

## Health, assistance and education: The institutionalization of needy childhood in Goiás in the twentieth century

### *Saúde, assistência e educação: a institucionalização da infância carente em Goiás no Século XX*

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#### ABSTRACT

The aim of this article is to analyze, from the point of view of health, assistance and education, three institutions built to shelter children in needy in Goiás in the 20th century: the São Vicente de Paulo Asylum (1909) and the São José Orphanage (1922), both still in operation, located in Goiás city, which was the state capital until 1937, and Afrânio de Azevedo Preventorium (1943), which operated in Goiânia, capital since then. The São Vicente de Paulo Asylum focused on health, that is, it sheltered patients, regardless of age, or male orphans; the São José Orphanage, in turn, prioritized assistance to poor orphans and, finally, the Afrânio de Azevedo Preventorium proposed the education of its inmates.

*Keywords:* Health. Assistance. Education. Childhood. Goiás.

#### RESUMO

O objetivo deste artigo é analisar, sob o ponto de vista da saúde, assistência e educação, três instituições construídas para abrigar crianças carentes em Goiás no século XX: o Asilo São Vicente de Paulo (1909) e o Orfanato São José (1922), ambos ainda em funcionamento, localizados na Cidade de Goiás, que foi capital do estado até 1937; e o Preventório Afrânio de Azevedo (1943), que funcionou em Goiânia, capital a partir de então. O Asilo São Vicente de

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Paulo tinha como foco a saúde, ou seja, abrigava doentes, independentes da idade, ou órfãos do gênero masculino; o Orphanato São José, por sua vez, priorizava a assistência a órfãos pobres e, por fim, o Preventório Afrânio de Azevedo tinha como proposta a educação dos seus internos.

*Palavras-chave:* Saúde. Assistência. Educação. Infância. Goiás.

## Introduction

The aim of this article is to analyze, from the point of view of health, assistance and education, three institutions built to shelter poor children in Goiás in the 20th century: the São Vicente de Paulo Asylum (1909) and the São José Orphanage (1922), both still in operation<sup>1</sup>, located in Goiás city, which was the state capital until 1937, and Afrânio de Azevedo Preventorium (1943), which operated in Goiânia, capital since then. The São Vicente de Paulo Asylum focused on health, that is, it sheltered patients, regardless of age, or being male orphans; the São José Orphanage, in turn, prioritized assistance to poor orphans and, finally, the Afrânio de Azevedo Preventorium proposed the education of its inmates. The asylum and the orphanage are centuries-old institutions, while the preventorium ceased to exist and very few sparse documents remain. It would be presumptuous of us to propose a detailed analysis of the three institutions. However, our proposal will be to present them dialoguing with health, assistance, and education. In this sense, we will not cover the entire period, we will only address the first decades of each institution operations.

If we take the Goiás historiography on childhood, unfortunately, few works were carried out. The first to break into this field was Diane Valdez's master's thesis, entitled *Filhos do Pecado, Moleques e Curumins: Images of Childhood in the Lands of Goiás in the 19th Century*. The term "Filhos do pecado" (Sons of Sin) alludes to children born of concubinage, a practice that the Catholic Church condemned, and which was intensely practiced in Goiás in the 18th and 19th centuries (VALDEZ, 1999). We consider that Valdez's study was the pioneer in trying to understand childhood in Goiás as a historical construction.

In his path came other works that addressed childhood in other contexts, such as the dissertations by Lara Costa (2017) on the underprivileged orphans sheltered at São José Orphanage, and Kalyna Faria (2014) on the children of leprosy patients who were compulsorily housed in the Afrânio de Azevedo Preventorium, and Mauro Pires (2014), who addressed the School of Apprentices and Artificers that emerged at the beginning of the 20th century and aimed the professional education in Goiás City. In addition to these, there are works that, although it is not the main object, it contemplates childhood, such as the study by Rildo Souza (2014). In addition, the work of Sônia Magalhães

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<sup>1</sup> But currently, instead of asylum and orphanage they are called Housing: São Vicente de Paulo Housing and São José Housing, respectively.

and Elias Nazareno (2013) on the diseases that affected children in Goiás City in the 19th century should be noted.

