336 (1912). For the two cases *not* prosecuted under the honor clause see (MJ) RG.4382 Cx.577 (1910); (TJRJ) Cx.01.722.639-9 Pos.7.G6.S5.1438 (1911).

classification of the crime) and implicitly (through larger discursive attempts to paint women as juridical children). The prosecution's use of the honor clause did not mean these men absolved women. In fact, the prosecution also emphasized women's deviant nature, seen in the rejection of their maternal roles. For example, the district police chief in Laura Sobral's 1902 infanticide trial argued that she threw her newborn child into a neighboring yard both to "conceal her shame," and "due to [her] lack of maternal affections."<sup>82</sup> He argued she was subject to the penalties of Article 298§, and asked for her arrest. In his indictment, the public prosecutor declared that Sobral had "certainly" acted "in order to hide her own dishonor," and charged her accordingly.

In the scandalous 1908 infanticide trial of Portuguese immigrant Gloria Lourenço da Silva, in which Silva confessed to decapitating and dismembering her newborn child, both the police chief and the public prosecutor condemned her lack of maternal instincts.<sup>83</sup> The district police chief argued that Silva possessed "bestial feelings of one who had the duty to protect [her child]...presenting to the world the type of mother that mercilessly strangles and hacks [to pieces] the body of their own child." The prosecutor reiterated these words, arguing that Silva "practiced the infanticide, revealing an unforeseen ferocity. The proof of the crime practiced by the accused is complete, and it reveals the cynicism with which she proceeded." The defense countered these words with their own witnesses, many of them Silva's old neighbors in Portugal who declared that Silva had been a dedicated daughter, taking care of her father until his death. They stated that Silva demonstrated "maternal instincts" when caring for their own children, "for whom she had great fondness."

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<sup>82</sup> (MJ) RG.13243 Cx.1403 (1904).

<sup>83</sup> (AN) CA.CT4.0492 (1908). Several other scholars have also discussed this case. Soihet, *Condição feminina*, 346–49; Rohden, *A arte de enganar a natureza*, 159–63.

Silva lived with her brothers, and she testified that they had exerted patriarchal control over her life once she arrived in Rio de Janeiro. She told the police that she considered the oldest brother “like a father” and further mentioned that she only went out into the streets on Sunday to buy provisions for the house or during the week to help with her brothers’ small *kiosque*. Perhaps more important than Silva’s own words was her brothers’ confirmation of her testimony. They stated she stayed at home and took care of the house, putting themselves in the role of patriarchal protector. Silva had become pregnant in Portugal, and thus she was not under her brothers’ watch when she had strayed. Her admittance that she had acted out of shame—wanting her brothers to think that she was still a *donzela*—appeared to hold sway with the prosecutor who charged her under the honor clause.<sup>84</sup>

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<sup>84</sup> The bill of indictment also charged her with the aggravating circumstances outlined in Article 39§5 and 9 in order to charge Gloria with the maximum prison sentence under the honor clause, nine years.

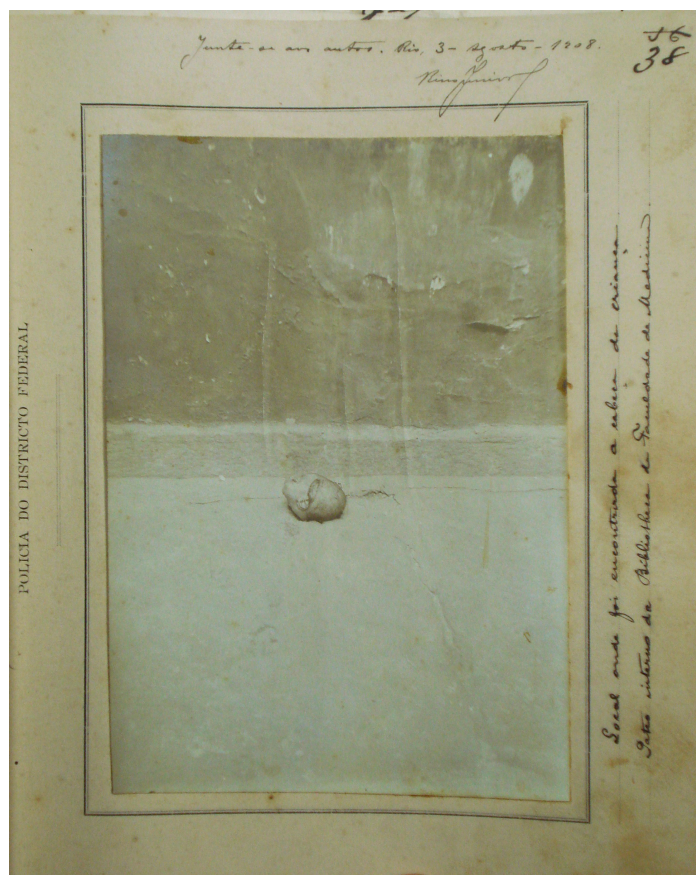


IMAGE 7: Location where Gloria Lourenço da Silva threw the head of her newborn.  
 Source: (AN) CA.CT4.0492 (1908).

But the prosecution denied some women the right to sexual “honor,” seemingly without much reason. Of the women who were not prosecuted under the honor clause, two were single and one was married. In these cases, the prosecution focused solely on their “depraved nature.” For example, in the 1892 infanticide trial of Celina de Souza, the prosecution declared that Souza was a “a barbaric, cruel and inhumane woman, who robbed the life of her own newborn child,” charged her under Article 298 (no honor clause), and asked for her arrest.<sup>85</sup> In the 1910 infanticide case of Joaquina Gonçalves, both the district police chief and the public prosecutor believed that Gonçalves should be tried for infanticide without the honor clause.<sup>86</sup> The district

<sup>85</sup> (AN) 01.0.PCR.3075 (1892). It is important to note that the case made it into the local papers, putting pressure on the judicial system.

<sup>86</sup> (MJ) RG.4382 Cx.577 (1910).



police chief argued that Gonçalves, in leaving her newborn infant to die, “not only violated the laws of society but also [violated] the sacred laws of nature.”<sup>87</sup> The prosecutor agreed, writing that “the accused [Gonçalves] [did not] possess the minimum sense of maternal love,” and he did not use the honor clause in his indictment.

While honor influenced how the state chose to prosecute infanticide, it played a lesser role in abortion prosecutions. Although the prosecution viewed women who sought out abortions as acting to hide their dishonor, they sympathized with their plight by prosecuting the abortion provider, a third party. In this sense, the law also infantilized women who had abortions, as its prosecution of providers demonstrated it believed women should not be held responsible for the decision to have an abortion. Again, the state took over the role of patriarchal protector. Both the police and the prosecution highlighted women’s relative poverty and “low” intellectual capabilities as the reason why she should not be prosecuted, and they equated these women with children who had no juridical personhood. The state still condemned the practice of abortion by criminalizing its practitioners, but by emphasizing the helplessness of the women who sought the procedure, it put itself in the role of defending a woman’s lost honor. The deflection of blame from the woman onto the provider implicitly worked in the defense of women’s honor, and in the state takeover of patriarchy.

The only abortion cases in which “honor” explicitly made it into the court records involved both deflowering and abortion. But even in these cases the prosecution relied on implicit notions of the “lost honor” (through extramarital sex).<sup>88</sup> For example, in 1914 the state prosecuted Paulo Ferreira for deflowering his eighteen-year-old cousin Maria Ferreira da

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<sup>87</sup> The district police chief was paraphrasing the French physician Paul Carnot. See “Paul Carnot (1869-1957),” *Bulletins et mémoires de la Société médicale des hôpitaux de Paris* 73, no. 33–34 (1957): 13–20.

<sup>88</sup> The men who deflowered and forced their partner to have an abortion were charged with both abortion (Art. 300) and deflowering (Art. 267).

Mendonça, and then persuading her to get an abortion.<sup>89</sup> Ferreira had promised Mendonça marriage before he took her virginity. When Mendonça became pregnant, Ferreira allegedly forced her to take pulsatilla, a plant that causes contractions, after which she aborted the fetus. For his part, Ferreira denied that he had had sexual relations with Mendonça, arguing that he had been sleeping in Mendonça's home at the behest of her travelling father. Ferreira had been given the task of guarding the father's house and family from the dangers of the street, but it was Ferreira himself who proved most dangerous to the family's honor within the home. The state, in prosecuting Ferreira and not Mendonça for abortion, took over the role of patriarchal protector.

In the only abortion case in which the woman was brought to trial, the prosecutor mentioned that the widowed Alcinda Ferreira de Souza had had sexual relations with José Durval Cordeiro but did not charge Souza under the honor clause nor mention honor at all.<sup>90</sup> It seems her status as a widow did not confer upon her the same access to honor as that of a younger, single woman. In fact, this case bestowed upon Souza more juridical responsibility, as it treated her as a woman who had actively sought out an abortion rather than infantilizing her under the law.

In abortion cases, the prosecution condemned the practice and the social context without necessarily condemning the woman. The legal system did this by presenting women as irrational actors and placing all legal responsibility on the abortion provider.<sup>91</sup> One consequence of the prosecution of abortion providers was the creation of an environment in which medical practitioners did not want to help women presenting with post-abortion complications for fear of

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<sup>89</sup> (AN) CS.0.PCR.1350 (1914). See also the 1939 case in which João Mendes was charged with raping and deflowering his daughter beginning when she was eleven years old. When she was fourteen, she became pregnant and he forced her to have an abortion. (AN) CT Cx.1934 N.2105 (1939). The 1917 infanticide trial of José Ferreira da Silva in which he raped and impregnated his daughter and then allegedly committed infanticide, also charged him with deflowering (Art. 267) and infanticide (Art. 298). (AN) CS.0.PCR.2059 (1917).

<sup>90</sup> (AN) CS.0.PCR.7644 (1935).

<sup>91</sup> Women who sought out abortions were often called in as witnesses. (AN) CS.0.PCR.5883 (1931).

legal reprisal.<sup>92</sup> In 1913, the nineteen-year-old Portuguese immigrant Odilia da Conceição found herself pregnant and went to a physician for an abortion.<sup>93</sup> He inserted a rubber tube (*sonda de borracha*) into her cervix to cause contractions, and she later aborted. After the procedure, Conceição fell ill from an infection, so she went to two other physicians for medical care. The first simply refused to attend to Conceição and the second only saw her after she first reported the crime to the police. Historians studying the late-twentieth century (and the jurisdiction of the 1940 Penal Code), have argued that in Florianópolis women in abortion cases also appeared as “victims” while midwives bore the brunt of the blame (and legal responsibility).<sup>94</sup> The trend that began in the early-twentieth century continued into the 1940 Penal Code’s prosecution of abortion.

### **Defending Madness**

While the prosecution infantilized women under the law, how did defense teams work to acquit women of infanticide charges? The reinforcement of women’s status as “juridical children,” represented by their postpartum madness, allowed the judicial system to defend women’s honor by infantilizing them under the law and asserting the state’s patriarchal control. This trend also cemented the idea that women’s natural roles was motherhood, as no woman “in her right mind” would kill her own child. In this sense, defense lawyers often relied on the “deprivation of the senses” argument (Article 27§4) to convince the jury to acquit women. In

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<sup>92</sup> Both Fabíola Rohden and Rachel Soihet also argue that licensed physicians were reticent to become involved in abortion cases, due to the likelihood that the state would more likely prosecute the doctor. Respectively, *A arte de enganar a natureza*, 137; *Condição feminina*, 342–43.

<sup>93</sup> (AN) CT, Cx.1872 N.652 (1913). For physicians who notify the police of women presenting with post-abortion complications see (AN) CS.0.PCR.5608 (1930); (AN) CS.0.PCR.7644 (1935).

<sup>94</sup> Pedro, Oliveira, and Carvalho, “Corpos femininos em debate,” 235, 239.

doing so, they reinforced the positivist criminological idea that women who practiced infanticide did not possess free will during the crime but rather had acted in “moment of madness.” Their strategies also reinforced the idea that women did not hold juridical responsibility and legal personhood. For example, in Laura Sobral’s 1902 infanticide trial, her defense lawyer declared that she had been completely unaware of her pregnancy and had lost consciousness during the birth.<sup>95</sup> When she awoke, she found the dead infant next to her. He argued that “[Sobral] was...unable to provide aid to the newborn, because she was alone and ‘out of her right mind’ (*fora de sua razão*) when the unfortunate child was born,” and that she should be tried under Article 27§4.

The defense lawyer in the 1908 infanticide case of Gloria Lourenço da Silva had the difficult position of defending a woman who had allegedly decapitated and dismembered her newborn infant.<sup>96</sup> Her lawyer contended that Silva had only mutilated the infant after its death, when she had acted under “a complete perturbation, or even, a privation of the senses and intellect.” He continued by arguing that Silva’s past good behavior, in particular her affection for children, demonstrated that she was not a born criminal, and thus did not “voluntarily and consciously practice such a violent crime.”<sup>97</sup> His stance embraced a notion of “temporary” insanity. Silva was not an innate criminal, but rather a woman, possessing a “simple” and childlike nature, who had had one moment in which she had succumbed to irrational behavior. She still held the “natural” maternal instincts inherent to all women. Here, her defense both

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<sup>95</sup> (MJ) RG.13243 Cx.1403 (1902).

<sup>96</sup> (AN) CA.CT4.0492 (1908).

<sup>97</sup> He was citing Spanish jurist Santiago Lopez-Moreno, *La prueba de indicios* (Madrid: Imprenta de Aurelio J. Alaria, 1879).

infantilized Silva by presenting her as irrational and childlike while also giving her juridical personhood through her maternal honor.

In fact, the connection between irrationality and fertility control was not exclusive to infanticide. As we saw, the judicial system did not prosecute women for abortion, as the law viewed them as irrational actors who made the decision to have an abortion based on outside influences. While this trend allowed women to escape from criminal charges, it also cemented the notion that no woman “in her right mind” would get an abortion. Abortion law viewed women as juridical children with no legal personhood, and it tied sexual activity to reproduction and motherhood. We see this in one 1926 criminal complaint. In a petition to the police, João Morrot accused a midwife of performing an abortion on his estranged wife, Idalina. Morrot’s lawyer argued that the abortion had mentally disturbed Idalina and caused her to legally separate from her husband.<sup>98</sup> Morrot’s lawyer contended that abortion caused psychological problems in all its victims, particularly married women. In his reasoning, married women were supposed to have children. Abortion went against this “natural” order. The lawyer finished his petition stating that Morrot “attributes his wife’s current state of mental anarchy to the artificial and premature expulsion of that fetus.” It is telling that to assert patriarchal control over his wife, Morrot had to accuse a third party, the midwife. It seems any attempts at private reconciliation had failed; ultimately, Morrot resorted to the state to enforce patriarchy. Moreover, Morrot and his male lawyer clearly associated abortion with hysteria. As historians have contended, this argument underscored the popular medical idea at the time that any intervention in women’s genital organs

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<sup>98</sup> (AN) CT Cx.1860 N.1692 (1926). This *queixa crime* bypassed the police and went directly to the judicial system. *Codigo do Processo Criminal*, Art. 116, 18-19; Almeida, *Codigo do Processo Penal anotado*, Art. 2, 19-20. See also, Bretas, *Ordem na cidade*, 24n36. This is the only case I found that bypasses the police.

could produce mental problems.<sup>99</sup> By connecting fertility control to mental illness, both medical and legal rhetoric reinforced the idea that women who practiced infanticide and abortion were acting irrationally. The idea that all fertility control was irrational allowed the judicial system to treat women as juridical children, asserting state patriarchal control over women's bodies.

## Rewriting Law

In infanticide trials, both the defense's reliance on Article 27§4 of the 1890 Penal Code and the jury's acceptance of this argument had serious implications for the 1940 Penal Code's redefinition of the crime. Reforming criminal law was a central concern to the Vargas regime, as it saw institutionalizing positivist practice into written doctrine as the panacea for the criminal justice system's inefficiencies and contradictions. With the passage of the 1940 Code, the positivist idea of the individualization of determining guilt and punishment was now formalized in Brazilian criminal law.<sup>100</sup> In relation to infanticide, the definition of the crime changed to include, among other things, the concept of madness as the sole circumstance under which it could be committed. Article 123 of the 1940 Code read: "To kill, under the influence of the postpartum state, one's own child, during or immediately after the birth," with a sentence of one to six years in prison.<sup>101</sup> In other words, after 1940 only a mother acting in a "puerperal state," implying postpartum madness, could commit infanticide.<sup>102</sup> The crime was now formally

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<sup>99</sup> Rohden, *A arte de enganar a natureza*, 140. See also Jorge Filho, *Do parto rapido*, 25, 27.

<sup>100</sup> Fischer, *A Poverty of Rights*, 186–87.

<sup>101</sup> Jorge Severiano Ribeiro, *Codigo Penal dos Estados Unidos do Brasil comentado*, vol. 3 (Rio de Janeiro: Livraria Jacintho, 1942), 69–83.

<sup>102</sup> Joana Pedro and Cristiani Bereta da Silva define this clause as the incorporation of "medical knowledge" (*o conhecimento medico*) directly into legal standards. "Um outro olhar sobre o corpo e práticas femininas: medicalização do aborto e infanticídio na cidade de Florianópolis, 1900/1996," in *Práticas proibidas: práticas costumeiras de aborto e infanticídio no século XX*, ed. Joana Maria Pedro (Florianópolis: Cidade Futura, 2003), 131.

individualized to apply to certain women acting in specific states of mind. While scholars have argued that the 1940 redefinition of infanticide reduced the crime to a *mother* acting in a state of postpartum irrationality, they have not demonstrated the legal practice behind that change.<sup>103</sup> By redefining the crime of infanticide as occurring *only* in a postpartum state, jurists eliminated the main caveat that defense lawyers had used to acquit their clients, increasing the possibility of potential condemnation. This is telling when we consider that the incorporation of postpartum hysteria into the Code was paralleled by the law's erasure of "emotion or passion" as a reason for criminal irresponsibility, except in infanticide, in which it was an integral part.<sup>104</sup> To be found guilty for infanticide under the 1940 Penal Code reinforced the idea that only irrational mothers would practice infanticide, both emphasizing motherhood as inherent to women's nature and increasing punishment for women who strayed from proper gender roles.

The 1940 Code also did away with the honor clause for both infanticide and abortion. But under the 1890 Penal Code, the idea of postpartum irrationality proved more important than the honor clause in determining infanticide convictions. Thus this change perhaps reflected the lesser role honor actually played in the courts. In only one trial examined here was the woman, Helena Teixeira Pinto, found guilty of committing infanticide and *not found* as acting in a state of "deprivation."<sup>105</sup> However, Pinto was found to be acting "to hide their dishonor," and this legal decision reduced her prison time. While the honor clause hypothetically allowed for a reduction in the sentence, infanticide cases rarely arrived at guilty rulings. In terms of judicial decision, the

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<sup>103</sup> Rohden, *A arte de enganar a natureza*, 167–71.

<sup>104</sup> Jorge Severiano Ribeiro, *Código Penal dos Estados Unidos do Brasil comentado*, vol. 2 (Rio de Janeiro: Livraria Jacintho, 1941), 59–72. Besse also cites this change in regards to wife killing, "Crimes of Passion," 660.

<sup>105</sup> (TJRJ) Cx.01.803.478-01 Pos.G4.S8.2336 (1912). In a second case, Olivia Nogueira da Gama was found guilty of infanticide and not acting in a state of irrationality. She appealed and was found guilty again but *as* acting in a "deprivation of the senses;" thus she was acquitted. (MJ) RG.13245 Cx.1403 (1904).

honor clause influenced views on infanticide, but it was much less important than the “deprivation of the senses” in influencing the jury. Its deletion in the 1940 Penal Code reflects the lesser position it played in judicial decisions decided under the 1890 Code.

For abortion, the erasure of the honor clause in 1940 also did not result in a drastic change in the practice of the law. Under the 1890 Penal Code, women were often not prosecuted for abortion, in part due to the muddled language of Articles 300 and 301, and thus the existence of the honor clause was moot. In the 1940 Code, the five articles pertaining to abortion clarified its criminality, stating when it was performed by the woman herself or a third party, with or without her consent, while also allowing for doctors to perform it if the pregnancy was the result of a rape or if the mother’s life was in danger (therapeutic abortion). It also increased the sentence if the woman died or suffered injuries.<sup>106</sup> The 1940 Code erased honor, while also providing clearer legal language that allowed for the increased prosecution of women who had abortions. Yet the 1940 Code did not erase the legal tendency to view fertility control as an “illogical” act. The continued equation of abortion and infanticide with irrationality preserved the juridical view of women as children before the law, not-quite-citizens who needed the protection of a patriarchal state to help them make the decisions best for themselves, their children, and the nation.

### **Understanding Women’s Decisions**

While the law infantilized women, a tendency that worked in many women’s favor, women’s own reasoning demonstrated that they both employed dominant legal rhetoric in their

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<sup>106</sup> Arts. 124-128 of Ribeiro, *Codigo Penal de 1940 comentado*, 1942, 3:85–104. This was modified in 2004 to also include the right to abortion if the fetus was encephalitic. ADPF 54. Neckel et al., “Aborto e infanticídio nos Códigos Penais,” 103.



favor and actively negotiated their reproductive lives. Women relied on discourses of shame and dishonor, but economic necessity, whether expressed through the fear of losing one's job or not being able to provide for existing children, was also a frequent theme in women's explanations.

