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Psychiatric modernity in debate: Miguel Bombarda, Juliano Moreira, and the 1906 Lisbon Congress

Modernidade psiquiátrica em debate: Miguel Bombarda, Juliano Moreira e o Congresso de Lisboa de 1906

Modernidad psiquiátrica en debate: Miguel Bombarda, Juliano Moreira y el Congreso de Lisboa de 1906

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ABSTRACT:
Introduction: Between 1890 and 1930, psychiatry in Portugal and Brazil consolidated as a medical specialty through a process marked by tensions between distinct modernity projects. **Objective:** This article analyzes the trajectories of Miguel Bombarda and Juliano Moreira, whose reforms embodied opposing visions of psychiatric modernity, using the 1906 Lisbon Congress as a case study. The focus is on the divergences between Bombarda's environmental openness and Júlio de Matos' hereditarianism, as well as between Matos' biological determinism and Moreira's social approach. **Method:** A historical-contextualist approach is adopted, critical of presentism (prolepsis and reprojection). Primary sources (Section VII proceedings and *Volume général*) are treated as procedural documents, contrasted with secondary literature. **Results:** Bombarda, with his organicist reforms, coexisted with Portuguese institutional structures, while Moreira prioritized social, educational, and environmental factors, challenging hereditarianism, although he retained pathologizing categories. The debate on paranoia at the 1906 Congress, particularly between Moreira and Matos, revealed tensions between biological and environmental perspectives, as well as internal divergences within Portuguese psychiatry. Through the lens of Santos' "abyssal line" concept, the episode exposes asymmetries of scientific authority between centers and peripheries in the Luso-Atlantic space. **Conclusion:** Luso-Brazilian psychiatry was not merely an extension of European models but a field reconfigured d by local conflicts over heredity, environment, and scientific authority. The 1906 Congress provides a critical lens to analyze how these tensions were contested transatlantically.

Keywords: psychiatry, history, racism, colonialism, paranoia, 19th century history, 20th century history.

RESUMO:
Introdução: Entre 1890 e 1930, a psiquiatria em Portugal e no Brasil consolidou-se como especialidade médica, em um processo marcado por tensões entre projetos de modernidade distintos. **Objetivo:** Este artigo analisa as trajetórias de Miguel Bombarda e Juliano Moreira, cujas reformas encarnaram visões opostas de modernidade psiquiátrica, usando

o Congresso de Lisboa de 1906 como estudo de caso. O foco recai sobre as divergências entre a abertura ambiental de Bombarda e o hereditarianismo de Júlio de Matos, bem como entre o determinismo biológico deste e a abordagem social de Moreira. **Método:** Adota-se uma abordagem histórico-contextualista, crítica ao presentismo (prolepse e reprojetamento). Fontes primárias (atas da Seção VII e *Volume général*) são tratadas como documentos processuais, confrontadas com a literatura secundária. **Resultados:** Bombarda, com suas reformas organicistas, coexistiu com estruturas institucionais portuguesas, enquanto Moreira priorizou fatores sociais, educacionais e ambientais, questionando o hereditarianismo, embora mantivesse categorias patologizantes. O debate sobre a paranoia no Congresso de 1906, especialmente entre Moreira e Matos, revelou tensões entre perspectivas biológicas e ambientais, além de divergências internas à psiquiatria portuguesa. À luz do conceito de "linha abissal" (Santos), o episódio expõe assimetrias de autoridade científica entre centros e periferias no espaço luso-atlântico. **Conclusão:** A psiquiatria luso-brasileira não foi mera extensão dos modelos europeus, mas um campo reconfigurado por conflitos locais sobre hereditariedade, ambiente e autoridade científica. O Congresso de 1906 oferece uma lente crítica para analisar como essas tensões foram contestadas transatlanticamente.

Palavras-chave: psiquiatria, história, racismo, colonialismo, paranoia, história do século XIX, história do século XX.

