# Immigration in Brazilian medical and psychiatric discourse in the post-Second World War period

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Abstract

The article analyzes the contributions of psychiatry to the debate on health and immigration in the post-Second World War, when Brazil received war refugees and displaced persons from Eastern Europe. The concern with mental disorders attributed to war traumas made mental health a topic of debate in the specialized press. From the analysis of medical articles published in the journals Arquivos Brasileiros de Higiene Mental and Arquivos Brasileiros de Neuriatria e Psiquiatria and in Revista de Imigração e Colonização, we seek to understand the relevance of immigration as a field in which psychiatrists took action and vied for legitimacy as authorities in the preparation of Brazil's immigration policies.

Keywords: history; immigration; psychiatry; war refugees.

The purpose of this article is to reflect on the relations between health and immigration by investigating the participation of psychiatry in the debate on immigration after the Second World War, a period when thousands of European war refugees migrated to Brazil. Although the connections between health and immigration have been widely discussed in the historiography, especially the links between immigration policies and epidemic control measures in the nineteenth and early twentieth centuries (Di Liscia, Rebelo-Pinto, 2018), the role of mental health in immigration policies deserves more attention, especially in the 1940s, when the debate revolved around how the mental health of European refugees could be affected by the traumas of war.

Historiographical studies on the relationship between immigration and psychiatry have focused on immigrant populations in psychiatric hospitals, especially in São Paulo, indicating that the insanity demonstrated by the foreigners was often related to the experience of immigration itself, such as delusions of ambitions to "make America," or alcoholism and melancholy as hopes of rapid wealth accumulation and return migration dwindled (Marinho, Tarelow, 2014; Scotti, 2013; Silva, 2017). Although anti-immigration discourse was constantly fed by psychiatrists' comments about the presence of immigrants in asylums, the hypothesis that guides this article is that the interest psychiatry took in immigration policies was also part of a broader drive to gain political and scientific legitimacy among the entities responsible for immigration selection and control and, thereby, expand its field of social intervention beyond the issue of immigrants in psychiatric asylums.

The 1940s is an important period for such reflections. The emphasis on the mental health of immigrants was related to the particularities of migration flows during the Second World War (1939-1945) and after it; that is, between 1946, when the London Agreement was signed and the Brazilian commission for the selection of refugees visited European refugee camps, and 1952, when there was a marked drop in migration flows to Brazil. It was believed that the traumas caused by the conflict would bring medium- and long-term mental health risks, which is why such close attention was paid to the immigrants who arrived in the country as war refugees and displaced persons.[1]

The idea that Brazil needed to adopt strict immigration selection criteria was not exclusive to psychiatry or, indeed, to the period. Based, mainly, on racial criteria to define who would be the "ideal immigrant," the government drew on the US Immigration Act of 1924 as a key reference for its Quota Act of 1934, which, raised to the level of a constitutional act, set caps on immigration numbers per nationality in order to ensure greater control of the selection of immigrants.[2] The groups classified as "undesirable" featured "yellows" – i.e., Japanese and Chinese – and Germans, who, despite being European, were viewed with suspicion because they were "too closed off" in their nationality, which would make the formation of "ethnic cysts" more likely and prevent their effective assimilation. Even so, the Quota Act had loopholes, such as the possibility of reallocating surplus quotas from one nationality to another that had farm workers interested in moving to Brazil, resulting in a certain incongruity to the profile of the "ideal immigrant" (Koifman, 2012).

Another group that concerned the authorities, aside from ethnic or nationality considerations, was the possibility of immigrants who were sick and therefore unable to

work entering the country. Individuals who were "crippled" or "mutilated" or who had some "severe incurable or contagious [disease] such as leprosy, tuberculosis, trachoma, venereal infections" or a "mental disturbance, neurosis, or nervous ailment" were barred from disembarking in Brazil and ran the risk of being deported if such diagnosis was made during the medical inspection (Brasil, 20 ago. 1938).

Health was therefore a key criterion in decisions as to whether to grant migrants visas, since the government's investment in immigration envisaged expanding the workforce, especially in agriculture, but also taking into consideration the skills levels of urban workers and the settlement of the land. In addition to physical health, which meant guaranteed fitness for manual labor, mental health became an indispensable factor in the selection of immigrants, especially with the arrival of the first boatloads of displaced persons from Eastern Europe after the war.

As we shall see, concern about mental illnesses that could affect foreigners already settled in the country was something that galvanized the medical psychiatric community. As such, this study analyzes some articles published by psychiatrists in the journals *Arquivos Brasileiros de Higiene Mental*, *Arquivos Brasileiros de Neuriatria e Psiquiatria*, and *Revista de Imigração e Colonização*, including a proposal for a medical and mental health examination submitted by the Brazilian League of Mental Hygiene (Liga Brasileira de Higiene Mental, LBHM) to the Immigration and Colonization Council (Conselho de Imigração e Colonização, CIC).

During the first half of the twentieth century, there was considerable growth in the number of specialized publications devoted to discussions of "psi knowledge." In addition to the journals mentioned above, we also highlight *Boletim de Eugenia*, founded in 1929, *Arquivos do Manicômio Judiciário do Rio de Janeiro*, dating 1930, and *Anais do Instituto de Psiquiatria*, launched in 1942. These were important not only for spreading knowledge and research from medical institutes, but also as forums for inter-peer recognition and the formation of scientific networks (Carvalho, Mathias, Marcondes, 2017).