In infanticide cases, women presented a three-part reasoning to explain their actions. First, women denied that they had been pregnant and insisted that the delivery of their child had been a complete surprise.<sup>107</sup> For example, in 1907 Delmira Maria da Conceição “denied that she was pregnant,” even though her employers noticed her growing abdomen.<sup>108</sup> Second, women contended that the child had been stillborn or had died immediately after birth from natural causes.<sup>109</sup> In 1930, Jovelina Pereira told the police that her child had died immediately after birth, and “she did not do anything that could have caused the infant's death.”<sup>110</sup> Third, women testified that they had acted in a temporary “deprivation of the senses.” For example, Emilia Faustina claimed that when she buried her child alive, she had “lost all reason.”<sup>111</sup> Some women

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<sup>107</sup> See also Jane-Marie Collins, “Bearing the Burden of Bastardy: Infanticide, Race and Motherhood in Brazilian Slave Society,” in *Killing Infants: Studies in the Worldwide Practice of Infanticide*, ed. Brigitte H. Bechtold and Donna Cooper Graves (Lewiston, NY: Edwin Mellen Press, 2006), 199–229.

<sup>108</sup> (AN) T8.2480 (1907). For other women who denied their pregnancies see (AN) 01.0.PCR.3075 (1892); (AN) T8.0.PCR.825 (1901); (MJ) RG.13243 Cx.1403 (1902); (MJ) RG.4382 Cx.577; (TJRJ) Cx.01.803.478-01 Pos.G4.S8.2336 (1912). Physicians acknowledged that shame and/or the necessity to keep working often caused women to hide their pregnancies. Jorge Filho, *Do parto rapido*, 24, 26.

<sup>109</sup> This is still a common defense in modern-day infanticide cases. Sanger, “The Birth of Death,” 271. There is a strong correlation between giving birth alone and stillbirth. Elizabeth M. McClure, Robert L. Goldenberg, and Carla M. Bann, “Maternal Mortality, Stillbirth and Measures of Obstetric Care in Developing and Developed Countries,” *International Journal of Gynecology and Obstetrics* 96 (2007): 139–46. For a declared stillbirth see (AN) 01.0.PCR.3075 (1892); (TJRJ) Cx.01.722.629-6 Pos.7.G6.S3.3210 (1900); (MJ) RG.13242 Cx.1403 (1902); (MJ) RG.13243 Cx.1403 (1902); (AN) T8.2480 (1907); (AN) CA.CT4.0492 (1908); (TJRJ) Cx.01.722.639-9 Pos.7.G6.S5.1438 (1911); (TJRJ) Cx.01.722.640-5 Pos.7.G6.S5.2151 (1920); (AN) CT, Cx.1978 N.1036 (1924); (AN) T8.0.PCR.825 (1901). For declared born alive see (MJ) RG.13244 Cx.1403 (1903); (MJ) RG.13245 Cx.1403 (1904); (TJRJ) Cx.01.722.653-3 Pos.7.G6.S4.434 (1910); (MJ) RG.4382 Cx.577 (1910) that last in which the child supposedly died during childbirth after hitting its head. For women who did not know if it was alive or dead, see (TJRJ) Cx.01.803.478-01 Pos.G4.S8.2336 (1912). For dying moments after birth see (TJRJ) Cx.01.815.354-9 Pos.S.G1.S20.1984 (1930). For women who did not confess to giving birth at all, see (AN) CA.CT4.0.376 (1907).

<sup>110</sup> (TJRJ) Cx.01.815.354-9 Pos.S.G1.S20.1984 (1931).

<sup>111</sup> (MJ) RG.13244 Cx.1403 (1903).

specifically mentioned that their feelings of shock and pain had influenced their mental state.<sup>112</sup> But while using these three strategies to deny infanticide, women defended their subsequent actions of mutilation or public disposal using terms of shame and dishonor.<sup>113</sup> Gloria Lourenço da Silva stated in 1908 that she had acted in “fear and shame of her brothers...” when she cut her newborn into pieces.<sup>114</sup> Joaquina Gonçalves declared in 1910 that she hid her dead newborn from her neighbors and husband because “she was ashamed.”<sup>115</sup> In 1920, Lydia de Carvalho declared she hid the body of her child from her employers due to “shame.”<sup>116</sup> As late as 1930, Jovelina Pereira declared that she had hid the birth of her child because “she felt shame.”<sup>117</sup>

Women in abortion cases also mentioned the need to protect their honor through the idea of shame. For example, in the 1935 abortion trial of Alcinda Ferreira de Souza (the only one in which the woman was prosecuted, along with the midwife and Souza’s partner), Souza argued that the illegitimate child would have brought dishonor to her family: “in the face of her civil status [widowed], she could not conceive a child as such an action would cause a scandal and sadness for her parents.”<sup>118</sup> Abortion cases—more prevalent in the 1920s and 1930s—demonstrate that notions of impropriety surrounding out-of-wedlock sexual relations for women continued into the Vargas era, even as women’s honor became the property of the state.

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<sup>112</sup> For scared see (TJRJ) Cx.01.803.478-01 Pos.G4.S8.2336 (1912). For pain see (MJ) RG.13242 Cx.1403 (1902); (MJ) RG.13243 Cx.1403 (1902); (AN) CA.CT4.0492 (1908).

<sup>113</sup> (MJ) RG.13244 Cx.1403 (1903); (MJ) RG.13245 Cx.1403 (1904); (TJRJ) Cx.01.722.653-3 Pos.7.G6.S4.434 (1910); (TJRJ) Cx.01.803.478-01 Pos.G4.S8.2336 (1912); (TJRJ) Cx.01.815.354-9 Pos.S.G1.S20.1984 (1930). Joana Pedro’s oral history of women’s experience giving birth in the 1950s and 60s in Florianópolis demonstrates that they continued to express *vergonha* around pregnancy. “Mulheres, memórias e experiências,” 158.

<sup>114</sup> (AN) CA.CT4.0492 (1908).

<sup>115</sup> (MJ) RG.4382 Cx.577 (1910).

<sup>116</sup> (TJRJ) Cx.01.722.640-5 Pos.7.G6.S5.2151 (1920).

<sup>117</sup> (TJRJ) Cx.01.815.354-9 Pos.S.G1.S20.1984 (1930).

<sup>118</sup> (AN) CS.0.PCR.7644 (1935).

Despite the prominent role honor and shame played in both the law's and women's verbal reasoning, poverty remained a powerful impetus for the need to practice infanticide and abortion. Yet neither women nor the judicial system placed much emphasis on the economic reasons behind women's decisions. Why was it not emphasized? It could be due to women's own reasoning; they put forth the argument most likely to be accepted by the law—shame or madness. Or it could be because the judicial system—the police questioners and judges who took down witness testimony—did not ask about economic influences or simply did not record it when mentioned. Or it could be that the courts simply did not accept an economic argument as logical reasoning. But the precarious economic and sexual situations of these women underlie these cases, especially the ones involving infanticide. As we saw, the majority of the women brought to trial for infanticide were live-in domestic servants from rural areas. While women did not explicitly declare their economic vulnerability as domestic servants to justify their choices, if we read the cases carefully we can understand the role low wages, job instability, and sexual violence played in women's decisions to commit infanticide.

Live-in domestic servants confounded the division between house and street on which late-nineteenth and early-twentieth-century urban Brazilian society was based. Sandra Lauderdale Graham, in her study of both enslaved and free(d) domestic servants in late-nineteenth-century Rio de Janeiro, argues that house and street had specific meanings in Brazil: the house represented safety and privacy, while the street represented danger and disease. The street was a masculine realm, while the house was decidedly feminine. For employers, domestic servants brought the “dangers” of the street into the home.<sup>119</sup> Yet, as Lauderdale Graham argues,

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<sup>119</sup> *House and Street*, 4, 15; Idem, “Making the Private Public,” 29. Graham draws on Roberto Da Matta's anthropological view. Roberto Da Matta, *Carnavais, malandros e heróis: para uma sociologia do dilema brasileiro*, 3rd ed. (Rio de Janeiro: Zahar, 1981); Idem, *A casa e a rua: espaço, cidadania, mulher e morte no Brasil* (Rio de Janeiro: Rocco, 1997).

“These conventional constructions begin as categories of opposition but quickly dissolve into less tidy, more complex, and more illuminating zones of action, strategy, or negotiation where more choices existed than we might suppose, and the boundaries frequently were blurred or crossed.”<sup>120</sup> Infanticides that occurred within the home of a domestic servant’s employer represent this blurred status. For domestic servants, the home often represented danger and (sexual) violence for the many poor women of color who labored informally inside its doors. While their employers, neighbors, and the law viewed domestic servants as sexually promiscuous whenever they left the home, it was often inside its walls that they faced sexual violence.<sup>121</sup> In other words, sexual relations before marriage, seen as a danger of the street, often occurred violently in the home, perpetrated by the very men on guard against danger coming from outside. Moreover, for employers, infanticide trials exposed the inner privacies of their home to their neighbors and the city at large as news of infanticides appeared in the newspapers. Whole neighborhoods were aware of the crime, and a family’s social reputation was placed in jeopardy.<sup>122</sup> For both domestic servants and their employers, sexual violence and infanticide caused the home to become the street, tearing down any boundaries between the two.

Fourteen of the eighteen infanticide cases occurred before 1915, and eight of those thirteen cases dealt with live-in domestic servants (one more dealt with a domestic servant who lived outside the home where she worked). Of the eight live-in domestic servants, seven were women of color. These cases demonstrate the low wages and adverse working conditions that

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<sup>120</sup> Graham, “Making the Private Public,” 29.

<sup>121</sup> On the home as a place of sexual violence for domestic servants see Graham, *House and Street*, 5, 49. Caulfield found seventeen cases (out of 450) of domestic servants who took their employers to court for deflowering in the 1920s and 1930s. *In Defense of Honor*, 106.

<sup>122</sup> Graham posits that the neighborhood was the zone in which house and street overlapped and where a household upheld its reputation. *House and Street*, 42.

many poor young women of color faced in the early-twentieth century. In many ways, their lives mirrored those of both enslaved and free(d) women of color before abolition. One, like the overwhelming majority of working women of color in the nineteenth-century (regardless of legal status), these women were domestic servants.<sup>123</sup> Two, like many enslaved women before them, live-in domestic servants were unable to protect themselves from sexual violence. For domestic servants who came from the interior or surrounding states in the early-twentieth century, the lack of social or familial networks left these women with little recourse in the face of rape and mistreatment. And both before and after abolition, authorities often viewed working women (either enslaved or freed) as more inclined to sexual impropriety.<sup>124</sup> Three, working conditions for women of color had not improved in the early-twentieth century. While they were not enslaved, domestic servants' wages were low and the possibility of labor exploitation was high.<sup>125</sup> By 1930, poor, urban women of color continued to labor informally as domestic servants outside the purview of labor laws enacted throughout the 1920s and 30s.<sup>126</sup> Away from their families and working as low-paid unskilled workers in middle-class homes, they were not guaranteed rights under new labor legislation, and they relied on their employers for housing. An unplanned pregnancy threatened not only their honor but also their economic survival.

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<sup>123</sup> Ibid., 5–7, 185–88; Hahner, *Emancipating the Female Sex*, 91.

<sup>124</sup> Graham, *House and Street*, 31, 45–46, 54; Idem, “Making the Private Public,” 29. Marcos Bretas argues that in the early-Republican period “overly liberal sexual behaviour by servants was perceived as a threat to moral values...” “The Sovereign’s Vigilant Eye?,” 60.

<sup>125</sup> See (AN) T9.0.PCR.28 (1893); (MJ) RG.13244 Cx.1403 (1903); (MJ) RG.13245 Cx.1403 (1904).

<sup>126</sup> Besse, *Restructuring Patriarchy*, 8, 141, 150, 239n70; Graham, *House and Street*, 130.

Examining both infanticide and child abandonment cases from as early as the 1890s, it seems that *patrões* of domestic servants were not sympathetic to their employees' children.<sup>127</sup> In 1893, the Spanish immigrant Joanna Concha was brought to trial for child abandonment. The court proceedings demonstrate how live-in domestic servants often had to give up their child to work.<sup>128</sup> The twenty-two-year-old Concha initially gave the infant to her neighbor Dolores, so Concha could find employment as a live-in wet nurse. Soon after, however, Dolores was forced to return the child to Concha at her employer's behest: "Her [Dolores's] *patrão* did not want her to keep the child, telling her that 'It does not suit him by any means a domestic servant with a child.'" And this was not the first child Concha informally fostered. She testified that she had left another child with a family in the interior of the state to find work in the city of Rio de Janeiro. Similarly, in the 1915 child abandonment case in which twenty-year-old black Anna de Carvalho left her five-month-old son at its father's door, Carvalho contended that, "she is employed, [and] cannot have the child in her company, because a newborn child displeased her employers, and as such she would not be able to find a job."

It is no wonder then that live-in domestic servants charged in infanticide cases feared unemployment. From this perspective, infanticide trials demonstrate the precarious lives many poor women of color lived in the early-twentieth century. In 1900, nineteen-year-old widow Izolina Ribeiro de Aguiar was brought to trial for infanticide. After migrating from the state of Minas Gerais, Aguiar found work as a live-in domestic servant in the city. During the trial, Aguiar argued that after giving birth to a stillborn infant she buried it in the open lot next to her employer's home. She stated that did so for "fear of being fired...and [already] having a small

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<sup>127</sup> For the demographics of live-in domestic servants with children see Graham, *House and Street*, 5–6, 78–79, 185–86 (Tables 1 and 2), 191 (Table 9). Sueann Caulfield also found that women in deflowering cases often lost their jobs upon becoming pregnant. *In Defense of Honor*, 135.

<sup>128</sup> (AN) T9.0.PCR.28 (1893).

child of two years of age, and not having anywhere to go, and moreover because she did not have the money to bury her child in the cemetery.”<sup>129</sup>

The 1903 infanticide case of eighteen-year-old live-in domestic servant Emilia Faustina presents a similar story.<sup>130</sup> Faustina had given birth alone in the backyard of her employer’s home and buried the child alive, causing its death. She testified that she “did not have resources or means to dress the child.” During the trial, Faustina stated that she was only earning 8\$000 *milreis* monthly, and that she had not received her salary for several months. For a comparison, the 1903 monthly cost-of-living index for foodstuffs was 2\$470 *milreis*.<sup>131</sup> If we adjust Faustina’s domestic salary income for inflation and bring it to the years for which we have the price of abortions, we can see how abortion was not financially feasible for impoverished women. In 1919, an abortion could cost 20\$000 *milreis*. Adjusting for inflation, Faustina’s domestic service income would have been 29\$850 *milreis* in 1919.<sup>132</sup> The monthly cost-of-living index (foodstuffs) for 1919 was 9\$216 *milreis*. That is to say, while Faustina’s salary would have allowed her to pay for an abortion and still buy food, the cost of an abortion was nearly two-thirds her entire monthly salary, one she was not receiving.

Faustina’s life as a domestic servant had not been an easy one. Sent by her parents at the age of seven to the city of Rio de Janeiro from the interior, Faustina moved from house to house as a live-in servant. When she was about sixteen her employer raped her. Several months later, “very badly treated by the woman of the house, she furtively left the home, leaving her clothes

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<sup>129</sup> (TJRJ) Cx.01.722.629-6, Pos.7.G6.S3.3210 (1900).

<sup>130</sup> (MJ) RG.13244 Cx.1403 (1903). See also Soihet, *Condição feminina*, 358–60.

<sup>131</sup> The cost-of-living data come from Eulália Maria Lahmeyer Lobo, *História do Rio de Janeiro (do capital comercial ao capital industrial e financeiro)*, vol. 2 (Rio de Janeiro: IBMEC, 1978), 748–51.

<sup>132</sup> To adjust the cost-of-living-index for inflation see Elizabeth B. Appelbaum, “The Consumer Price Index and Inflation: Adjust Numbers for Inflation,” *Journal of Online Mathematics and Its Applications*, n.d., <http://www.maa.org/book/export/html/115748>. (Accessed May 21, 2016).

and everything else she owned.”<sup>133</sup> She went to work for several other families, by now pregnant. She changed jobs frequently as some of her employers withheld her wages. Faustina’s employment was dangerous, unstable, and underpaid. She had been alone in a large city since the age of seven. Yet, she faced more danger within the home than on the streets. Faustina was raped by her employer and mistreated by his wife. She repeatedly did not receive even the low wages she was owed. While she might have “lost her reasoning” when she decided to bury her child alive, we must contextualize her actions within her different social, economic, and psychological context. Her actions demonstrate the desperate situations young poor women of color faced with an unwanted pregnancy.<sup>134</sup>

Like Faustina, Olivia Nogueira da Gama’s 1904 infanticide trial highlights the economic instability and sexual violence young migrant domestic servants faced.<sup>135</sup> In 1904, the twenty-two-year-old *parda* gave birth in the latrine of her employer’s home. Soon after she stabbed the child in the neck, killing the infant. Gama testified that at the age of fourteen, living in the interior of the state, she had been “deflowered” and impregnated by her married employer. She later gave birth in the home of a woman named Maria Ephygenia, who had killed Gama’s first child, insisting that “poor people did not have children.” After that, Gama’s peripatetic life as a domestic servant continued. She began working in a neighboring home for another married man, Manoel Barba. Gama and Barba had sexual relations, and he was allegedly the father of the child she was on trial for killing. While Gama did not describe her relationship with Barba as rape, the

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<sup>133</sup> Marcos Bretas describes the constant flight of domestic servants from their homes of employment due to mistreatment, sexual or otherwise. *Ordem na cidade*, 169–70.

<sup>134</sup> In her discussion of the case, Rachel Soihet argues that Emilia’s situation was commonplace for domestic servants at the time. She came from the countryside, was raped by her employer, and faced wage exploitation in her job. *Condição feminina*, 359.

<sup>135</sup> (MJ) RG.13245 Cx.1403 (1904).



unequal power dynamics were made abundantly clear when Gama testified “that after some time, and already pregnant, Barba, who is a gambler, got bored of her, and kicked her out, [when] she was very sick [pregnant].” She went back to Ephygenia for help, but the woman also sent her away, saying “she could not maintain her nor give her clothes.” Without any family or other support network Gama made her way to the city of Rio de Janeiro, where she worked as a live-in domestic servant for several families before giving birth and committing infanticide. While both Gama and Faustina had mobility, their economic and social circumstances did not differ greatly from an urban enslaved woman twenty years earlier.

Even when the accused woman did not specifically declare her economic instability, the constant threat of sexual violence and the subsequent loss of employment still existed. In the 1912 infanticide trial of Helena Teixeira Pinto, she gave birth in her employer’s home and suffocated her infant.<sup>136</sup> Pinto testified that she had been working in the home of “Maria so and so” (*de tal*) when she had been “deflowered” by Maria’s married son, Manoel. Pinto had notified her employer of the rape, but Maria did not believe Pinto, “because [according to Maria] her son was married and rarely came over.” Pinto declared that the unwanted sexual encounter occurred right after *Carnaval* of 1912, when she was home alone. Pinto left her job and returned to her mother’s home. It is important to note that Pinto, unlike Faustina and Gama, was a native of the city of Rio de Janeiro and had a familial support network.<sup>137</sup> But family support did not negate the need for employment; she immediately began working in the home of another family, where she later allegedly committed infanticide.

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<sup>136</sup> (TJRJ) Cx.01.803.478-01 Pos.G4.S8.2336 (1912). See also *Condição feminina*, 363–64.

<sup>137</sup> Pinto’s family does not appear in the trial, but in other cases the accused woman’s family testified, confirming her story and providing positive character references and support. See (AN) T8.0.PCR.825 (1901); (AN) CA.CT4.0.376 (1907); (AN) CA.CT4.0492 (1908). This was also the case in some police investigations. See (AN) T8.0.IQP.3600 (1910); (AN) CS.0.IQP.488 (1910).

The infanticides allegedly perpetrated by Izolina de Ribeiro Aguiar, Emilia Faustina, and Olivia Nogueira da Gama were violent, but so were their lives. Their actions also must be understood in relation to trauma. Current-day literature on pregnancy denial and infanticide demonstrate that women who have experienced physical and sexual trauma can deny their pregnancies, which itself is correlated with increased rates of infanticide. These women can have brief dissociative episodes during the delivery of their child. The dissociation—resulting from their understanding of the intolerability of having a child—can be so strong that the women kill their children immediately after birth. This psychosis can shift when the women see the dead infant. Some women will try to hide the body while others will make no effort.<sup>138</sup> This is not to say that women analyzed here necessarily experienced psychosis, but it must be considered as a possibility. Moreover, while this discussion may appear to lend support to the idea that only a woman in a state of postpartum “hysteria” would commit infanticide, psychoses and trauma actually reinforce the idea that not wanting a child could be a very rational decision that—in conjunction with psychological triggers—could result in violent, often unthinkable acts.

The picture painted by abortion trials, more prevalent in the 1920s and 1930s, also depicts financial hardship, although not to the same extent. While infanticide cases in the 1930s, still involved poorly remunerated live-in domestic servants, abortion cases from the 1910s through the late 1930s portray a different class of women.<sup>139</sup> These women also needed to work for their survival, but at professions such as bank teller, teacher, and dancer. Their economic situation might have been altered by a child, but they could pay for abortion services.