RESUMEN:
Introducción: Entre 1890 y 1930, la psiquiatría en Portugal y Brasil se consolidó como especialidad médica en un proceso marcado por tensiones entre distintos proyectos de modernidad. **Objetivo:** Este artículo analiza las trayectorias de Miguel Bombarda y Juliano Moreira, cuyas reformas encarnaron visiones opuestas de modernidad psiquiátrica, utilizando el Congreso de Lisboa de 1906 como estudio de caso. El enfoque recae en las divergencias entre la apertura ambiental de Bombarda y el hereditarianismo de Júlio de Matos, así como entre el determinismo biológico de este último y el enfoque social de Moreira. **Método:** Se adopta un enfoque histórico-contextualista, crítico del presentismo (prolepsis y reproyección). Las fuentes primarias (actas de la Sección VII y *Volume général*) se tratan como documentos procesales, contrastados con la literatura secundaria. **Resultados:** Bombarda, con sus reformas organicistas, coexistió con las estructuras institucionales portuguesas, mientras que Moreira priorizó factores sociales, educativos y ambientales,

cuestionando el hereditarianismo, aunque mantuvo categorías patologizantes. El debate sobre la paranoia en el Congreso de 1906, especialmente entre Moreira y Matos, reveló tensiones entre perspectivas biológicas y ambientales, además de divergencias internas en la psiquiatría portuguesa. A la luz del concepto de "línea abisal" (Santos), el episodio expone asimetrías de autoridad científica entre centros y periferias en el espacio luso-atlántico. **Conclusión:** La psiquiatría luso-brasileña no fue una mera extensión de los modelos europeos, sino un campo reconfigurado por conflictos locales sobre herencia, ambiente y autoridad científica. El Congreso de 1906 ofrece una lente crítica para analizar cómo estas tensiones fueron impugnadas transatlánticamente.

Palabras clave: psiquiatria, historia, racismo, colonialismo, paranoia, historia del siglo XIX, historia del siglo XX.

INTRODUCTION

The turn of the twentieth century marked a critical juncture for psychiatry in the Portuguese-speaking world. Portugal faced imperial decline, and Brazil confronted the enduring consequences of abolition (1888). During this period, psychiatry emerged as both a scientific discipline and an ideological battleground. Mental institutions became physical manifestations of competing visions for racial, social, and national identity. This was a time of consolidation for psychiatry as a medical specialty, marked by professionalization amid profound political transformations. In Portugal, the collapse of the monarchy and the proclamation of the Republic (1910) unfolded alongside the fact that, before 1911, psychiatry did not exist as an official discipline in Portuguese medical faculties. The official teaching of psychiatry began only in 1911[1 - 2]. In Brazil, the transition from empire to republic occurred against the backdrop of post-abolition racial ideologies and debates about degeneration and heredity. Furthermore, in Brazil, Psychiatry as a medical discipline was evolving - initially closely tied to neurology - until it separated from its sister discipline in 1912 when a new chairman was appointed to lead this new discipline independently [3].

The historiography of Portuguese and Brazilian psychiatry has developed significantly in recent decades, though these traditions often remain fragmented along national lines. This obscures the intense intellectual exchanges and shared debates that characterized the period. As Pereira (2015) demonstrates in his comprehensive thesis, *A Psiquiatria em Portugal: Protagonistas e História Conceptual (1884-1924)*, the

institutionalization of psychiatry in Portugal was marked by theoretical tensions - particularly between Miguel Bombarda's relative openness to environmental factors and Júlio de Matos's hereditarianism [1]. This division would later surface at the 1906 Congress [4 - 5]. The 1906 International Medical Congress in Lisbon, which brought together psychiatrists from both countries, has never been systematically analyzed as a site of epistemic confrontation.

The 1906 International Medical Congress in Lisbon, which brought together psychiatrists from both countries, Portugal and Brazil, has never been systematically analyzed as a site of epistemic confrontation. Figure 1 illustrates the transnational yet hierarchical nature of the Congress, where metropolitan and colonial psychiatrists debated on unequal footing.