*Arquivos Brasileiros de Higiene Mental* (1925-1947) was published by LBHM, created in 1923, while *Arquivos Brasileiros de Neuriatria e Psiquiatria* (1905-1955) was the first specialized journal in the area, published by the Brazilian Society of Psychiatry, Neurology and Mental Medicine (Sociedade Brasileira de Psiquiatria, Neurologia e Medicina Mental), enabling the dissemination of studies carried out at the National Mental Asylum (Hospício Nacional de Alienados) (Facchinetti, Cupello, Evangelista, 2010).[3] The connection between the journals and scientific institutions and associations is also demonstrative of the efforts to lend psychiatry greater legitimacy in the public and political debate about the Brazilian nation, of which immigration was part. It is therefore no surprise that some articles written by physicians were replicated or produced exclusively for *Revista de Imigração e Colonização* (1945-1954), published by CIC. Created in 1938, CIC was the "principal technical body" that assisted the Brazilian government in its decisions in the field of immigration, while *Revista de Imigração e Colonização* was one of the publications that served as a source of consultation and reference for the technical and diplomatic authorities involved in the topic (Peres, 1997).

## The "ideal immigrant" in the post-war period

Concerns with the mental constitution of the Brazilian population put immigration on the agenda of psychiatry in its projections for a civilized and healthy nation. Since the nineteenth century, psychiatry had represented itself as a science capable of diagnosing, classifying, and treating the mental illnesses that could affect the population and thereby jeopardize the social order and development of the country. Its consolidation as a medical specialty was linked to the investigation of insanity and was concentrated in two major fields: care in asylums and the science of psychiatry, more concerned with the investigation of mental illnesses in organic terms (Venancio, 2003). In addition, it was intimately linked to public health and eugenics, with psychiatrists taking part in LBHM (Costa, 2007).

Despite the strong influence of eugenic and racial theories, which saw immigration as a way of "regenerating" the Brazilian race through whitening, and the understanding that certain races were more prone to certain diseases than others, psychiatry did not always think in these terms. Some psychiatrists, such as Juliano Moreira,[4] advocated a dissociation between race and disease, based on European scientific paradigms according to which the organic constitution of an individual, including their personal and family history, was more important in the diagnosis and treatment of mental disorders (Venancio, Facchinetti, 2005).

The claim that nationality should not be the main criterion in the selection of immigrants was a strong argument of psychiatrists in their considerations about the "ideal immigrant." In this, they were at odds with the country's legislation. The executive order, or "decree-law" (decreto-lei) n.7,967/1945 explicated the "need to preserve and develop, in the ethnic composition of the population, the most appropriate characteristics of its European ancestry" (Brazil, 18 set. 1945). The understanding that the degenerative factors causing mental illnesses were inherited made immigration a field of interest to psychiatry, envisaging the prophylaxis of mental diseases. In an article published in *Arquivos Brasileiros de Higiene Mental*, Juliano Moreira (mar. 1925, p.109) wrote that "it will serve no purpose in our endeavor to improve the physical and mental health conditions of our people if new batches of such undesirables are always arriving."

The idea that the ideal immigrant should be mentally healthy gained even greater prominence in the post-war period, when many Europeans were driven to migrate as a consequence of the effects of the war. Brazil received 29,000 war refugees and displaced persons, mostly between 1947 and 1952, through the signing of the London Agreement with the Intergovernmental Committee on Refugees,[5] in 1946, which was then endorsed in 1948 with the creation of the International Refugee Organization. The reception of these displaced persons was widely reported by the press, sometimes with optimism, sometimes with suspicion and criticism. Although the first news stories praised Brazil's humanitarian attitude and the "healthy and robust" state of the immigrants, this impression soon gave way to negative views, in which they were accused of lacking adequate technical training and the medical selection criteria were accused of being inadequate (Marques, 2017). After visiting the Hospedaria de Imigrantes da Ilha das Flores (Ilha das Flores Immigrant Hostelry), the holding facility where these refugees stayed upon arrival in Brazil, the psychiatrist Mauricio de Medeiros (1 ago. 1947, p.4)[6] called this immigration "undesirable" and accused

the Brazilian government of including "among the immigrants destined for agricultural work people of any trade, simple victims of war, who may surely deserve human pity, but who do not meet the conditions established by us."

As for the criteria adopted by the government in the selection of refugees, the main legal instrument of the country's immigration policy was decree-law n.7,967, issued on September 18, 1945. Although this was a period of major political transformations, with the end of the Estado Novo regime that year, this did not result in any substantial changes in the guidelines on immigration. This was due in large part to the fact that the infrastructure and the top officials (second- and third-level officials) involved in the national immigration policy who managed and participated in the restrictive policy did not change. Also, decree-law n.7,967 did not replace decree-laws n.406 and n.3,010, both from 1938, but supplemented them. Indeed, decree-laws n.406 and n.7,967 were only repealed on August 19, 1980, when act n.6,815 was passed, also known as the Statute of the Foreigner, while decree-law n.3,010 was only repealed in 1991, by decree-law n.11, which established the internal structure of the Ministry of Justice.

