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]

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