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Research Article

Social Space of Health and Health Tourism: The Children's Bathing Colony *O Século*

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Abstract

This article aims to understand the process of institutionalisation of the social configuration of a bathing colony aimed at lower-class children, promoted by the leaders of the newspaper O Século in the early twentieth century. A perspective that conceptually relates to the social space of health and tourism was favoured. Health is a cultural construction – as a notion – and a political construction – as a space – that can be apprehended relationally, as a product of the social world. In the conceptualisation of tourism, mobility and leisure are central (although not exclusive) axes, understood as dynamic phenomena and concepts, taking on various forms and multiple meanings according to sociohistorical contexts. The paper seeks to demonstrate that the institution of the bathing colony was socially defined, with specific individuals and groups being decisive in this process.

Keywords: *Health, Health Tourism, Children's Bathing Colony "O Século", Portugal*

1. Introduction

This article aims to understand the process of institutionalisation of the social configuration of a bathing colony aimed at lower-class children, promoted by the leaders of the newspaper *O Século* in the early twentieth century.

The institutionalisation of a social configuration can be understood as a process of the social construction of reality that articulates structural conditioning with the result of the interaction of individuals and organisations, taking into account the interests of certain groups, legitimised by society itself. Thus, to say that a component of human life has been institutionalised means that this component has been submitted to social control (Berger & Luckmann, 1966). Therefore, institutionalisation can be understood as a process through which each individual transmits what is socially defined as real and, at the same time, at any point in the process, the meaning of an action can be defined as a part more or less taken for granted in this social reality (Zucker, 1991).

Institutionalisation implies a change and learning cycle, where patterns, structure and processes for problem-solving, once established, are questioned and begin to incorporate new practices that may or may not be institutionalised. The process of institutionalisation presupposes the interdependence between change and persistence, social immersion and autonomy, action and structure. In this sense, rules, norms and cognitive patterns can be considered both as limiting and enabling action (Machado-da-Silva, Fonseca, & Crubellate, 2010; Scott, 1995).

The bathing colonies directed to the working classes that emerged throughout the 20th century, which aimed to "fortify the terrain" as a strategy of resistance to diseases, particularly tuberculosis, are pluriform spaces that combine prophylactic, educational and vacation functions. These bathing colonies are shaped by a paradoxical condition: limited discretionary, mobility and temporary sedentarisation (Urbain, 1994).

Based on a technical-operational definition of health tourism, which refers to a more operational description allowing for the observation and empirical quantification of the phenomenon, this type of tourism can be characterised by the displacement of people to places or facilities equipped for tourism, with the main objective of improving their physical and psychological well-being through a series of prophylactic and therapeutic procedures. Its roots can be found in thermal treatment and thalassotherapy, which began with the preventive and therapeutic procedures prescribed by 19th-century medicine, followed by an appropriation of these spaces – especially the thermal baths – by the most favoured social classes, in a holiday logic and as places of leisure and distinction at the end of the 19th century, early 20th century. This stage was based on the idea that the stay of more favoured social classes in large hotels and the luxury in the ritual of formal dinner and entertainment in casinos was complemented by the visit of the thermal baths or the sea baths, which had relaxing and strengthening properties for the body and spirit (Ferraz, 2009).

This model faded until the 1930s of the 20th century and practically disappeared in the post-2nd World War, when tourism emerged as a systemic dimension of the leisure society, largely framed by technological innovations applied to human mobility (jet plane, for example), by the labour and social conquests and by the establishment of the social state in the Western capitalist countries (Ferraz, 2009).

In a second stage – which, in Portugal, follows the democratic revolution of April 25, 1974, and in the 1980s – there is a democratisation of access to such infrastructures. The popular classes and the older age groups started to be able to enjoy thermal venues and baths, medical treatment prescribed by a public health service that was typical of the welfare State, practised during the holiday season, that is, social balneology (Ferreira, 1995). The most favoured classes desert and the medical dimension seems to take a central and isolated place. However, the playful withdrawal is not complete, as this practice takes on leisure value and/or occurs during vacation periods, earning a democratic and egalitarian social nature (Ferraz, 2009).