Decree-law n.7,967/1945 maintained nationality-based immigration quotas, but only for spontaneous migration flows to Brazil. Targeted immigration, incentivized and controlled by the State, was not affected by these limitations. For Artur Hehl Neiva,[7] head of the Brazilian refugee selection commission, the victory of the "United Nations" in Europe had changed the immigration landscape, thus controlling the potential dangers that might be associated with the entry of "certain ethnicities" into Brazil. With targeted immigration, the quota system could therefore be eased, as set forth in article 3 of decree-law n.7,967, "for which the 2% quota applies only to spontaneous immigration flows from each country. Therefore, contingents from targeted immigration are excluded from the quota" (Estudos..., jul. 1946, p.2).

Also referring to the arrival of displaced persons, in the same decree-law it was established that special permanent visas – associated with targeted immigration – would only be granted upon the presentation of a passport and proof of health to the consular authority (Brasil, 18 set. 1945). The specific criteria on diseases and other debilitating health conditions were included in decree-law n.3,010/1938, which contained a list of diseases that, if manifested within six months of arrival in Brazil, should trigger the individual's repatriation. Mental and nervous diseases (e.g., epilepsy), psychopathic personalities (alcoholism, drug addiction, perversion, or abnormal paranoia), acute and chronic psychoses, and hereditary diseases of the nervous system were featured (Brasil, 20 ago. 1938).

In addition to being healthy, such immigrants should fill the gaps the government had identified in the workforce, specifically in agriculture and industry, and should also "serve our cooperation with the United States, which is engaging in placing millions of people from the European continent who were driven out as a consequence of the last war" (Neiva, 1949, p.163). As Paiva (2008) points out, the management of international immigration policies was an important sphere of action for the United States in its bid to consolidate its hegemony in the reconfigured international geopolitical scenario of the post-war period and the onset of the Cold War. Examples of this include the financing of multilateral institutions and the use of US warships to transport displaced persons. The

immigratory flows between 1947 and 1952 were composed mainly of displaced persons and refugees and closely related to the efforts to reconstruct Europe after the war and the new international dynamics.

Although the CIC guidelines determined that the refugees should be 70% of agricultural laborers and 30% skilled workers, priority was effectively given to migrants who had some technical training in either farming or an urban trade. In addition to greater state control, the incentive for targeted immigration was justified by the growing demand for skilled labor for a farming sector keen to modernize, as well as for industry, which was in expansion, especially in the state of São Paulo. As such, Brazil's immigration policy in the post-war period was marked by the assignment of a large contingent of workers to urban and industrial activities – a movement that would be intensified under the developmentalism of the Juscelino Kubitschek government and the growth of the automotive industry (Salles, Paiva, Bastos, 2013, p.12).

Based on these criteria, a selection committee composed of physicians and technical personnel from the government's immigration entities was sent to Europe in 1946 to observe the displaced persons camps and stipulate which refugees and displaced persons were best suited to migrate to Brazil. The fact that a delegation was dispatched to see the camps first-hand indicates that these were immigrants about whom the decision- and policy-makers in the field of immigration had little information; i.e., they were not from national groupings with a long tradition of immigration to the country, such as the Portuguese and Italians. Led by Artur Hehl Neiva, son of the sanitarian Arthur Neiva, the committee produced a detailed report describing the post-war reality in Europe and the state of the refugee camps, and including a proposed ranking of the nationalities represented there – undoubtedly prepared in the basis of stereotypes about the different national and ethnic groupings – which took into account their supposed social, moral, and intellectual traits and predispositions (Neiva, 1949).

The ranking consisted of five hierarchical positions – Baltic, Ukrainian, Polish, Russian, and Yugoslavian – arranged on the basis of two paradigms borrowed from previous migratory periods: professional skills and ease of assimilation.[8] Moreover, there was one more element that gained increasing importance as the Cold War took shape: anti-communism. It is worth noting that Brazil was in favor of taking in European refugees, which helped develop its international image as a humanitarian nation, but was also directly associated with the political, economic, and social divisions in the government. What resulted was an alliance of convenience between humanitarianism and the nation's interests (Marques, 2017).

Balts were considered the best: "Bearers of deep-seated democratic convictions, ... literate, strong, healthy, accustomed to severe living and climatic conditions, and with high rate of religiosity. They could be ... craftsmen, laborers, farmers, and technicians" (Neiva, 1949, p.51). In second place came Ukrainians, who could settle in farms and smallholdings, given that they were mostly farm laborers. In third place were Poles, classified as less developed farm workers than the Ukrainians and members of the intelligentsia, a category that CIC deemed not to be in Brazil's interests. In addition, they could be repatriated. In fourth place were stateless Russians and white Russians, who, although anti-communist, were older and

less skilled workers than the Balts. Bringing up the rear were Yugoslavs, classified as "less clean and educated," with most of the refugees also being single men (Neiva, 1949, p.52).

Labor was therefore the main criterion in the hierarchy of the "fittest," given that the individuals from the top-ranked nationality were understood to be suited to different trades and were also supposedly more skilled – something that was still lacking in the country. Religion was another important criterion for the assimilation of foreigners to Brazil, since this was seen as a core characteristic of the nation's identity. Finally, political considerations were also a factor: it was against the country's interests to have communists entering the country and should be avoided at all costs. This would not have gone unnoticed in an international context of growing ideological polarization and was certainly part of the selection criteria, as such immigrants were understood to be "harmful to the public order, national security, or the structure of institutions" (Brasil, 18 set. 1945).

