

## FORAYS INTO THE "ART OF GOVERNING" POOR CHILDHOOD IN PORTUGAL the Castelo Branco Childcare Dispensary (1930s, 20<sup>th</sup> century)

Incursões pela "arte de governar" a infância pobre em Portugal:  
o Dispensário de Puericultura de Castelo Branco (década de 30, Século XX)

Incursiones en el "arte de gobernar" infancia pobre en Portugal:  
El Dispensario Infantil de Castelo Branco (década de 1930, siglo XX)

HELDER MANUEL GUERRA HENRIQUES

Instituto Politécnico de Castelo Branco, Castelo Branco, Portugal. E-mail: [helder.henriques@ipcb.pt](mailto:helder.henriques@ipcb.pt)

---

**Abstract:** The purpose of this paper is to analyze, discuss and understand the governance of poor children in Portugal in the 1930s. This childhood is discussed as a social problem and the consequent emergence of actions, knowledge and technical-institutional contexts – such as the Castelo Branco Childcare Dispensary – in the political context of the Portuguese *Estado Novo*. Through a qualitative methodology, we have called upon a *documentary corpus* consisting of published documentary sources and those existing in personal and institutional archives, with emphasis on the scientific production of the dispensary's director, Doctor José Lopes Dias. The close look, in the context of modernity, at poor Portuguese children translates into the existence of a broader power system that acted on individuals through knowledge and institutions created for this purpose. It is assumed that these poor children, and their families, should be monitored to avoid social deviations and erratic behavior in a society that is intended to be progressive and civilized. The Childcare Dispensary, like others, was a device at the service of a state project, in the context of modernity, which valued life, its usefulness and productivity, increasing the quality of the population.

**Keywords:** poor childhood; power-knowledge; childcare dispensary; medicine.

**Resumo:** O propósito deste trabalho consiste na análise, discussão e compreensão do governo da infância pobre em Portugal, na década de 1930. Discute-se essa infância como um problema social e a consequente emergência de ações, saberes e contextos técnico-institucionais – como é o caso do Dispensário de Puericultura de Castelo Branco – no contexto político do Estado Novo português. Através de uma metodologia de natureza qualitativa, convocamos um *corpus documental* constituído por fontes documentais publicadas e existentes em arquivos pessoais e institucionais, com destaque para a produção científica do diretor do dispensário, o médico José Lopes Dias. O olhar atento, no contexto da modernidade, sobre a infância portuguesa pobre traduz-se na existência de um sistema de poder mais amplo que atuou nos indivíduos através de saberes e instituições criadas para o efeito. Assume-se que essa infância pobre, e suas famílias, deviam ser acompanhadas para evitar desvios sociais e comportamentos errantes numa sociedade que se pretendia de progresso e civilizada. O Dispensário de Puericultura, à semelhança de outros, constituiu um dispositivo ao serviço de um projeto de Estado, no contexto da modernidade, que valorizava a vida e a sua utilidade e produtividade, ampliando a qualidade da população.

**Palavras-chave:** infância pobre; poder-saber; dispensário de puericultura; medicina.

**Resumen:** El propósito de este trabajo es analizar, discutir y comprender el gobierno de la infancia pobre en Portugal en la década de 1930. Se aborda esta infancia como un problema social y el consecuente surgimiento de acciones, conocimientos y contextos técnico-institucionales – como el Dispensario de Puericultura de Castelo Branco – en el contexto político del Estado Novo portugués. Mediante una metodología cualitativa, se recurrió a un corpus documental compuesto por fuentes documentales publicadas y existentes en archivos personales e institucionales, con énfasis en la producción científica del director del dispensario, el médico José Lopes Dias. La mirada atenta, en el contexto de la modernidad, a la infancia pobre portuguesa se traduce en la existencia de un sistema más amplio de poder que actuaba sobre los individuos a través del conocimiento y las instituciones creadas para este propósito. Se asume que estos niños pobres, y sus familias, deben ser monitoreados para evitar desviaciones sociales y comportamientos erráticos en una sociedad que pretendía ser progresista y civilizada. El Dispensario Infantil, como otros, fue un dispositivo al servicio de un proyecto de Estado, en el contexto de la modernidad, que valoraba la vida, su utilidad y productividad, ampliando la calidad de la población.

**Palabras clave:** infancia pobre; poder-saber; dispensario de puericultura; medicina.

## INTRODUCTION

Concern for management and the “quality of the population” are structuring characteristics of Modernity. This concern was rooted in the possibility of building a new society, where progress was its main intent. Therefore, investment in the education of children is justified, as it will make them useful, productive and, at the same time, civilized. In this regard, Kuhlmann Jr. & Fernandes (2004, p. 26) state that,

At the end of the 19<sup>th</sup> and beginning of the 20<sup>th</sup> centuries, childhood and its education will integrate into discourses about the construction of modern society. They will be part of the general reference model of the institutions and of the structure of the State for an advanced nation. (...) Education was identified as one of the elements of progress that was being worshiped, alongside electricity, machines, technological innovations, and industrial products.

Childhood was one of those “phases of life” that sparked educational interest, but also social interest in the building of the Nation-State. That is, while on the one hand the School constituted itself as a fundamental device in the civilizing process of modernity, on the other hand, we witness the emergence of a diverse set of subjects, scientific knowledge, and technical-institutional contexts that took on the objective of responding to those who did not fit in socially and who, for this reason, were potentially dangerous in the construction of a new era. The normalizing and regulatory effect of the Nation-State produced the emergence of “other childhoods,” especially those associated with family heritage, and the need to control them.

The purpose of this paper is to discuss childhood as a social problem. Our attention turns to impoverished children, stemming from families with limited economic resources and socially vulnerable, and discuss the individuals, knowledge, and contexts that were generated with the purpose of governing this segment of society. To consolidate what we have just mentioned, we focus our analysis on an institution deliberately created to address the problem of impoverished children in the city of Castelo Branco (Portugal), in the early 1930s: the Castelo Branco Childcare Dispensary. This technical and institutional context constitutes a true locus of action for subjects and knowledge whose objective was the guidance, protection, and preservation of poor children and their families.

From a temporal point of view, the work develops in the first half of the 20<sup>th</sup> century in Portugal, but it is associated with a period of consolidation of an authoritarian regime: the *Estado Novo* [lit. “New State”]. The choice of the 1930s is due to it being a period in which the political regime itself was being defined when it comes to its various policies, including those related to education and social assistance. On the other hand, it is at this moment that the guiding principle of the

institution we have chosen to work with in a more concrete way is defined, and where the emphasis on hygienist and maternal-infant discourses becomes more pronounced. The family was considered the basic unit of the society that was intended to be created and the moral foundation of the *Estado Novo's* political regime itself. The objective was to “promote the physical and moral well-being of children and to exercise charity where it is most useful and beneficial, at the threshold of life, in the intimacy of the family, within the flock and for the full benefit of society; it is truly, if you will excuse the paradox, about beginning at the beginning” (Dispensário de Puericultura, 1930, p. 1).