However, there is no reference in the work of Maria Luiza Marcílio (2006) about childhood in Goiás or about assistance establishments in the State, which leads us, once again, to emphasize the absence of research on this subject. Remembering that the author wrote her work in the 1990s, the same period that Danilo Rabelo (2010) wrote his dissertation on the behavior regulation in Goiás City, addressing the Isabel College, founded in the capital in 1876, considered the first internship school for “disabled” girls or orphans. Later, still in the Empire period, the Company of Military Apprentices of Goiás (1877) and the Blasiliana Colony (1881) were founded, with the purpose of sheltering poor orphans. The objective of the Company of Apprentices was to be used for military service while the Colônia Blasiliana was to train for agricultural service (FERRARO, 2016). We consider that there is still much to be researched about childhood in Goiás; it is a research field completely lacking new perspectives, new approaches and other readings of old and new documents. We hope that this article inspires other historians to invest their efforts in this theme.

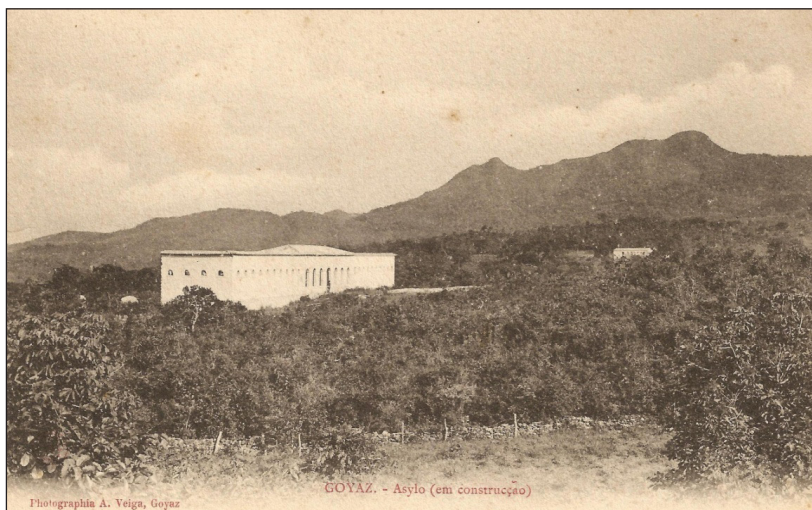
The research on a social history of childhood in Goiás needs to reach the fruitful debate that has been consolidated in Brazil since the publications of Maria Luiza Marcílio (2006), Irene Rizzini (2011), Mary Del Priore (2000) and Marcos Cezar Freitas (2011). These works form the foundation for reflection on the theme, presenting us with the possibilities and limits for childhood as an analysis object. If the purpose of research about the childhood classics in Brazil was to locate the place that childhood occupied, these places were the result of medical and legal discourses that aimed to civilize the nation. The most recent publications, in turn, by Sônia Camara (2010), and the two collections, one organized by Gisele Sanglard *et al* (2015) and the other by Luiz Otávio Ferreira, Gisele Sanglard and Renilda Barreto (2019), highlight philanthropy and hygienism for understanding the social representations of childhood. It is about a narrowing of ties with medical discourse and assistance institutions in an attempt by some groups to moralize poor childhood.

Thus, in the light of references of great importance to the history of childhood and to corroborate the situation of the discussions, we list the excerpts of philanthropy and hygiene in the three situations presented here. Unique institutions in their structure and foundation, but which have similarities in terms of their goals of assisting underprivileged children, composing the panorama built throughout the 20th century in Goiás City.

## Health: The São Vicente de Paulo Asylum

The first institution we will analyze is the São Vicente de Paulo Asylum, inaugurated in 1909 and built with the efforts of the São Vicente de Paulo Society (SSVP)<sup>2</sup> in the Goiás City, capital of the captaincy, province, and State until 1937, when it lost its title for the newly built Goiânia City. Currently, São Vicente de Paulo Asylum is the only building outside the historic center, listed by the National Historic and Artistic Heritage Institute (Iphan) in the city that has been a World Heritage Site since 2001, according to the United Nations Educational, Scientific and Cultural Organization (Unesco). With a frontage measuring 80 meters, it housed 20 to 40 inmates in average.

FIGURE 1 – ASYLUM UNDER CONSTRUCTION



SOURCE: *Asilo...* (1908).

Although insufficiently explored by historiography, the works that analyze Vincentians start from a very specific spatial perspective, as in the cases of Geraldo

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<sup>2</sup> Also known as the Vincentian Conference, it emerged in 1833, when it was created in Paris by the then student Frederico de Ozanam (1813-1853), with the purpose of being a lay Catholic assistance organization. It was named after the French saint Vincent de Paul (1581-1660), and its objective was to provide material assistance to the poor. In Brazil, which is currently the largest country in the world in terms of number of Vincentians, the SSVP arrived in 1872 and was consolidated during the First Republic. In Goiás, the first Conference was created in 1885 (SOUZA, 2014).