In addition to these criteria, the presence of physicians, such as Antonio Gavião Gonzaga,[9] in the selection committee indicates that there were also guidelines geared exclusively toward the health of immigrants – something we will investigate more closely to understand the extent to which the discussion on mental health oriented Brazil's post-war immigration policies.[10] The displaced persons were considered to be in a very good state of health, and the assembly centers had just a skeleton healthcare infrastructure, which included a small emergency hospital and outpatient clinic. All the refugees underwent radiological examinations and were immunized against various diseases, such as smallpox, diphtheria, and typhus. The rates of venereal diseases and tuberculosis were considered low, but Hehl Neiva (1949, p.44) warned that there was no special organization for the investigation of mental illnesses, recommending "the administration of a systematic examination of this type before a final selection was made."

Requesting more information to guide the delegation's work in the European camps, Hehl Neiva suggested that the medical selection should involve a rigorous examination of head of household, spouses, and minor children. The rigor of the examination could be eased for patients with contagious diseases over 50 years of age, who should be put under the responsibility of the head of household, and skilled workers, provided the disease did not compromise their capacity to work. Additionally, "undesirable" should be the evaluation made of those refugees who were:

> Mendicants or vagrants, gypsies and the like; those who are sick or presenting with serious infectious diseases, leprosy, tuberculosis, trachoma, elephantiasis, cancer, venereal diseases in an infectious period; who are given to prostitution, who exploit or have manifestly immoral customs; alcoholics and drug addicts; cripples, the mutilated, the blind or deaf-mute; those afflicted by mental disturbance; and those who have organic lesions with functional insufficiency that makes them incapacitated for work (Neiva, 1949, p.52).

This information should be included in a form signed by the Brazilian physician from the selection committee and presented by the refugee at the port of disembarkation in Brazil. Referring to the first groups selected for immigration, the committee delegate indicated that they had all been examined by physicians from the United Nations Relief and Rehabilitation Administration, the military authorities, or local German and Austrian

physicians, always under the supervision of the Brazilian physicians from the delegation, adding that the examinations of mental and physical fitness would observe the same method and guidelines adopted by the Medical Biometric Service of the Ministry of Education and Health (Neiva, 1949, p.57).

Although the selection committee ranked the eastern European nationalities in order of desirability, it was Arthur Hehl Neiva's caveat about the shortage of information on the refugees' mental health that became the focus of discussions among psychiatrists in speeches and articles published in the medical press. The specific post-war context called into question one factor considered crucial: the psychic fragility of the displaced persons. For the psychiatrists, the traumatic experience of war made them more likely to develop mental disorders. These psychiatric disorders could make them unfit for work, while also representing an obstacle to the efforts made by the profession to prevent mental illnesses, as they could manifest in the long term and put the mental health of future generations of Brazilians at risk through hereditary transmission. It was therefore necessary to intervene so that Brazil would not become "one giant mental asylum" (Medeiros, 1947, p.36).

## Psychiatric discourse on immigration

Articles by psychiatrists published in specialized journals reveal a consensus about the risks associated with an absence of strict criteria in the selection of immigrants, even before the arrival of the first displaced persons in 1947. The image that the country was a "refuge for the worst emigrees, who, when prevented from entering other countries, sought the dream of 'making America' in Tupiniquim lands" (Lopes, 1940, p.5; emphasis in the original) was widespread among psychiatrists, who emphasized the contributions that their specialty could make to the immigration authorities. Claims were made that immigrants were being allowed into the country with "no psychomental selection, compounded by the fact that countless numbers are carriers of incubated psychoses and more or less incurable neuroses" (Cavalcanti, 1945-1946, p.52).

The psychiatrists warned that not only did mental illnesses have no physical symptoms, unlike other diseases such as leprosy and trachoma, making them harder to diagnose in a medical inspection, but that they could manifest in the medium and long term, when refugees were already in the country. This represented a twofold danger: such diseases would undermine the Brazilian government's investment in targeted immigration, which aimed to attract labor to the country, and would also result in the overcrowding of asylums. This was reported to the immigration authorities in articles penned by psychiatrists. In one, published in *Revista de Imigração e Colonização*, Xavier de Oliveira (1948, p.4)[11] reported statistical data on immigrants admitted to Brazilian psychiatric hospitals: in 1946 alone, 575 of the total of 4,540 in the Federal District, 1,518 of the total of 11,355 in São Paulo, and 123 of the total of 678 in Paraná were foreigners. His concern was with what he considered a proportionally high rate of immigrants admitted to asylums, without counting those who had supposedly been left out for lack of vacancies. The data were designed to draw attention to the following reflection: how many foreigners with some kind of psychopathy had migrated to the country?

Focusing specifically on post-war refugees, Oliveira (1948, p.9-10) expressed his concerns more emphatically by asking about the physical constitution of these individuals: "Is the man who emigrates, leaving his native habitat for good, strong or weak?" He also raised questions as to their ability to raise a family in their homelands, something taken as an indicator of mental stability: "Do those who can cope in their own environment, form a happy home, raise children and be economically and socially successful in the environment in which they were born emigrate?"