At this congress, metropolitan and post-abolition perspectives clashed over fundamental questions of causality, authority, and legitimacy. This study addresses this gap by examining how Miguel Bombarda and Juliano Moreira represented distinct projects of psychiatric modernity. Their divergent positions, articulated through their respective institutional and intellectual trajectories, come into sharp relief at the 1906 Congress, revealing tensions between biological determinism, social environmentalism, and situated knowledge production. We also attend to intra-metropolitan differences, particularly the significant divergence between Bombarda and his contemporary Júlio de Matos regarding heredity and environment, a distinction that is crucial for understanding the dynamics of the congress.

This study is significant for its exploration of how psychiatric knowledge circulated between Europe and its peripheries, revealing how colonial power structures shaped epistemic hierarchies - determining whose knowledge was validated and whose was marginalized. The 1906 Congress offers a unique vantage point for analyzing these dynamics.

To unpack these tensions, we draw on Boaventura de Sousa Santos's concept of the "abyssal line" of imperial knowledge: the invisible yet rigid divide imposed by modern Western thought, which splits social reality into two spheres [6]. On one side lies the metropolitan world of legitimate scientific production; on the other, the colonial periphery, where knowledge is deemed derivative, incomplete, or invalid. In our analysis, this framework serves as a heuristic tool to illuminate how Matos's rejection of Moreira's work as "unacceptable" and "too thin" can be interpreted as an epistemic exclusion, reinforcing the notion that only the European

center could produce authoritative psychiatric knowledge. While Matos was undoubtedly engaging in a genuine European nosological debate, Santos's concept helps us perceive the colonial power dynamics that shaped the terms of that debate. Thus, Santos's abyssal line cuts through the very heart of the psychiatric debate.

We employ this concept not as a retrospective imposition but as an interpretive lens to clarify tensions already embedded in the historical record, particularly the systematic delegitimization of knowledge originating outside Europe. While Pereira (2015) details the Bombarda-Matos schism in Portuguese psychiatry, Oda and Dalgalarrondo (2000) emphasize how Juliano Moreira's anti-racist, environmentally-focused approach in Brazil defied the biological determinism prevailing in both metropolitan and colonial settings, although his diagnostic practices still reflected the limitations of his time, such as the use of pathologizing categories for marginalized populations [1, 7].

The general objective of this paper is to analyze the trajectories of Bombarda and Moreira as representatives of distinct projects of psychiatric modernity, examining their confrontation at the 1906 Congress as a moment of epistemic contestation.

METHODOLOGY

This study adopts a historical-contextualist approach grounded in Andreas Hess's (2024) [8] critique of presentism, specifically its twin dangers of prolepsis (retrospectively attributing unavailable meanings to past actors) and reprojectment (anachronistically applying current categories to historical phenomena). The framework integrates Quentin Skinner's Cambridge School contextualism, which treats historical utterances as speech acts embedded in polemical contexts, with Reinhart Koselleck's conceptual history, which examines the temporal evolution and contestation of key terms such as "degeneration," "heredity," "environment," and "paranoia." Primary sources, the Proceedings of Section VII (Psychiatry and Neurology) and the Volume general of the 1906 Lisbon Congress, are treated not as transparent records but as procedural documents, analyzed with attention to editorial shaping, performative dimensions, silences, and the encoding of scientific hierarchies. These sources are systematically contrasted with secondary literature to verify claims, interrogate interpretive frameworks, and identify historiographical gaps.

The analytical strategy employs Santos's "abyssal line" as a heuristic to

reveal how metropolitan knowledge delegitimized colonial scientific authority, exemplified by Matos's dismissal of Moreira's work. This lens operates alongside a comparative analysis of Bombarda's and Moreira's institutional trajectories, examining how their reforms embodied distinct psychiatric modernities within Luso-Atlantic asymmetries. The approach avoids determinism, using the concept to perceive both clinical debates and colonial power dynamics while attending to historical specificity and peripheral agency.