This study is based on a qualitative, descriptive, and critical methodology. We focused our efforts on the critical analysis of the discourses and on the triangulation of the sources. We set ourselves the goal of analyzing the “regimes of truth” that circulated at that time, seeking their actual realization. Therefore, it became relevant to understand the guiding policies defined by the *Estado Novo*, its objectives and ultimate purposes. This reading gave rise to a contextual analysis that enabled the construction of a dialogue between the “regimes of truth” of the State and local scientific and institutional practices. As Vilhena (2010, p. 93) states, “discourses must be understood as a form of action through which subjects can transform the world, bearing in mind that this form of action is historically and culturally situated and in dialectical relationship with other aspects of reality”.

From a theoretical point of view, we anchor this paper in a conceptual framework inspired by the thought of the French social philosopher Michel Foucault (2006, 2006b, 2006c, 2008, 2010, et al.) and other authors who emphasize the importance of this line of thought in understanding the processes of governing the population, especially childhood (Veiga-Neto, 2004, 2015; Rizzini, 2011; Gondra, 2010; Vilhena, 2002; Ferreira et al., 2019; Resende, 2015; Freitas, 2006; Kuhlmann & Fernandes, 2004; Martins, 2016). To this end, the concepts of Power, Knowledge, and Governmentality are highlighted throughout the text, as they allow us to critically analyze the sources used in the course of the investigation.

Within the framework of the changes brought about by Modernity (Giddens, 1991), where the “State reason” also changes in response to the development of the idea of sovereignty, we understand power, from the perspective of governing the population, as an “operator” that emerges in practices, techniques, actions, and institutional contexts that take on the purpose of influencing the conduct of individuals. It is an “operator-producer” insofar as the purpose of governing the population can only be achieved, strategically, through Knowledge. It is this Knowledge, by means of the emergence of different disciplines throughout modernity (such as medicine, childcare, hygiene, etc.), that takes the subject as its object of study, that provides an articulated analysis of the individual and the population. Thus, the force of an entire power system can be embodied in the concept of governmentality – “as a field of action for analysis and reflection that allows the

development of the governance of the population” –, anchored in the rationality of practices and of the reflection on these same practices of the art of governing from a relational perspective between macro and micro-political dimensions.

The *documentary corpus* consists of three core areas: the first core area – originating from the Castelo Branco Municipal Library – concerns identified and collected texts authored by the founder of the Childcare Dispensary, the physician José Lopes Dias (1900-1976), published, particularly, in editions of the Portuguese League for Social Prophylaxis, in various scientific meetings or reports produced throughout his professional life; the second core area – mainly derived from the archive of the author of this manuscript – consists of documentary sources directly related to the activity, in the first 25 years, of the Castelo Branco Childcare Dispensary. Here, we primarily identify and analyze the annual reports produced to render accounts to those who oversaw the Childcare Dispensary, particularly in the 1930s: the third core concerns the research activity carried out within the Castelo Branco Municipal Archive, in which we identified the Dispensary’s Statutes, their amendments, and a set of data related to the physical installation process of the Castelo Branco Childcare Dispensary throughout history.

This body of documentation allowed for the construction of two levels of analysis: the macro level, through a critical analysis of the regimes of truth promoted by the State and of the role of scientific knowledge in the production of these regimes; and the micro level, which addresses the direct experience of an institution whose objective was the preservation and protection of childhood, in which scientific knowledge was applied to families and children. It is also important to mention that, in addition to the theoretical basis identified previously, we took into account, in the analysis carried out, the thematic concepts of “Conceiving” and “Raising” (Ferreira, 2000; Vilhena, 2010). The former is more focused on the process of bearing children (motherhood), and the second, on the process of bringing them up through different practices ranging from feeding to clothing.

This manuscript is divided into three parts. In the first one, we proceed with a brief conceptual discussion and theoretical framework of the underlying issues throughout the text. In the second part, we examine the guiding policies of the current Portuguese political regime. Finally, in the third part, we aim to address a set of aspects and characteristics related to the technical and institutional context that serves the purpose of this study.

## **DISCIPLINING THE BODIES, CONDUCTING THE MASSES: THE ART OF GOVERNING**

The emergence of the uniqueness of childhood is anchored in the organization of a new society that aims for progress and that, to such an end, considers it necessary

to know, classify, distribute, and govern those who are part of it. For this reason, deemed a product of modernity, childhood was “struck at the heart,” that is, it was taken as an object of study by different fields of knowledge, influenced by various “regimes of truth” and technical-institutional contexts that highlighted its capabilities, its vulnerabilities, its characteristics, its instincts, or the passions of that intensely governed time of life.

Understanding this period of human life requires a consistent approach to interpreting society, how it is administered and managed, and to the powers that attempt to direct and act upon it. Similarly, to what Resende (2015) states, “thinking about childhood, problematizing it as an invention, allows for perceiving its historical construction as a category of the human sciences and the way in which it is engendered in the modern social context” (p. 8).

Thus, following Ferreira, Mota & Vilhena (2019, p. 4), when we speak of childhood

(...) we have to consider the space-time that conditions it and gives meaning to the understanding of what it can be and how it is being defined. This is especially relevant when we consider a very special era in which modernity imposes itself as a social dynamic and, supported by ideological frameworks that overvalue it, defines the rationale of truth and development. Children are gradually subjected to new knowledge, new powers, and new institutional frameworks, because Western societies will surrender to scientificist pragmatism and to the ideology of modernization.

The problem we are presenting here is rooted in the issues of population governance that we have observed since the 18<sup>th</sup> century. As Silveira (2015) states, the population, which includes children, constitutes an object that must be conducted and governed in a rational and reflective manner (Foucault, 2008, p. 140). From this process emerge two interconnected dimensions: on the one hand, the idea of disciplining individuals and ensuring that they become “docile bodies”. On the other hand, security, where a collective approach is important and where the aim is to minimize the associated risk, as well as to calculate the extent to which social intervention is necessary (Silveira, 2015, p. 108). The ultimate goal is not merely the individual training of the body, but rather “to maximize the positive elements, to be able to move around in the best possible way, and to minimize, on the contrary, what is risky and inconvenient, such as theft, diseases, knowing that these will never be suppressed” (Foucault, 2008, p. 26).

Throughout modern times, the primary purpose of governing the population has been to positively improve the condition of that population, so that it may be as useful and productive as possible to the society in which it is integrated. This is why

social responses whose objectives were to increase the "quality of the population" emerge. According to Foucault (2006, p. 259),

(...) the new technology that is being established is addressed to a multiplicity of men, not to the extent that they are nothing more than their individual bodies, but to the extent that they form, on the contrary, a global mass that is affected by overall processes characteristic of birth, death, production, illness, and so on. So, after a first seizure of power over the body in an individualizing mode, we have a second seizure of power that is not individualizing but, if you like, massifying (...).