Chizoti (1991), who privileged the work of Vincentians in São Paulo; Ana Paula Magno Pinto (2017), who analyzed the construction of the São Vicente de Paulo Hospital of Rio Pomba City in the Zona da Mata region of Minas Gerais; Rildo Bento de Souza (2014), who studied the creation and consolidation of São Vicente de Paulo Asylum in Goiás; and, finally, Cláudia Neves da Silva (1999), who deepened the relationship between the SSVV and the municipal government in Londrina, Paraná State countryside.

In its first years of operation in Goiás City, the SSVV was committed to helping the poor with all their needs, which ranged from food, clothing, renting houses, sponsoring weddings and funerals, to notions of hygiene and behavior. However, the ever-increasing number of poor people compared to the reduced number of Vincentians conspired to make the project build a place where the poor could be assisted together. The idea arose in 1886, the year following the creation of the first Conference on Goiás soil, but its approval by the Central Council only occurred in 1888, and the works, in turn, began two years later. Its inauguration dates from July 26, 1909.

The asylum was administered by the Administrative Board, composed of a president, a secretary, and a treasurer, elected from among the members of the São Vicente Society, and they did not receive salaries. Internal administration and the care for the residents, in turn, were the responsibility of the Dominican Sisters, who came directly from France to work in the institution. According to its Regulation, the primary objective of the institution was “to take in the indigent and keep them, giving them the necessary shelter, together with the consolation provided by the Catholic Religion” (REGULAMENTO..., 1909, p. 02). Even based on the Christian charity discourse, the initial idea of the Asylum and its purposes can also be interpreted as an attempt to clean up and sanitize the public space that saw in the poor, beyond revulsion, a focus that radiates disease. This justifies the construction of the Asylum in a location far from downtown, as shown in Figure 1.

According to the study by Souza (2014), inmates were allocated to the institution without any criteria other than poverty and illness. Over time, the documentation revealed that a vacancy at the asylum was disputed: elderly people donated their homes on condition that they were welcomed and assisted; in the absence of an State Asylum, individuals with psychological problems from various cities were sent to the former capital; and in the absence of an orphanage, children were referred to the institution by local authorities (SOUZA; COSTA, 2021).

The register from *O Livro de Registro de Entrada do Asilo São Vicente de Paulo* Entry Book points out that between 1909 and 1946, 442 inmates were admitted, whose ages ranged from 1 to 115 years. Of this total, 281 were female and 161 were male. If we consider only interns aged up to 12 years, this number drops to 57 individuals, 31 female and 26 males, which corresponds to 13% of the total. With the apart of 1909, 1910, 1912, 1913, 1923 and 1925 years, in all the others, at least someone in this age group was gathered. In a study based on the institution's photographic records, Souza

(2018) pointed out that the inmates, even children, were mostly black and had some type of mental illness. In relation to illnesses, among the total of 442 inmates, the document points to the existence of 44 types of illnesses (LIVRO DE REGISTRO..., 1909-1946). Among children aged 1 to 12 years, in turn, 12 illnesses were found, including contagious diseases such as syphilis, as shown in Table 1.

TABLE 1 – ILLNESSES OF INMATES FROM 1 TO 12 YEARS OLD (1909-1946)

Crippled	1	Dumbness	3
Disabled	6	Paralytic	1
Convulsion	1	Paratyphoid	1
Cretinism	6	No Data	18
Epilepsy	3	Syphilis	2
Weakness	3	Deaf and dumb	1
Idiocy	11		
Total			57

SOURCE: *Livro de Registro... (1909-1946)*.

Based on Table 1, we can see the substantial number of inmates whose description of the illness was left blank in the entry register, which makes us assume that the individual did not have any apparent illness (since the document was filled out by the sisters and not by doctors). Therefore, we believe that the notes in the document refer to the most evident characteristics in relation to the diseases, as a way, possibly, to better identify the inmate. Therefore, “disabled” and “crippled”, which we can consider as the same problem, appear with two denominations. Furthermore, “[...] it would be premature to understand medicine at the level of science in this region. Empirical knowledge and accurate intuition were part of the physician’s daily life, contributing to an appropriate diagnosis” (SALLES, 1999, p. 63).