RESULTS

Bombarda's psychiatry in Lisbon: science, empire, and the limits of modernity

This era was defined not only by medical innovation but also by the struggle over who held the authority to define mental illness. Two figures emerged as central to this debate: Miguel Bombarda in Lisbon and Juliano Moreira in Rio de Janeiro. Though born in Rio de Janeiro, Bombarda built his entire career as a physician, scientist, and politician in Portugal.

Bombarda's reforms at the Hospital de Rilhafoles marked a turning point in Portuguese psychiatry. Figure 2 depicts the transformation of the Convento de Rilhafoles, symbolizing the institutional changes he championed.

Yet he was not the sole voice of Portuguese metropolitan psychiatry. As Pereira (2015) documents, Bombarda and his contemporary Júlio de Matos held sharply divergent views [1]. Their disagreement hinged on the balance between heredity and environment: while Matos adhered to a rigidly hereditarian stance, attributing mental illness primarily to biological inheritance, Bombarda embraced a broader perspective, recognizing the role of social and environmental factors like poverty, alcoholism, and living conditions.

Bombarda's intellectual and political influence extended beyond psychiatry, as his work was deeply intertwined with the revolutionary context of early 20th-century Portugal. Figure 3 captures this intersection, showing Bombarda alongside King Carlos I at the 1906 Congress, a moment that foreshadowed the turbulent political changes to come, including the fall of the Portuguese monarchy in 1910.

However, it is important to clarify that Bombarda did not reject hereditarianism but rather expanded the scope to include environmental factors, showing a relative openness rather than a rupture with biological

determinism.

> "Tendo porém actuado ou não sobre a própria organização cerebral, o que não tem dúvida é que a educação influi poderosamente sobre os actos dos indivíduos. Esta influência é tão grande que em criminologia se chegou a fundar uma escola, a escola francesa, que considera o factor social como o agente mais importante, senão único, nos factos da criminalidade, em contrário da escola italiana, que vê quase como único factor a organização congénita" (Bombarda, 1898, p. 70-71 *apud* Quintais, 2008) [9].

By contrast, Júlio de Matos viewed mental illness through a rigidly hereditarian lens, aligned with European theories of the time, such as those of Morel, Magnan, and Kraepelin:

> "Noutro tempo, os médicos só consideravam hereditário um caso de loucura, quando nos ascendentes do alienado houvesse existido análoga doença; hoje a esfera da acção hereditária tende a dilatar-se, colocando-se sob ela todos os casos de alienação realizados nos descendentes dos nevropatas, dos alcoólicos e dos afectados de doenças diatésicas. Segundo este modo de ver, o alienado representa, não a repetição necessária da loucura ancestral, mas o último termo de uma longa série de íntimas degenerações físicas e psicológicas" (Matos, 1884, p. 14-15 *apud* Quintais, 2008) [9].

These differences [10 - 11] would later become visible at the 1906 Congress, where Matos, not Bombarda, led the opposition to Moreira's presentation.

Juliano Moreira: a reformer in transforming Brazilian psychiatry after abolition

Juliano Moreira (1873-1933) was born in Salvador at a time when Brazil was still entangled in the chains of slavery [12]. The son of a Black mother and a Portuguese father, he grew up in a society where racial inequality was deeply ingrained [13 - 14]. Despite systemic racism, he excelled, graduating in medicine at 18.

Moreira's vision for psychiatric care extended beyond the asylum walls. Figure 4 illustrates the evolution of the Pedro II Hospital, which he transformed into a center for education and socially grounded practice, reflecting his commitment to reform.

Between 1895 and 1902, Moreira traveled across Europe, engaging with prominent psychiatrists. Unlike many contemporaries who adopted European theories uncritically, he returned to Brazil with a critical perspective. Moreira argued that mental illness could not be disentangled from the enduring social consequences of slavery, poverty, and

marginalization.