The State, through different mechanisms, directly or indirectly, assumes the importance of building a modern and advanced society (Kuhlmann Jr. & Fernandes, 2004, p. 26). Therefore, population management or regulation is a fundamental aspect. According to Foucault (2006), one of the "fundamental phenomena" of the 19<sup>th</sup> century was the "appropriation of life by power," that is, "a kind of statization of the biological" (p. 256). Associated with this idea is another: the possibility of allowing someone to live or, conversely, to die, more precisely, "to make live and to let die" (Foucault, 2006, p. 10). 257).

In this context, the idea of governmentality gains expression insofar as it constitutes the "set made up of institutions, procedures, analyses, reflections, calculations and tactics that allow the exercise of this very specific form of power that has the population as its main target" (Foucault, 2008, p. 10). 143). This way,

(...) we saw the emergence of techniques of power that were essentially centered on the body, on the individual body. They included all devices that were used to ensure the spatial distribution of individual bodies (their separation, their alignment, their serialization, and their surveillance) and the organization, around those individuals, of a whole field of visibility. They were also techniques that could be used to take control over bodies. Attempts were made to increase their productive force through exercise, drill, and so on. They were also techniques for rationalizing and strictly economizing on a power that had to be used in the least costly way possible, thanks to a whole system of surveillance, hierarchies, inspections, bookkeeping, and reports – all the technology that can be described as the disciplinary technology of labor. It was established at the end of the seventeenth century, and in the course of the eighteenth (Foucault, 2006, pp. 257-258).

Thus, we witness the emergence of knowledge that will be able to participate in this new “art of governing” the population, where the State takes on a privileged, but also highly contested, position. Not only statistical knowledge stands out, but also demography, sociology, anthropology, psychology, medicine, or political economy (Silveira, 2015, p. 113). The emergence and use of this knowledge allowed for the classification and distribution of the population and fostered the development of public policies aimed at, for example, Social assistance.

Based on what we have just mentioned, childhood emerges as a “massifying body” upon which it became necessary to act in order to guarantee the future of the Nation-State. Gradually, childhood becomes the target of scientific knowledge and specialized institutions that will classify it and highlight its importance from the perspective of its protection and social preservation. It is in this sense that Vilhena, Ferreira & Mota (2023, p. 17) argue that

the emergence of childhood as a social issue in the mid-19<sup>th</sup> century led, on the one hand, to the entry into public debate of matters related to the protection and education of children, and, on the other hand, to the increasing intervention of the State in this realm (...) becoming, in the following century, the most intensely governed stage of life (...). Designated as the century of the child, the 20<sup>th</sup> witnessed a growing concern about how children were raised and educated, an issue that still sparks numerous debates today.

The intensity of childhood governance went through the emergence of diverse rationalities, the classification and categorization of childhood, the rationalization of births and understanding of mortality, focusing on social causes and, in particular, on families, through new and appropriate social responses, that is, through the construction of a policy for assistance in which demography, with particular emphasis on births and infant mortality, public space and associated hygiene, or social medicine of a preventive nature directed at public health, decisively contribute to “ensuring maximum profitability of bodies and regulation/balance/homeostasis of the population in general.” The latter, in order to be well-governed, well-conducted, can no longer dispense with actions aimed at this segment of the population which is composed of children” (Gondra, 2010, p. 209).

The governance of childhood presents itself as an important part of a project of modernity in which the State takes on a prominent role. This stage of life serves as a good example of the relationship between the affirmation of a Nation-State project and the emergence of scientific knowledge that allowed for its expansion and the appearance of new technical-institutional contexts building new categories within childhood and gradually enabling the guidance of children’s behavior and that of their families. Conceiving, raising, and educating children became part of a broad State

project based on mechanisms of knowledge and power in the name of a greater good, exemplified by the quality of the child population and the reduction of infant mortality (Silveira, 2015, p. 111). Following the thinking of Veiga-Neto (2015, p. 105),

(...) one governs childhood with the aim of guiding it towards certain "places" in a culture, towards certain positions in a society and towards certain ways of life already shared by those who were already there. (...) Understanding the ways in which children are being governed has everything to do with the type of future society that is being shaped today in families, schools, and more open social spaces.

The well-being of children constitutes a guarantee of social prophylaxis with respect to potential future problems of modern society. Childhood should be governed with the goal of "normalizing/regulating" its conduct and its lineage, in order to prevent the emergence of social problems such as crime, delinquency, child prostitution, and ultimately, the "degeneration of the race."

Sharing the idea that the country's future depended on the quality of its population, they argued that it was in the public interest to invest in a policy that ensured sanitary and educational conditions for the proper development of children, particularly of those who did not have a family capable of providing them with a dignified life (Ferreira, 2000, p. 86).

It is in this context that concern emerges for the most vulnerable children, or those with the potential for vulnerability, that is, those more easily able to fall into the fringes of society, as is the case with poor children or those whose families did not have the resources for the normal sustenance of their offspring. For this reason,

(...) poor families should be educated or, at the very least, young children should be removed from this type of environment, in order to have their growth in a healthy environment ensured. This seems to have been the general tone of the efforts aimed at creating the Institutes for Childhood Protection and the campaigns they promote to transform vicious habits, especially those of poor families (Gondra, 2010, p. 202).

The discussion therefore revolves around the place that families, and particularly women, should occupy in society in relation to their children, and in the building of a society that aspired to be modern. In the context of the Portuguese

*Estado Novo* (1933-1974), the role of women as mothers and their “professionalization” in the domestic sphere with the main objective of raising and educating their children were defended. Through the Mothers’ Work for National Education organization, the upbringing and education of children was defended as the main pillar of the construction of an authoritarian political regime that fostered a welfare policy based on private institutions for motherhood and childhood care (Pimentel, 2001) where the State had a supplementary role.

The possibility of intervening with the poorest families, associated with the popular classes, who needed to work and find a solution to care for their children, constituted an opportunity for the emergence of policies and institutions capable of responding to this social need, but also of governing this early childhood using, for this purpose, diverse knowledge, seeking to invest in preventive or prophylactic intervention models in the name of social well-being, of the preservation of a certain public order that could be threatened, considering that, potentially, the origin of such a problem laid in the working classes.

It was in this context that the first child protection societies emerged, with the purpose, among others, of “enhancing education systems, hygiene methods and the supervision of children from poor classes” (DONZELOT, 1986, p. 33), as well as a set of establishments whose main function was to moralize these children through the development of work habits and the inculcation of a set of values, such as honesty, the common good or the defense of the nation (Henriques & Vilhena, 2015, p. 66).

To deal with this “social issue,” we witness, throughout the 19<sup>th</sup> and 20<sup>th</sup> centuries, the emergence of various fields of knowledge that studied childhood from a “massifying” perspective, such as social medicine, hygienism, or childcare, always in the name of a society with a future where progress will prevail. As stated by Martins (2016, p. 186)

Medical hygiene, under the pretext of saving individuals, encroached upon the intimacy of families. (...) These hygienist and social prophylaxis movements aimed, in this historical context, at disciplinary control. In light of hygiene (social, moral) and the extent to which attention and discourses are directed towards children, especially poor, begging, vagrant, and morally endangered ones, in the form of control practices that exacerbate the medical-sanitary sphere, normative devices are proposed, adjusted to the norms that suit the society of the time, in the name of preserving security, race, and progress (...).