The existence of foreigners among the "insane and delinquent" in Brazil's asylums and prisons was also attributed to increased legal restrictions on the entry of immigrants into North America, especially the US. The psychiatrists also noted that emigration, that is, the departure from one's country of origin, was a strategy to control the degeneration of countries, a way to solve the problem of insanity among their own populations (Silva, 2017). Comparisons were frequently made between the immigration experiences of Brazil and the USA in an attempt to justify the supposed difference between their respective progress. Mauricio de Medeiros (1947, p.39) reported that while in the USA immigration had been configured as a family phenomenon, in Brazil immigrants came alone, which was a concern from a public and mental health perspective, since they did not come with the "affective element necessary for their settlement, which is the family nucleus." For him, family ties were indispensable for good adaptation to the host country, and the potential absence of this emotional bond resulted in a predisposition for "precarious" psychological conditions.

It is interesting to note that although the discourse of the psychiatrists portrayed the immigration of single men to Brazil, decree-law n.7,967 was clear that migrants should come in family groups: "Preference will be given to families of at least eight people able to work of between fifteen and fifty years of age" (Brasil, 18 set. 1945). Indeed, in this respect Brazil differed from other countries that did not accept large families, such as the USA and Canada. Not only did the government make families a priority in its immigration policy, but it also considered them advantageous in terms of labor, insofar as they represented a bigger addition to the workforce.

The immigrants' descent was also a key point in the reflections of these physicians, given that they would constitute a significant part of the Brazilian "ethnic formation" (Oliveira, 1948, p.14). But this could also be a problem if the immigrants, particularly the refugees, had some hereditary predisposition for mental illness, because they could "raise a family, form a brood of native Brazilians, to whom they will transmit the blight of their degenerations, increasing ... the burden of the mentally insane. ... Only psychic conditions may confirm the mental health of immigrants and their descendants" (Medeiros, 1947, p.42).

As this shows, factors of psychological nature extrapolated the racial debate that surrounded immigration policymaking, because a mentally healthy individual would be "a material element in the progress of a collective" (Medeiros, 1947, p.37). Being of European was not enough, according to psychiatrists, insofar as the displaced persons could be "maladjusted, malnourished, refugees, displaced, physically and mentally stunted." This selection should therefore be of a "deeply restrictive" nature based on seven

pillars: moral, political, intellectual, professional, social, economic, and somatopsychic (Vianna, 1947, p.5).

The psychiatrists were keen for the immigrant selection and control authorities to take "extreme care when accepting individuals who arrived with a relative appearance of health and who nonetheless bear profound flaws, mental deviations only identifiable by specialists in the subject" (Cavalcanti, 1945-1946, p.52). Lira Cavalcanti (p.52-54) highlighted the need to raise medical and public health awareness among public authorities in order to

> value both the Brazilian-born and increase on a large scale the immigration of healthy elements, conduct rigorous screening ... regardless of nationality, ... so as to prevent ... perverted, disturbed, war-ravaged, neurotic, and closeted psychopathic individuals from being integrated ... immigrants who serve no purpose because, instead of helping us, they come as dead weight.

On this issue, the psychiatrist Deusdedit de Araújo emphasized the importance of preparing the immigration infrastructure with an eye to the influxes seen at the end of the war. This concern had two sides: just as wars were succeeded by cycles of epidemics, such as typhus, encephalitis, and influenza, they also had the power to generate the "sickly and stigmatizing," people who could develop "neuroses, anxieties, and disturbances" caused by the conflict itself (Araújo, 1946, p.109). Immigration selection was accused of being superficial and failing to take measures to restrict immigrants with pathological potential: "Our consulates are satisfied by a medical certificate. It ... should contain reliable information about the applicant's current psychic state, his personal and hereditary history," stressed Maurício de Medeiros (1947, p.49).

For psychiatrists, it was essential that immigrant selection be part of a program of mental disease prevention, given that immigrants, and specifically refugees, were, it was claimed, potential transmitters of infirmities of this nature. To this end, they stressed that people with training in the area should be involved in the selection of foreigners and that there should be an organized structure for this purpose, which, according to Deusdedit de Araújo, for example, was not yet a reality in Brazil. The qualified person in question would be a psychiatrist, the only specialist capable of diagnosing from a medical inspection the mental health of immigrants applying to enter the country.

As we have already seen, Brazilian legislation provided for the repatriation of immigrants who arrived in the country with some kind of physical or mental illness. It therefore follows that the psychiatrists' warnings about the threats associated with welcoming war refugees to the country was part of a strategy for them to assert themselves as the only professionals capable of identifying signs and symptoms of mental illness in the immigrant population, especially in the context of the reception of displaced persons. The work of the psychiatrists with the immigration agencies would be mediated by the LBHM. Xavier de Oliveira (1948), for example, argued that the institution was adequately equipped and could provide the best and most important services needed for immigration. One example of the LBHM's move to participate in the immigration debate was its submission to CIC of an examination which immigrants should undergo during the medical inspection.