Moreira argued that mental illness could not be disentangled from the enduring social consequences of slavery, poverty, and marginalization. In contrast to figures like Nina Rodrigues, who defended the racial inferiority of Black individuals, Moreira emphasized social and environmental factors as central to understanding mental illness [7, 15].

Under his leadership, Rio's Hospício Nacional was transformed from a custodial institution into a center for what he conceived as environmentally-grounded, socially oriented care. Venancio [15] further explores how Moreira's theories navigated the intersections of race, gender, and sexuality, revealing the tensions between his progressive environmentalism and the lingering pathologizing categories he inherited from European psychiatry.

DISCUSSION

The legacies of Miguel Bombarda and Juliano Moreira reveal a striking contrast, yet their work embodies complexities that defy simplistic categorization. Bombarda, operating within colonial hierarchies, nonetheless introduced innovations considered progressive at the time at Lisbon's Hospital de Rilhafoles: the abolition of physical restraints and the adoption of occupational therapy reflected a genuine commitment to patient welfare. However, as Pita (2006) emphasizes, Bombarda's reforms were inseparable from his broader republican and positivist project of national regeneration, which sought to modernize Portugal through science and state intervention [16]. His organicist psychiatry was thus embedded in a political vision that, while progressive in some respects, also aimed to discipline and control populations deemed deviant or unproductive. Pita characterizes Bombarda as a "force of nature" whose intellectual ambition and political engagement permeated Portuguese science, culture, and public life, making him a central central in the republican project that would culminate in the 1910 revolution [16].

Moreira, for his part, did not uncritically embrace European frameworks. Instead, he reinterpreted these models through Brazil's post-abolition lens. Yet his institutional practice also reflected the limits of his era: his asylum-based model retained hierarchical structures, and his diagnostic categories did not entirely escape the biomedical frameworks he sought to reform, such as the use of terms like "degeneration" and "moral insanity" for poor patients.

To synthesize these divergent approaches, Table 1 compares the key aspects of Bombarda's and Moreira's psychiatric models, highlighting their theoretical, institutional, and historical contrasts.

This tension between progressive social thought and the persistence of pathologizing categories is a key feature of his work. His commitment to environmental and social factors, while challenging the biological determinism of his time, still operated within the institutional and epistemic constraints of asylum-based psychiatry, a point underscored by his own institutional practice at the Hospício Nacional [7].

The historical context of Portuguese psychiatry further illuminates these tensions. As Necho (2022) demonstrates in his detailed study of the Hospital de Rilhafoles, the institutionalization of psychiatric care in Portugal was marked by a chronic gap between reformist discourse and material realities [17]. Bombarda's efforts to modernize Rilhafoles, while significant, coexisted with persistent overcrowding, underfunding, and the continued use of the building—a former convent—which physically embodied the tensions between custodial confinement and therapeutic aspiration. Necho (2022) documents how the architectural and administrative transformations attempted under Bombarda's leadership were constrained by the very material and institutional structures he sought to reform, revealing the limits of psychiatric modernity in Portugal [17]. This institutional inertia highlights how psychiatric modernity in Portugal was not a linear progression but a contested process shaped by economic constraints and political instability.

In Brazil, Moreira's reforms at the Hospício Nacional similarly navigated the complexities of a post-abolition, racially stratified society. While he rejected scientific racism, his diagnostic practices, as Oda and Dalgalarrondo (2000) note, still utilized categories like "moral insanity" and "degeneration" for poor and marginalized patients, reflecting the persistence of pathologizing frameworks even as he sought to apply them with greater social awareness [7]. This paradox is central to understanding his legacy: he challenged the biological determinism that underpinned racial hierarchies but remained constrained by the very diagnostic language and asylum structures that had historically marginalized the populations he sought to help.