According to Vilhena (2002), the difficulties families faced in caring for and educating their children, for a variety of reasons, highlighted the need for legislative measures involving philanthropy, based on scientific knowledge that directly intervened in the lives of families and children with the aim not only of caring for them, but also of civilizing them.

## THE PORTUGUESE *ESTADO NOVO* AND THE GOVERNANCE OF CHILDHOOD

The *Estado Novo* found in the family and in childhood the fundamental audiences to ideologically support the new political regime. In contrast to what had happened during the First Portuguese Republic (1910-1926), the concern for childhood was primarily welfare-oriented and focused on the governance of families, particularly the role of women. The traditional family constituted the basic cell of the entire political regime of the *Estado Novo* and, therefore, the 1933 Constitution defends that "the State ensures the constitution and defense of the family (...) as the foundation of the entire political order (...)" (Art. 11), with the State and local authorities being responsible for "protecting motherhood" and cooperating with the family in order to "prevent the corruption of morals" (Art. 13, paragraphs 2 and 5). As stated by Ferreira, Mota & Vilhena (2019, p. 38), the "dominant orientation became one of assistance and response to socio-family issues affecting children's lives, to the detriment of the educational function, taking on a role of surveillance of the working classes" (p. 38).

Now, this is where the main element of the shift in political orientation lies: the governance of the working classes. Pimentel (2001) argues that the *Estado Novo* considered that the origins of a significant part of social problems stemmed from poor families, which, in their turn, could constitute a problem in the process of governing the population insofar as they could more easily become "marginalized". In order to avoid such a fate, the State promoted the establishment of several national institutes and associations, but also allowed the operation of local institutes whose objective was to respond to the socio-moral needs of the younger population and families.

In this context, the creation of the State Undersecretariat for Social Assistance, integrated into the Ministry of Internal Affairs, becomes important. The emergence of institutions that aimed to implement the maternal-infant health policy envisioned by the *Estado Novo* is also verified. This was the case with the creation, in 1936, of the Mothers' Work for National Education [*Mães para a Educação Nacional*] (OMEN) and, during the following decade, of the Institute for Assistance to Minors or the Institute for Assistance to Families. The former was responsible for

“fostering the educational action of the family,” “ensuring cooperation between the family and the school,” and “better preparing female generations for their future maternal, domestic, and social duties.” OMEN thus aimed to achieve three objectives: the re-education of mothers and maternal-infant care, through social and educational centers, mother’s weeks and awards for large families; the anticipation of schooling, through early childhood education and school canteens, and, thirdly, the extension of schooling, through the organization of girls in the Portuguese Female Youth [*Mocidade Portuguesa Feminina*] (MPF) (Pimentel, 1999, p. 495).

However, what appears to be the State betting on a welfare policy implemented by State institutions does not correspond to the eventual perception. In reality, although the orientation is focused on providing assistance and valuing the role of the family, motherhood, and monitoring the conditions of child development, it was private institutions, created locally and through private initiative, that effectively took on this role, in which the generosity of the elites and philanthropy complemented each other in a profound dialogue with various scientific fields, as was the case with social medicine.

(...)as medicine, or rather the combination of medicine and hygiene, is in the nineteenth century, if not the most important element, an element of considerable importance because of the link it establishes between scientific knowledge of both biological and organic processes (or in other words, the population and the body), and because, at the same time, medicine becomes a political intervention-technique with specific power-effects. Medicine is a power-knowledge that can be applied to both the body and the population, both the organism and biological processes, and it will therefore have both disciplinary effects and regulatory effects (Foucault, 2006, p. 269).

It is understood that the State had no interest in interfering with private initiative. However, this did not exempt it from guiding its actions, with institutions and their officials constituting fundamental elements for the “good” governance of the population, including children. The aim was to develop an ideology of motherhood, placing women as managers of the home and educators of children, in conjunction with the various institutions that emerged throughout the country, under the tutelage of the principles of the *Estado Novo*, to address the problem of birth and infant mortality rates and all the issues that could arise if mothers and children were not properly cared for. This is why Lopes Dias (1936, p. 86) points to the problem of ignorance and routine as social issues to be fought when saying,

(...) on a certain day, the three children of a couple were following in the same funeral procession. Measles victims?... We know very well that is not true, but they are victims of widespread ignorance, victims of their families, in short – social victims. An excellent birth rate enlivens the family life of the people of Beira, breathing the pure air of that mountainous region; an astonishing mortality rate nullifies, right at the beginning of existence, this abundant source of the best Portuguese stock. If being born is easy, dying is simple, almost joyful, especially for those who believe in the ascensional flight to Paradise. And so, an angel going to heaven is almost a celebration.

To combat this “social scourge,” new sets of knowledge gain prominence, such as social work, childcare, social hygiene, and social medicine. Thus, in 1936, the Social Normal School was created, although it only began operating in 1939 as a private institution. The objective of this school responded to the political objectives of the regime and involved “the training of social workers, focusing the curriculum on maternal-infant welfare work, even going so far as to create a specialization course for visiting childcare nurses” (Ferreira, Mota & Vilhena, 2023, p. 39). Regarding the importance of Social Medicine, Pais de Sousa (1999, p. 161), in the study developed around the thinking of the physician Bissaya Barreto, states that

(...) social medicine implies the integration of other professionals in its development, beyond the doctor, and specifically underlines the fundamental social role that a woman must play in this fight. Not only because she can be present in “medical appointments”, in “dispensaries, in hospitals, in preventive medicine organizations”, but because she can also take on an “educational role in matters of hygiene and prophylaxis, or have an important role as a “visiting nurse.”

The articulation between a technical, social dimension and the scientific component of medicine constituted an important investment in the process of governing the population and, particularly, childhood, in the “struggle for the quality of the Portuguese population (...) especially with the concern to reduce infant morbidity and mortality, whose high values represented, in themselves, symptoms of all the exclusions that were practiced in the Salazar regime” (Pimentel, 1999, p. 491).

Fernando da Silva Correia (1952) as well, in a lecture given at *Clube dos Fenianos* in 1939 in the city of Porto, also valued modern assistance, stating that “it is inseparable from Hygiene and Pedagogy and takes advantage of the latest scientific knowledge to put it at the service of the needy; that it avoids, as much as possible, having to remedy illnesses, but prefers to prevent them beforehand, whenever possible” (p. 202). In order to apply the “technique of doing good”, it was necessary to

carry out different social diagnoses, to proceed with the “registration, census of the needy and their classification” (Correia, 1952, p. 202).