Still in relation to Table 1, the highest number, seventeen in all, refers to cretinism and idiocy. For Pedro Luiz Napoleão Chernoviz<sup>3</sup>, idiots were those “[...] more or less completely deprived of intelligence from an early age” (CHERNOVIZ, 1890, p. 201). Furthermore, the causes of this illness, “not always easy to determine”, were credited to “moral affections, lively and painful during pregnancy (...) the falls in which the child’s head received shock, the fright, an inflammation of the brain, convulsions, can also be followed by the obliteration of intelligence”. And once they become idiots, “[...] they are ordinarily in this state all their lives” (CHERNOVIZ, 1890, p. 202).

<sup>3</sup> We justify the use of the Chernoviz manual due to its use in the City of Goiás in the analyzed period

The cretins, in turn, would be those who were in one of the stages of idiocy, or its graduations. Imbeciles, for example, are “[...] idiots whose intellectual faculties are developed to a certain point” (CHERNOVIZ, 1890, p. 202). That is, they are those that can be educated, as described by the author of the *Popular Medicine Dictionary*. We assume that “cretinism” and “idiocy” are synonyms, that they are distinguished by the stage of evolution of the disease. Because cretin “[...] is a designation for people retarded from birth, both mentally and physically. They also have facial disfigurement and can be deaf and mute.” (KARASCH, 1999, p. 34).

Regarding the 57 inmates between 1 and 12 years old, 21 (11 girls and 10 boys) died in the institution; 18 (09 of each gender) were removed by family members or adopted and, finally, 18 (11 girls and 07 boys) appear without information. Children were sent to the Asylum by the judge behest, the delegate, or by doctor when their parents were in the public jail or at the São Pedro de Alcântara Hospital. Therefore, there are a large number that were withdrawn by family members. Regarding to orphans, from 1921 onwards, there was an intense mobilization among Vincentians for the construction of an orphanage, which would become reality the following year, enforcing a testamentary will of the Vincentian José Netto Campos Carneiro, as we will see in the next topic. Orphans who did not have any type of disease were sent to the São José Orphanage. And, finally, those who remained interned in the asylum were orphans and children with some type of illness and were under the responsibility of the Vincentians and the Dominican Sisters.

### **Assistance: The São José Orphanage**

According to José Roberto do Amaral Lapa (2008, p. 96), who analyzed the condition of poor children in Brazil between 1850 and 1930, to be an orphan was to be “[...] housed in a shelter or under the protection of relatives, philanthropists (adoption), curatorship and guardianship legitimized by Justice or even wandering aimlessly”. There are countless names of doctors who assume the mission of saving poor children, especially orphans, supported by hygienist ideas to civilize and transform Brazil. In the capital of Goiás at that time, the doctor who took on this disciplinary role was José Netto de Campos Carneiro, registering in his will the desire to create an establishment in his residence to care for orphaned children. Fulfilling his wish, the São José Orphanage was founded, a year after his death in 1922.

José Netto was born on February 23 of 1855, the eldest son of an important family in the Catalão region, in the Goiás state southeast. Choosing medicine as a profession, he went to Bahia to study in 1876 and later specialized in France. He chose Goiás City to practice medicine and, over time, earned the nickname “father of the poor” by the locals. He treated and accompanied the underprivileged in their homes, justifying his proximity to the local population. Although he is remembered by writers, memoirists,



journalists from Goiás as an important physician, he also acted as a politician. He was an important member of the SSVP, he helped in the construction of the asylum, as well as showing concern that there was no orphanage in the city to shelter underprivileged children.

We recognize José Netto as a person of his time, who sought in that context an active presence and participation according to Christian principles. His Christian commitment accompanied him and extended to the desire to organize society in search of civility and progress, following the precepts of science and reason. Gisele Sanglard stated that the way in which philanthropic works took place in Brazil, especially during this period, was linked to the project of those who defended it. Leaders, especially doctors and law graduates, claimed that the charitable model was a system that would not bring progress and civility and, therefore, should be abandoned. This change occurred gradually and shared space with charitable works, although there was an effort to “[...] be perceived more as preventing misery than a way to alleviate it.” (SANGLARD, 2005, p. 29).

His death occurred in 1921, and as he was not married and did not leave direct heirs, the division of his assets occurred by testamentary will, in which he specified that part of the assets would go to his family and another to charity, including the donation of his professional instruments for São Pedro de Alcântara Charity Hospital and the federal public debt policies for the Diocesan Seminary (both in the Goiás City). The remainder of its assets were used to build an establishment for orphans under the responsibility of the diocesan curia (CERTIDÃO DE TESTAMENTO..., 1920).