## The psychiatric inspection of immigrants: the Brazilian League of Mental Hygiene's proposal

> It would be national suicide if, by negligence, we were to open our doors indiscriminately to the great masses of misfits, emotionally traumatized persons who now seek us. ... We psychiatrists have a duty to warn the government about the risks that the collective runs with an immigration policy made without care for mental eugenics (Medeiros, 1947, p.50).

This speech by Mauricio de Medeiros during an LBHM conference on immigration announced an initiative taken by the League in February 1947, which consisted of a proposed medical psychiatric examination, signed by Henrique Roxo, which was also published in *Revista de Imigração e Colonização*. As already mentioned, 1947 was a key year, marked by the arrival of the first displaced persons in the country, and the proposal brought together many of the concerns psychiatrists had voiced about immigration. In addition to Mauricio de Medeiros, then a full professor of clinical psychiatry at the University of Brazil's National Faculty of Medicine, the committee responsible for preparing this examination was composed of specialists and officials who enjoyed prestige and authority in the field of medicine and psychiatry, such as Henrique Roxo, chairman of the LBHM; Adauto Botelho, director of the National Mental Illness Service; Alcides Lintz, full professor of clinical medicine at the Fluminense Faculty of Medicine; and José Caracas, head of the Port Health Service (LBHM, 1947, p.56).

The importance of such an examination was justified in another article, published in the same edition of the journal, which had also been published in *Arquivos Brasileiros de Higiene Mental* in July of that year. In it, Medeiros (1947, p.36) alludes to his clinical experience to reinforce the authority of psychiatrists as specialists with the power to help solve the "immigration problem:"

> It was in the exercise of my medical profession, in my daily clinical practice, that I received in recent months, a profound impression of what Brazil will be like within one generation, if we do not take the most emphatic defensive measures against the flow of neurotic and even psychotic immigrants that is growing for our country.

The medical form submitted to CIC should be administered by the agents and agencies responsible for immigration selection and control as an indispensable precondition for granting a permanent visa to the country, namely: the consular authority, when granting a passport to spontaneous immigrants; the Brazilian medical commissions formed by CIC in European ports of embarkation; the Port Health Service at the ports of disembarkation of immigrants; and the Medical Biometrics Service. It was prefaced by an explanatory note providing guidance on the completion of the three parts of the form: the somatic examination of the immigrants, the answer written by the emigrant in the first part of the questionnaire, and the observations of their mental health by the examining physicians. These last professionals would also be responsible for writing some conclusions upon completing the form (LBHM, 1947, p.58).

These steps would be organized into two parts. The first was the somatic section, commencing with personal information, such as a photograph, nationality, origin, and profession, then followed by a history of diseases, and a general inspection of the respiratory, genital, digestive, cardiac, and nervous systems, in addition to mental status. The second part was the neuropsychic examination, in which the immigrant should answer questions about their inherited and personal history, to which the physician should add information about their current state and some somatoneurological observations.

Among the questions to be answered in writing by the immigrant themself were whether the parents and grandparents were healthy or affected by some disease, whether they had had any kind of nervous or mental ailment, and, if they were deceased, what the causes of death were. The investigation of family health history also included questions about family life, whether the parents lived together or were divorced, and, in the latter case, the age the applicant was when the separation took place (LBHM, 1947, p.61). The issue of divorce aroused interest for two reasons. First, it was understood that certain psychological disorders were triggered by family traumas, once again reinforcing the importance of the family as an indicator of emotional and mental stability. In addition, there was an almost intrinsic relationship between divorce and female insanity. Many women admitted to asylums had their diagnoses attributed to behavioral abnormalities related to motherhood and marriage, such as abandoning the family or leaving their husbands (Facchinetti, Cupello, 2011; Toledo, 2019).

The personal history items consisted of level of education, economic status, and health history; whether they had had any disease of the nervous system or burnout; if they had any difficulty at work, including in relation to alcohol consumption; and if they had a history of hospitalization at a clinic or hospital. There were also specific questions about the war designed to elicit evidence of traumatic experiences: where the applicant was during the war, whether they had spent time in a concentration camp and if so, for how long, and how they had behaved if or when they had witnessed some "act of war," such as others being shot dead, battle, bombing, or collective escape (LBHM, 1947, p.62).

The third and final part of the examination should contain information about the applicant's current psychic state. This should be filled in by the physician himself, once again underlining the importance of scientific authority in the decision to grant an immigration visa. The information covered in this section should include aspects of the applicant's emotional life related to the immigration context itself:

> – Is the examinee cheerful or sad to be immigrating?
> – Is he leaving behind relatives or is he going to meet relatives who are cherished?
> – Does he express warm feelings for his relatives?
> – Does he answer in a kind or peevish manner?
> – What feeling does he show when retelling emotional episodes of his life? (Indifference? Sadness? Fear? Hatred?)
> – During the examination, does he appear very emotional? Does he reveal any inhibition? Or, on the contrary, does he reveal himself to be expansive, uninhibited?
> – What plans does he have for the country he is going to?
> – Is he truly decided to leave, or does he show hesitation?
> – Does he understand the questions readily?

> – What degree of intelligence does the observer attribute to him? (High? Average? Low? Deficient?)
> – Does he reveal any delusional ideas?
> – Does he show self-confidence? (Excessive? Normal? Low? Null?) (LBHM, 1947, p.63).