Now, following this guiding attitude of the *Estado Novo* regarding maternal-infant care, several private initiatives emerged to implement the guidelines of the political regime in the process of consolidation. As an example, we highlight the work of Fernando Bissaya Barreto (1886-1974), in Coimbra, with the Work for the Protection of Pregnant Women and the Defense of Children, “seeking to respond to the social needs of families and children” (Ferreira, Mota & Vilhena, 2019, p. 40), or the creation of Children’s Homes, “structured with a medical consultation room, a daycare center for children aged 0 to 3 years old, and a playground for children aged 3 to 6 years old” (Ferreira, Mota & Vilhena, 2019, p. 40). This was also the case, in Leiria, with the Work for Protection and Assistance of Motherhood and Childhood, with the creation of the Hygiene Dispensary, under the leadership of the physician Duarte Gorjão Henriques (1901-1964), or in Caldas da Rainha, with the physician Fernando da Silva Correia (1893-1966), an enthusiast for the creation of the Social Prophylaxis Dispensary. Also in Portugal, in Castelo Branco, we witness the creation of a multipurpose institution – the Castelo Branco Childcare Dispensary –, which integrated this movement to promote hygiene, protect the family and preserve childhood, led by physician José Lopes Dias (1900-1976).

## THE CASTELO BRANCO CHILDCARE DISPENSARY: A LABORATORY FOR HUMAN AID

Actually, social ills are so diverse and complex that their treatment cannot be resolved by the whims of individual sentimentality (José Lopes Dias, 1936)

The Castelo Branco Childcare Dispensary was established with the purpose of contributing to improving the quality of life of the population, particularly children, and the problems potentially associated with the poorest families. The physician José Lopes Dias (1951, pp. (12-14), director of the Childcare Dispensary, stated that “the main enemies of children are insufficient food, cold, poverty, all the errors and deficiencies of family organization”.

These problems formed the basis of the infant mortality rate in Castelo Branco. Lopes Dias (1951, p. 17) also argues that

Mortality during the first three days is higher than that happening during the rest of the first week, that in the entire second week, and worsens in the third and fourth weeks. A lack of protein and

vitamins in the diet, the misery and fatigue of pregnant women, and abuse of forceps and pituitrin must largely constitute the basis of the situation, the prophylaxis of which should be based on hygiene in food and work, on a more general use of vitamins C and K, on conscientious obstetric practice, on syphilis prophylaxis, on thoracic and hematological screening during pregnancy.

The conclusions presented by this doctor stem from the processes of research, classification, and distribution of children and women that he studied over the years at the Castelo Branco Childcare Dispensary. We are faced with a technical-institutional context that served the immediate purpose of acting upon the body, while simultaneously presenting itself as the regulator of a "mass" of the population that was intended to be developed, useful, and vigorous.

**Figure 1** - Pavilion of the Castelo Branco Childcare Dispensary



**Note.** From *Un service social de puériculture: Monographie* (Dias, 1931).

The Castelo Branco Childcare Dispensary<sup>1</sup>, part of the *Castelo Branco Association for Childhood Protection*, was inaugurated on March 5, 1930. This institution was inspired by the “*Goutte de Lait, de Belleville*” and found its main funders in the General Board of the District of Castelo Branco and the Municipal Council of Castelo Branco, in addition to funds from the State and private donations.

What to do (or how to do it) with families which, apparently, do not have the necessary conditions to guarantee the full human development of their children? This problematization gives rise to an entire field of knowledge production and the implementation of techniques and mechanisms for governmental intervention. The child. Young people and “poor” families are transformed into objects of knowledge and governance, and an entire institutional apparatus is formed around them, with the establishment of instruments of oversight and intervention (Silveira, 2015, pp. 115-116)

The purpose of the Castelo Branco Childcare Dispensary is anchored in the idea of promoting the well-being of the population in situations of motherhood or vulnerable childhood, at risk of poverty. Thus, its Statutes, approved in February 1930, state the following objectives:

- a) Disseminate, by all means, the principles of hygiene to pregnant women and of infant hygiene to mothers;
- b) To establish a milk and food product analysis station, not only for the Dispensary’s service, but also for the public, if the City Council so desires, approving the necessary regulations for this purpose;
- c) Facilitate breastfeeding by all means, through the granting of subsidies to poor mothers who breastfeed and through the provisioning of medicines and foods that increase milk secretion;
- d) Provide mothers, when, due to any circumstance recognized and verified by the Dispensary Physician, who are unable to breastfeed their children, with milk properly prepared in the quality and quantity necessary for their proper development, or appropriate complementary feeding;
- e) Distribute food or medicine to pregnant and parturient women;
- f) Provide clothing and layettes to poor children;

---

<sup>1</sup> Designated in 1936 as *Dr. Alfredo Mota Childcare Dispensary*, in homage to one of the physicians who worked in the city of Castelo Branco and served as its Health Delegate. Nevertheless, throughout the text, we will continue to use the original designation.

- g) Administer to children prophylactic or curative remedies against diseases;
- h) Establish a weekly, free-of-charge, open-access outpatient consultation in which the doctor can give lectures on infant hygiene and childcare;
- i) Create a daycare center where poor mothers can leave their children while they work;
- j) Carry out a summer seaside camp for poor children from the District;
- k) Finally, promote, in every way, the physical and moral development of the child; (*Estatutos do Dispensário de Puericultura de Castelo Branco*, 1930, pp. 1-2).

These objectives highlight the problems associated with maternal-infant care and place at the center of technical-institutional activity poor children and families, issues of nutrition and hygiene in close contact with the figure of the doctor, whose determination would be to transform “weak or hypotrophic children into physically and mentally healthy individuals (...)” (Dias, 1951, p. 31). The right to life and health is assumed, establishing the Childcare Dispensary as a field of action for social medicine and hygiene, but also for Social Work and Education.

A new right is progressively developing, already enshrined in the laws and realized in the customs of the most civilized peoples: the right of the weak and helpless of all kinds. The more it is recognized and implemented, the more perfect the civilization where it germinated” (Dias, 1936, p. 82).

Effectively, what is being called into question is the process of natural selection of individuals. Science and its intervention in technical-institutional contexts, as is the case we are highlighting, point towards correcting the physical or social vulnerabilities of families and children. It is a complete paradigm shift that is also evident here at this institution with regard to the “value of life” and the “quality of the population”. José Lopes Dias (1936, p. 81) stated that “the most precious assets of a country are the life, health and vigor of its inhabitants”.

**Figure 2** - Childcare Assistance Practices at the Castelo Branco Childcare Dispensary (1930s)



**Nota.** Image on the left: Doctor José Lopes Dias in the Milk and Food Products Laboratory of the Castelo Branco Childcare Dispensary in the first half of the 1930s; image on the right: mother of triplets assisted by the Dispensary as to feeding and clothing their children in the first years of the institution's operation. From *Un service social de puériculture: Monographie* (Dias, 1931).