Finally, there is a more recent stage associated with the emergence of globalisation and the configuration of a tourist civilisation and a vision of tourism as a global total social phenomenon (Ferraz, 2017). Thus, there is the emergence of a great diversity of tourist products, encompassing huge atomisation of types of consumers, with all kinds of natural, cultural and technological resources, as well as motivations, to become tourist goods (Ferraz, 2009, 2017). An existential dimension is associated with leisure, shaping diversified lifestyles and consumption modes whose offer also comes from developed countries, through the proliferation of niche products and the

material and symbolic re-invention and re-signification of the old, in the context of the reconfiguration of late capitalism. This is the case of health and well-being tourism and the proliferation of spa services in the most varied places, both urban and non-urban, in hotels, medical clinics and gymnasiums. In addition to the recreational and medical dimensions, there are, in the services and practices offered, logics that are more associated with cosmetics and aesthetics, reflecting the ideological "youthfulness" of contemporary lifestyles, a focus on physical appearance and shape and healthy lifestyles (from the "healthy" diet to not smoking), and in the (daily or seasonal) fight against everyday stress. Some of these types of practices and services find their way into health centres and fitness clubs around our cities in the industrialised world in increasing numbers (Ferraz, 2009, p. 49).

2. Methodology

The methodology followed in this article is of an intensive type. It is about understanding the multiplicity of facets and dimensions that characterise this polyhedral process of institutionalisation of the social configuration of the bathing colony promoted by the leaders of the newspaper *O Século*.

Documentary analysis was the favoured technique in this research, developed from different types of documentary sources. In a documentary study, documents can be understood as "means of communication", elaborated with and for some purpose. They can be understood as a form of contextualisation of information, being analysed as communicative devices methodologically developed in the production of versions about events (Flick, 2005). Considering that documents are communication tools and media, which express objective forms of experience and knowledge related to a certain sector of human practices, it implies that the whole document can be contextualised in a certain social and cultural framework. In this framework, marked by its complexity, the document enters the framework of social relationships and takes on a certain role in the game of social relationships by ascribing value to certain acts or configuring certain relationships (Lalanda-Gonçalves, 2014).

The type of documentary sources favoured was the newspaper *O Século*, the Reports and Accounts of *Colónia Balnear Infantil de O Século*, magazines of assistance and medical nature, which, by expressing different positions and interests in the assistance, medical, political and societal field, were important to understand the construction of the discursive space in the process of institutionalisation of this social configuration.

Newspapers and magazines can be understood as meaning-building practices in public spaces, which allow the configuration of shared universes and guide the conversation themes of social groups according to debates and polemics determined by the specific interests of these groups (Macedo & Cabecinhas, 2012).

3. Health and Tourism

The extension of the notion of health can legitimate any form of intervention, medical or otherwise, to promote health that claims to be a fundamental value of modern societies (Aïach, 1998). Health is not only normal. To be healthy and normal is not completely equivalent, inasmuch that the pathological is a kind of norm. To be healthy is not only to be normal in a given situation but also to be normative, in this and other situations. The possible abuse of health is part of health. Health cannot, therefore, be reduced to its simple opposition with the pathological, as it is often grasped by common sense and medical language (Canguilhem, 1984). More than a reality derived from definitions underlying the bio-medical model, health emerges as a notion and a space defined by the relationship between the physical body and the social and political world. This relationship is historically constructed, the object of competition and struggle between agents who develop strategies to impose their distinct visions of what is related to health, that is, what is socially and politically treated as a health problem (Fassin, 2000). Health is a cultural – as a notion – and a

political – as a space – construction that can be apprehended relationally as a product of the social world. It is a concept in which the signifiers elaborated by both common sense and erudite knowledge are sedimented. Space that puts in relation a set of agents that are positioned there, such as patients, professionals or administrators (Fassin, 1996). In this more extensive social space than that of illness and medicine, there are patients and doctors, but also other professionals (nurses, health technicians, scientists, administrators) and other institutions (of technical or political nature), the public that is supposed to profit from their benefits and the State that is in charge of administering or regulating them. From this perspective, health is a space where there are struggles to define the very content of the notion of health, which the various actors refer to in a non-consensual way. Health is more than the obverse, i.e. the main face of a reality which illness would be the opposite of. It is a plurivocal value which society makes increasing use of, within the framework of differentiated strategies. Health is also a market governed by laws and mechanisms of competition and regulation that structure the relationships between therapists, the public and the State (Fassin, 1996).