The enduring influence of these figures extends beyond their clinical practice. Pita (2006) highlights Bombarda's role as a polymath whose influence permeated Portuguese science, politics, and culture [16]. His

vision of psychiatry was deeply intertwined with republican ideals of progress, education, and social hygiene. These ideals, as the broader historiography of Latin eugenics demonstrates, were part of a transnational discourse that sought to regulate reproduction and social behavior in the name of national improvement. Indeed, as Weber (2023) argues, the eugenic movements in Portugal and Brazil during the first half of the twentieth century were shaped by what was termed "Latin eugenics", a variant that, while ostensibly more moderate than Nordic or Germanic models, nevertheless propagated notions of cultural superiority based on racial ideas [18]. Bombarda's relative openness to environmental factors, as Pereira (2015) documents, placed him in a more moderate position within this spectrum, yet his republican project remained entangled with biopolitical aspirations that, from a contemporary perspective, can be seen as a form of population control [1].

Moreira's reforms, by contrast, foreshadowed principles that would later be articulated in Brazil's Psychiatric Reform, particularly the emphasis on social determinants of mental health. The anti-asylum movement that gained traction in Brazil from the 1970s onward, as documented by Devera and Costa-Rosa (2007), drew on critiques of institutional violence and the social origins of suffering that Moreira had articulated decades earlier [19]. Devera and Costa-Rosa (2007) trace how the Brazilian psychiatric reform movement challenged the asylum-based model that Moreira had sought to reform, arguing that even progressive psychiatric institutions could reproduce forms of social control and exclusion [19]. However, Moreira's asylum-based model, despite its progressive intentions, remained embedded in hierarchical structures that the later reform movement would seek to dismantle. This trajectory reveals how Moreira's work occupied an ambiguous position: he was both a precursor to reform and, in some respects, an embodiment of the institutional model that reformers would later critique.

The institutional spaces they shaped also tell a story of transformation. The Convento de Rilhafoles, which Bombarda repurposed into a modern psychiatric hospital, now serves as a museum, a material testament to the evolution of psychiatric care in Portugal [17]. In Brazil, the Pedro II Hospital, reformed under Moreira's direction, later became the University Palace of UFRJ, symbolizing the integration of psychiatric care with academic and social reform [20]. These architectural transformations, from confinement to education and memory, reflect the broader historical arc of psychiatric modernity in the Luso-Atlantic world, a trajectory marked by

both rupture and continuity, innovation and constraint.

Thus, both Bombarda and Moreira can be seen as figures who, in different ways, anticipated and shaped the trajectories of psychiatric reform in their respective countries, even as their work remained entangled with the epistemic and institutional constraints of their time. The eugenic and hygienist discourses that surrounded their work, as documented by Weber (2023) for the broader Luso-Brazilian context [18], remind us that psychiatric modernity was forged not only in laboratories and asylums but also in the crucible of transnational debates about race, nation, and the boundaries of human worth. The 1906 Congress, as this article has argued, was a key site where these tensions were performed and contested, revealing the abyssal lines that structured scientific authority in the Luso-Atlantic world.

CONCLUSION

The intertwined yet contrasting trajectories of Miguel Bombarda and Juliano Moreira reveal how psychiatry in the Lusophone world operated both as a mechanism of state control and a platform for what later critics would call epistemic critique. Bombarda's legacy can be seen, from a contemporary perspective, as resonating with biologizing approaches to psychiatry. His institutional model, with its emphasis on state-driven modernization and social control, finds parallels in mental health systems that have been accused of pathologizing marginalized populations, although Bombarda himself did not intend these outcomes. Moreira's focus on the social roots of mental illness foreshadowed principles that would later be articulated in Brazil's Psychiatric Reform. Nevertheless, his reforms also operated within the constraints of a racially stratified society, and his asylum-based model retained hierarchical structures despite his progressive intentions.