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<sup>138</sup> Laura J. Miller, “Denial of Pregnancy,” in *Infanticide: Psychosocial and Legal Perspectives on Mothers Who Kill*, ed. Margaret G. Spinelli (Washington D.C.: American Psychiatric Publishing, Inc., 2003). Henrice Altink first posited including psychological understandings in our historical analysis of infanticide. “‘I Did Not Want to Face the Shame of Exposure’: Gender Ideologies and Child-Murder in Post-Emancipation Jamaica,” *Journal of Social History* 41, no. 2 (2007): 355–87.

<sup>139</sup> For later infanticide cases see (TJRJ) Cx.01.815.354-9 Pos.S.G1.S20.1984 (1930); (AN) 6Z.0.IQP.16784 (1932).

The 1919 abortion trial of the death of thirty-year-old Maria Vieira da Silva demonstrates a woman who stood at the socioeconomic threshold for abortion services.<sup>140</sup> Before her death, Silva testified that she had sought out an abortion for economic reasons. She had lived as coupled but not married (*amasiada*) with her partner Julio for nine years. After Julio became unemployed, Silva searched for work as a domestic servant.<sup>141</sup> When she became pregnant, she procured an abortion because “needing to work, pregnant, she would suffer a lot.” Silva paid the midwife Ambrosina 20\$000 *milreis* for the procedure, in which Silva drank a tea made of *losna*, *buta* and *peojo* (known abortifacients), and Ambrosina inserted a rolled-up bunch of *couve* (a leafy vegetable similar to kale) into Silva’s vagina to induce contractions. As a comparison, the monthly cost-of-living index for one person for foodstuffs in 1919 was 9\$216 *milreis*.<sup>142</sup> That is to say, an abortion cost nearly double of what Ambrosina would have spent on food for the month for herself. Silva’s friend and former landlady Clarinda, in whose house the abortion occurred, testified that when Silva left to find work (perhaps as a live-in domestic servant), she left Clarinda with all her belongings as well as her young child.<sup>143</sup> While Silva clearly demonstrated that another child would hurt her economic livelihood, she had a female support network in the figure of her landlady, who helped her take care of her existing child. Silva also had the necessary funds to pay a midwife for abortion services. While her level of poverty was not near that of Emilia Faustina or Olivia Nogueira da Gama, she still did not have access to a

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<sup>140</sup> (AN) CS.0.PCR.3046 (1919).

<sup>141</sup> Da Silva’s partner Julio, perhaps asserting his masculinity, a concept was tied to steady employment, declared that at the time of Maria’s death he had been working. Sidney Chalhoub demonstrates that after the abolition of slavery, new ideologies about work defined a “working man” as one with exemplary familial and work behavior that was for the better of the nation. *Trabalho, lar e botequim*, 47–49.

<sup>142</sup> Lobo, *História do Rio de Janeiro*, 2:748–51.

<sup>143</sup> The child was in the room with his mother when the abortion was performed, demonstrating that motherhood and fertility control were not mutually exclusive. See also Soihet, *Condição feminina*, 342.

safe abortion. Her death remains a salient demonstration of the dangers unsafe abortions presented to poor women.

Abortions for women of all classes could be dangerous. The death of Maria Bessa explored earlier in this dissertation reminds us of that. Yet it seems that middle-class women were able to pay for safer abortions. In 1931, Dr. Water Barbosa Moreira and Marieta Silva were prosecuted for performing an abortion on Lia Navarro.<sup>144</sup> The twenty-year-old white Navarro declared that she sought out the abortion for financial reasons, “predicting the difficulties that she would then have, after having a child, she sought to free herself, no matter the cost.” She first sought out one physician who charged her 200\$000 *milreis* of which she paid half as a deposit. Despite her financial difficulties, she had the capability of amassing 100\$000 *milreis*, something well beyond the financial capabilities of most live-in domestic servants. The monthly cost-of-living allowance for one person’s foodstuffs in 1930 was 10\$221 *milreis*. Navarro’s down payment was nearly ten times the amount she would have spent on food for the month. The entire abortion would have been twenty times that amount. She may have faced financial difficulties, but she had the resources to amass a significant sum of money.

In his argument to prosecute the provider, the district police chief wrote that Navarro had undergone the abortion “in order to escape pregnancy and motherhood that would prevent her, for a long period of time, from making a living, as a dancer that she is.” He continued that Navarro was “one amongst those many unfortunate creatures, whose good faith resists the deleterious environment in which they live, in the *dancings* of the city, in a miserable life from which they are dragged, almost always, less because of vanity and more because of misery.” As we have seen, the police acted in a paternalistic and sympathetic light, taking into account

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<sup>144</sup> (AN) CS.0.PCR.5883 (1931).

Navarro's "hardship" when deciding she was not at fault. Of course this sympathy situated Navarro as a juridical child, incapable of making rational decisions, who was not criminally responsible for her actions.

## **Conclusion**

The adjudication of fertility control under the 1890 Penal Code provided women the legal space to walk free from charges while simultaneously upholding patriarchal beliefs about gender and sexuality. In infanticide trials, the jury's acquittal of women for committing the crime under a "momentary lapse of reason" infantilized them under the law, as their "irrational" act negated their legal responsibility. In abortion trials, the prosecution punished providers and not women by portraying women seeking abortions as powerless, without the capability to make rational decisions. Both approaches restricted women's legal personhood. But the law's emphasis on honor gave that personhood back to women—if they embraced the "natural" role of motherhood. This chapter has argued that women were able to exercise individual agency even while the state upheld patriarchal practices.

Conceptions of female sexual honor and motherhood permeated the culture. The famous chronicler of early-twentieth-century Carioca life, João do Rio, in his iconic novel *A alma encantadora das ruas* (1908), presented infanticide as the antithesis of motherhood. In his discussion of female prisoners in the city jail, João do Rio presents the reader with Olivia, a fifteen-year-old girl sentenced to prison for infanticide.

[Olivia] killed her own son at birth, but before she must have killed others, as she will kill her future [children], with that waxy look perpetually burning in the blackness of the shadows under her eyes. Upon seeing her, we are reminded of the theories of the criminologists of the past, principally the ideas of Maudsley about crime and madness.

The narrator asks Olivia, “You don’t like children?” To which she shakes her head no. He continues, “Before you already tried to take medicine to abort, right?” to which she bends her head in agreement. “Whatever she is asked about her dread of motherhood, Olivia is incapable of negating. She should not be in this jail infirmary, but in the courtyard of an asylum.”<sup>145</sup>

João do Rio’s description both encapsulates and misrepresents the prosecution of fertility control in the First Republic and early-Vargas era. On the one hand, Olivia was young, common for women who were prosecuted for infanticide. Moreover, João do Rio alludes to the perceived psychological disturbances that surrounded infanticide in his reference to Henry Maudsley, a leading nineteenth-century British psychiatrist who championed popular degenerative definitions of insanity.<sup>146</sup> As this chapter has argued, postpartum madness played a major role in the adjudication of infanticide cases under the 1890 Penal Code, and the 1940 Penal Code specifically included it in its changed definition of the crime. On the other hand, João do Rio presents Olivia as an innate killer who wholeheartedly rejected motherhood by any means possible, including abortion. Women who committed infanticide denied and ignored their pregnancies. Not one mentioned seeking out an abortion before resorting to infanticide. In fact, women who had abortions were more knowledgeable about their sexuality and bodies and terminated their pregnancy often within the first trimester.

Most importantly, fertility control was not necessarily the antithesis of motherhood. The desire to want children and the decision to not have them were not mutually exclusive. As we saw, many women sought out abortions or committed infanticide in order to provide for their

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<sup>145</sup> João do Rio, *A alma encantadora das ruas*, Edição Especial (Rio de Janeiro: Nova Fronteira, 2012), 202–3.

<sup>146</sup> Trevor Turner, “Henry Maudsley; Psychiatrist, Philosopher, and Entrepreneur,” in *The Anatomy of Madness*, ed. W.F. Bynum, R. Porter, and M. Shepherd, vol. 3 (London: Routledge, 1988), 151–89.

living children.<sup>147</sup> For example, in 1936 Alcinda Ferreira de Souza asked for the sentencing to be postponed in her abortion trial, as she had moved in with her partner (also on trial), and had conceived. She gave birth to a baby girl by the time the judge decided on the case.<sup>148</sup> In practice, the law hesitated to fully condemn women for rejecting motherhood, as can be seen in infanticide acquittals and the prosecution of abortion providers. Rather, the law saw fertility control as an irrational decision, upholding the belief that women were naturally maternal, and thus had access to social honor. Women's own decisions demonstrate, conversely, a much more nuanced experience of motherhood and fertility control, one in which the desire to not have a child could coexist with motherly love.

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<sup>147</sup> See (TJRJ) Cx.01.722.629-6 Pos.7.G6.S3.3210 (1900); (AN) CS.0.PCR.3046 (1919).

<sup>148</sup> (AN) CS.0.PCR.7644 (1935).

## Conclusion

Two women's deaths resulting from clandestine abortions recently rocked Rio de Janeiro. In August 2014, twenty-seven-year-old Jandira dos Santos Cruz died during an illegal abortion procedure. Her body was later found burned and dismembered to avoid identification. The following month in the nearby city of Niterói, thirty-two-year-old Elizangela Barbosa died from a botched illegal abortion. She was dropped off at a local hospital but did not survive.<sup>1</sup> While small protests occurred in favor of decriminalization after these women's deaths, public opinion remains galvanized against abortion. A 2010 poll found that nearly 74 percent of Brazilians oppose abortion.<sup>2</sup> Even Cruz's family, members of Brazil's growing evangelical movement, oppose the decriminalization of the procedure. As Cruz's sister told reporters: "Many people have been criticizing her and saying she deserved to die. I'm against abortion too, but she paid the price. Now those who did this to her have to pay too."<sup>3</sup>

Public condemnation of both women and providers has been met by silent yet implicit political support for abortion's continued criminalization. In Brazil's 2014 presidential elections, candidates, including incumbent Dilma Rousseff of the leftist Workers' Party (*Partido dos Trabalhadores*, PT), remained silent on the issue.<sup>4</sup> Rousseff had learned her lesson from the 2010 presidential elections during which she was forced to disavow her previous support for

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<sup>1</sup> "Corpo de grávida morta em aborto é enterrado em Niterói, RJ," *O Globo*, September 23, 2014, <http://g1.globo.com/rio-de-janeiro/noticia/2014/09/corpo-de-gravida-morta-em-aborto-e-enterrado-em-niteroi-rj.html>. (Accessed May 10, 2016).

<sup>2</sup> *Relatório síntese: pesquisa de opinião pública nacional, rodada 100* (Brasília: Confederação Nacional do Transporte and Sensus, 2010).

<sup>3</sup> "Brazil's Silent Abortion Dilemma," *BBC News*, October 3, 2014, <http://www.bbc.com/news/world-latin-america-29421911>. (Accessed May 10, 2016).

<sup>4</sup> Julia Carneiro, "Brazil Election Candidates Stay Silent on Abortion Issue," *BBC News*, October 3, 2014, <http://www.bbc.com/news/world-latin-america-29441299>. (Accessed May 10, 2016).



decriminalization in the second-round runoff vote in order to win the presidency.<sup>5</sup> While leading politicians have steered clear of the issue in recent elections, lesser-known politicians have been more vocal, calling for Brazil's Unified Health System (*Sistema Único de Saúde*, SUS), which provides universal and free health care to anyone in Brazil, to provide the service in order to reduce the adverse health risks of clandestine abortions.<sup>6</sup> Left-leaning politicians have contended that decriminalizing abortion would eventually reduce the numbers of overall procedures in the country, currently estimated at nearly one million per year.<sup>7</sup>

Despite public condemnation of both women and providers, law enforcement continues to primarily target abortion providers. Police action and media reports focus on illegal clinics but remain silent on the women who seek out clandestine abortion services. The public's vocal condemnation of abortion, the law's prosecution of providers, and politicians' silent disapproval of abortion have created a stigmatized environment in which millions of women seek abortions under dangerous conditions. Research estimates that one in five women in Brazil will have an

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<sup>5</sup> Andrew Downie, "Abortion Debate Heats Up Brazil Election," *Christian Science Monitor*, October 15, 2010, <http://www.csmonitor.com/World/Americas/2010/1015/Abortion-debate-heats-up-Brazil-election>. (Accessed May 10, 2016).

<sup>6</sup> Alexandre Rodrigues, "'Descriminalizar o aborto é acabar com lei medieval', diz Eduardo Jorge," *O Globo*, September 27, 2014, <http://oglobo.globo.com/brasil/descriminalizar-aborto-acabar-com-lei-medieval-diz-eduardo-jorge-14061212>. (Accessed May 10, 2016). A 2014 amendment that required SUS to offer legal abortion procedures lasted only seven days before being revoked due to pressure from the Christian right. Marcelo Hailer and Isadora Otoni, "Ministério da Saúde diz que publicação da Portaria 415 'foi um equívoco'," *Revista Fórum*, May 29, 2014, <http://www.revistaforum.com.br/2014/05/29/portaria-referente-ao-aborto-legal-durou-uma-semana/>. (Accessed May 10, 2016).

<sup>7</sup> Gabriel Garcia, "Luciana Genro quer descriminalizar a maconha e legalizar o aborto," *O Globo*, July 15, 2014, <http://noblat.oglobo.globo.com/noticias/noticia/2014/07/luciana-genro-quer-descriminalizar-maconha-legalizar-aborto-542531.html>. (Accessed May 10, 2016). For estimates on the number of abortions see Ministério da Saúde, *Aborto e saúde pública no Brasil: 20 anos* (Brasília: Ministério da Saúde, 2010).

abortion during their lifetime.<sup>8</sup> Nearly 200,000 women a year will be hospitalized for post-abortion complications. Abortion is the third highest cause of maternal death in the country.<sup>9</sup>

Women's reproduction—and fertility control practices—remain at the center of state policy. This dissertation has argued that women's reproductive lives became the focus of state attention in the early-twentieth century. As the post-abolition Brazilian state worked to restrict access to citizenship by reinforcing gendered and racialized hierarchies and patriarchal control moved from the family to the state, women's reproduction became central to state modernization efforts. The state, relying on the police and the medical profession to monitor and punish women's fertility control, made women's reproductive lives public goods. But condemnation of fertility control was not limited to elite power structures. It circulated throughout society, as the lower classes both condemned the practices and articulated dominant understandings of gender and race. The increased criminalization of abortion and infanticide, as well as the heightened attention the police and medical profession gave towards pregnancy and childbirth, shaped how women experienced their reproductive lives. Death from illegal abortions or fear of being investigated for a miscarriage shrouded the practices in fear and secrecy. This, in turn, made them more dangerous. Yet despite these structural limitations, women and their partners continued to challenge state prescriptions on pregnancy, childbirth, abortion, and infanticide.

The deaths of Jandira dos Santos Cruz and Elizangela Barbosa today, and Philomena Figueiredo and Maria Bessa nearly a hundred years ago, demonstrate the stark continuity of the consequences of criminalizing fertility control. The continued repression of abortion in Brazil forces us to rethink our contemporary understanding of reproductive healthcare, women's rights,

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<sup>8</sup> Debora Diniz and Marcelo Medeiros, "Aborto no Brasil: uma pesquisa domiciliar com técnica de urna," *Ciência & Saúde Coletiva* 15, no. 1 (2010): 959–66.

<sup>9</sup> Greice Menezes and Estela M. L. Aquino, "Pesquisa sobre o aborto no Brasil: avanços e desafios para o campo da saúde coletiva," *Cadernos de Saúde Pública* 25, no. 2 (2009): S193–204.

and bodily integrity. As Matthieu de Castelbajac contends, past scholarship on abortion has posited a “repressive hypothesis,” which contrasts an oppressive history with the current liberal “right” to terminate a pregnancy.<sup>10</sup> But scholars of Brazil have begun to argue for a more nuanced view of the history of the criminalization of fertility control, demonstrating that its history is far from a repressive past that has transformed itself into an “emancipated” present.<sup>11</sup> Women’s deaths from clandestine procedures today show more of a connection with the past than any progress towards women’s reproductive autonomy.

But the deaths of women, both today and in the early-twentieth century, demonstrate that despite the danger illegal abortion poses to Brazilian women they continue to “actively” seek out the procedure. While the state has often prosecuted abortion providers and not women, women are also impacted. Recent events indicate that the state is beginning to arrest women. In Rio de Janeiro, the police handcuffed one young teenager to a hospital bed when she was admitted after presenting with post-abortion complications. Much as they did a hundred years ago, medical professionals in Brazil today often denounces women to the police.<sup>12</sup> A culture of stigma and fear surrounds abortion, violating women’s “health-related rights.”<sup>13</sup> But the most dangerous consequence of the combined criminalization and condemnation of abortion is the continued deaths of women across Brazil, Latin America, and the world.

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<sup>10</sup> “Aborto legal,” 41.

<sup>11</sup> Isabel Hentz describes this history as “waves of criminalization and decriminalization.” “A honra e a vida,” 54. See also Joana Maria Pedro, “A repercussão das disputas legislativas: A legislação sobre o aborto e a imprensa,” in *Práticas proibidas: práticas costumeiras de aborto e infanticídio no século XX*, ed. Joana Maria Pedro (Florianópolis: Cidade Futura, 2003), 171.

<sup>12</sup> Gillian Kane, Beatriz Galli, and Patty Skuster, *When Abortion Is a Crime: The Threat to Vulnerable Women in Latin America* (Chapel Hill: Ipas, 2013).

<sup>13</sup> Beatriz Galli, “Negative Impacts of Abortion Criminalization in Brazil: Systematic Denial of Women’s Reproductive Autonomy and Human Rights,” *University of Miami Law Review* 65 (2010): 969–80.

In this way, this dissertation opens up a wider space for thinking about contemporary criminalization of women's reproduction across the Western world. From Texas to Rio de Janeiro, poor women still bear the brunt of state repression in the realm of reproduction. Yet women have continued to give birth, practice abortion, and have sex in ways that defied legal, medical, and societal prescriptions. Their lives—and deaths—remain a vivid reminder of the interplay of state control and women's agency in the politically-charged realm of reproduction.



IMAGE 8: *Eighteen-year-old Mercedes dos Santos, who died from a uterine hemorrhage after giving birth to a stillborn infant, 1933.*  
Source: (AN) CT, Cx.2010 N.535 (1933).