The evaluation of epidemics and endemics developed by hygienists, especially during the 19th century, showing the relationship between the development of these diseases and the level of poverty of the populations affected, on the one hand, the progression of diseases and housing density, and on the other hand, drew attention to the dangers that the poor pose to the new economic and social order.

The new economic and social order that emerged with capitalism, especially in the period of free competition capitalism – the functioning of the logic of the market and private property as the basic institution of society – has generated a new form of poverty: not individual poverty or poverty linked to exceptional circumstances, such as bad weather, but mass poverty apparently inescapably linked to the development of industrialisation and the unequal distribution of wealth. This "poverty epidemic" has been called "pauperism" since the beginning of the 19th century. This poverty, which was not due to the absence of work, as advocated by liberal thought throughout the 18th century, but rather to the new forms of work organisation emerging with industrialisation, was viewed by workers and philanthropists as a permanent factor of social insecurity. Another characteristic of pauperism clarifies its new and literally disturbing nature, referring to an unprecedented misfortune of the popular classes, made not only of material misery, but also of deep degradation (Castel, 1999).

This new economic and social reality engendered a new nosological framework, in which contagious and infectious diseases predominated. Unhealthy factory conditions, excessive work without adequate rest, poor nutrition, congested and unhealthy housing, contaminated water and inadequate and practically non-existent sewage systems were fundamental causes in the emergence and spread of outbreaks of these diseases, which mainly affected the working classes, especially the poor. This new nosological picture had also consequences on the interdependencies between the dominant and the dominated. The dominated were considered dangerous because they mobilised, protested, went on strike, threatened not only public health but also collective security and public order. The dominant groups were not immune to the epidemics and endemics affecting the new industrial centres. Poor health significantly reduced labour productivity and the resulting profit margins of capitalists. The desperate situation in which the working classes found themselves, particularly the poorer classes, was fertile ground for movements of revolt, which called into question the established social order. The dominated forced the dominant classes to make concessions, which focused on what is called the social and social advantages (Bourdieu, 2014).

The diseases of the poor become a threat to the health of the upper classes, and health and social reform programmes are promoted, which aimed, through the protection of the health of some, to preserve the health of all (Drulhe, 1996; Vigarello, 2001). The development of welfare medicine for the poor and the working classes was the last direction that social medicine took. Having taken the form of a practice of social control of the tensions and problems arising from urban "promiscuity", the increase in poor populations, the organisation of a medical practice aimed at the health of the poor, at the body of men and women's working-class gained an increasingly wider space from the

middle of the 19th century onwards (Foucault, 1994).

Assistance was one of the forms of societal intervention on poverty and the poor. Assistance is not intended to equalise individual positions or suppress the social difference that separates the rich from the poor; it is based on the social structure and aims to mitigate certain extreme manifestations of social differentiation so that the social structure can continue to be based on that same differentiation (Simmel, 1998). Assistance plays, therefore, a regulatory role in the social system, where the State assists poverty while private assistance assists the poor (Simmel, 1998).

The assistance and the inherent assistance strategies developed by the dominant social groups, at first organised through devotional brotherhoods and/or professional confraternities and later by secular or confessional philanthropic institutions, aimed at providing help, assistance and resolution of situations of deprivation. This aid was directed by public and private entities to individuals or groups considered needy and deserving of help, that is, they made the distinction between the poor deserving and not deserving on the basis of their attitude towards work. However, the notion of strategy refers not to the intentional and planned pursuit of advancement with calculated objectives, but to the active disposition of objectively oriented lines that obeyed regularities and formed coherent and socially intelligible configurations, despite not following any conscious rule or aiming at premeditated objectives as such set by a strategist (Bourdieu & Wacquant, 1992).