The remainder mentioned in the will were 75 houses located in the city. The income collected from renting these properties would be used to maintain the orphanage and pay the two Dominican Sisters, who would be responsible for the institution. All assets left to his family would be for usufruct, that is, when they died, they would also be donated to the orphanage. Although he owned several properties in the city, the choice of the institution's headquarters was his house, which suggests an intentionality in linking his name to the orphanage. In the grant application documents, the description was of a place that met the hygiene precepts of the time. However, in 1957, a complaint in the local newspaper exposed the precariousness of the establishment, and at the request of the Trial Court Judge, the building underwent an extensive renovation, finally losing the characteristics of a family residence, and gaining forms of a philanthropic building, spacious and airy.

Regarding the orphanage organization, the diocesan curia, designated as financially responsible, organized an administrative board composed of a provider, a treasurer, a procurator and two secretaries (ESTATUTO DO ORPHANATO..., 1922). For the internal direction, the Dominican Sisters were chosen, who already took care of São Vicente de Paulo Asylum and Santana College, in addition to helping at São Pedro de Alcântara Charity Hospital; their responsibility at the orphanage was almost similar to that of the asylum and included ensuring and taking care of the daily life, education and



construction of the Internal Statute that included their attributions and remuneration, as well as the obligations of the residents (ESTATUTO DO ORPHANATO..., 1922). At the beginning, when they were admitted, they did not participate directly in the decisions of the Administrative Board, which changed in 1953. Of those Board positions, only the provider was chosen by the Diocesan Curia. In this sense, the composition of the positions was occupied by the Dominican Sisters in exercise, plus the position of ecclesiastical assistant, strengthening the commitment between the institution and the Catholic Church.

When Jose Netto appointed the Diocesan Curia as the guardian of his heritage and post-death work, the doctor established the religious and moral principles that the orphanage would follow, as stated in its objectives “[...] for maintenance and moral education, religious and domestic life of poor orphans (...)” (ESTATUTO DO ORPHANATO..., 1922).

Admission would follow a criterion also established in the statute, which did not differ much from other orphanages. Orphanhood was confirmed by a death certificate and health conditions by a medical examination. The diligence verification of the living father or mother followed the religious rules, not being able, for example, to maintain relationships considered immoral, having to exercise an occupation and be Catholic. The second requirement, about the age, we emphasize that children under three years old and over 12 years were not admitted, although their permanence continued up to the limit of 18 years old. At Orphãs Asylum in Campinas, São Paulo, for example, admission followed the same pattern, however, it accepted children from zero to twelve years old, including babies.

According to Ana Maria Melo Negrão, on the Misericórdia Orphans Retreat in Rio de Janeiro, the inmates “[...] were prepared to be mothers or domestic servants, with four hours of study and the remaining hours for manual and domestic work, room cleaning, washing clothes, knitting, meals and leisure time, under strict schedule” (NEGRÃO, 2002, p. 38). The same happened, according to the author, at the Orphãs Asylum in Campinas (SP), and in several other establishments of the same segment: the withdrawal, the discipline of female behavior and the protection of their “honor”.

In the subsidy requests from São José Orphanage sent to the municipality, there is a reference to medical and dental care, and “[...] a primary course in accordance with official regulations, with specialized teachers”, the Dominican Sisters in this case (PEDIDO DA DIRETORIA..., 1937). The specialized teachers would be the Dominican Sisters who worked in the orphanage, some of them being assigned – with the appropriate training – to teach the orphans to read, write and count. These three operations were part of the so-called primary education.

An important data tool about the orphans from Goiás are the photographs found in the institution’s documentation. These records can give us access to the heterogeneity of the orphans, in addition to allowing more detailed analyzes.

FIGURE 2 – ORPHANS AND THE NEW SÃO JOSÉ ORPHANAGE, 1960



SOURCE: Órfãs... (1960).

As we can see in Figure 2, there are 49 children of different ages. This number varied depending on the length of stay and the financial situation, being relevant the indication of a person known by the administrative board and the final approval of the archbishop. As stated in the following record in the minutes, when “[...] approved the admission of an orphan of father and mother, underage established and presented by the pharmacist Dr. Elisio Campos. As it was decided, their permanent stay will depend on the authorization of the Dear sir. Archbishop” (ATA DA JUNTA ADMINISTRATIVA DO ORPHANATO..., 1944).

Also noteworthy in the image are the white inmates (placed in the front) and the black inmates (in the background). In addition, the orphans were not in uniform, but in light-colored dresses, most of which were very simple and without great details of lace, flounces, or ribbons. All are barefoot and look sad and even downcast. Everyone’s hair is short, something quite common for such institutions. We can observe that physically there were no girls with “contagious or disgusting disease, or physical defect that makes them unfit for work” as stated in item “d” of the statute. Those who found themselves in these conditions went to the São Vicente de Paulo Asylum.