## Appendices

### Appendix A: Police Investigations by Archive and *Vara* (City of Rio de Janeiro)

#### Arquivo Nacional (AN):

##### **Pretoria do Rio de Janeiro, 3 (6Z)**

(AN) 6Z.0.IQP.105 (1912)  
(AN) 6Z.0.IQP.9981 (1927)  
(AN) 6Z.0.IQP.16784 (1932)  
(AN) 6Z.0.IQP.19277 (1936)  
(AN) 6Z.0.IQP.22570 (1938)

##### **Pretoria do Rio de Janeiro, 5 (0I)**

(AN) 0I.0.IQP.2872 (1902)

##### **Pretoria do Rio de Janeiro, 7 (72)**

(AN) 72.0.IQP.90 (1912)  
(AN) 72.0.IQP.1042 (1914)  
(AN) 72.0.IQP.1043 (1914)  
(AN) 72.0.IQP.1407 (1915)  
(AN) 72.0.IQP.1412 (1915)

##### **Pretoria do Rio de Janeiro, 8 (0R)**

(AN) 0R.1578 (1901)  
(AN) 0R.1647 (1901)  
(AN) 0R.0.IQP.3065 (1904)  
(AN) 0R.0.IQP.8747 (1906)  
(AN) 0R.4460 (1906)  
(AN) 0R.0.IQP.6132 (1908)  
(AN) 0R.7729 (1910)  
(AN) 0R.8181 (1911)

##### **Pretoria do Rio de Janeiro, 9 (T7)**

(AN) T7.0.IQP.403 (1904)  
(AN) T7.0.IQP.1922 (1908)  
(AN) T7.0.IQP.809 (1908)  
(AN) T7.0.IQP.837 (1908)  
(AN) T7.0.IQP.1142 (1909)

##### **Pretoria do Rio de Janeiro, 10 (7C)**

(AN) 7C.306 (1900)  
(AN) 7C.495 (1902)  
(AN) 7C.0.IQP.1278 (1907)

##### **Pretoria do Rio de Janeiro, 11 (T8)**

(AN) T8.0.IQP.1408 (1904)  
(AN) T8.0.IQP.1773 (1905)  
(AN) T8.0.IQP.1986 (1906)  
(AN) T8.0.IQP.2682 (1908)  
(AN) T8.0.IQP.2697 (1908)  
(AN) T8.0.IQP.2701 (1908)  
(AN) T8.0.IQP.2727 (1908)  
(AN) T8.0.IQP.3239 (1909)  
(AN) T8.0.IQP.3254 (1909)  
(AN) T8.0.IQP.3280 (1909)  
(AN) T8.0.IQP.3600 (1910)  
(AN) T8.0.IQP.3623 (1910)  
(AN) T8.0.IQP.3834 (1911)

##### **Pretoria do Rio de Janeiro, 12 (7E)**

(AN) 7E.0.IQP.1626 (1908)

##### **Pretoria do Rio de Janeiro, 13 (MW)**

(AN) MW.0.IQP.440 (1902)  
(AN) MW.0.IQP.737 (1903)  
(AN) MW.0.IQP.1493 (1907)  
(AN) MW.0.IQP.1852 (1908)  
(AN) MW.0.IQP.2162 (1908)  
(AN) MW.0.IQP.2273 (1909)  
(AN) MW.0.IQP.2634 (1910)

##### **Pretoria do Rio de Janeiro, 14 (7G)**

(AN) 7G.0.IQP.1172 (1909)  
(AN) 7G.0.IQP.1311 (1910)

##### **Pretoria do Rio de Janeiro, 15 (7H)**

(AN) 7H.0.IQP.671 (1906)  
(AN) 7H.0.IQP.821 (1907)

##### **Pretoria Criminal do Rio de Janeiro, 5 (70)**

(AN) 70.0.IQP.1056 (1914)  
(AN) 70.0.IQP.1074 (1914)  
(AN) 70.0.IQP.1517 (1915)  
(AN) 70.0.IQP.3005 (1919)  
(AN) 70.0.IQP.9291 (1929)  
(AN) 70.0.IQP.10555 (1930)

**Vara Criminal do Rio de Janeiro, 3 (CQ)**

(AN) CQ.0.IQP.626 (1909)

**Vara Criminal do Rio de Janeiro, 4 (CR)**

(AN) CR.0.IQP.188 (1908)

(AN) CR.0.IQP.466 (1911)

(AN) CR.0.IQP.566 (1912)

(AN) CR.0.IQP.654 (1912)

(AN) CR.0.IQP.674 (1912)

**Vara Criminal do Rio de Janeiro, 5 (CS)**

(AN) CS.0.IQP.127 (1907)

(AN) CS.0.IQP.139 (1907)

(AN) CS.0.IQP.237 (1908)

(AN) CS.0.IQP.359 (1909)

(AN) CS.0.IQP.488 (1910)

(AN) CS.0.IQP.2204 (1912)

(AN) CS.0.IQP.2225 (1912)

(AN) CS.0.IQP.2230 (1912)

(AN) CS.0.IQP.1154 (1914)

(AN) CS.0.HCO.1602 (1915)

(AN) CS.0.IQP.1740 (1916)

(AN) CS.0.IQP.1918 (1917)

(AN) CS.0.IQP.2323 (1918)

(AN) CS.0.IQP.2352 (1918)

(AN) CS.0.IQP.2375 (1918)

(AN) CS.0.IQP.2691 (1919)

(AN) CS.0.IQP.2819 (1919)

(AN) CS.0.IQP.3019 (1920)

(AN) CS.0.IQP.3191 (1922)

(AN) CS.0.IQP.3426 (1923)

(AN) CS.0.IQP.3693 (1925)

(AN) CS.0.IQP.3881 (1926)

(AN) CS.0.IQP.6040 (1930)

(AN) CS.0.IQP.6622 (1930)

(AN) CS.0.IQP.6612 (1931)

(AN) CS.0.IQP.6819 (1933)

(AN) CS.0.IQP.6967 (1933)

(AN) CS.0.IQP.7229 (1935)

(AN) CS.0.IQP.7444 (1936)

(AN) CS.0.IQP.7592 (1936)

(AN) CS.0.IQP.7759 (1937)

(AN) CS.0.IQP.8241 (1938)

(AN) CS.0.IQP.8559 (1938)

**Vara Criminal do Rio de Janeiro, 6 (CT)**

(AN) CT, Cx.1956 N.587 (1898)

(AN) CT, Cx.2017 N.1233 (1902)

(AN) CT, Cx.1909 N.1776 (1909)

(AN) CT, Cx.2007 N.1975 (1910)

(AN) CT, Cx.2008 N.1570 (1910)

(AN) CT, Cx.1737 N.1914 (1911)

(AN) CT, Cx.1806 N.360 (1912)

(AN) CT, Cx.2008 N.698 (1914)

(AN) CT, Cx.2009 N.1388 (1921)

(AN) CT, Cx.2009 N.1411 (1921)

(AN) CT, Cx.2009 N.1523 (1921)

(AN) CT, Cx.2009 N.297 (1922)

(AN) CT, Cx.2009 N.90 (1922)

(AN) CT, Cx.2009 N.93 (1922)

(AN) CT, Cx.2009 N.1219 (1924)

(AN) CT, Cx.2006 N.2008 (1926)

(AN) CT, Cx.1950 N.118 (1929)

(AN) CT, Cx.2009 N.120 (1929)

(AN) CT, Cx.2009 N.233 (1929)

(AN) CT, Cx.1928 N.60 (1931)

(AN) CT, Cx.2010 N.148 (1931)

(AN) CT, Cx.1845 N.67 (1932)

(AN) CT, Cx.1999 N.302 (1932)

(AN) CT, Cx.2010 N.328 (1933)

(AN) CT, Cx.2010 N.535 (1933)

(AN) CT, Cx.1740 N.1072 (1935)

**Vara Criminal do Rio de Janeiro, 7 (CU)**

(AN) CU, M.32 N.252 (1928)

(AN) CU, M.41 N.32 (1931)

**Vara Criminal do Rio de Janeiro, 10 (CX)**

(AN) CX, Cx.154 N.4714 (1937)

**Sem Fundo (SF)**

(AN) SF, Cx. 2317 N.28 (1892)

(AN) SF, Cx.2314 N.798 (1902)

**Tribunal de Justiça do Estado do Rio de Janeiro (TJRJ):**

(TJRJ) Cx.00.502.624-6 Pos.Recall (1923)

(TJRJ) Cx.00.502.623-4 Pos.7.G1.S11.1239 (1928)

## Appendix B: Court Cases by Archive and *Vara* (City of Rio de Janeiro)

### Arquivo Nacional (AN):

#### **Pretoria do Rio de Janeiro, 5 (0I)**

(AN) 0I.0.PCR.3075 (1892)

#### **Tribunal Civil e Criminal do Rio de Janeiro (CA)**

(AN) CA.CT4.0.376 (1907)

(AN) CA.CT4.0492 (1908)

#### **Vara Criminal do Rio de Janeiro, 5 (CS)**

(AN) CS.0.PCR.1350 (1914)

(AN) CS.0.PCR.1373 (1915)

(AN) CS.0.PCR.1877 (1915)

(AN) CS.0.PCR.2059 (1917)

(AN) CS.0.PCR.3046 (1919)

(AN) CS.0.PCR.4940 (1928)

(AN) CS.0.PCR.5608 (1930)

(AN) CS.0.PCR.5883 (1931)

(AN) CS.0.PCR.6998 (1933)

(AN) CS.0.PCR.7644 (1935)

#### **Vara Criminal do Rio de Janeiro, 6 (CT)**

(AN) CT, Cx.1821 N.224 (1930)

(AN) CT, Cx.1872 N.652 (1913)

(AN) CT, Cx.1934, N.2105 (1939)

(AN) CT, Cx.1978 N.1036 (1923)

(AN) CT, Cx.1838 N.249 (1928)

(AN) CT, Cx.1860 N.1692 (1926)

#### **Pretoria do Rio de Janeiro, 11 (T8)**

(AN) T8.0.PCR.825 (1901)

(AN) T8.2480 (1907)

#### **Pretoria do Rio de Janeiro, 12 (T9)**

(AN) T9.0.PCR.28 (1893)

#### **Supremo Tribunal (BV)**

(AN) BV.0.RMI.1271 (1896)

### Museu da Justiça (MJ):

(MJ) RG.13242 Cx.1403 (1902)

(MJ) RG.13243 Cx.1403 (1902)

(MJ) RG.13244 Cx.1403 (1903)

(MJ) RG.13245 Cx.1403 (1904)

(MJ) RG.4382 Cx.577 (1910)

### **Tribunal de Justiça do Estado do Rio de Janeiro (TJRJ):**

(TJRJ) Cx.01.722.629-6 Pos.7.G6.S3.3210 (1900)

(TJRJ) Cx.01.722.653-3 Pos.7.G6.S4.434 (1910)

(TJRJ) Cx.01.722.639-9 Pos.7.G6.S5.1438 (1911)

(TJRJ) Cx.01.803.478-01 Pos.G4.S8.2336 (1912)

(TJRJ) Cx.01.722.640-5 Pos.7.G6.S5.2151 (1920)

(TJRJ) Cx.01.815.354-9 Pos.S.G1.S20.1984 (1930)

## Appendix C: Non-Coded Court Cases and Police Investigations (City of Rio de Janeiro)

These court cases and police investigations inform my discussion of legal trends, but I do not include them in my calculations of legal trends, etc. They were all found in the Arquivo Nacional (AN). They involve the following Articles under the 1890 Penal Code:

Articles 156, 157, 158 – Illegal practice of medicine, spiritism, and *curandeirismo*. (I only include those directly related to gynecological and obstetric services).

Article 364 – Illegal disposal of a cadaver.

Article 388 – Not registering a birth in the civil registry.

### Arquivo Nacional (AN)

#### Police Investigations by *Vara*

##### **Pretoria do Rio de Janeiro, 13 (MW)**

(AN) MW.0.IQP.905 (1904)

##### **Vara Criminal do Rio de Janeiro, 6 (CT)**

(AN) CT, Cx.1815 N.1250 (1936)

(AN) CT, Cx.1830 N.1313 (1936)

(AN) CT, Cx.1803 N.2816 (1940)

#### Court Cases of by *Vara*

##### **Pretoria do Rio de Janeiro, 3 (6Z)**

(AN) 6Z.0.PCR.8809 (1925)

(AN) 6Z.0.PCR.20528 (1937)

(AN) 6Z.0.PCR.20879 (1938)

(AN) 6Z.0.PCR.21018 (1938)

(AN) 6Z.0.PCR.22279 (1938)

##### **Pretoria do Rio de Janeiro, 7 (72)**

(AN) 72.0.PCR.1804 (1916)

##### **Pretoria do Rio de Janeiro, 11 (T8)**

(AN) T8.0.PCR.4135 (1912)

##### **Pretoria do Rio de Janeiro, 18 (7J)**

(AN) 7J.0.PCR.09 (1892)

(AN) 7J.0.PCR.10 (1892)

##### **Pretoria Criminal do Rio de Janeiro, 5 (70)**

(AN) 70.PCR.570 (1912)

(AN) 70.0.PCR.766 (1913)

##### **Pretoria Criminal do Rio de Janeiro, 14 (MV)**

(AN) MV.0.PCR.22 (1892)

##### **Vara Criminal do Rio de Janeiro, 5 (CS)**

(AN) CS.0.PCR.4670 (1927)

(AN) CS.0.PCR.7613 (1935)

(AN) CS.0.PCR.9275 (1941)

##### **Vara Criminal do Rio de Janeiro, 6 (CT)**

(AN) CT, Cx.2000 N.1 (1900)

(AN) CT, Cx.1824 SN (1905)

(AN) CT, Cx.1830 N.1386 (1937)

(AN) CT, Cx.1732 N.2703 (1940)

(AN) CT, Cx.1803 N.2816 (1940)



## Appendix D: Non-Coded Court Cases (State of Rio and Supreme Court)

### Arquivo Nacional

#### Supremo Tribunal (BV)

(AN) BV.0.RMI.1063 (1899) Pará  
(AN) BV.0.RMI.0459 (1905) São Paulo  
(AN) BV.0.RMI.0660 (1905) Rio Grande do Sul  
(AN) BV.0.RMI.0458 (1905) Rio Grande do Sul  
(AN) BV.0.RMI.0207 (1906) Rio Grande do Sul  
(AN) BV.0.RMI.0153 (1907) Rio de Janeiro  
(state)  
(AN) BV.0.HCO.1442 (1913) São Paulo  
(AN) BV.0.HCO.1197 (1916) Rio Grande do Sul  
(AN) BV.0.HCO.3512 (1916) Paraíba do Norte

#### Museu da Justiça (MJ)

(MJ) RG.18107 CS.1876 (1890) Cabo Frio  
(MJ) RG.18200 Cx.1884 (1925) Cabo Frio

#### Tribunal de Justiça do Estado do Rio de Janeiro (TJRJ)

(TJRJ) Cx.01.769.138-2 Pos.7.G8.S20.2372  
(1896) Petrópolis  
(TJRJ) Cx.01.667.297-5 Pos.7.G2.S12.1247  
(1897) Rio Bonito  
(TJRJ) Cx.00.582.811-9 Pos.Recall (1898)  
Sumidouro  
(TJRJ) Cx.00.598.224-8 Pos.Recall (1899)  
São Pedro de Aldea  
(TJRJ) Cx.00.679.838-0 Pos.7.G4.S33.724  
(1900) Petrópolis  
(TJRJ) Cx.00.619.432-1 Pos.Recall (1900)  
Petrópolis  
(TJRJ) Cx.00.679.762-3 Pos.Recall (1901)  
Petrópolis  
(TJRJ) Cx.00.004.812-21 Pos.Recall (1904)  
Capivari  
(TJRJ) Cx.01.820.363-2 Pos.7.G5.S6.1304  
(1904) Cantagalo  
(TJRJ) Cx.01.702.425-0 Pos.7.G6.S14.1173  
(1905) Santo Antônio de Padua  
(TJRJ) Cx.00.527.309-2 Pos.Recall (1907)  
Paraty  
(TJRJ) Cx.00.549.149.6 Pos.Recall (1911)  
Cantagalo

### Tribunal de Justiça do Estado do Rio de Janeiro (TJRJ) continued

(TJRJ) Cx.00.620.464-D Pos.7.G1.S2.1389  
(1911) Petrópolis  
(TJRJ) Cx.01.862.101-6 Pos.7.G1.S29.1392  
(1914) Barra de Pirai  
(TJRJ) Cx.01.722.634-0 Pos.7.G6.S6.2019  
(1915) Carmo  
(TJRJ) Cx.00.685.275-0 Pos.7.G4.S35.2909  
(1915) Petrópolis  
(TJRJ) Cx.01.820.189-1 Pos.7.G1.S15.210  
(1916) Cantagalo  
(TJRJ) Cx.00.502.798-6 Pos.Recall (1917)  
Itaguaí  
(TJRJ) Cx.00.591.088-2 Pos.Recall (1919)  
Saquarema  
(TJRJ) Cx.00.679.458-0 Pos.Recall (1921)  
Petrópolis  
(TJRJ) Cx.00.620.472-2 Pos.Recall (1922)  
Nova Friburgo  
(TJRJ) Cx.01.661.243-5 Pos.7.G5.S16.1980  
(1925) Rio Bonito  
(TJRJ) Cx.01.576.489-D Pos.Recall (1926)  
Petrópolis  
(TJRJ) Cx.01.765.432-4 Pos.7.G1.S5.228  
(1928) São Francisco de Paula  
(TJRJ) Cx.00.582.809-0 Pos.Recall (1931)  
Santa Maria Madalena  
(TJRJ) Cx.00.538.141-1 Pos.Recall (1931)  
Santa Maria Madalena  
(TJRJ) Cx.00.591.0796-6 Pos.Recall (1934)  
Saquarema  
(TJRJ) Cx.01.803.580.2 Pos.7.G1.S5.214  
(1938) São Francisco de Paula  
(TJRJ) Cx.01.765.435-01 Pos.7.G6.S7.480  
(1939) Santa Maria Madalena

## **Appendix E: 1830 Criminal Code Police Investigations and Court Cases**

### **City of Rio de Janeiro**

#### **Arquivo Nacional (AN)**

##### **Relação do Rio de Janeiro (84)**

(AN) 84, Cx.110 N.126 (1841)

(AN) 84, M.6 N.980 (1841)

##### **Sem Fundo (SF)**

(AN) SF, M.2266 N.709 (1884)

### **State of Rio de Janeiro**

#### **Arquivo Nacional (AN)**

##### **Relação do Rio de Janeiro (84)**

(AN) 84, Cx.117 N.1047, 1048 (1859) Laguna

(AN) 84, M.190 N.1990 (1861) Campanha

(AN) 84, M.96 N.1732 (1865) Caçapava

(AN) 84, Cs.105 N.994 (1889) Magé

#### **Tribunal de Justiça do Estado do Rio de Janeiro (TJRJ)**

(TJRJ) Cx.01.553.904-0 Recall (1881)

Petrópolis

(TJRJ) Cx.00.844.181-9 Recall (1881)

Petrópolis

(TJRJ) Cx.00.604.815-8 Recall (1890) Nova

Friburgo

(TJRJ) Cx.00.537.722-5 Recall (1890) Nova

Friburgo

## Appendix F: Keywords and Coding Methodology for Judicial Documents

### Reproductive Event Code

PB = Premature birth
MD = Maternal death
ST = Stillbirth
AB = Abortion
CAB = Child Abandonment
INF = Infanticide
UNCL = Unclear
DAB = Infant death immediately after birth
DV = Domestic Violence
MI = Miscarriage
PC = Pregnancy complications
ID = Infant death

### Keywords

Birth	Description of birth process
Bureaucratic delay	Bureaucratic problems with case
Character reference	Defense lawyers emphasize previous moral life; Witnesses say accused was a good person; never left home alone, etc.
Concealment	Conceals pregnancy
Death certificate	Issues with death certificate
Deflowering	Deflowering mentioned
Denunciation initiated case (neighbor, employer)	Denunciation of fertility control
Domestic servant	Involves domestic servant
Domestic violence	Mention of
Economic situation	Economic precariousness of woman
Embarrassment	Shame/embarrassment mentioned
Fall	Pregnant woman allegedly falls
Fatherhood	References to masculine traits; gender roles of father
Fugitive	Accused ran away
Gender roles	Clear description of
Guia	Need for burial paperwork explicitly stated
Home burial	Home burial
Ignorance of pregnancy	Women cites ignorance/denial
Incest	Mention of
Living situation	Describes living situation
Maternal instincts	Reference of or lack of
Medical profession	Involvement of private physicians in care; or physicians who should have been investigated

Menstruation	Mention of
Mental state	Mental state of pregnant woman mentioned or highlighted
Midwife	Midwife ( <i>curiosa</i> or licensed) mentioned, including female neighbors
Neighbors	Neighbor involvement in case
Newspaper	Appears in newspapers
Partner (married, unmarried) (known, unknown)	Sexual partner of woman/father of child is mentioned either by name or just in passing; couple is married/unmarried
Police confusion	About crime, medical issues
Police witnesses (inquerito, sumário, both)	Police use officers for witnesses
Postpartum care	Midwife describes postpartum care
Pregnant body	Comments about women's body
Public disposal (criminal, unclear, non-criminal)	Disposal method
Public health	Public health services mentioned
Race	Race mentioned informally
Rape	Mention of
Rumor (delegacia)	Rumor involved in case; (delegacia) overheard in delegacia
Sex	Sex explicitly mentioned
Spiritism	Mention of
Suicide	Accused commits suicide
Witnesses	Witnesses did not show up in court; trouble finding witnesses
Working situation	Mention of work conditions (hours, schedule, etc.)

## Bibliography

### Primary Sources: Archives and Libraries

AGCRJ	Arquivo Geral da Cidade do Rio de Janeiro
AN	Arquivo Nacional do Brasil, Rio de Janeiro
APESP	Arquivo Público do Estado de São Paulo
BBA-UERJ	Biblioteca de Biomedicina-A, Universidade Estadual do Rio de Janeiro
BN	Biblioteca Nacional, Rio de Janeiro
COC-Fiocruz	Casa de Oswaldo Cruz, Fundação Oswaldo Cruz, Rio de Janeiro
FDir-RJ	Faculdade de Direito, Universidade Federal do Rio de Janeiro
FMRJ	Faculdade de Medicina, Universidade Federal do Rio de Janeiro
IBGE	Instituto Brasileiro de Geografia e Estatística, Rio de Janeiro
ME	Maternidade Escola, Universidade Federal do Rio de Janeiro
MJ	Museu da Justiça, Rio de Janeiro
TJRJ	Tribunal de Justiça do Estado do Rio de Janeiro

### Newspapers and Journals (Years Consulted)

*A Época* (1906-1936)

*A Folha Medica* (1927, 1938)

*Almanak Laemmert* (1844-1889)

*Annaes Brasilienses de Medicina* (1851-1885)

*Annaes Brasileiros de Gynecologia* (1936-1940)

*Archivos de Hygiene* (1927-1944)

*Archivos de Medicina Legal e Identificação* (1933-1934)

*O Brazil-Medico* (1918)

*Revista de Direito Penal* (1933-1939)

*Revista de Gynecologia e D'Obstetricia e da Pediatria* (1907-1940)

*Revista de Obstetricia e Ginecologia de São Paulo* (1939-1941)

*Revista Syniatica* (1908-1940)

### Selected Medical Dissertations

- Abreu, Francisco Bonifacio de. *Dissertação na qual se justifica o aborto provocado*. Rio de Janeiro: Universal de Laemmert, 1851.
- Aguiar, José Climaco d'Oliveira. *Do aborto criminoso*. Rio de Janeiro: Perservança, 1869.
- Alvarenga, Hermenegildo Rodrigues de. *Casos em que o aborto provocado é indicado*. Rio de Janeiro: Universal de Laemmert, 1856.
- Andrade, Alvaro Augusto de. *Tratamento do aborto infectado*. Rio de Janeiro: Jornal do Commercio de Rodrigues, 1919.
- André, Antonio Donato. *Hygiene da gravidez*. Rio de Janeiro: Typographia Leuzinger, 1924.
- Antunes, Aurelio Odorico. *Contribuição ao estudo medico-legal do aborto criminoso*. Rio de Janeiro: Typ. Carvalhaes, 1906.
- Azevedo, Edgard Cambraia de. *Do aborto em clinica*. Rio de Janeiro: Typ. Coelho, 1928.
- Baptista, Olavo. *Da protecção á primeira infancia*. Rio de Janeiro: Besnard Frères, 1900.
- Barbosa, Luiz Gonzaga Vianna. *Malthus no Brasil. Prophylaxia da depopulação*. Rio de Janeiro: Papelaria Sol, 1911.
- Barcellos, José Francisco. *Do infanticidio*. Rio de Janeiro: Montenegro, 1892.
- Barcellos Filho, Israel Rodrigues. *Do aborto criminoso*. Rio de Janeiro: Typ. do Apostolo, 1870.
- Barros, Gabriel Horacio de. *Do aborto criminoso*. Rio de Janeiro: Typ. de G. Leuzinger & Filhos, 1877.
- Barros, José Julio Fernandes. *Contribuição ao estudo da idade dos fetos vitaveis e a termo pelos pontos da ossificação*. Rio de Janeiro: Jornal do Commercio de Rodrigues, 1914.
- Barros, José Luiz Moreira de. *Do aborto criminoso*. Rio de Janeiro: Typographia do Direito, 1877.
- Brasiel, Baptista de Jesus. *Breves considerações sobre o desenvolvimento do infanticidio*. Rio de Janeiro: Santos & Silva Junior, 1850.
- Camara, José de Paula. *Do aborto criminoso (Sua nova figura juridica, seus elementos constitutivos, dos meios empregados e das provas)*. Rio de Janeiro: Typographia Montenegro, 1898.
- Campos, Manoel Mendes. *Aborto criminoso*. Rio de Janeiro, 1911.