The Statutes of the Castelo Branco Childcare Dispensary organized its activities around three figures: the doctor-director, the head nurse, and the assistant. Each of them would take on necessarily different, though interconnected, roles, with directive and guiding competencies for the physician. For example, it was the doctor's responsibility

to technically lead all the Dispensary's operations, instruct all personnel in the services that are their responsibility, monitoring and overseeing their actions, formulate the dietary regime for each child, verifying their development weekly, give a weekly lecture on infant hygiene, which will be free for pregnant women and mothers of poor children, and examine during the lecture any wet nurses or candidates for wet nurse positions who present themselves, collecting milk or blood for analysis and observing their respective children (Estatutos do Dispensário de Puericultura de Castelo Branco, 1930, p. 10). 4).

Despite the importance of the physician's role, the head nurse also assumed an essential position in the entire process of governing the family and childhood. The head nurse was responsible for reporting to the doctor-director everything that happened at the Childcare Dispensary and, in particular,

a) for attending all consultations, taking note of the prescriptions made by the doctor with reference to each child, b) taking charge of the safekeeping of all objects, utensils and clothing of the Dispensary, c) sterilizing and preparing the milk herself, d) assisting the doctor-director in all services pertaining to the Dispensary" (Estatutos do Dispensário de Puericultura de Castelo Branco, 1930, p. 5).

In addition to the doctor and the head nurse, there were assistants who primarily helped the latter. It seems evident that different scientific sets of knowledge were used in this institutional context, such as medicine, social work, or childcare, and, together, a group of specialists who sought to respond to a larger project of evaluating and improving the quality of life of the population, particularly children.

**Figure 3** – Agents and Instruments of Childcare Assistance in Castelo Branco



**Nota.** Image on the left: Maria Eduarda da Silva Ribas, Childcare Visitor at the Castelo Branco Dispensary; on the right: the cover of the first annual report of the Castelo Branco Childcare Dispensary. From *As criancinhas portuguesas na política da assistência* (Dias, 1936); and from *Un service social de puériculture: Monographie* (Dias, 1931).

Within the technical-institutional context that we have taken as our object of study, in addition to doctor-director José Lopes Dias, we found the head nurse of the Dispensary, who assumed the functions of childcare visitor, Maria Eduarda da Silva Ribas, trained as a healthcare visitor, having obtained the highest grade in the first course of the Dr. Ricardo Jorge Higher Institute of Hygiene, in an initiative by the Directorate-General of Health, under the guidance of the physician Fernando Silva Correia. Visitor Maria Eduarda Ribas (1938, p. 150), when referring to her role at the dispensary, states that

Methodical weighing and measuring are especially for children receiving milk from the Dispensary, as well as ongoing physical and moral assistance for the little ones who begin receiving prophylactic benefits from birth. This assistance, provided both inside and outside the home during household visits, benefits not only the poor children who, in large numbers, without this aid and care, would pass through life with fleeting delay, but also the parents themselves, morally, by removing obstacles in regularizing life situations that are sometimes quite false, causing scandal in society and even becoming a breeding ground for crime for their own children.

The construction of childhood normality is something that can be observed in the different narratives we analyzed. José Lopes Dias (1936, p. 90) also argued that “(...) children considered unviable, when well protected and hygienically well monitored, recover normal development after a few months, achieving a good growth trajectory”.

This “human aid laboratory,” as José Lopes Dias called it, was an institution that produced normality, responded to a State project, fostered the development of new knowledge, and intervened along with families and children in a scientific and experimental way.

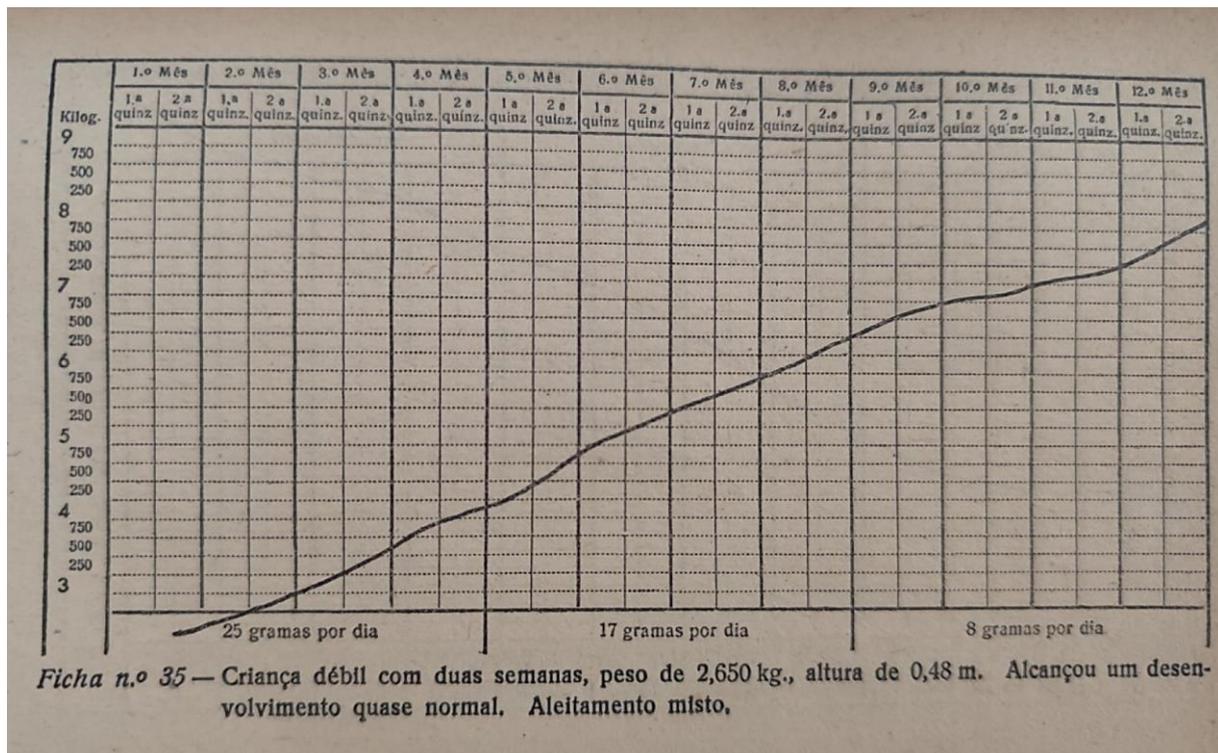
**Figure 4** - Milk Distribution at the Castelo Branco Childcare Dispensary



**Nota.** Mothers and children waiting, at the entrance to the Castelo Branco Childcare Dispensary farm, for cow's milk or formula to give to their children. From *Un service social de puériculture: Monographie* (Dias, 1931).

The intervention of the Childcare Dispensary was carried out by sections. Thus, the first section consisted of the Lactarium, whose function was to distribute the appropriate milk to those who did not have it or could not give it to their children. The second section was the Nursery, which, up until 1955, received approximately 255 children under the age of 5. The third section corresponded to the João de Deus Kindergarten-School, with a more educational focus, operating on a portioned and pensioned basis with regard to food. The fourth section was the Nursing School, founded in 1948 with the purpose of training Nurses, Nursing Assistants, and Social Workers. The fifth section referred to clothing, where clothes donated by ladies from the local elite were found, which were then given to the children and their families.