Any evidence of emotional imbalance, be it an excess or an absence of feelings, could be interpreted as a predisposition for mental disorders and should be taken into consideration in the medical inspection. The examination was to consist of some somatoneurological observations that would prove whether or not the individual was able to migrate, in dialogue with the health restrictions contained in the immigration legislation. The physician should note whether the individual had any "physical stigma of degeneration" or any birth or acquired physical defect, what their constitutional type was according to Kretschmer's categories,[12] their level of motor coordination, and whether they had any type of tremor or sign of nervous disorder (LBHM, 1947, p.62-63).

For women, there were also questions about their menstrual cycles, whether they were regular or affected their nerves, whether their pregnancies had been healthy or been interrupted, whether this had been spontaneous or induced, and details about the deliveries "and their somatopsychic consequences" (LBHM, 1947, p.64). These concerns were once again in accordance with the scientific paradigm of the time, whereby menstruation itself induced a predisposition to insanity in women due to its "unstable" nature. Any imbalance in this respect should therefore be considered when ascertaining the women's health and mental stability (Rohden, 2009).

Having assessed the family and personal health history and the somatic and psychic state of the potential immigrant, the physician should reach a general conclusion about their health conditions and, consequently, their ability to adapt in Brazil. If they were deemed "partially" healthy, there was another question: "Does the physician conclude that the examinee is adaptable to the new environment and recoverable somatic or psychically?" In case of a positive answer, the doctor should undertake responsibility for that conclusion (LBHM, 1947, p.64).

The preparation of this examination by LBHM was based on the Constitution of 1946, whereby the tasks of selecting, admitting, distributing, and settling immigrants in Brazil, as well as their naturalization and colonization, should be carried out by a federal entity, in this case, CIC. The submission of the examination by LBHM to CIC was therefore an attempt to present the main agency responsible for immigration with a proposal that would make psychiatrists more involved in the selection and control of the entry of foreigners to Brazil. By emphasizing the psychological aspects of immigrants, especially ones emotionally impacted by the experience of war, this initiative was designed not to make LBHM the leading actor or replace CIC in this matter, but to get it actively and collaboratively engaged in the development of immigration policies and the structuring of selection parameters, both in Brazil and in the medical commissions working at the ports of embarkation and disembarkation of immigrants.

LBHM concluded that its proposal aimed to facilitate the medical inspection upon which the decision to grant the potential immigrant a visa was based, considering psychic and emotional aspects of their health. The publication of the examination in *Revista de*

*Imigração e Colonização* was accompanied by an observation by CIC itself, which signaled a certain distancing from this perspective and suggested that the LBHM's suggestions were somewhat "rigid," which could impact the progress of the services. Despite CIC's noncommittal position and the absence of any reference to the actual administration of this type of examination, it is interesting to note that the LBHM's proposal was understood as an "important contribution to the study of the problem of the medical selection of immigrants" (LBHM, 1947, p.56) and published in full in the journal, reinforcing the publication's importance as a forum open for debates and proposals around immigration.

## Final considerations

As widely analyzed in the historiography, immigration, particularly from Europe, was on the agenda of Brazil's political authorities and intellectuals as a way to transform the reality in the country and bring about the "progress of the race," particularly as of the second half of the nineteenth century. Both questions projected immigration as a way of reverting the delay in Brazil's civilization process, attributed to racial mixing, and defined Europeans as "ideal immigrants" worth attracting to the country. However, the discussion about the "ideal immigrant" was not limited to the race debate: concerns about diseases, ranging from the country's public health and hygiene issues to diseases they may carry with them together with the dream of "making America," were also central in the Brazilian immigration debate, in which sick immigrants were labeled "undesirable" along with ethnic groups considered "inferior" or "inassimilable" (Koifman, 2012).

If, at the beginning of the twentieth century, the discussion about the health of immigrants had been more directed to their physical constitution, what this article shows is that as of the 1940s, the debate gained new nuances that included the mental health of the potential immigrants, since that the migratory flows at the time were a direct result of the geopolitical upheavals in a Europe devastated by the Second World War. Even so, the ideal of European civilization was not completely shattered by these wars and continued to be perceived in the same way by immigration agents and the Brazilian government. However, there were divisions within the conception of the "ideal immigrant," which could designate factors of a cultural, labor-related, national, political, or even eugenic nature.

By emphasizing that the arrival of refugees and displaced persons affected psychologically by the war could be a problem for the country, psychiatry exploited this scenario to take an active part in the Brazilian immigration debate. Although the racial or national criteria did not go away, it was believed that the arrival of war-traumatized Europeans could compromise somewhat the country's civilizing efforts, since survivors could bring with them neuroses, paranoias, or psychic disorders, which, in the psychiatrists' view, would ultimately swell the contingent of insane and degenerate people in the country. Displaced persons were therefore considered "undesirable" unless selection criteria were used that guaranteed the mental stability of those approved to migrate to the country.

By so doing, psychiatrists projected themselves as medical authorities who were indispensable to the process of selecting immigrants, since mental diseases did not manifest physically and could therefore go unremarked by other medical professionals. For them,

the prophylaxis of mental illnesses should begin during the medical inspection conducted when visas were granted in order to ensure this targeted immigration to the country did not disrupt the social order, hampering the immigrants' capacity to work, or even help spread illness to future generations of Brazilians. Although CIC did not take the LBHM's proposed examination on board, it is important to note that it was the custodian of a restrictive immigration policy developed during the Estado Novo regime, whose legal foundations were kept in place even after Getúlio Vargas was no longer in power. The country's immigration and colonization legislation was repealed only in the 1980s, which shows just how long these national immigration policies remained in place.