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Pará : — Sénateur Paes de Carvalho (Belem); Drs. Geminiano de Castro (Belem); Americo Campos (Belem); Souza Pondé (Belem).
Maranhão : — Dr. Justo Jansen Ferreira (S. Luiz).
Pianhy : — Dr. Marcos Pereira de Araujo (Therezina).
Ceará : — Dr. Barão de Studard (Fortaleza).
Rio Grande do Norte : — Dr. J. Paula Antunes (Natal).
Parahyba : — Dr. João Baptista de Sá Andrade (Parahyba).
Pernambuco : — Drs. prof. Constancio Pontual (Recife); Malaquias Gonçalves (Recife); Arnobio Marques (Recife).
Alagôas : — Dr. José Antonio Duarte (Maceió).
Sergipe : — Dr. Theodoreto Nascimento (Aracajú).
Bahia : — Drs. prof. Nina Rodrigues (Bahia); Alfredo de Andrade (Bahia); prof. João Americo Frões (Bahia).
Espirito Santo : — Dr. Torquato Moreira (Victoria).
Minas Geraes : — Drs. Salvador Pinto (Bello Horizonte); Cornelio Bueno (Juiz de Fóra).
S. Paulo : — Drs. Candido Espinheira (S. Paulo); Rubião Meira (S. Paulo); Oliveira Fausto (S. Paulo).
Paraná : — Dr. Victor Ferreira do Amaral e Silva (Curityba).
Santa Catharina : — Dr. Luiz Gualberto (S. Francisco).
Rio Grande do Sul : — Drs. Olyntho de Oliveira (Rio Grande do Sul); Victor de Brito

Troisième assemblée générale (26 Avril, 9 h. A. M.)

Ont pris part à cette réunion les présidents d'honneur du Congrès et des sections, les délégués des gouvernements, les présidents des Comités nationaux des différents pays et les membres des Comités exécutif et d'organisation du Congrès.

Étaient présents MM. Costa Alemão, Miguel Bombarda, Alfredo Luiz Lopes, Antonio d'Azevedo, Leocadio Chaves, Thorvald Madsen, Marcos Cavalcanti, Juliano Moreira, Imbriaco, Kamon, Caillaud, Silva Carvalho, Stobaeus, Heller, Agramonte, Teruuchi, Quincke, Brant Paes Leme, Rovighi, Rousseff, Roque Macouzet, Suárez Gamboa, Pedro Albarrán, F. Valenzuela, Curschmann, Sir B. Franklin, Obersteiner, Elste, A. de Bókay, Mello Reis, Armauer Hansen, Ishizaka, Alfredo da Costa, Santini, Martini, Fernández-Caro, Maestre, Cortezo, Kapsammer, Azevedo Neves, Mattos Chaves, Posner, Ramon Guiteras, Graetzer, Oishi, Annibal Bettencourt, Max Verworn, Suarez de Mendoza, Sobral Cid, Ricardo Jorge, Zeferino Falcão, Cruet, Sir John Tyler, Wicherkiewicz, L. de Tóth, Chyzer, Magyarevitz, Azevedo Maia, González-Urueña, F. A. Risquez, Garrè, Octavio Maira, Latis, E. de Rátz, Szegedy-Maszák, Kojouharoff, Pynappel, Mello Breyner.

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Figure 1. Transnational Dialogues in Psychiatry: The 1906 International Medical Congress in Lisbon
Source: Proceedings of the XV Congrès International de Médecine, Lisbon, 1906 [4, 5, 6].

Note: This Congress brought together European and colonial psychiatrists in a space of intellectual debate. The image underscores the transnational yet hierarchical nature of the Congress, where metropolitan and colonial psychiatrists debated on unequal footing. This hierarchy is visually represented by the seating arrangements (European delegates presiding) and is conceptually reinforced by the very structure of the event, which positioned Europe as the center of knowledge production and the periphery as a site of application or deviation. The spatial organization of the Congress - with European delegates presiding over sessions and Brazilian participants occupying peripheral positions - mirrored the epistemic hierarchies that Matos would later invoke in dismissing Moreira's work. This visual evidence reinforces our argument that the 1906 Congress was not merely an academic exchange but a site where colonial power relations were performed and contested

Figure 2. Imperial Confinement to Republican Reform
Source: Wikipedia, Public Domain. [17]
Note: The Convento de Rilhafoles (1848-1911) was repurposed as the Hospital de Rilhafoles under Miguel Bombarda's leadership (1892-1910). Later renamed Hospital Miguel Bombarda (1911-2011), this site now serves as a museum, reflecting the tensions of modernizing psychiatric care within existing social hierarchies.