- Capanema, Gustavo Xavier da Silva. *Do aborto criminoso*. Rio de Janeiro: Typographia Perservança, 1870.
- Carvalho, Godofredo de. *Do aborto*. Rio de Janeiro: Papelaria Luiz Macedo, 1914.
- Carvalho, Milton Pereira de. *A defeza da maternidade em hijiene industrial*. Rio de Janeiro: Besnard Frères, 1924.
- Castro, Faustino de. *Protecção legal à professora grávida*. Rio de Janeiro: Besnard Frères, 1919.
- Cavalcanti, Francisco Bandeira. *Contribuição ao estudo clinico do aborto*. Rio de Janeiro: Pap. Confiança, 1925.
- Coelho, José Rodrigues Bastos. *Defeza da maternidade*. Rio de Janeiro: Typ. da Revista dos Tribunaes, 1913.
- Coelho, Oswaldo Pinto. *Hijiene da gravidez*. Rio de Janeiro: Typ. Werneck, 1922.
- Cordeiro, Eugenio. *O charlatanismo em medicina*. Nictheroy: Typ. Serra Nova, 1917.
- Costa, Eurico da. *Protecção á mulher antes e depois do parto*. Nictheroy: Typ. Amerino, 1906.
- Costa, João. *A restricção da natalidade*. Rio de Janeiro, 1913.
- Costa e Sá, Antonio José da. *Do aborto criminoso*. Rio de Janeiro: Typographia Perservança, 1869.
- Costa Junior, Antonio Fernandes da. *Abôrto criminozo no Rio de Janeiro*. Rio de Janeiro: Papelaria União, 1911.
- Couto, Lazaro Gonçalves Corrêa do. *Aborto criminoso*. Rio de Janeiro: Typ. Moreira, Maximino, 1876.
- Cruz, Ricardo Moreira da. *Estudo sobre o parto prematuro artificial*. Rio de Janeiro: Besnard Frères, 1899.
- Elbas, Raphael. *Hygiene da prenhez*. Rio de Janeiro: Empreza Graphica Editora Paulo, Pongetti, 1928.
- Elias, Domingos. *Hygiene da gravidez*. Rio de Janeiro: Comp. Nacional de Artes Graphicas, 1926.
- Enout, Carlos de Rezende. *Estudo clinico do abôrto*. Rio de Janeiro: Jornal do Commercio de Rodrigues, 1917.
- Estevão, Camillo de Moura. *Do aborto criminoso*. Rio de Janeiro: Typographia Esperança, 1878.

- Farinha Filho, João Pires. *Aborto criminoso*. Rio de Janeiro: Typographia Universal de Laemmert, 1875.
- Ferraz, Joaquim Dias. *Hygiene da mulher gravida*. Rio de Janeiro: Jornal do Commercio de Rodrigues, 1910.
- Ferreira, Justo Jansen. *Do parto e suas consequencias na especie negra*. Rio de Janeiro: Laemmert, 1887.
- Ferreira Junior, Joaquim Gonçalves. *Aborto criminoso*. Rio de Janeiro: Typographia da Reforma, 1876.
- Figueiredo, Manoel Rodrigues de. *Aborto criminoso*. Rio de Janeiro, 1876.
- Fonseca, Arthur Ribeiro da. *Hygiene da mulher gravida*. Rio de Janeiro: Typographia da Revista dos Tribunaes, 1912.
- Fonseca, José Ignacio da. *Do infanticidio em geral; elementos constitutivos do crime e sua demonstração medico-legal*. Rio de Janeiro: Typ. Montenegro, 1889.
- Furtado, Manoel Antonio. *Aborto criminoso*. Rio de Janeiro: Typographia Universal de Laemmert, 1875.
- Guimarães, Martinho Palmerston Ribeiro. *Embryotomia*. Rio de Janeiro: Typ. de Miranda & Almeida, 1884.
- Hasselmann Junior, José Frederico. *Hygiene da gravidez*, n.d.
- Jorge, Eduardo Augusto de Araujo. *Do infanticidio em geral; elementos constitutivos do crime e sua demonstração medico-legal*. Rio de Janeiro: Typ. Universal de Laemmert, 1889.
- Jorge Filho, R. de Araujo. *Do parto rapido. Sua importancia medico-legal*. Rio de Janeiro: Sociedade Anonyma Progresso, 1912.
- Lacerda, Joaquim Linhares de. *Hygiene da gravidez*. Rio de Janeiro: Typ. dos Annaes, 1924.
- Ladeira, Alceu Marques. *Assistencia social á maternidade*. Rio de Janeiro: Typographia Leuzinger, 1919.
- Lago, Benjamin Emiliano Corrêa do. *Protecção á Maternidade desvalida no Rio de Janeiro*. Rio de Janeiro: Besnard Frères, 1921.
- Ligiéro, Manoel. *Algumas considerações sobre o Néo-malthusianismo como factor eugenico*. Rio de Janeiro: Typ. Yankee, 1930.



- Lima, Edmundo. *Parto prematuro artificial*. Rio de Janeiro: Papelaria Macedos, 1918.
- Lopes Filho, João Gonçalves. *Do infanticidio*. Rio de Janeiro: Companhia Impressora, 1894.
- Machado, Manuel de Mello. *Mortalidade das creanças no Rio de Janeiro*. Rio de Janeiro: Jornal do Commercio de Rodrigues, 1911.
- Mascarenhas, Sebastião Gonçalves da Silva. *Do aborto provocado*. Rio de Janeiro: Typographia da Reforma, 1873.
- Mattos, Archmimo Martins de. *Aborto criminoso*. Rio de Janeiro: Jornal do Commercio de Rodrigues, 1923.
- Mello, Edison Cantalice Ferreira de. *Contribuição ao estudo da cesareana nas placentas previas*. Rio de Janeiro: Typ. Coelho, 1923.
- Mello, Hamlet de Calvacanti. *Os recém-nascidos no Rio de Janeiro*. Rio de Janeiro, 1912.
- Mello, José Rodrigues da Graça. *Da justificação dos meios anticoncepcionaes temporarios na profilaxia moral e social*. Rio de Janeiro, 1911.
- Miraglia, Sylvio. *Indicações da interrupção da gravidez*. Rio de Janeiro: Typographia Coelho, 1925.
- Monteiro, José Maria Pereira. *Aborto criminoso*. Rio de Janeiro: Typographia Universal de Laemmert, 1875.
- Moreira, Cassiano Nunes. *Do aborto criminoso*. Rio de Janeiro: Typographia de Domingos Luiz dos Santos, 1868.
- Moura, Carolino Ribeiro. *Assistencia á maternidade desvalida*. Rio de Janeiro: Revista dos Tribunaes, 1917.
- Netto, Augusto Gonçalves da Silva. *Dos vomitos rebeldes durante a prenhez, e do seu tratamento em relação ao aborto provocado*. Rio de Janeiro: Typographia Imperial e Constitucional de J. Villeneuve, 1859.
- Neves Filho, Manoel Tavares. *Da esterilisação de anormaes como factor eugenico*. Rio de Janeiro: Pap. Confiança, 1921.
- Oliveira, Adolpho Martins de. *Parallelo entre a embryotomia e a operação cesariana*. Rio de Janeiro: Typographia Universal de Laemmert, 1872.
- Oliveira, Jayme da Silva. *Parto provocado*. Rio de Janeiro, 1916.
- Oliveira, João Teixeira de. *Do infanticidio em geral; elementos constitucinaes do crime, sua*

- demonstração medico-legal*. Rio de Janeiro: Montenegro, 1898.
- Pacheco, Augusto Militão. *Do infanticidio*. Rio de Janeiro: Imprensa Gutenberg, 1893.
- Paranhos, Orlando. *A morte do feto no utero (suas causas e meios de evital-a)*. Rio de Janeiro: Empresa Typographica Editora “O pensamento,” 1923.
- Penido, João Nogueira. *Do aborto provocado*. Rio de Janeiro: Typographia Universal de Laemmert, 1851.
- Penteado, Benedicto Leite. *Causas obstetricas da nati-mortalidade*. Rio de Janeiro: Typ. de Antonio Morgado, 1924.
- Pessoa, Aldemaro Coutinho. *Exame medico legal e autopsia do recém-nascido*. Rio de Janeiro: A. Graça, 1910.
- Pimentel, Hilario dos Santos. *Estudo psychologico da mulher gravida*. Rio de Janeiro: Rua D. Manoel, 1916.
- Pinto, José Villela da Costa. *Da placenta praevia e seu tratamento racional*. Rio de Janeiro: Typ. Papelaria e Livraria David, 1914.
- Pinto Filho, Bernardo. *Assistencia obstetrica domiciliaria*. Rio de Janeiro: Typ. Revista dos Tribunaes, 1923.
- Piragibe, Alfredo. *Do aborto criminoso*. Rio de Janeiro: Typographia Universal de Laemmert, 1870.
- Pires, Pedro Fructuozo da Silva. *Do aborto*. Rio de Janeiro: Typographia Carioca, 1892.
- Portugal, Alberto Gonçalves de Souza. *Aborto criminoso*. Rio de Janeiro, 1876.
- Rezende, Aristides Teixeira de. *Considerações em torno do aborto*. Rio de Janeiro: Graphics Bloch, 1930.
- Ribeiro, Marcilio. *Natimortalidade e mortalidade infantil*. Rio de Janeiro: Revista dos Tribunaes, 1923.
- Rizzo, Mileto. *Considerações acerca do aborto criminoso*. Rio de Janeiro: Metropole, 1926.
- Sá, R. Gastão Fernandes de. *Infanticidio*. Rio de Janeiro: Central de Brown & Evaristo, 1876.
- Santos, Rodolpho Pereira dos. *Da gravidez e sua hygiene*. Rio de Janeiro: Papelaria Mello, 1927.
- Sebas, Sebastião Raphael. *Aborto therapeutico*. Rio de Janeiro: Officinas Graphics do Jornal do Brasil, 1917.

Silva, João Luiz Teixeira da. *Do infanticidio em geral; caracteres do recém-nascido e signaes materiaes do crime*. Rio de Janeiro: Imprensa Industrial, 1887.

Silva, Moacyr Ferreira da. *Das embryotomias*. Rio de Janeiro: Typ. Vasconcellos, 1926.

Silva, Pedro Cardoso da. *Interrupção therapeutica da gravidez*. Rio de Janeiro: Typographia America, 1922.

Silveira, Edemar. *Tratamento da placenta previa*. Nictheroy: Typ. Serra Nova, 1916.

Silveira, Paulino Cyrillo Leão da. *Do aborto provocado*. Rio de Janeiro: Typographia da Reforma, 1873.

Tatsch, Newton Barbosa. *Estudo clinico do aborto*. Rio de Janeiro: Estabelecimentos Graphico, 1922.

Telles, Francisco Pinto da Fonseca. *A pericia obstetrica*. Rio de Janeiro: Besnard Frères, 1915.

Ulhôa, Affonso Pimentel de. *Baseotripsia*. Rio de Janeiro: Leuzinger, 1918.

Vanzolini, José Juliano. *Da embryotomia*. Rio de Janeiro: Typ. Barberó, 1914.

#### **Published Primary Sources**

Academia Nacional de Medicina. “A questão do aborto.” *Revista Syniátrica* 8, no. 10 (1915): 145–54.

———. “A questão do aborto.” *Revista Syniátrica* 8, no. 8 (1915): 117–21.

———. “A questão do aborto.” *Revista Syniátrica* 8, no. 12 (1915): 177–79.

———. “A questão medico-legal do aborto provocado.” *Revista de Gynecologia e D’Obstetricia e de Pediatria* 14, no. 11 (1920): 430–44.

———. “A questão medico-legal do aborto provocado.” *Revista de Gynecologia e D’Obstetricia e de Pediatria* 14, no. 6 (1920): 213–31.

———. “A questão medico-legal do aborto provocado.” *Revista de Gynecologia e D’Obstetricia e de Pediatria* 14, no. 10 (1920): 395–404.

———. “A questão medico-legal do aborto provocado.” *Revista de Gynecologia e D’Obstetricia e de Pediatria* 14, no. 12 (1920): 465–79.

———. “A questão medico-legal do aborto provocado.” *Revista de Gynecologia e D’Obstetricia e de Pediatria* 14, no. 9 (1920): 344–52.

- . “A questão medico-legal do aborto provocado.” *Revista de Gynecologia e D’Obstetricia e de Pediatria* 14, no. 8 (1920): 309–19.
- . “A questão medico-legal do aborto provocado.” *Revista de Gynecologia e D’Obstetricia e de Pediatria* 14, no. 7 (1920): 259–70.
- . “A questão medico-legal do aborto provocado.” *Revista de Gynecologia e D’Obstetricia e de Pediatria* 15, no. 4 (1921): 148–50.
- . “A questão medico-legal do aborto provocado.” *Revista de Gynecologia e D’Obstetricia e de Pediatria* 15, no. 2 (1921): 52–76.
- . “A questão medico-legal do aborto provocado.” *Revista de Gynecologia e D’Obstetricia e de Pediatria* 15, no. 7 (1921): 270–89.
- . “A questão medico-legal do aborto provocado.” *Revista de Gynecologia e D’Obstetricia e de Pediatria* 15, no. 6 (1921): 235–45.
- . “A questão medico-legal do aborto provocado.” *Revista de Gynecologia e D’Obstetricia e de Pediatria* 15, no. 5 (1921): 196–207.
- . “A questão medico-legal do aborto provocado.” *Revista de Gynecologia e D’Obstetricia e de Pediatria* 15, no. 3 (1921): 115–19.
- Almeida, Candido Mendes de. *Codigo do Processo Penal para o Districto Federal annotado*. Rio de Janeiro: Imprensa Nacional, 1925.
- . *Codigo Philippino ou Ordenações e Leis do Reino de Portugal recopiladas por mandado D’El-Rey D. Philippe I*. 14th ed. Vol. 1. 5 vols. Rio de Janeiro: Typographia do Instituto Philomathico, 1870.
- . *Codigo Philippino ou Ordenações e Leis do Reino de Portugal recopiladas por mandado D’El-Rey D. Philippe I*. 14th ed. Vol. 5. 5 vols. Rio de Janeiro: Typographia do Instituto Philomathico, 1870.
- Araujo, João Vieira de. *O Codigo Penal interpretado*. Vol. 1. 2 vols. Rio de Janeiro: Imprensa Nacional, 1901.
- . *O Codigo Penal interpretado*. Vol. 2. Rio de Janeiro: Imprensa Nacional, 1902.
- Azevedo, Aluísio. *O cortiço*. Rio de Janeiro: Saraiva, 2001.
- Backheuser, Everardo. *Habitações populares*. Rio de Janeiro: Imprensa Nacional, 1906.
- Barão de Lavradio. *Apontamentos sobre a mortalidade da cidade do Rio de Janeiro, particularmente das crianças e sobre o movimento de sua população no primeiro*

- quatriennio depois do recenseamento feito em 1872*. Rio de Janeiro: Typographia Nacional, 1878.
- Bevilaqua, Clovis. *Código Civil dos Estados Unidos do Brasil*. 6th ed. Rio de Janeiro: Editora Rio, 1976.
- . *The Civil Code of Brazil*. Translated by Joseph Wheeler. New York: Aldao, Campos & Gil, 1920.
- Brasil. “Decreto n. 598, de 14 de setembro de 1850. Concede ao Ministério do Império um crédito extraordinário de duzentos contos para ser exclusivamente despendido no começo de trabalhos, que tendam a melhorar o estado sanitário da capital e de outras províncias do Império.” In *Coleção das leis do Império do Brasil*, 1:299–301. Rio de Janeiro, 1851.
- Castro, Francisco de. *O invento Abel Parente no ponto de vista do direito criminal, da moral publica e da medicina clinica*. Rio de Janeiro: Laemmert & C., Livreiros-Editores, 1893.
- Codigo de Posturas da Cidade do Rio de Janeiro*, 1889.
- Codigo de Posturas da Ilustrissima Camara municipal do Rio de Janeiro e Editaes da mesma Camara*. Rio de Janeiro: Eduardo & Henrique Laemmert, 1870.
- Codigo de Posturas, Leis, Decretos, Editaes e Resoluções da Intendencia Municipal do Districto Federal*. Rio de Janeiro: Mont’Alverne, 1894.
- Codigo do Processo Criminal do Districto Federal*. Rio de Janeiro: Imprensa Nacional, 1910.
- Coelho, Erico Marinho da Gama. *A mulher e a guerra*. Rio de Janeiro: Imprensa Nacional, 1916.
- Coelho, Marcellino da Gama, and José Caetano de Alvarenga Fonseca. *Projecto de Codigo de Policia Municipal da Cidade do Rio de Janeiro*. Rio de Janeiro: Jornal do Commercio de Rodrigues, 1900.
- Consolidação das Leis e Posturas Municipaes*. Vol. 1. Rio de Janeiro: Paula Souza, 1905.
- Consolidação das Leis e Posturas Municipaes*. Vol. 2. Rio de Janeiro: Paula Souza, 1905.
- Costa, Clovis Corrêa da. *Naturalisação do parto: Livre docencia de clinica obstetrica*. Rio de Janeiro: Empresa Graphica Editora, 1924.
- da Camara, Phaelante. *O duello e o infanticídio*. Bahia: Livraria Magalhães, 1904.
- da Costa, Clovis Corrêa. “Inquerito clinico sobre a mortinatalidade no Rio de Janeiro: Meios de corrigil-a.” *Archivos de Hygiene* 4, no. 1 (1930): 141–95.
- da Costa e Silva, Antonio José. *Codigo Penal dos Estados Unidos do Brasil commentado*. Vol. 1.