**Figure 5** - Example of an observation sheet for “feeble” children and their physical development, used at the Castelo Branco Childcare Dispensary



**Note.** From *Ensaio de combate à mortalidade infantil em Castelo Branco* (Dias, 1951, p. 23).

In addition to the aforementioned, other services were provided within the scope of the Childcare Dispensary’s activities, such as the weekly or daily lectures on Childcare and Social Pediatrics or Prenatal Hygiene. The dissemination of information related to hygiene and childcare through leaflets such as the “A.B.C. for Mothers” and vaccination or the use of ultraviolet rays in some health situations were other institutional actions. In the first annual report of the Castelo Branco Childcare Dispensary, we find reference to these aspects, particularly those related to the dissemination of hygiene principles.

The circulation of hygiene principles has been carried out whenever latter are requested, during outpatient consultations held every Friday around 15:00, through the distribution of the leaflet, the “A.B.C. for Mothers”, made available, free of charge, at the Dispensary’s headquarters and by Civil Registry officials and parish priests at the time of children’s birth registration (DP, 1930, p. 4).

One of the most relevant and attractive aspects for the poorest and working classes since the beginning of this social project was the creation of seaside colonies. These “colonies” aimed to make bodies healthier and allow contact with the sea for those who “live so far from the sea” (Dias, 1936, p. 95). Thus, in the very first years,

hundreds of children were introduced to a distant reality – Nazaré –, which would otherwise have been very difficult for them. The experience went as best as possible, and the director of the Dispensary, soon in the first years, considered the possibility of “acquiring a mansion on that beach that will make it possible to extend the incomparable benefits of helium-marine healing to several hundred more people” (Dias, 1936, p. 95).

## FINAL REMARKS

Throughout the text, we highlighted an important relationship between Power and Knowledge with the aim of governing the population, particularly poor families and their children. We observed the emergence of public welfare policies in the *Estado Novo* political regime, primarily aimed at regulating and guiding rather than “building.” The creation of specialized institutions, such as the Castelo Branco Childcare Dispensary, stems from a modern project that recognizes the importance of preserving childhood and families, especially poor ones. Martins (2016, p. 150) states that “indigence was one of the great social scourges within any social system, just as pauperism (poverty, hunger), begging, marginalization, vagrancy, unemployment, illiteracy, crime and war constituted a social calamity”.

The interpretation of childhood as a social problem allowed this “mass” to be taken as an object of study for sets of knowledge that had the opportunity to intervene on the bodies and on the collective of childhood from a perspective that, as Bento Carqueija stated, quoted by Lopes Dias (1930, p. 1) “children are a country’s greatest asset.” Now, if they are considered as such, it became urgent to safeguard children from those who could potentially make them vulnerable: families from the poorest classes.

Michel Foucault’s conceptual references are of particular interest in interpreting this social problem. The exercise of power over life – biopolitics –, with the aim of guiding the conduct of that group, assumes

a set of processes such as the ratio of births to deaths, the rate of reproduction, the fertility of a population, and so on. It is these processes – the birth rate, the mortality rate, longevity (...) which, in the second half of the eighteenth century, become biopolitics’ first objects of knowledge and the targets it seeks to control (Foucault, 2006, p. 256)

The concern of different specialists, such as doctors, regarding the problems of infant mortality, is illustrative of this approach that sought to preserve, protect childhood and monitor the poorest families, for example, through home visits by

health or childcare visitors and the dissemination of literacy promoting hygiene in childhood. As Vilhena (2002, p. 18) argues,

we are thus faced with a campaign to moralize and discipline the working classes, which involves restoring family life, considered the initial and most economical form of assistance, and valuing the role of women, considered the main agent of moralization in working-class families.

In short, the analysis we have conducted calls us to the ideal of civilization and progress of the nations. For this to happen, it was necessary to know how to govern the population and to understand it, mobilizing science, and to make a strong investment in those who presented themselves as the men and women of tomorrow. In this sense, Veiga-Neto (2004, p. 143) argues that, for this to be possible, “(...) knowledge enters as a driving element of power, as a transmission and naturalizing belt for power, so that there is consent from all those who are in the meshes of power”.

The Castelo Branco Childcare Dispensary constitutes a field of action for powers and knowledge in an attempt to improve the lives of children, monitor poor families, and advocate a strong moral action on childhood. This Dispensary proved to be a technical, scientific, and moral device that acted upon children and families in the construction of a modern society where progress depended on the “breadth” of human life and, in particular, on those who constituted the future of the nations.

## REFERENCES

- Câmara, S. (2006). Para uma ação preventiva e curativa da infância pobre. In R. Fernandes et al. (Eds.), *Para a compreensão histórica da infância* (pp. 313–334). Campo das Letras.
- Correia, F. S. (1952). A assistência moderna e a tradição. In *Conferências da Liga Portuguesa de Profilaxia Social* (7ª série, pp. 186–213). Imprensa Social. (Conferência proferida no salão nobre do Clube dos Fenianos Portuenses, 21 de janeiro de 1939).
- Dias, J. L. (1931). *Un service social de puériculture: Monographie*. Minerva. (Apresentada no X Congrès International pour la Protection de l’Enfance).
- Dias, J. L. (1936). As criancinhas portuguesas na política da assistência. In *Conferências da Liga Portuguesa de Profilaxia Social* (3ª série, pp. 76–96). Imprensa Social.

Dias, J. L. (1938). Apontamentos de higiene das escolas primárias. *Boletim de Ação Educativa – Direção-Geral da Saúde*, (21), 140–147.

Dias, J. L. (1945). *Organização e técnica da assistência rural*. Jornal do Médico.

Dias, J. L. (1951). *Ensaio de combate à mortalidade infantil em Castelo Branco*. Liga Portuguesa de Profilaxia Social.

Dias, J. L. (1960). *Alguns elementos de estudo da organização periférica do exercício da medicina*. Imprensa Médica.

Dias, J. L., & Louro, M. L. (1953). *Abeugrafia em saúde pública*. Imprensa Médica.

Donzelot, J. (1986). *A polícia das famílias*. Edições Graal.

Ferreira, A. G. (2000). *Gerar, criar, educar: A criança no Portugal do Antigo Regime*. Quarteto.

Ferreira, A. G., Mota, L., & Vilhena, C. (2019). Panorama sobre a educação de infância em Portugal. In A. G. Ferreira & L. Mota (Eds.), *Caminhos da educação de infância em Portugal: Políticas e perspectivas contemporâneas* (pp. 15–74). De Facto Editores.

Ferreira, M. M. (2000). *Salvar os corpos, forjar a razão: Contributo para uma análise crítica da criança e da infância como construção social, 1880–1940*. Instituto de Inovação Educacional.

Foucault, M. (2006a). *É preciso defender a sociedade*. Livros do Brasil.