Notwithstanding the pervasiveness of prejudices and stereotypes about national groupings, even in the scientific precepts underpinning the immigration agencies' decision-making and control mechanisms, we understand that the publications by psychiatrists in the specialized press, especially the proposed examination to guarantee the psychic quality of the foreigners entering the country and diagnose the impact of the war on their psyche, are part of a broader strategy on the part of this medical class to raise their profile in the Brazilian immigration debate. The publication of the examination proposed by LBHM and other articles by psychiatrists in *Revista de Imigração e Colonização*, the main publication of the country's immigration body, demonstrates the circularity of these experts among the immigration authorities, as well as the importance of the discussion on the mental health of war refugees and displaced persons to the field of Brazilian immigration in the period.

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## NOTES

[1] "Displaced person" is the term used to refer to people displaced from Europe due to the Second World War, who should return to their countries of origin after the conflict. With the creation of the International Refugee Organization in 1946, the concept of refugee was broadened, giving rise to the 1951 Refugee Convention, an important stage in the definition of the international statute on refugees (Andrade, 1996).

[2] The Quota Act of 1934 stipulated an annual limit of 2% for each nationality, adopting as a reference the total number of members already settled in Brazil in the 50 years before the enactment of the law. In addition, it prohibited immigrants to concentrate in certain parts of the country (Geraldo, 2012).

[3] *Arquivos Brasileiros de Neuriatria e Psiquiatria* was also published under different names: *Arquivos Brasileiros de Psiquiatria, Neurologia e Ciências* Afins, between 1905 and 1907, and *Arquivos Brasileiros de Psiquiatria, Neurologia e Medicina Mental*, between 1908 and 1919 (Facchinetti, Cupello, Evangelista, 2010).

[4] Juliano Moreira (1872-1933) was a psychiatrist and neurologist, director of the National Mental Hospital from 1903 to 1930, honorary professor of the Clinic of Mental Diseases of the Faculty of Medicine of Bahia, founding member of the Brazilian Society of Psychiatry, Neurology and Forensic Medicine (1907) and the Rio de Janeiro section of the Brazilian Society of Psychoanalysis (1928), and editor of *Arquivos Brasileiros de Psiquiatria, Neurologia e Ciências Afins* (Facchinetti, 2018).

[5] An agency established in 1938 on the initiative of the US president, Franklin Roosevelt, to coordinate international efforts to resettle refugees from Nazi Germany. In 1943 its remit was expanded to include all European refugees. It worked until 1947, when its activities were taken over by the International

Refugee Organization, a specialized agency of the United Nations. See: https://www.britannica.com/topic/Intergovernmental-Committee-on-Refugees.

[6] A pharmacy graduate, Mauricio Campos de Medeiros (1885-1966) made his career in the areas of psychiatrist and psychology. In the 1940s, he was professor of clinical psychiatry at the Faculty of Medicine of Rio de Janeiro and director of the Institute of Psychiatry of the University of Brazil. He was also minister of Health between 1955 and 1958 (Martins, 2018).

[7] Artur Hehl Neiva (1909-1967) was an engineer and served as a member of the Inter-ministerial Commission to reform the immigration legislation in 1934. He also participated in the Immigration and Colonization Council between 1938 and 1947, led the Brazilian delegation for the selection of displaced persons from the war in Europe, and was advisor to the Intergovernmental Committee on European Migration between 1952 and 1956.

[8] More than the integration of immigrants upon arrival, the concept of assimilation used here refers to a complete absorption and incorporation into the reception context, erasing any traits not to be found in the host society.

[9] Antônio Gavião Gonzaga was a physician from the state of Ceará. He graduated from the Faculty of Medicine of Rio de Janeiro (1917), was head of the Rural Sanitation Service, and served as mayor of Campos do Jordão (1931-1938), where he engaged in the fight against tuberculosis. Gavião Gonzaga was responsible for defining the zones for healthy individuals and the areas where sanatoriums were to be built.

[10] The 1945 decree-law emphasized the relations between health and immigration in several sections. A medical examination was required both for the granting of a permanent visa, when there was interest in settling in the country, and for a temporary visa. As for targeted immigration, control and recruitment would be carried out by government staff from the areas of immigration and health (Brasil, 18 set. 1945).

[11] Antonio Xavier de Oliveira (1892-1953) was a psychiatrist. He worked as acting assistant of clinical psychiatry at the Faculty of Medicine, was a member of the Brazilian League of Mental Hygiene and the Society of Neurology, Psychiatry, and Forensic Medicine, and worked on the transfer of the National Mental Disease Service to the Institute of Psychiatry of the University of Brazil (Silva, 2019). He also participated in the Constituent Assembly of 1933-1934.

[12] Ernst Kretschmer (1888-1964) was an Austrian psychiatrist who gained international recognition for his studies in biotypology, in which he combined aspects of personality, temperament, and individual constitution (Muñoz, 2015).

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