- 2 vols. São Paulo: Companhia Editora Nacional, 1930.
- Cruz, Eurico. *A luta técnica contra o crime*. Rio de Janeiro: n.p., 1915.
- Departamento Nacional de Saúde Pública. “Movimento do estado civil.” *Archivos de Hygiene* 1, no. 1 (1927): 226–37.
- . “Movimento do estado civil.” *Archivos de Hygiene* 2, no. 1 (1928): 284–93.
- Directoria Geral de Estatística. *Registro Civil de 1894*. Rio de Janeiro, n.d.
- . *Registro Civil de 1895*. Rio de Janeiro: Officina da Estatística, 1901.
- . *Registro Civil de 1896*. Rio de Janeiro: Officina da Estatística, 1902.
- . *Registro Civil de 1897*. Rio de Janeiro: Officina da Estatística, 1903.
- . *Registro Civil de 1898*. Rio de Janeiro: Estatística, 1904.
- . *Relatorio apresentado ao Ministro da Industria, Viação e Obras Publicas pelo Director Geral, 1901*. Rio de Janeiro: Officina da Estatística, 1902.
- . *Relatorio apresentado ao Ministro da Industria, Viação e Obras Publicas pelo Director Geral, 1902*. Rio de Janeiro: Officina da Estatística, 1903.
- . *Relatorio apresentado ao Ministro da Industria, Viação e Obras Publicas pelo Director Geral, 1903*. Estatística, 1904.
- . *Recenseamento do Brazil. Realizado em 1 de Setembro de 1920*. Vol. 2. 1a Parte. População do Rio de Janeiro. Rio de Janeiro: Typ. de Estatística, 1923.
- Edmundo, Luiz. *O Rio de Janeiro do meu tempo*. Vol. 1. 2 vols. Rio de Janeiro: Imprensa Nacional, 1938.
- Fonseca, Olympio da, Belmiro Valverde, Garfield de Almeida, and Julio Novaes. “Parecer sobre o aborto criminoso.” *Brazil-Medico* 32, no. 45 (1918): 358.
- Fontenelle, J.P. *A saude publica no Rio de Janeiro: Districto Federal, 1937 e 1938*, n.d.
- Fraga, Clementino. “Introdução ao relatório dos serviços do Departamento Nacional de Saude Publica (1927).” *Archivos de Hygiene* 2, no. 1 (1928): 203–50.
- Freyre, Gilberto. *Casa-grande & senzala: formação da família brasileira sob o regime da economica patriarcal*. Vol. 1. J. Olympio, 1933.
- Instituto Brasileiro de Geografia e Estatística. *Anuário estatístico do Brasil*. Vol. 5. Rio de

- Janeiro, 1939.
- . *Recenseamento Geral do Brasil (1 de Setembro de 1940)*. Distrito Federal, Part 16. Rio de Janeiro: Instituto Brasileiro de Geografia e Estatística, 1951.
- Lopez-Moreno, Santiago. *La prueba de indícios*. Madrid: Imprenta de Aurelio J. Alaria, 1879.
- Magalhães, Fernando. *Clinica obstetrica (Novas lições)*. Rio de Janeiro: Editora Guanabara, 1933.
- . *Lições de clinica obstetrica*. 2nd ed. Rio de Janeiro: Livraria Castilho, 1922.
- Magalhães, Fernando, and Olympio da Fonseca. “Aborto criminoso.” *Brazil-Medico* 32, no. 19 (1918): 149.
- Ministério da Justiça e Negocios Interiores. *Relatório apresentado ao Presidente da Republica dos Estados Unidos do Brasil em junho de 1891*. Rio de Janeiro: Imprensa Nacional, 1891.
- . *Relatório apresentado ao Presidente da República dos Estados Unidos do Brazil em abril de 1895*. Rio de Janeiro: Imprensa Nacional, 1895.
- . *Relatório apresentado ao Presidente da República dos Estados Unidos do Brazil em abril de 1896*. Rio de Janeiro: Imprensa Nacional, 1896.
- . *Relatório apresentado ao Presidente da República dos Estados Unidos do Brazil em março de 1897*. Rio de Janeiro: Imprensa Nacional, 1897.
- . *Relatório apresentado ao Presidente da República dos Estados Unidos do Brazil em abril de 1898*. Rio de Janeiro: Imprensa Nacional, 1898.
- . *Relatório apresentado ao Presidente da República dos Estados Unidos do Brazil em março de 1899*. Rio de Janeiro: Imprensa Nacional, 1899.
- . *Relatório apresentado ao Presidente da Republica dos Estados Unidos do Brazil em março de 1900*. Rio de Janeiro: Imprensa Nacional, 1900.
- . *Relatório apresentado ao Presidente da República dos Estados Unidos do Brazil em março de 1901*. Rio de Janeiro: Imprensa Nacional, 1901.
- . *Relatório apresentado ao Presidente da República dos Estados Unidos do Brazil em março de 1902*. Rio de Janeiro: Imprensa Nacional, 1902.
- . *Relatório apresentado ao Presidente da República dos Estados Unidos do Brazil em abril de 1903*. Rio de Janeiro: Imprensa Nacional, 1903.

- . *Relatório apresentado ao Presidente da Republica dos Estados Unidos do Brazil em março de 1904*. Rio de Janeiro: Imprensa Nacional, 1904.
- . *Relatório apresentado ao Presidente da República dos Estados Unidos do Brazil em março de 1905*. Rio de Janeiro: Imprensa Nacional, 1905.
- . *Relatório apresentado ao Presidente da Republica dos Estados Unidos do Brazil em março de 1906*. Rio de Janeiro: Imprensa Nacional, 1906.
- . *Relatório apresentado ao Presidente da República dos Estados Unidos do Brazil em março de 1907*. Vol. 1. Rio de Janeiro: Imprensa Nacional, 1907.
- Ministério da Saúde. *Aborto e saúde pública no Brasil: 20 anos*. Brasília: Ministério da Saúde, 2010.
- Nascimento Silva, Ernesto. “Aborto criminoso.” *Brazil-Medico* 32, no. 20 (1918): 158.
- . “Parecer sobre o aborto criminoso.” *Brazil-Medico* 32, no. 41 (1918): 324–25.
- . “Parecer sobre o aborto criminoso.” *Brazil-Medico* 32, no. 48 (1918): 381.
- Nascimento Silva, Ernesto, and Arnaldo Quintella. “Sobre o aborto criminoso.” *Brazil-Medico* 32, no. 49 (1918): 389–90.
- Pessoa, Vicente Alves de Paula. *Codigo Criminal do Imperio do Brazil*. 2nd ed. Rio de Janeiro: Livraria Popular de A.A. da Cruz Coutinho, 1885.
- “Posto Central de Assistencia Publica.” *Revista Syniatria* 1, no. 9 (July 1908): 151–52.
- Posturas da Camara Municipal do Rio de Janeiro*. Rio de Janeiro: Imperial e Nacional, 1830.
- Primeiro Congresso Brasileiro de Eugenia: actas e trabalhos*. Vol. 1. Rio de Janeiro, 1929.
- Relatório síntese: pesquisa de opinião pública nacional, rodada 100*. Brasília: Confederação Nacional do Transporte and Sensus, 2010.
- Republica dos Estados Unidos do Brazil. *Recenseamento do Districto Federal (Cidade do Rio de Janeiro) em 31 de Dezembro de 1890*. Rio de Janeiro: Leuzinger, 1895.
- . *Recenseamento do Rio de Janeiro (Districto Federal). Realizado em 20 de Setembro de 1906*. Rio de Janeiro: Officina da Estatistica, 1907.
- Ribeiro, Jorge Severiano. *Codigo Penal dos Estados Unidos do Brasil comentado*. Vol. 2. 3 vols. Rio de Janeiro: Livraria Jacintho, 1941.
- . *Codigo Penal dos Estados Unidos do Brasil comentado*. Vol. 3. 3 vols. Rio de Janeiro:



- Livraria Jacintho, 1942.
- Rio, João do. *A alma encantadora das ruas*. Edição Especial. Rio de Janeiro: Nova Fronteira, 2012.
- Rodrigues, Raimundo Nina. *As raças humanas e a responsabilidade penal no Brasil*. 3rd ed. São Paulo: Companhia Editora Nacional, 1938.
- Rollindo, Octacilio. “Quatro casos de embriyotomia pelo Dr. Rollindo (Octacilio).” *Revista de Gynecologia e D’Obstetricia e de Pediatria* 14, no. 5 (1920): 161–70.
- Scorzelli Jr., Achilles. “Mortinatalidade nas capitais brasileiras.” *Arquivos de Higiene* 13, no. 3 (1943): 7–25.
- Serviço Federal de Bioestatística. *Anuário de bioestatística, 1929-1930*. Rio de Janeiro: Imprensa Nacional, 1944.
- Siqueira, Galdino. *Direito Penal Brasileiro*. Vol. 1. 2 vols. Rio de Janeiro: Livraria Jacyntho, 1932.
- Soares, Oscar de Macedo. *Código Penal da Republica dos Estados Unidos do Brasil commentado*. 5th ed. Rio de Janeiro: Livraria Garnier, 1910.

### Secondary Sources

- Abreu, Mauricio de A. *Evolução urbana do Rio de Janeiro*. Rio de Janeiro: IPLANRIO, 1987.
- Accampo, Elinor A. “The Gendered Nature of Contraception in France: Neo-Malthusianism, 1900-1920.” *Journal of Interdisciplinary History* 34, no. 2 (2003): 235–62.
- Adamo, Sam C. “The Broken Promise: Race, Health, and Justice in Rio de Janeiro, 1890-1940.” Ph.D., The University of New Mexico, 1983.
- Althusser, Louis. “Ideology and Ideological State Apparatuses (Notes Towards an Investigation).” In *The Anthropology of the State: A Reader*, edited by Aradhana Sharma and Akhil Gupta, 86–111. Malden, MA: Blackwell Publishing, 2006.
- Altink, Henrice. “‘I Did Not Want to Face the Shame of Exposure’: Gender Ideologies and Child-Murder in Post-Emancipation Jamaica.” *Journal of Social History* 41, no. 2 (2007): 355–87.
- Alvarez, Marcos César. *Bacharéis, criminologistas e juristas: saber jurídico e nova escola penal no Brasil*. São Paulo: IBCCRIM, 2003.
- Amaral, Marivaldo Cruz do. “Mulheres, imprensa e higienização: a medicalização do parto na Bahia (1910-1927).” *História, Ciências, Saúde - Manguinhos* 15, no. 4 (2008): 927–44.

- Anderson, Robin L. "Public Health and Public Healthiness, São Paulo, Brazil, 1876-1893." *The Journal of the History of Medicine and Allied Sciences* 41 (July 1986): 293–307.
- Appelbaum, Elizabeth B. "The Consumer Price Index and Inflation: Adjust Numbers for Inflation." *Journal of Online Mathematics and Its Applications*, n.d. <http://www.maa.org/book/export/html/115748>.
- Backhouse, Constance B. "Desperate Women and Compassionate Courts: Infanticide in Nineteenth-Century Canada." *The University of Toronto Law Journal* 34, no. 4 (1984): 447–78.
- Bailey, F.G. "Gifts and Poison." In *Gifts and Poison: The Politics of Reputation*, edited by F.G. Bailey. New York: Schocken Books, 1971.
- Bamber, Andrew R., and Roger D.G. Malcomson. "Macerated Stillbirth." In *Keeling's Fetal and Neonatal Pathology*, 5th ed., 339–60. Cham, Switzerland: Springer Publishing Company, 2015.
- Barreto, Maria Renilda Nery. "Assistência ao nascimento na Bahia oitocentista." *História, Ciências, Saúde - Manguinhos* 15, no. 4 (2008): 901–25.
- . "Pro Matre: arquivo e fontes para a história da maternidade no Rio de Janeiro." *História, Ciências, Saúde - Manguinhos* 18, no. Supl. 1 (2011): 295–301.
- . "Dar à luz no Rio de Janeiro da *Belle Époque*: o nascimento das maternidades (1870-1920)." Paper presented at the Congress of the Latin American Studies Association, Washington D.C., May 29, 2013.
- Barroso, Luís Roberto. "Gestação dos fetos anencefálicos e pesquisas com células-tronco: dois temas acerca da vida e da dignidade na Constituição." *Panóptica* 1, no. 7 (2007): 1–37.
- Bechtold, Brigitte H., and Donna Cooper Graves, eds. *Killing Infants: Studies in the Worldwide Practice of Infanticide*. Lewiston, NY: Edwin Mellen Press, 2006.
- Beisel, Nicola, and Tamara Kay. "Abortion, Race, and Gender in Nineteenth-Century America." *American Sociological Review* 69 (August 2004): 498–518.
- Bell, Mandy J. "A Historical Overview of Preeclampsia-Eclampsia." *Journal of Obstetrics, Gynecology and Neonatal Nursing* 39, no. 5 (2010): 510–18. doi:10.1111/j. 1552-6909.2010.01172.x.
- Benchimol, Jaime L. *Pereira Passos, um Haussmann tropical: a renovação urbana da cidade do Rio de Janeiro no início do século XX*. Rio de Janeiro: Prefeitura da Cidade do Rio de Janeiro, 1990.

- . *Dos micróbios aos mosquitos: febre amarela e a revolução pasteuriana no Brasil*. Rio de Janeiro: Editoria Fiocruz, 1999.
- Besse, Susan K. “Crimes of Passion: The Campaign Against Wife Killing in Brazil, 1910-1940.” *Journal of Social History* 22, no. 4 (1989): 653–66.
- . *Restructuring Patriarchy: The Modernization of Gender Inequality in Brazil, 1914-1940*. Chapel Hill: University of North Carolina Press, 1996.
- Bliss, Katherine Elaine. *Compromised Positions: Prostitution, Public Health, and Gender Politics in Revolutionary Mexico City*. University Park: Pennsylvania State University Press, 2001.
- Blofield, Merike. *The Politics of Moral Sin: Abortion and Divorce in Spain, Chile and Argentina*. New York: Routledge, 2006.
- Blum, Ann Shelby. *Domestic Economies: Family, Work, and Welfare in Mexico City, 1884-1943*. Lincoln: University of Nebraska Press, 2009.
- Boggs, Carl. *Gramsci's Marxism*. London: Pluto Press, 1976.
- Borges, Dain. “‘Puffy, Ugly, Slothful and Inert’: Degeneration in Brazilian Social Thought, 1880-1940.” *Journal of Latin American Studies* 25, no. 2 (1993): 235–56.
- . “Healing and Mischief: Witchcraft in Brazilian Law and Literature, 1890-1922.” In *Crime and Punishment in Latin America: Law and Society since Late Colonial Times*, edited by Ricardo Donato Salvatore, Gilbert M. Joseph, and Carlos Aguirre, 181–210. Durham: Duke University Press, 2001.
- Bourdieu, Pierre. “The Forms of Capital.” In *Readings in Economic Sociology*, 280–91. Malden, MA: Blackwell Publishers Inc., 2002.
- . *Outline of a Theory of Practice*. Cambridge: Cambridge University Press, 1977.
- “Brazil’s Silent Abortion Dilemma.” *BBC News*, October 3, 2014. <http://www.bbc.com/news/world-latin-america-29421911>.
- Breathnach, Ciara, and Eunan O’Halpin. “Scripting Blame: Irish Coroners’ Courts and Unnamed Infant Death, 1916-32.” *Social History* 39, no. 2 (2014): 210–28.
- Brenes, Anayansi Correa. “História da parturição no Brasil, século XIX.” *Cadernos de Saúde Pública* 7, no. 2 (1991): 135–49.
- Brennan, Denise. “Women Work, Men Sponge, and Everyone Gossips: Macho Men and Stigmatized/ing Women in a Sex Tourist Town.” *Anthropological Quarterly* 77, no. 4 (2004): 705–33.

- Brennan, Karen M. “‘A Fine Mixture of Pity and Justice’: The Criminal Justice Response to Infanticide in Ireland, 1922–1949.” *Law and History Review* 31, no. 4 (2013): 793–841.
- Bretas, Marcos Luiz. *A guerra das ruas: povo e policia na cidade do Rio de Janeiro*. Rio de Janeiro: Arquivo Nacional, 1997.
- . *Ordem na cidade: o exercício cotidiano da autoridade policial no Rio de Janeiro, 1907-1930*. Rio de Janeiro: Rocco, 1997.
- . “The Sovereign’s Vigilant Eye? Daily Policing and Women in Rio de Janeiro, 1907-1930.” *Crime, Histoire & Sociétés/Crime, History & Societies* 2, no. 2 (1998): 55–72.
- Briggs, Laura. *Reproducing Empire: Race, Sex, Science, and U.S. Imperialism in Puerto Rico*. Berkeley: University of California Press, 2002.
- Brodie, Janet Farrell. *Contraception and Abortion in Nineteenth-Century America*. Ithaca: Cornell University Press, 1997.
- Butler, Judith. *Undoing Gender*. New York: Routledge, 2004.
- . *Frames of War: When Is Life Grievable?* New York: Verso, 2009.
- Camiscioli, Elisa. *Reproducing the French Race: Immigration, Intimacy, and Embodiment in the Early Twentieth Century*. Durham: Duke University Press, 2009.
- Carey Jr., David. *I Ask for Justice: Maya Women, Dictators, and Crime in Guatemala, 1898-1944*. Austin: University of Texas Press, 2014.
- Carneiro, Julia. “Brazil Election Candidates Stay Silent on Abortion Issue.” *BBC News*, October 3, 2014. <http://www.bbc.com/news/world-latin-america-29441299>.
- Carone, Simone. “‘Killed by Its Mother’: Infanticide in Providence County, Rhode Island, 1870-1938.” *Journal of Social History* 44, no. 1 (2010): 213–37.
- Carrara, Sérgio. *Tributo a vênus: a luta contra a sífilis no Brasil, da passagem do século aos anos 40*. Rio de Janeiro: Editora Fiocruz, 1996.
- Carvalho, José Murilo de. *Os bestializados: o Rio de Janeiro e a República que não foi*. 3rd ed. São Paulo: Companhia das Letras, 2004.
- Castro, Hebe Maria Mattos de. *Das cores do silêncio: os significados da liberdade no sudeste escravista, Brasil século XIX*. Rio de Janeiro: Arquivo Nacional, 1995.
- . *Escravidão e cidadania no Brasil monárquico*. Rio de Janeiro: Jorge Zahar, 2000.

- Caton, Donald. *What a Blessing She Had Chloroform: The Medical and Social Response to the Pain of Childbirth from 1800 to the Present*. New Haven: Yale University Press, 1999.
- Caulfield, Sueann. *In Defense of Honor: Sexual Morality, Modernity, and Nation in Early-Twentieth Century Brazil*. Durham: Duke University Press, 2000.
- . “O nascimento do Manguê: raça, nação e o controle da prostituição no Rio de Janeiro, 1850-1942.” *Tempo* 9 (2000): 43–63.
- Chalhoub, Sidney. *Trabalho, lar e botequim: o cotidiano dos trabalhadores no Rio de Janeiro da Belle Époque*. 2nd ed. Campinas, SP: Editora da Unicamp, 2001.
- Chambers, Sarah C. *From Subjects to Citizens: Honor, Gender and Politics in Arequipa, Peru, 1780-1854*. University Park: Pennsylvania State University Press, 1999.
- . “Private Crimes, Public Order: Honor, Gender, and the Law in Early Republican Peru.” In *Honor, Status, and Law in Modern Latin America*, edited by Sueann Caulfield, Sarah C. Chambers, and Lara Putnam, 27–49. Durham: Duke University Press, 2005.
- Charles, David, and Bryan Larsen. “Streptococcal Puerperal Sepsis and Obstetric Infections: A Historical Perspective.” *Reviews of Infectious Diseases* 8, no. 3 (1986): 411–22.
- Chazkel, Amy. *Laws of Chance: Brazil’s Clandestine Lottery and the Making of Urban Public Life*. Durham: Duke University Press, 2011.
- Cole, Jennifer. “The *téléphone Malgache*: Transnational Gossip and Social Transformation among Malagasy Marriage Migrants in France.” *American Ethnologist* 41, no. 2 (2014): 276–89.
- Collins, Jane-Marie. “Bearing the Burden of Bastardy: Infanticide, Race and Motherhood in Brazilian Slave Society.” In *Killing Infants: Studies in the Worldwide Practice of Infanticide*, edited by Brigitte H. Bechtold and Donna Cooper Graves, 199–229. Lewiston, NY: Edwin Mellen Press, 2006.
- . “‘Uteis a Si E a Sociedade’ Or a Brief Guide to Creolisation in Nineteenth-Century Brazil: Black Women, Mobility, Marriage and Markets in Salvador Da Bahia (1830-1888).” *European Review of History* 16, no. 3 (2009): 413–36.
- Collins, Patricia Hill. *Black Sexual Politics: African Americans, Gender, and the New Racism*. New York: Routledge, 2005.
- Connelly, John. “The Uses of Volksgemeinschaft: Letters to the NSDAP Kreisleitung Eisenach, 1939-1940.” *The Journal of Modern History* 68, no. 4 (December 1996): 899–930.
- Cooper Owens, Dierdre. “‘Courageous Negro Servitors’ and Laboring Irish Bodies: An Examination of Antebellum-Era Modern American Gynecology.” PhD diss, University of

- California, Los Angeles, 2008.
- “Corpo de grávida morta em aborto é enterrado em Niterói, RJ.” *O Globo*, September 23, 2014. <http://g1.globo.com/rio-de-janeiro/noticia/2014/09/corpo-de-gravida-morta-em-aborto-e-enterrado-em-niteroi-rj.html>.
- Corrêa, Mariza. *As ilusões da liberdade: a Escola Nina Rodrigues e a antropologia no Brasil*. 3rd ed. Rio de Janeiro: Editora Fiocruz, 2013.
- Costa, Jurandir Freire. *Ordem médica e norma familiar*. 1st ed. Rio de Janeiro: Edições Graal, 1983.
- Cousens, Simons, Hannah Blencowe, Cynthia Stanton, Doris Chou, Saifuddin Ahmed, Laura Steinhardt, Andreea A. Creanga, et al. “National, Regional, and Worldwide Estimates of Stillbirth Rates in 2009 with Trends since 1995: A Systematic Analysis.” *Lancet* 377 (April 2011): 1319–30.
- Cowling, Camillia. *Conceiving Freedom: Women of Color, Gender, and the Abolition of Slavery in Havana and Rio de Janeiro*. Chapel Hill: University of North Carolina Press, 2013.
- da Cunha, Olívia Maria Gomes. “1933: um ano em que fizemos contatos.” *Revista USP*, no. 28 (December 1995): 142–63.
- . *Intenção e gesto: pessoa, cor e a produção cotidiana da (in)diferença no Rio de Janeiro, 1927-1942*. Rio de Janeiro: Arquivo Nacional, 1999.
- . “The Stigmas of Dishonor: Criminal Records, Civil Rights, and Forensic Identification in Rio de Janeiro, 1903-1940.” In *Honor, Status, and Law in Modern Latin America*, edited by Sueann Caulfield, Sarah C. Chambers, and Lara Putnam, 295–315. Durham: Duke University Press, 2005.
- Dalsgaard, Anne Line. *Matters of Life and Longing: Female Sterilisation in Northeast Brazil*. Copenhagen: Museum Tusulanum Press, University of Copenhagen, 2004.
- da Matta, Roberto. *Carnavais, malandros e heróis: para uma sociologia do dilema brasileiro*. 3rd ed. Rio de Janeiro: Zahar, 1981.
- . *A casa e a rua: espaço, cidadania, mulher e morte no Brasil*. Rio de Janeiro: Rocco, 1997.
- da Silva, Cristiani Bereta. “Amores e dores, brigas e intrigas de Zulmas, Marizas, Florências: Processos judiciais 1900 a 1996.” In *Práticas proibidas: práticas costumeiras de aborto e infanticídio no século XX*, edited by Joana Maria Pedro, 59–83. Florianópolis: Cidade Futura, 2003.
- da Silva, Maria Beatriz Nizza. *Sistema de casamento no Brasil colonial*. São Paulo: T.A.