In 1964, São José Orphanage changed its name to São José Housing, this change in no way changed the principles and objectives of the institution. It was only in the 1980s that a profound change took place: Dom Tomás Balduino, bishop of Goiás, closed the institution after an analysis by a technical team they concluded that,

[...] with the aim of sheltering orphaned poor and destitute children, until 1979 São José Housing carried out an essentially welfare practice. The admitted children were female. Prepared to work as maids, when they left the Orphanage, they were generally sent to elite families. This demonstrates the interconnection between the Entity and the high bourgeoisie (PROPOSTA DE TRABALHO..., 1980).

The complaint made in 1979 reinforces the analysis that the intentionality of welfare establishments did not only occur in Goiás, according to Laura Maria Silva Araújo Alves, about Nossa Senhora do Amparo College (1838) and Paraense Orphelinat (1893), “[...] the girls welcomed there were protected from poverty and ignorance and became useful women in Pará society” (ALVES, 2018, p. 151). The author states that the two institutions were also sought after by wealthy families to serve as domestic labor (ALVES, 2018, p. 138). The withdrawal of orphans from establishments such as São José Orphanage took place through an employment contract, as stated in the document (ATA DA JUNTA ADMINISTRATIVA DO ORPHANATO..., 1944). The process did not take place with the immediate withdrawal of the orphan, she was initially taken for domestic services at events or parties, and subsequently, with the family’s interest in her placement.

According to historian Carla Bassanezi Pinsky, in the first half of the 20th century, “[...] there seemed to be no doubt that women were, ‘by their nature’, destined for marriage and motherhood. Considering it an integral part of the feminine essence, this destiny appeared to be virtually indisputable.” (PINSKY, 2012, p. 470). However, this role seems even more reinforced when it comes to poor asylum girls, in which the institution represented “saving their honor and guaranteeing their destiny”, within the moral precepts of the time, withdrawn from the social environment and isolated from what was considered dangerous.

In the case of the Goiás institution, a new proposal was drawn up by the Human Rights program at the then Catholic University of Goiás, excluding the internment model that obeyed moral and religious rules. We observed that the orphanage established a welfare model based on the model of “educating” and “civilizing” the poorest groups, attending the domestic labor needs of a given social group. While Asilo São Vicente de Paulo took care of the sick, regardless of gender, and orphans, the orphanage only helped healthy orphans. In this sense, the objectives inherent to each childcare establishment were linked to the health condition of the orphan, thus determining their place of asylum. In Goiás, from the 1950s onwards, the children of leprosy patients, for example, were sent to the so-called “preventorium”.

## **Education: The Afrânio de Azevedo Preventorium**

Prophylactic measures to combat leprosy in Brazil were precariously anchored in the institutional tripod composed of: “Dispensary”, with the function of discovering,

selecting, admitting patients, examining their contacts and educating the masses; “Leprosarium”, which sought to isolate, assist – materially and morally – to treat and recover the sick, returning them to the social environment; and “Preventorium”, which collected the healthy children of leprosy patients, both those born in leprosarium and those from the homes where the patients left.

In the state of Goiás, in the 1920s, institutions for the isolation and assistance of leprosy patients used public health discourses to segregate lepers and their families, such as the Pró-Lázarus Charitable Association in Goiás City, the Macaúbas Leprosarium in Bananal island<sup>4</sup>, the Helena Bernard Leprosarium in the city of Catalão and the São Vicente de Paula Leprosarium in the city of Anápolis. In the 1940s, welfare and isolation gained strength with the construction and inauguration of Santa Marta Colony and Afrânio de Azevedo Preventorium in Goiânia capital (SILVA, 2016).

In Brazil, “despite international recommendations which, since the 1920s, advised against isolation of the sick person, the prophylactic practice adopted was that of compulsory isolation”, which contributed to spread prejudices in relation to the disease; whose stigma affected “[...] people who never had the disease, as was the case with healthy children born to leprosy patients”, forcing them to be hospitalized in preventoriums in order to hide their situation (MONTEIRO, 1998, p. 4).

In this sense, preventories were characterized as institutions of support for children born to lepers who were hospitalized in colonies/lepers. With the creation of the Federation of Societies for Assistance to Lazarus (FSAL) and Defense Against Leprosy (DCL), the need to create preventoriums to shelter only the children of lepers came from the difficulty in finding any other institution to support children and the difficulty in finding an alternative to welcome healthy children made the parents or guardians of the children, who were sick, refuse to carry out the appropriate treatment or even remain in colonies/leprosarium where escapes in these cases were frequent.