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Figure 3. Science, Sovereignty, and Revolution: Bombarda and the Fall of the Monarchy
Source: Wikipedia, Public Domain. [1, 16].

Note: At the 1906 International Medical Congress, Miguel Bombarda (bottom left) is depicted alongside King Carlos I (top right). Both figures met violent deaths within four years - Carlos in 1908 and Bombarda in 1910 - during the collapse of Portugal's monarchy. Their violent deaths symbolize the turbulent intersection of science, politics, and revolution in early 20th-century Portugal. This image visually captures the political turbulence that contextualized the 1906 Congress: the regicide of 1908 and Bombarda's own assassination in 1910 framed the psychiatric debates within a broader revolutionary moment. The Lisbon School of Medicine in the background underscores the intersection of medical progress and political transformation, a site where Bombarda's republican ideals and scientific ambitions converged. The juxtaposition of monarch, physician, and medical institution reminds us that psychiatric modernity was forged not only in laboratories and asylums but also in the crucible of revolutionary politics.

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Figure 4. From Asylum to Academy: Juliano Moreira and the Reimagining of Psychiatric Space in Brazil
Source: Wikipedia, Public Domain. [7, 20]

Note: Founded in 1852, the Pedro II Hospital underwent reform under Juliano Moreira's direction (1903-1930), evolving from a custodial asylum into a center for medical education and socially grounded practice.
Today, the site is the University Palace of UFRJ, symbolizing Moreira's vision of integrating care, education, and social reform.

Table 1. Divergent models in lusophone psychiatry: Miguel Bombarda and Juliano Moreira

Aspect	Miguel Bombarda	Juliano Moreira
Context	Metropolitan Portugal, declining empire	Post-slavery Brazil, emerging republic
Theoretical Orientation	Organicist, evolutionary positivism; influenced by French psychiatry (Magnan, Krafft-Ebing) and Spencer, Haeckel. Less hereditarian than Matos.	Social psychiatry; critical of racial degeneration theories; influenced by Kraepelin but subordinated nosology to social critique; rejected French degenerationism.
View on Etiology	Organicist framework integrating heredity, biological factors, and social-environmental conditions (poverty, alcoholism).	Social determinants (poverty, alcoholism, syphilis) central; biological factors mediated by social conditions.
Institutional Model	Modernized asylum with Panopticon-inspired security pavilion; state-driven reform.	Transformed asylum into center for education and research; community-oriented care in principle.
Reforms	Abolished physical restraints, introduced occupational therapy and art therapy, created laboratories.	Removed chains, promoted multidisciplinary teams, modernized laboratories, created workshops.
Legacy	Contradictory: progressive reforms within colonial hierarchies; symbol of Republican scientific modernity.	Anti-racial-determinist approach; inspiration for Brazilian Psychiatric Reform and community-based mental health care.
Limitations	Reforms co-existed with colonial hierarchies; diagnosis of Black patients with "degeneration."	Social critique constrained by asylum structures; diagnostic categories still pathologized poor populations.

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Aspect	Miguel Bombarda	Juliano Moreira
Kraepelin Reception	Acknowledged Kraepelin but remained aligned with French degenerationism; preferred Krafft-Ebing and Magnan. Pre-Kraepelin.	Familiar with Kraepelin but emphasized environmental factors over biological determinism.

Source: The authors [1, 4, 5, 6, 7, 9, 10, 13, 15, 16, 17, 18, 19, 20]