- Queiroz, 1984.
- Davis, Gayle. "Stillbirth Registration and Perceptions of Infant Death, 1900-60: The Scottish Case in National Context." *The Economic History Review* 62, no. 3 (2009): 629–54.
- Davis, Natalie Zemon. *Fiction in the Archives: Pardon Tales and Their Tellers in Sixteenth-Century France*. Stanford: Stanford University Press, 1987.
- Dayton, Cornelia Hughes. *Women Before the Bar: Gender, Law, and Society in Connecticut, 1639-1789*. Chapel Hill: University of North Carolina Press, 1996.
- de Castelbajac, Matthieu. "Aborto legal: elementos sociohistóricos para o estudo do aborto previsto por lei no Brasil." *Revista de Direito Sanitário* 10, no. 3 (2010): 39–72.
- del Priore, Mary. *Ao sul do corpo: Condição feminina, maternidades e mentalidades no Brasil colônia*. Rio de Janeiro: Olympio Editora, 1993.
- . "A árvore e o fruto: um breve ensaio histórico sobre o aborto." *Revista Bioética* 2, no. 1 (1994).
- Derby, Lauren. *The Dictator's Seduction: Politics and the Popular Imagination in the Era of Trujillo*. Durham: Duke University Press, 2009.
- . "Beyond Fugitive Speech: Rumor and Affect in Caribbean History." *Small Axe* 44 (July 2014): 123–44.
- Diacon, Todd A. *Stringing Together a Nation: Cândido Mariano Da Silva Rondon and the Construction of Modern Brazil, 1906-1930*. Durham: Duke University Press, 2004.
- Diniz, Debora. "Aborto e contracepção: tres gerações de mulheres." In *Nova história das mulheres*, edited by Carla Bassanezi Pinsky and Joana Maria Pedro, 313–32. São Paulo: Editora Contexto, 2012.
- Diniz, Debora, and Marcelo Medeiros. "Aborto no Brasil: uma pesquisa domiciliar com técnica de urna." *Ciência & Saúde Colectiva* 15, no. 1 (2010): 959–66.
- do Nascimento, Alcileide Cabral. "O 'espetáculo' da morte de crianças e a Casa dos Expostos no Recife colonial." In *Uma história social do abandono de crianças: De Portugal ao Brasil, séculos XVIII-XX*, edited by Renato Pinto Venancio, 253–72. São Paulo: Alameda/Editora PUC Minas, 2010.
- Donovan, James M. "Infanticide and the Juries in France, 1825-1913." *Journal of Family History* 16, no. 2 (1991): 157–76.
- Downie, Andrew. "Abortion Debate Heats Up Brazil Election." *Christian Science Monitor*, October 15, 2010. <http://www.csmonitor.com/World/Americas/2010/1015/Abortion->

[debate-heats-up-Brazil-election.](#)

- Dunn, Peter M. “Adolphe Pinard (1844-1934) of Paris and Intrauterine Paediatric Care.” *Archives of Disease in Childhood, Fetal, and Neonatal Edition* 91, no. 3 (2006): F231–32.
- Dutra, Pedro Paulo de Almeida. *Literatura jurídica no Império*. Rio de Janeiro: Topbooks, 1992.
- Engel, Magali Gouveia. “Paixão, crime e relações de gênero (Rio de Janeiro, 1890-1930).” *Topoi*, no. 1 (2000): 153–77.
- Epstein, A. L. *Scenes from African Urban Life: Collected Copperbelt Papers*. Edinburgh: Edinburgh University Press, 1992.
- Ernst, E. “Herbal Medicinal Products during Pregnancy: Are They Safe?” *BJOG: An International Journal of Obstetrics and Gynaecology* 109 (March 2002): 227–35.
- Esteves, Martha de Abreu. *Meninas perdidas: os populares e o cotidiano do amor no Rio de Janeiro da Belle Époque*. Rio de Janeiro: Paz e Terra, 1989.
- Farrell, Elaine. *“A Most Diabolical Deed”: Infanticide and Irish Society, 1850-1900*. Manchester: Manchester University Press, 2013.
- Fausto, Boris. *Crime e cotidiano: a criminalidade em São Paulo, 1880-1924*. São Paulo: Brasiliense, 1984.
- . “Brazil: The Social and Political Structure of the First Republic, 1889-1930.” In *The Cambridge History of Latin America: Volume V, C. 1870 to 1930*, edited by Leslie Bethell, 5:779–830. Cambridge: Cambridge University Press, 1986.
- Felsenfeld, Gary. “A Brief History of Epigenetics.” *Cold Spring Harbor Perspectives in Biology* 6, no. 1 (2014). doi:10.1101/cshperspect.a018200.
- Fenton, Tanis R., and Jae H. Kim. “A Systematic Review and Meta-Analysis to Revise the Fenton Growth Chart for Preterm Infants.” *BMC Pediatrics* 13, no. 59 (2013).
- Findlay, Eileen J. Suárez. *Imposing Decency: The Politics of Sexuality and Race in Puerto Rico, 1870-1920*. Durham: Duke University Press, 2000.
- Fischer, Brodwyn M. *A Poverty of Rights: Citizenship and Inequality in Twentieth-Century Rio de Janeiro*. Stanford: Stanford University Press, 2008.
- Fitzpatrick, Sheila. “Signals from Below: Soviet Letters of Denunciation of the 1930s.” *The Journal of Modern History* 68, no. 4 (December 1996): 831–66.
- Fitzpatrick, Sheila, and Robert Gellately. “Introduction to the Practices of Denunciation in



- Modern European History.” *The Journal of Modern History* 68, no. 4 (1996): 747–67.
- Fonseca, Cristina M. Oliveira. “A saúde da criança na política social do primeiro governo Vargas.” *PHYSIS - Revista de Saúde Coletiva* 3, no. 2 (1993): 97–116.
- Foucault, Michel. *Power/Knowledge: Selected Interviews and Other Writings, 1972-1977*. Edited by Colin Gordon. Translated by Colin Gordon, Leo Marshall, John Mepham, and Kate Soper. New York: Pantheon Books, 1980.
- . *Discipline and Punish: The Birth of the Prison*. Translated by Alan Sheridan. 2nd ed. New York: Vintage Books, 1995.
- Fraser, Nancy. “Rethinking the Public Sphere: A Contribution to the Critique of Actually Existing Democracy.” *Social Text*, no. 25/26 (1990): 56–80.
- Freire, Maria Martha de Luna. *Mulheres, mães e médicos: discurso maternalista no Brasil*. Rio de Janeiro: Editora Fundação Getúlio Vargas, 2009.
- . “‘Ser mãe é uma ciência’: mulheres, médicos e a construção da maternidade científica na década de 1920.” *História, Ciências, Saúde - Manguinhos* 15, no. Supp. (2008): 153–71.
- Freire, Maria Martha de Luna, and Vinícius da Silva Leony. “A caridade científica: Moncorvo Filho e o Instituto de Proteção e Assistência à Infância do Rio de Janeiro (1899-1930).” *História, Ciências, Saúde - Manguinhos* 18, no. Supp. 1 (2011): 199–225.
- Frøen, J. Frederik, Joanne Cacciatore, Elizabeth M. McClure, Oluwafemi Kuti, Abdul Hakeem Jokhio, Monir Islam, and Jeremy Shiffman. “Stillbirths: Why They Matter.” *The Lancet* 377, no. 9774 (2011): 1353–66.
- Fry, Peter. “O que a Cinderela negra tem a dizer sobre a ‘política racial’ no Brasil.” *Revista USP* 28 (Dezembro/Fevereiro 95/96): 122–35.
- Fuchs, Rachel. *Poor and Pregnant in Paris: Strategies for Survival in the Nineteenth Century*. New Brunswick: Rutgers University Press, 1992.
- Gabbe, Steven G., Jennifer R. Niebyl, Henry L. Galan, Eric R. M. Jauniaux, Mark B. Landon, Joe Leigh Simpson, and Deborah A. Driscoll. *Obstetrics: Normal and Problem Pregnancies*. Philadelphia: Elsevier Health Sciences, 2012.
- Galli, Beatriz. “Negative Impacts of Abortion Criminalization in Brazil: Systematic Denial of Women’s Reproductive Autonomy and Human Rights.” *University of Miami Law Review* 65 (2010): 969–80.
- Garcia, Gabriel. “Luciana Genro quer descriminalizar a maconha e legalizar o aborto.” *O Globo*, July 15, 2014. <http://noblato.globo.com/noticias/noticia/2014/07/luciana-genro>

[quer-descriminalizar-maconha-legalizar-aborto-542531.html](http://quer-descriminalizar-maconha-legalizar-aborto-542531.html).

- Gellately, Robert. "Denunciations in Twentieth-Century Germany: Aspects of Self-Policing in the Third Reich and the German Democratic Republic." *The Journal of Modern History* 68, no. 4 (December 1996): 931–67.
- Ginsburg, Faye D., and Rayna Rapp, eds. *Conceiving the New World Order: The Global Politics of Reproduction*. Berkeley: University of California Press, 1995.
- Giumbelli, Emerson. *O cuidado dos mortos: uma história da condenação e legitimação do espiritismo*. Rio de Janeiro: Arquivo Nacional, 1997.
- Gluckman, Max. "Gossip and Scandal." *Current Anthropology* 4, no. 3 (June 1963): 307–16.
- . "Psychological, Sociological and Anthropological Explanations of Witchcraft and Gossip: A Clarification." *Man* 3, no. 1 (March 1968): 20–34.
- Goffman, Erving. *Stigma: Notes on the Management of Spoiled Identity*. New York: Prentice Hall, 1963.
- . *The Presentation of Self in Everyday Life*. New York: Doubleday, 1990.
- Goldey, Patricia. "The Good Death: Personal Salvation and Community Identity." In *Death in Portugal: Studies in Portuguese Anthropology and Modern History*, edited by Rui Feijó, Herminio Martins, and João de Pina-Cabral, 1–16. JASO Occasional Papers 2. Oxford: Journal of Anthropological Studies of Oxford, 1983.
- Gordon, Linda. *The Moral Property of Women: A History of Birth Control Politics in America*. Urbana: University of Illinois Press, 2002.
- Gormley, Melissa Eden. "Motherhood as National Service: Race, Class and Public Health Policy in Brazil, 1930-1945." PhD diss, University of California, Davis, 2006.
- Gowing, Laura. "Secret Births and Infanticide in Seventeenth-Century England." *Past & Present*, no. 156 (August 1997): 87–115.
- Graham, Richard. *Patronage and Politics in Nineteenth-Century Brazil*. Stanford: Stanford University Press, 1990.
- Graham, Sandra Lauderdale. *House and Street: The Domestic World of Servants and Masters in Nineteenth-Century Rio de Janeiro*. Austin: University of Texas Press, 1992.
- . *Caetana Says No: Women's Stories from a Brazilian Slave Society*. New York: Cambridge University Press, 2002.
- . "Making the Private Public: A Brazilian Perspective." *Journal of Women's History* 15,

no. 1 (2003): 28–42.

Grinberg, Keila. *Código Civil e cidadania*. Rio de Janeiro: Jorge Zahar, 2001.

Gross, Jan T. “A Note on the Nature of Soviet Totalitarianism.” *Soviet Studies* 34, no. 3 (July 1982): 367–76.

———. “Social Control under Totalitarianism.” In *Toward a General Theory of Social Control*, edited by Donald Black, 2:59–77. Orlando: Academic Press, Inc., 1984.

Guha, Ranajit. *The Small Voice of History: Collected Essays*. Bangalore: Permanent Black, 2009.

Guimarães, Antonio Sérgio Alfredo. “Africanism and Racial Democracy: The Correspondence Between Herskovits and Arthur Ramos (1935–1949).” *Estudios Interdisciplinarios de América Latina y el Caribe* 19, no. 1 (2008): 53–79.

Gutierrez, Ramon J. *When Jesus Came, the Corn Mothers Went Away: Marriage, Sexuality, and Power in New Mexico, 1500-1864*. Stanford: Stanford University Press, 1991.

Guy, Donna J. *Sex and Danger in Buenos Aires: Prostitution, Family, and Nation in Argentina*. Lincoln: University of Nebraska Press, 1991.

Habermas, Jürgen. *The Structural Transformation of the Public Sphere: An Inquiry into a Category of Bourgeois Society*. Translated by Thomas Burger and Frederick Lawrence. Cambridge, MA: The MIT Press, 1989.

Hacker, Neville F, Joseph C Gambone, and Calvin J Hobel, eds. *Hacker and Moore’s Essentials of Obstetrics and Gynecology*. 5th ed. Philadelphia, PA: Saunders/Elsevier, 2010.

Hahner, June. *Poverty and Politics: The Urban Poor in Brazil, 1870-1920*. Albuquerque: University of New Mexico Press, 1986.

———. *Emancipating the Female Sex: The Struggle for Women’s Rights in Brazil, 1850-1940*. Durham: Duke University Press, 1990.

Hailer, Marcelo, and Isadora Otoni. “Ministério da Saúde diz que publicação da Portaria 415 ‘foi um equívoco’.” *Revista Fórum*, May 29, 2014. <http://www.revistaforum.com.br/2014/05/29/portaria-referente-ao-aborto-legal-durou-uma-semana/>.

Hecht, Tobias. *At Home in the Street: Street Children of Northeast Brazil*. Cambridge: Cambridge University Press, 1998.

Hentz, Isabel Cristina. “A honra e a vida: debates jurídicos sobre aborto e infanticídio nas primeiras décadas do Brasil republicano.” Master’s thesis, Universidade Federal de Santa

- Catarina, 2013.
- Hochman, Gilberto. *A era do saneamento: as bases da política de Saúde Pública no Brasil*. 3rd ed. São Paulo: Hucitec Editora, 2012.
- Högberg, Ulf, and Stig Wall. "Secular Trends in Maternal Mortality in Sweden from 1750 to 1980." *Bulletin of the World Health Organization* 64, no. 1 (1986): 79–84.
- Holloway, Thomas H. *Immigrants on the Land: Coffee and Society in São Paulo, 1886-1934*. Chapel Hill: University of North Carolina Press, 1980.
- Hotchkiss, John C. "Children and Conduct in a Ladino Community of Chiapas, Mexico." *American Anthropologist* 69, no. 6 (1967): 711–18.
- Htun, Mala. *Sex and the State: Abortion, Divorce, and the Family Under Latin American Dictatorships and Democracies*. New York: Cambridge University Press, 2003.
- Husa, William J., and Jeannette M. Radin. "The Antiseptic Value of Phenol Ointments." *American Pharmaceutical Association* 21, no. 9 (1932): 861–69.
- Hutchison, Elizabeth Quay. *Labors Appropriate to Their Sex: Gender, Labor, and Politics in Urban Chile, 1900-1930*. Durham: Duke University Press, 2001.
- Jackson, Mark. "Suspicious Infant Deaths: The Statute of 1624 and Medical Evidence at Coroner's Inquests." In *Legal Medicine in History*, edited by Michael Clark and Catherine Crawford, 64-86. Cambridge: University of Cambridge, 1994.
- . *New-Born Child Murder: Women, Illegitimacy, and the Courts in Eighteenth-Century England*. Manchester: Manchester University Press, 1996.
- Jean, Martine. "Guardians of Order: Police and Society in Rio de Janeiro, Brazil, 1902-1930." PhD diss, Yale University, 2010.
- Joseph, Gilbert M., and Daniel Nugent, eds. *Everyday Forms of State Formation: Revolution and the Negotiation of Rule in Modern Mexico*. Durham: Duke University Press, 1994.
- Kamensky, Jane. *Governing the Tongue: The Politics of Speech in Early New England*. New York: Oxford University Press, 1997.
- Kane, Gillian, Beatriz Galli, and Patty Skuster. *When Abortion Is a Crime: The Threat to Vulnerable Women in Latin America*. Chapel Hill: Ipas, 2013.
- Kapferer, Jean-Noël. *Rumors: Uses, Interpretations, and Images*. New Brunswick, NJ: Transaction Publishers, 2013.
- Kashani-Sabet, Firoozeh. *Conceiving Citizens: Women and the Politics of Motherhood in Iran*.

- New York: Oxford University Press, 2011.
- Kenny, Mary Lorena. *Hidden Heads of Households: Child Labor in Urban Northeast Brazil*. 2nd ed. Toronto: University of Toronto Press, 2008.
- Kimball, Natalie L. "An Open Secret: The Hidden History of Unwanted Pregnancy and Abortion in Highland Bolivia, 1952-2010." PhD diss, University of Pittsburgh, 2013.
- Klein, Herbert S. "The Social and Economic Integration of Portuguese Immigrants in Brazil in the Late Nineteenth and Twentieth Centuries." *Journal of Latin American Studies* 23, no. 2 (May 1991): 309–37.
- . "The Social and Economic Integration of Spanish Immigrants in Brazil." *Journal of Social History* 25, no. 3 (Spring 1992): 505–29.
- Kluchin, Rebecca M. *Fit to Be Tied: Sterilization and Reproductive Rights in America, 1950-1980*. New Brunswick: Rutgers University Press, 2011.
- Koven, Seth, and Sonya Michel, eds. *Mothers of a New World: Maternalist Politics and the Origins of Welfare States*. New York: Routledge, 1993.
- Kozlov, Vladimir A. "Denunciation and Its Functions in Soviet Governance: A Study of Denunciations and Their Bureaucratic Handling from Soviet Police Archives, 1944-1953." *The Journal of Modern History* 68, no. 4 (December 1996): 867–98.
- Lavrin, Asuncion. *Women, Feminism, and Social Change in Argentina, Chile, and Uruguay, 1890-1940*. Lincoln: University of Nebraska Press, 1998.
- Lawn, Joy E., Hannah Blencowe, Robert Pattinson, Simon Cousens, Rajesh Kumar, Ibinabo Ibiebele, Jason Gardosi, Louise T Day, and Cynthia Stanton. "Stillbirths: Where? When? Why? How to Make the Data Count?" *The Lancet* 377, no. 9775 (2011): 1448–63.
- Leavitt, Judith Walzer. *Brought to Bed: Childbearing in America, 1750-1950*. New York: Oxford University Press, 1986.
- Lesser, Jeffrey. *Negotiating National Identity: Immigrants, Minorities, and the Struggle for Ethnicity in Brazil*. Durham: Duke University Press, 1999.
- Lewin, Linda. *Surprise Heirs I: Illegitimacy, Patrimonial Rights, and Legal Nationalism in Luso-Brazilian Inheritance, 1750-1821*. Stanford: Stanford University Press, 2003.
- . *Surprise Heirs II: Illegitimacy, Inheritance Rights, and Public Power in the Formation of Imperial Brazil, 1822-1889*. Stanford: Stanford University Press, 2003.
- Lobo, Eulália Maria Lahmeyer. *História do Rio de Janeiro (do capital comercial ao capital industrial e financeiro)*. Vol. 2. Rio de Janeiro: IBMEC, 1978.