Foucault, M. (2006b). *Estratégia, poder-saber*. Forense Universitária.

Foucault, M. (2006c). *Vigiar e punir: Nascimento da prisão* (31<sup>a</sup> ed.). Vozes.

Foucault, M. (2008). *Segurança, território, população: Curso no Collège de France (1977–1978)* (E. Brandão, Trad.). Martins Fontes.

Foucault, M. (2010). *Nascimento da biopolítica*. Edições 70.

- Freitas, M. C. (Ed.). (2006). *História social da infância* (6ª ed.). Cortez.
- Giddens, A. (1991). *As consequências da modernidade*. Editora Unesp.
- Gondra, J. G. (2010). A emergência da infância. *Educação em Revista*, 26(1), 195–214.
- Gorjão Henriques, E. (1940). *Assistência social: Obra Nacional de Proteção e Assistência à Maternidade e Infância – Ensaio de ação social de um centro municipal*. Mendes Barata.
- Henriques, H., & Vilhena, C. (2015). A preservação da infância: Análises de discursos sobre a criança em perigo moral (Portugal, 1910–1916). *Educação em Revista*, 31, 61–81. <https://doi.org/10.1590/0102-469813262>
- Kuhlmann, M., & Fernandes, R. (2004). Sobre a história da infância. In L. M. Faria Filho (Ed.), *A infância e sua educação: Materiais, práticas e representações (Portugal/Brasil)* (pp. 15–34). Autêntica.
- Martins, E. C. (2016). *Crianças “sem” a sua infância: História social da infância – acolher/assistir e reprimir/reeducar*. Editorial Cáritas.
- Pais de Sousa, J. (1999). *Bissaya Barreto: Ordem e progresso*. Minerva Editora.
- Pimentel, I. F. (1999). A assistência social e familiar do Estado Novo nos anos 30 e 40. *Análise Social*, 34(151–152), 477–508.
- Pimentel, I. F. (2001). *História das organizações femininas do Estado Novo*. Temas e Debates.
- Portugal. (1933). *Constituição da República Portuguesa*.
- Portugal. Arquivo Municipal de Castelo Branco. (1930). *Estatutos do Dispensário de Puericultura de Castelo Branco*.
- Portugal. Associação Protetora da Infância. (1955). *Dispensário de Puericultura Dr. Alfredo Mota de Castelo Branco (1930–1955)*. Imprensa da Universidade de Coimbra.

Portugal. Junta Geral do Distrito. (1933). *A função social do Dispensário de Puericultura Dr. Alfredo Mota, de Castelo Branco, em 1932*. Tipografia Minerva.

Portugal. Junta Geral do Distrito. (1935). *Dispensário de Puericultura "Dr. Alfredo Mota", de Castelo Branco, em 1934*. Tipografia Minerva.

Portugal. Junta Provincial da Beira Baixa. (1938). *Dispensário de Puericultura Dr. Alfredo Mota (1936 e 1937)*. Tipografia Minerva.

Resende, H. (Ed.). (2015). *Michel Foucault: O governo da infância*. Autêntica.

Rizzini, I., & Pilotti, F. (Eds.). (2011). *A arte de governar crianças: A história das políticas sociais, da legislação e da assistência à infância no Brasil* (3<sup>a</sup> ed.). Cortez.

Silveira, D. S. da. (2015). Governamentalidades, saberes e políticas públicas na área de direitos humanos da criança e do adolescente. In H. Resende (Ed.), *Michel Foucault: O governo da infância* (pp. 108–165). Autêntica.

Veiga-Neto, A. (2004). *Foucault & a educação* (2<sup>a</sup> ed.). Autêntica.

Veiga-Neto, A. (2015). Por que governar a infância? In H. Resende (Ed.), *Michel Foucault: O governo da infância* (pp. 91–105). Autêntica.

Vilhena, C. (2002). *Institucionalização da educação pré-escolar em Portugal (1880–1950)* (Dissertação de mestrado não publicada). Faculdade de Psicologia e de Ciências da Educação, Universidade de Lisboa.

Vilhena, C. (2010). *A educação para a maternidade nas revistas de educação familiar no último meio século* (Tese de doutoramento não publicada). Faculdade de Ciências Sociais e Humanas, Universidade Nova de Lisboa.  
<http://hdl.handle.net/10400.1/5361>

Vilhena, C., Ferreira, A. G., & Mota, L. (2023). A educação de infância no Estado Novo português (1933–1974): Entre a assistência e a educação. In E. F. de Sá, A. G. Ferreira, L. Mota, & D. C. Albuquerque (Eds.), *Educação no Brasil e em Portugal em tempos de ditadura* (pp. 17–39). EDUFMT. <https://doi.org/10.1590/2236-3459/85647>.

**HELDER MANUEL GUERRA HENRIQUES:** PhD in Educational Sciences, with a specialization in the History of Education, from the University of Coimbra. He completed two postdoctoral fellowships in Educational Sciences at the University of Coimbra and at the University of Salamanca. He holds a Diploma of Specialized Studies in Sociology from the University of Beira Interior and a postgraduate degree in Management and Enhancement of Historical and Cultural Heritage from the University of Évora. He is an Adjunct Professor at the School of Education of the Polytechnic Institute of Castelo Branco and a researcher in the Group on Educational Policies and Organizations and Educational Dynamics at the CEIS20 – Centre for Interdisciplinary Studies.

**E-mail:** [helder.henriques@ipcb.pt](mailto:helder.henriques@ipcb.pt)  
<https://orcid.org/0000-0002-0519-0304>

**Received on:** 2025.07.08

**Approved on:** 2025.10.21

**Published on:** 2026.02.07

**RESPONSIBLE ASSOCIATE EDITOR:**

Wagner Valente Rodrigues (Unifesp)  
 E-mail: [wagner.valente@unifesp.br](mailto:wagner.valente@unifesp.br)  
<https://orcid.org/0000-0002-2477-6677>

**PEER REVIEW ROUNDS:**

R1: two invitations; two reviews received.

R2: one invitation; one review received.

**HOW TO CITE THIS ARTICLE:**

Henriques, H. M. G. Forays into the “art of governing” poor childhood in Portugal: the Castelo Branco Childcare Dispensary (1930s, 20<sup>th</sup> century). *Revista Brasileira de História da Educação*, 26, e402 DOI: <https://doi.org/10.4025/rbhe.v26.2026.e402en>

**FUNDING:**

The RBHE has financial support from the Brazilian Society of History of Education (SBHE) and the Editorial Program (Call No. 30/2023) of the National Council for Scientific and Technological Development (CNPq).

**LICENSING:**

This article is published under the Creative Commons Attribution 4.0 (CC-BY 4) license.

**TRANSLATION:**

This article was translated by Maria Dolores Dalpasquale ([dolorestradutora@gmail.com](mailto:dolorestradutora@gmail.com)).

**DATA AVAILABILITY:**

All data generated or analyzed during this study are included in this published article.