The preventorium/teaching establishments in Brazil had, among their obligations, to offer the inmates basic school education and the possibility of industrial or professional education through workshops designed from the demands of each State. The physical structure was similar in all buildings, with no concern for the privacy of the inmates. The good functioning of these institutions came from the imposition of order and discipline, even if this socially harmed the inmates (MONTEIRO, 1998). And the Regulation of Preventoriums for the Sons of Lazaros installed in Brazil (1941) defined and governed their operation. In a report by the Ministry of Education and Health in 1947, it was stated in Brazil that there were 27 preventoriums that were already in operation.

For the reality of Goiânia, unfortunately, we were not able to obtain the documentation pertinent to the basic studies of the inmates in the first decade of

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<sup>4</sup> With the Federal Constitution of 1988, Bananal Island was composed of the current state of Tocantins, formerly belonging to the north of the state of Goiás.

operation of the establishment, that is, it is unknown if education was provided in the institution, or if the creation of the Eunice Wever state school was designed with the aim of providing “primary education”. What is certain is that upon reaching the age required to supply the labor force for the consumer market, the inmates and those helpless due to orphanhood would be directed to a school for apprentices and craftsmen or similar institutions. The master key would be in expanding the range of action of hygiene and teaching to make the school fulfill the double desideratum of instructing and moralizing, to thus constitute one of the modalities of hygienic boarding schools with the motto that the modeled body and sanitized would enable a healthy mind (GONDRA, 2000).

School and technical education, previously seen as a national problem, became during the Vargas Government and in subsequent governments a discourse component of building a modern society. An educated and disciplined body was what modern Brazil needed for the industrialization that Vargas implemented, and Goiânia, the new capital of Goiás, from 1937 onwards, would not escape its destiny of a healthy city and healthy citizens. With the support of the medical and modernizing discourse of the new capital of Goiás State, it was founded in 1949, with the support of the Liberdade Masonic Lodge and the Goiânia Union, the Abrigo de Menores Abandonados Foundation (FAMA), which sheltered children with the aim of offer them professional education. The foundation sheltered children who were abandoned or who came from the Afrânio de Azevedo Preventorium in order to teach them a profession.

The criteria for entering the association defined by the Internal Regulations stated that the institution would admit “[...] people, without distinction of race, sex, nationality, religious or political belief, in full enjoyment of their civil rights” (ESTATUTO SOCIAL DA FRATERNIDADE..., 2010). Each child and adolescent referred to FAMA should present identification documents and a responsible person; in the case of inmates at the preventorium, the director was responsible. Preventorium inmates were referred to the FAMA after completing primary education. At FAMA, they received teaching from gymnasium, high school and learning workshops.

The School education in childhood underwent a reformulation that accompanied the changes of the new century, an example of these changes were the notions of modern pedagogy established by the New School since the 1920s. The New School, which according to Cunha (2000) disregarded the family teaching, based that education happened in the socialization of children and young people from the revelations of Psychology, Biology and Social Sciences.

Teaching a trade, as happened at FAMA, was, even if at a slow pace, a way of promoting the professionalization of children and young people who lacked family support and resources to improve their skills. In addition to the organization of the classroom in a traditional model, the same currently used, a detail observed in Figure

3 is the didactic work of Ariosto Espinheira<sup>5</sup>, *Brazilian Childhood*, an *Escola Nova* literature that was used in schools in the 1950s and 1960s. Still in relation to the image, the children are dressed in the institution's uniform, which consists of a white shirt in long or short sleeve versions, shorts or dark pants and black shoes.

FIGURE 3 – A FAMA CLASSROOM



SOURCE: Sala... (s/d).

Formal education was based on the separation between the education of girls and boys. According to Marcilio (1997, p. 294), while the boys were welcomed by the master craftsmen to learn on the handicraft workshops, the girls had as one of the few options the profession of primary school teachers. The vocational education<sup>6</sup> was not

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<sup>5</sup> Teacher related to the New School movement, author of *Radio and Education* (1934) and member of the radioeducational commission of the Brazilian Confederation of Broadcasting.

<sup>6</sup> Professional education was summarized in four Decrees that organized the branches of economics encompassing the Industrial, Commercial and Agricultural courses, and the Normal school that had a different characteristic, because it was intended for the training of teachers and was elitist in terms of selection. The vocational courses, in general, were composed of two cycles: a Fundamental (Gymnasium), in most cases with four years, and another called Technician lasting three to four years, the last year sequential to the first (PAMPLONA, 2008).



aimed at children and adolescents with affluent financial situation, it was poor children and adolescents who learned the occupation.