- López, Raúl Necochea. *A History of Family Planning in Twentieth-Century Peru*. Chapel Hill: University of North Carolina Press, 2014.
- López-Llera, Mario. "Main Clinical Types and Subtypes of Eclampsia." *American Journal of Obstetrics and Gynecology* 166, no. 1 (1992): 4–9.
- Loudon, Irvine. "Puerperal Fever, the Streptococcus, and the Sulphonamides, 1911-1945." *Medical History* 295 (August 1987): 485–90.
- . "Maternal Mortality: 1880-1950. Some Regional and International Comparisons." *Social History of Medicine* 1 (1988): 183–228.
- . *Death in Childbirth: An International Study of Maternal Care and Maternal Mortality, 1800-1950*. Oxford: Clarendon Press, 1992.
- Love, Joseph. "Political Participation in Brazil, 1881-1969." *Luso-Brazilian Review* 7, no. 2 (1970): 3–24.
- Loveman, Mara. "Blinded like a State: The Revolt against Civil Registration in Nineteenth-Century Brazil." *Comparative Studies in Society and History* 49, no. 1 (2007): 5–39.
- Lovett, Laura L. *Conceiving the Future: Pronatalism, Reproduction, and the Family in the United States*. Chapel Hill: University of North Carolina Press, 2007.
- Magann, Everett F., Sharon Evans, Suneet P. Chauhan, Grainger Lanneau, Andrea D. Fisk, and John C. Morrison. "The Length of the Third Stage of Labor and the Risk of Postpartum Hemorrhage." *Obstetrics & Gynecology* 105, no. 2 (2005): 290–93.
- Marko, Tamera Lynn. "When They Became the Nation's Children: The Foundations of Pediatrics and Its Raced, Classed, and Gendered (Re)Inventions of Childhood in Rio de Janeiro, 1870-1930." PhD diss, University of California, San Diego, 2006.
- Martins, Ana Paula Vosne. *Visões do feminino: A medicina da mulher nos séculos XIX e XX*. Rio de Janeiro: Editora Fiocruz, 2004.
- . "Memórias maternas: experiências da maternidade na transição do parto doméstico para o parto hospitalar." *História Oral* 8, no. 2 (2005): 61–76.
- . "'Vamos criar seu filho': os médicos puericultores e a pedagogia materna no século XX." *História, Ciências, Saúde - Manguinhos* 15, no. 1 (2008): 135–54.
- Mauad, Ana Maria. "A vida das crianças de elite durante o Império." In *História das crianças no Brasil*, edited by Mary Del Priore, 137–76. São Paulo: Editora Contexto, 1999.
- Mauss, Marcel. "A Category of the Human Mind: The Notion of Person; the Notion of Self." In

- The Category of the Person: Anthropology, Philosophy, History*, edited by Michael Carrithers, Steven Collins, and Steven Lukes, 1–25. Cambridge: Cambridge University Press, 1995.
- McClintock, Anne. “‘No Longer in a Future Heaven’: Gender, Race, and Nationalism.” In *Dangerous Liaisons: Gender, Nation, and Postcolonial Perspectives*, edited by Anne McClintock, Aamir Mufti, and Ella Shohat, 89–112. Minneapolis: University of Minnesota Press, 1997.
- McClure, Elizabeth M., Robert L. Goldenberg, and Carla M. Bann. “Maternal Mortality, Stillbirth and Measures of Obstetric Care in Developing and Developed Countries.” *International Journal of Gynecology and Obstetrics* 96 (2007): 139–46.
- Meade, Teresa A. *“Civilizing” Rio: Reform and Resistance in a Brazilian City, 1889–1930*. University Park: Pennsylvania State University Press, 1997.
- Menezes, Lená Medeiros de. *Os estrangeiros e o comércio do prazer nas ruas do Rio, 1890–1930*. Rio de Janeiro: Arquivo Nacional, 1992.
- Menezes, Greice, and Estela M. L. Aquino. “Pesquisa sobre o aborto no Brasil: avanços e desafios para o campo da saúde coletiva.” *Cadernos de Saúde Pública* 25, no. 2 (2009): S193–204.
- Merryman, John Henry, and Rogelio Pérez-Perdomo. *The Civil Law Tradition: An Introduction to the Legal Systems of Europe and Latin America*. 3rd ed. Stanford: Stanford University Press, 2007.
- Merry, Sally Engle. “Rethinking Gossip and Scandal.” In *Reputation: Studies in the Voluntary Elicitation of Good Conduct*, edited by Daniel B. Klein, 47–74. Ann Arbor: The University of Michigan Press, 1997.
- Milanich, Nara. *Children of Fate: Childhood, Class, and the State in Chile, 1850–1930*. Durham: Duke University Press, 2009.
- Miller, Laura J. “Denial of Pregnancy.” In *Infanticide: Psychosocial and Legal Perspectives on Mothers Who Kill*, edited by Margaret G. Spinelli. Washington D.C.: American Psychiatric Publishing, Inc., 2003.
- Moar, Jack. “The Hydrostatic Test: A Valid Method of Determining Live Birth?” *The American Journal of Forensic Medicine and Pathology* 18, no. 1 (1997): 109–10.
- Mooney, Jadwiga Pieper. *The Politics of Motherhood: Maternity and Women’s Rights in Twentieth-Century Chile*. Pittsburgh: University of Pittsburgh Press, 2009.
- Morgan, Jennifer L. *Laboring Women: Reproduction and Gender in New World Slavery*. Philadelphia: University of Pennsylvania Press, 2004.

- Mott, Maria Lúcia. “Maternalismo, políticas públicas e benemerência no Brasil (1930-1945).” *cadernos pagu* 16 (2001): 199–234.
- . “Assistência ao parto: do domicílio ao hospital (1830-1960).” *Projeto História, São Paulo* 25 (December 2002): 197–219.
- Murray, Michelle L., and Gayle M. Huelsmann. *Labor and Delivery Nursing: A Guide to Evidence-Based Practice*. New York: Springer Publishing Company, 2009.
- Neckel, Roselane, Joana Maria Pedro, Vanderlei Machado, and Eliana Izabel Hawerth. “Aborto e infanticídio nos Códigos Penais e nos processos judiciais: a pedagogia de condutas femininas.” In *Práticas proibidas: práticas costumeiras de aborto e infanticídio no século XX*, edited by Joana Maria Pedro, 85–109. Florianópolis: Cidade Futura, 2003.
- Neder, Gizlene, and Nancy Priscilla Naro. “A instituição policial na cidade do Rio de Janeiro e a construção da ordem burguesa no Brasil.” In *A polícia na Corte e no Distrito Federal, 1831-1930*, edited by Gizlene Neder, Nancy Priscilla Naro, and José Luiz Werneck da Silva. Rio de Janeiro: Pontifícia Universidade Católica do Rio de Janeiro, 1981.
- Needell, Jeffrey D. *A Tropical Belle Epoque: Elite Culture and Society in Turn-of-the-Century Rio de Janeiro*. Cambridge: Cambridge University Press, 1987.
- Netland, Karin E., and Jorge Martinez. “Abortifacients: Toxidromes, Ancient to Modern—A Case Series and Review of the Literature.” *Academic Emergency Medicine* 7, no. 7 (2000): 824–29.
- Ojanuga, Durrenda. “The Medical Ethics of the ‘Father of Gynaecology’, Dr J Marion Sims.” *Journal of Medical Ethics* 19 (1993): 28–31.
- Olcott, Jocelyn H. *Revolutionary Women in Postrevolutionary Mexico*. Durham: Duke University Press, 2006.
- Oliveira, Aline Albuquerque S. de, Sandra Montenegro, and Volnei Garrafa. “Supremo Tribunal Federal do Brasil e o aborto do anencéfalo.” *Bioética* 13, no. 1 (2005): 79–92.
- Ososki, Andreana L., Patricia Lohr, Marian Reiff, Michal J. Balick, Fredi Kronenberg, Adriane Fugh-Berman, and Bonnie O’Connor. “Ethnobotanical Literature Survey of Medicinal Plants in the Dominican Republic Used for Women’s Health Conditions.” *Journal of Ethnopharmacology* 79 (2002): 285–98.
- O’Toole, Marie T., ed. *Mosby’s Medical Dictionary*. 9th ed. St. Louis, MO: Elsevier Mosby, 2012.
- Otovo, Okezi. “‘To Form a Strong and Populous Nation’: Race, Motherhood, and the State in Republican Brazil.” PhD diss, Georgetown University, 2009.



- . “From *Mãe Preta* to *Mãe Desamparada*: Maternity and Public Health in Post-Abolition Bahia.” *Luso-Brazilian Review* 48, no. 2 (2011): 164–91.
- Oyelese, Yinka, and Cande V. Ananth. “Placental Abruption.” *Obstetrics & Gynecology* 108, no. 4 (2006): 1005–16.
- . “Postpartum Hemorrhage: Epidemiology, Risk Factors, and Causes.” *Clinical Obstetrics and Gynecology* 53, no. 1 (2010): 147–56.
- Paine, Robert. “What Is Gossip About? An Alternative Hypothesis.” *Man*, New Series, 2, no. 2 (June 1967): 278–85.
- . “Gossip and Transaction.” *Man* 3, no. 2 (June 1968): 305–8.
- “Paul Carnot (1869-1957).” *Bulletins et mémoires de la Société médicale des hôpitaux de Paris* 73, no. 33–34 (1957): 13–20.
- Peard, Julyan G. *Race, Place, and Medicine: The Idea of the Tropics in Nineteenth-Century Brazilian Medicine*. Durham: Duke University Press, 1999.
- Pedro, Joana Maria. “Aborto e infanticídio: Práticas muito antigas.” In *Práticas proibidas: práticas costumeiras de aborto e infanticídio no século XX*, edited by Joana Maria Pedro, 19–57. Florianópolis: Cidade Futura, 2003.
- . “A repercussão das disputas legislativas: A legislação sobre o aborto e a imprensa.” In *Práticas proibidas: práticas costumeiras de aborto e infanticídio no século XX*, edited by Joana Maria Pedro, 169–88. Florianópolis: Cidade Futura, 2003.
- , ed. *Práticas proibidas: práticas costumeiras de aborto e infanticídio no século XX*. Florianópolis: Cidade Futura, 2003.
- Pedro, Joana Maria, and Cristiani Bereta da Silva. “Um outro olhar sobre o corpo e práticas femininas: medicalização do aborto e infanticídio na cidade de Florianópolis, 1900/1996.” In *Práticas proibidas: práticas costumeiras de aborto e infanticídio no século XX*, edited by Joana Maria Pedro, 111–38. Florianópolis: Cidade Futura, 2003.
- Pedro, Joana Maria, Núcia Alexandra Silva de Oliveira, and Maristela Moreira de Carvalho. “Corpos femininos em debate: Aborto e infanticídio na imprensa de Florianópolis, uma história de controle e normatização (1950-1996).” In *Práticas proibidas: práticas costumeiras de aborto e infanticídio no século XX*, edited by Joana Maria Pedro, 219–52. Florianópolis: Cidade Futura, 2003.
- Pedro, Joana Maria, Núcia Alexandra Silva de Oliveira, Maria Conceição de Lacerda, and Aniele Fructuoso da Costa. “Mulheres, memórias e experiências: Usos e disputas sobre o controle e autonomia do corpo feminino.” In *Práticas proibidas: práticas costumeiras de*

- aborto e infanticídio no século XX*, edited by Joana Maria Pedro, 155–68. Florianópolis: Cidade Futura, 2003.
- Peres, Maria Fernanda Tourinho, and Antônio Nery Filho. “A doença mental no direito penal brasileiro: inimizabilidade, irresponsabilidade, periculosidade e medida de segurança.” *História, Ciências, Saúde - Manguinhos* 9, no. 2 (2002): 335–55.
- Perry, Ruth. “Colonizing the Breast: Sexuality and Maternity in Eighteenth-Century England.” *Journal of the History of Sexuality* 2, no. 2 (1991): 204–34.
- Petchesky, Rosalind Pollack. *Abortion and Woman’s Choice: The State, Sexuality, and Reproductive Freedom*. Rev. ed. Boston: Northeastern University Press, 1990.
- Piza, Edith and Fúlvia Rosemberg. “Cor nos censos brasileiros.” *Revista USP*, no. 40 (December 1998): 122–37.
- Posner, Glenn D., Jessica Dy, Amanda Y. Black, and Griffith D. Jones, eds. *Oxorn-Foote Human Labor & Birth*. 6th ed. New York: McGraw Hill Education, 2013.
- Pressler, Jana L., and Joseph T. Hepworth. “The Conceptualization, Measurement, and Validation of Transient Mechanical Birth Trauma.” *Clinical Nursing Research* 9, no. 3 (2000): 317–38.
- Rago, Margareth. *Os prazeres da noite: prostituição e códigos da sexualidade feminina em São Paulo, 1890-1930*. Rio de Janeiro: Paz e Terra, 1991.
- Rajakumar, Kumaravel. “Vitamin D, Cod-Liver Oil, Sunlight, and Rickets: A Historical Perspective.” *Pediatrics* 112, no. 2 (2003): e132–35.
- Rattigan, Cliona. *What Else Could I Do?: Single Mothers and Infanticide, Ireland 1900-1950*. Sallins, Ireland: Irish Academic Press, 2012.
- Reagan, Leslie J. *When Abortion Was a Crime: Women, Medicine, and the Law in the United States, 1867-1973*. Berkeley: University of California Press, 1998.
- Reis, João José. *Death Is a Festival: Funeral Rites and Rebellion in Nineteenth-Century Brazil*. Translated by H. Sabrina Gledhill. Chapel Hill: University of North Carolina Press, 2003.
- Robertson, Patricia A., Clarissa M. Foran, Mary S. Croughan-Minihane, and Sarah J. Kilpatrick. “Head Entrapment and Neonatal Outcome by Mode of Delivery in Breech Deliveries from 28 to 36 Weeks of Gestation.” *American Journal of Obstetrics and Gynecology* 174, no. 6 (1996): 1742–49.
- Rodrigues, Alexandre. “‘Descriminalizar o aborto é acabar com lei medieval’, diz Eduardo Jorge.” *O Globo*, September 27, 2014. <http://oglobo.globo.com/brasil/descriminalizar-aborto-acabar-com-lei-medieval-diz-eduardo-jorge-14061212>.

- Rodrigues, Fabiana Cardoso Malha. “Os crimes das mulheres: aborto e infanticídio no direito na passagem à modernidade no Brasil, 1890-1916.” Master’s thesis, Universidade Federal Fluminense, 2004.
- Rodriguez, Julia. *Civilizing Argentina: Science, Medicine, and the Modern State*. Chapel Hill: University of North Carolina Press, 2006.
- Rohden, Fabíola. *A arte de enganar a natureza: contracepção, aborto e infanticídio no início do século XX*. Rio de Janeiro: Editora Fiocruz, 2003.
- . *Uma ciência da diferença: sexo e gênero na medicina da mulher*. 2nd ed. Rio de Janeiro: Editoria Fiocruz, 2009.
- Roseblatt, Karin Alejandra. *Gendered Compromises: Political Cultures and the State in Chile, 1920-1950*. Chapel Hill: University of North Carolina Press, 2000.
- Rosenn, Keith S. “Brazil’s Legal Culture: The *Jeito* Revisited.” *Florida International Law Journal* 1, no. 1 (Fall 1984): 1–43.
- Ross, Ellen. *Love and Toil: Motherhood in Outcast London, 1870-1918*. New York: Oxford University Press, 1993.
- Ruggiero, Kristin. “Honor, Maternity, and the Disciplining of Women: Infanticide in Late Nineteenth-Century Buenos Aires.” *Hispanic American Historical Review* 72, no. 3 (1992): 353–73.
- . “Not Guilty: Abortion and Infanticide in Nineteenth-Century Argentina.” In *Reconstructing Criminality in Latin America*, edited by Carlos Aguirre and Robert Buffington, 149–66. Wilmington, DE: Scholarly Resources Inc., 2000.
- . *Modernity in the Flesh: Medicine, Law, and Society in Turn-of-the-Century Argentina*. Stanford: Stanford University Press, 2004.
- Sá, Isabel dos Guimarães. “Abandono de crianças, infanticídio e aborto na sociedade portuguesa tradicional através das fontes jurídicas.” *Penelope: Revista de história e ciências sociais* 8 (1992): 75–89.
- Salmon, Marylynn. “The Cultural Significance of Breastfeeding and Infant Care in Early Modern England and America.” *Journal of Social History* 28, no. 2 (1994): 247–69.
- Sanger, Carol. “‘The Birth of Death’: Stillborn Birth Certificates and the Problem for Law.” *California Law Review* 100 (2012): 269–311.
- Sanglard, Gisele, and Luiz Otávio Ferreira. “Médicos e filantropos: a institucionalização do ensino da pediatria e da assistência à infância no Rio de Janeiro da Primeira República.”

*Varia História* 26, no. 44 (2010): 437–59.

Scheper-Hughes, Nancy. *Death Without Weeping: The Violence of Everyday Life in Brazil*. Berkeley: University of California Press, 1992.

Schettini, Cristiana. *Que tenhas teu corpo: uma história social da prostituição no Rio de Janeiro das primeiras décadas republicanas*. Rio de Janeiro: Arquivo Nacional, 2006.

Schiebinger, Londa. *Plants and Empire: Colonial Bioprospecting in the Atlantic World*. Cambridge, MA: Harvard University Press, 2004.

Schoen, Johanna. *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare*. Chapel Hill: University of North Carolina Press, 2005.

Schwarcz, Lilia Moritz. *O espetáculo das raças: cientistas, instituições, e questão racial no Brasil, 1870-1930*. São Paulo: Companhia das Letras, 1993.

Seed, Patricia. *To Love, Honor, and Obey in Colonial Mexico: Conflicts Over Marriage Choice, 1574-1821*. Stanford: Stanford University Press, 1988.

Seligman, Stanley A. “The Lesser Pestilence: Non-Epidemic Puerperal Fever.” *Medical History* 35 (1991): 89–102.

Shorter, Edward. *A History of Women’s Bodies*. New York: Basic Books, Inc., 1982.

Silva, Marinete dos Santos. “Reprodução, sexualidade e poder: as lutas e disputas em torno do aborto e da contracepção no Rio de Janeiro, 1890-1930.” *História, Ciências, Saúde - Manguinhos* 19, no. 4 (2012): 1241–54.

Skidmore, Thomas E. *Black into White: Race and Nationality in Brazilian Thought*. Rev. ed. 1974; repr., Durham: Duke University Press, 1993.

Smith, Gordon C.S., and Ruth C. Fretts. “Stillbirth.” *Lancet* 370 (November 2007): 1715–25.

Smith-Rosenberg, Carroll. *Disorderly Conduct: Visions of Gender in Victorian America*. New York: Oxford University Press, 1985.

Soihet, Rachel. *Condição feminina e formas de violência: mulheres pobres e ordem urbana, 1890-1920*. Rio de Janeiro: Forense Universitária, 1989.

Spivak, Gayatri Chakravorty. “Can the Subaltern Speak?” In *Marxism and the Interpretation of Culture*, edited by Cary Nelson and Lawrence Grossberg, 271–313. Basingstoke: Macmillan Education, 1988.

Stein, Stanley J. *Vassouras, A Brazilian Coffee County, 1850-1900*. 2nd ed. Princeton, NJ: Princeton University Press, 1985.

- Stepan, Nancy Leys. *The Beginning of Brazilian Science: Oswaldo Cruz Medical Research and Policy, 1890-1920*. New York: Science History Publications, 1976.
- . *The Hour of Eugenics: Race, Gender, and Nation in Latin America*. Ithaca: Cornell University Press, 1991.
- Stern, Alexandra. *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America*. 2nd ed. Berkeley: University of California Press, 2016.
- Stolcke, Verena. *Marriage, Class and Color in Nineteenth-Century Cuba: A Study of Racial Attitudes and Sexual Values in a Slave Society*. 2nd ed. Ann Arbor: University of Michigan Press, 1989.
- Strange, Carolyn. “A Case for Legal Records in Women’s and Gender History.” *Journal of Women’s History* 22, no. 2 (2010): 144–48.
- Thacher, Tom D., Philip R. Fischer, Mark A. Strand, and John M. Pettifor. “Nutritional Rickets around the World: Causes and Future Directions.” *Annals of Tropical Paediatrics* 26, no. 1 (2006): 1–16.
- Turner, Trevor. “Henry Maudsley; Psychiatrist, Philosopher, and Entrepreneur.” In *The Anatomy of Madness*, edited by W.F. Bynum, R. Porter, and M. Shepherd, 3:151–89. London: Routledge, 1988.
- Twinam, Ann. *Public Lives, Private Secrets: Gender, Honor, Sexuality, and Illegitimacy in Colonial Spanish America*. Stanford: Stanford University Press, 1999.
- Varney, Helen, Jan M. Kriebs, and Carolyn L. Gregor. *Varney’s Midwifery*. 4th ed. Sudbury, MA: Jones and Bartlett Publishers, 2004.
- Wadsworth, James E. “Moncorvo Filho e o problema da infância: modelos institucionais e ideológicos da assistência à infância no Brasil.” *Revista Brasileira de História* 19, no. 37 (1999): 103–24. doi:10.1590/S0102-01881999000100006.
- Wegner, Robert, and Vanderlei Sebastião de Souza. “Eugenia ‘negativa’, psiquiatria e catolicismo: embates em torno da esterilização eugênica no Brasil.” *História, Ciências, Saúde - Manguinhos* 20, no. 1 (2013): 263–88.
- Wheeler, Kenneth H. “Infanticide in Nineteenth-Century Ohio.” *Journal of Social History* 31, no. 2 (1997): 407–18.
- Williams, Daryle, Amy Chazkel, and Paulo Knauss de Mendonça, eds. *The Rio de Janeiro Reader: History, Culture, Politics*. Durham: Duke University Press, 2016.
- Windler, Erica. “Honor Among Orphans, Girlhood, Virtue, and Nation at Rio de Janeiro’s

- Recolhimento.” *Journal of Social History* 44, no. 4 (2011): 1195–1215.
- Woods, Robert. *Death Before Birth: Fetal Health and Mortality in Historical Perspective*. Oxford: Oxford University Press, 2009.
- World Health Organization. *Neonatal and Perinatal Mortality: Country, Regional and Global Estimates*. Geneva: WHO Press, 2006.
- . *Reproductive Health Indicators: Guidelines for Their Generation, Interpretation and Analysis for Global Monitoring*. Geneva: WHO Press, 2006.
- Yuval-Davis, Nira, and Flora Anthias, eds. *Women-Nation-State*. London: Macmillan, 1989.
- Zimmerman, Kari. “‘As Pertaining to the Female Sex’: The Legal and Social Norms of Female Entrepreneurship in Nineteenth-Century Rio de Janeiro, Brazil.” *Hispanic American Historical Review* 96, no. 1 (2016): 39–72.
- Zulawski, Ann. *Unequal Cures: Public Health and Political Change in Bolivia, 1900–1950*. Durham: Duke University Press, 2007.