The interns at the preventorium and at FAMA fit the profile of individuals who, despite lacking family education, were seen as bodies to be disciplined, modeled and used as industrial labor. FAMA offered courses in locksmithing, laundry, agriculture, graphics, saddlery, among others. The courses aimed at training these children and their insertion in the labor market.

In the analyzed iconographic records, we noticed the lack of safety and health in the workshops. Figure 4 shows a working day at the locksmith shop, where three boys learn the task and carry out activities with little or no safety equipment. The child in the background is even without shoes.

FIGURE 4 – INMATES IN THE LOCKSMITH SHOP



SOURCE: Internos... (s/d).

The need to learn an occupation went beyond the Union's attempt to specialize the poor in labor. The permanence of inmates in preventoriums was defined by the regulation that defined the maximum age of 18 years for boys and 21 years for girls. Most of these young people did not have families that could take them in, either because of the compulsory hospitalization of their parents in the colonies that housed leprosy patients – in Goiânia it was in Santa Marta Colony – or because of relatives and other family members who denied contact, impregnated by the stigma and fear



of the disease. Learning a profession meant survival for the children of Lázarus, who faced abandonment, lack of family reference and prejudice from society since their childhood. Having a profession was the alternative for many to build a “dignified” life in the face of an exclusionary society.

The discipline preached and put into practice by institutions such as Afrânio de Azevedo Preventorium and Abrigo a Menores Abandonados Foundation, which covered study and work routines, was seen as a way of controlling and shaping these children and young people for the future, beyond from the walls of schools. It was believed that without a profession these young people would be doomed to an uncertain future. However, recent works consider the fact that Brazil is currently endemic in relation to leprosy “[...] demonstrates that the policy of compulsory isolation, also extended to the descendants or inmates, was ineffective for controlling the disease, in addition to in numerous psychosocial disorders to those affected by the disease and their families” (SOUZA; SOUZA; MELO, 2022, p. 73).

## **Final considerations**

As we stated at the beginning of this work, it would be presumptuous of us to propose an in-depth analysis of the three institutions; separately, each of them would yield interesting articles. However, by proposing this study with the three, even aware of our limitations, we aimed to understand the process of institutionalization of childhood in Goiás in the 20th century, presenting the asylum, the orphanage and the preventorium from the focus on health, assistance and education. There are several gaps to be filled in future studies.

The São Vicente de Paulo Asylum represented, until the construction of the Orphanage, a space where the healthy and the sick were sheltered, regardless of age. To be welcomed, the individual only needed to be destitute, willing to be helped, and the main thing, to be Catholic. After the creation of the Orphanage, in 1922, the healthy girls left the asylum and were sent to the new institution. In the asylum, there were sick children and orphaned children who had no one to help them. Currently, the institution no longer receives children, only adults with mental problems; the more than 60 inmates, most of whom are elderly.

There is no way to dissociate São José Orphanage from its creator, José Netto Campos Carneiro. The medicine and the fact that he was constantly involved with social issues in the city established the image of a “charitable man” for the doctor from Goiás, who we consider a philanthropist. This means realizing that José Netto allied his intention to be not forgotten by history, by leaving his own home for the Orphanage to operate, with his medical ideas. He transformed his heritage into a hygienist and moral standardizing project. Institutions such as São José Orphanage sheltered girls in a system of separation from the social environment, from the so-called “dangers of

addiction” and from everything that was considered immoral, especially those included in legal and, mainly, religious norms, which is why they had the Dominican Sisters. The practices introduced at the Orphanage fulfilled the role of molding girls to follow the expected female behavior at the time.

The Assistance, mainly in the Education field, from Afrânio de Azevedo Preventorium to the children of lepers from Goiás, compulsorily hospitalized in Colônia Santa Marta, provided minimum conditions, on the part of the State, so that these children could develop. However, the reception received, through an intense and severe formal education, excluded the lack of a family model. We assume that these children, although free of leprosy, were also victims of this process of stigmatization, of the disease and the patients. Separated from parents, ignored by family members, for many, the only thing left was the preventorium. We do not want, in any way, to romanticize this process, we know that such institutions of forced coexistence represented deprivation and suffering, with physical and/or psychological abuse. However, despite this, the children learned a professional trade, aiming at their reintegration into society when they reached the age of majority. For many, the suffering in the preventorium could have been avoided, since in the 1950s leprosy-hanseniasis was already able to be controlled with medication and not by exclusion.

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