As a response to this problem-reality of poverty, hygiene promoted social organisation reforms and hygiene measures aimed at the physical and moral strengthening of these populations. The development of these reforms brought two positions into confrontation: (i) that of the supporters of a policy of containment of the "dangerous" classes in well-defined areas under the control of the "public force"; and (ii) that of the supporters of a policy of integration of the popular classes through education, the "civilisation of behaviour" and the improvement of their living conditions. These positions express the double face of the State: on the one hand, a function of domination, of maintaining social and symbolic order and, on the other hand, the function of integration. Domestication and integration of the dominated are intertwined: part of the State's work is directed towards the dangerous classes that must be provided for, that must be brought into play; at the same time, it can be stated that it is a matter of assisting the dominated, of removing them from the unbearable state of misery in which they find themselves (Bourdieu, 2014). The philanthropists have produced a discourse that integrates two properties: the interdependence of the dominant and the dominated, which imposes concessions on the dominated. The philanthropists have repeatedly valued a descriptive and normative discourse, developing a work of moralisation of the dominated (Bourdieu, 2014).

If, until the middle of the 20th century, the guarantee of health essentially meant, for the State, the preservation of national physical strength, its labour force, its production capacity, and its military power, from the 1940s-1950s onwards there is the formulation of a new right, a new morality, a new economy, a new politics of the body. With the Beveridge Plan, drawn up in England in 1942, health became an object of concern for States, not for themselves, but for individuals. The right of the humans to keep their body healthy thus becomes an object of State action. The terms of the problem are reversed: the concept of the State at the service of the healthy individual replaces the concept of the healthy individual at the service of the State (Foucault, 1994).

The idea of health conservation and disease prevention is based on the assumption that the absence of serious illness and the maintenance of great physical and intellectual activity would only be possible through the adoption of medical-hygienist provisions. This idea is advocated and disseminated by medicine, through its most authoritative and often mediatised spokespersons. This ideology tends to invade the entire social space. In this sense, it can be described as totalising (Aïach, 1998). This is one of its most important characteristics, as it explains the increasingly considerable place occupied by the development of a process of social medicalisation, through the extension of medical competence to social and psychological problems and difficulties. This extension is partly at the origin of the phenomenon of pathologisation that emerges, for example, in the morbidity statistics in population health surveys. But it is also the product of a complex and subtle evolution in

the relationship of individuals with their bodies, with illness and with health professionals. This evolution, which is reflected in the growing interest in health and disease issues – strongly encouraged by a specialised press and by radio and television – is essentially fuelled by the fear of death, disability, and suffering (Aïach, 1998).

In the specific case of tourism and its relationship with health, the phenomenon is not new, either because there is an explicit direct relationship of practices and discourses, or indirectly, based on social consequences or the implicit imagery. In this regard, the logics and their times, previously mentioned, are exemplary and correspond to several socio-historical stages (19th-century elitism, democratisation and access by the working classes and new tourist products based on youthfulness, on the view of the inseparable aesthetics well-being), as well as to various models of thinking about "healthy" representations and practices.

The process is similar in the more circumscribed case of health and disease. In Western societies, the consolidation of the epidemiological transition, marked by the dominance of chronic-degenerative pathologies and the exponential increase in psycho-behavioural pathologies, highlighted new priorities in the production and reproduction of knowledge, transferring the emphasis from the disease to the promotion of health, from the hospitalisation and institutionalisation of the patient to his/her insertion in the community, from cure to prevention, from patient to person (Nettleton, 1995). There is the consolidation of an ideological framework, in which health is a value in itself (healthism). If, in medicalisation, medical definitions and treatments are offered for social problems or natural events that already exist, with healthism, behavioural and social definitions are put forth to events previously defined in biomedical terms. Medicalisation proposes biomedical causes and interventions; healthism proposes behavioural and lifestyle causes and interventions. One transforms moral into medical, the other transforms health into moral (Conrad, 1992).

In the relationship between the social space of health and tourism, the valuation of health is a key element of its goals and justifications, its discursive order and its practical activities. It may be considered that the valuation of health takes place in different ways, which may be grouped into three schemes: (i) conservation of health and prevention of disease; (ii) healing therapy; and (iii) well-being and health promotion, oriented towards changing lifestyles and preventing environmental risks.

The reading of these models according to a chronological progression, in which each one of them is isolated, could make us believe in its linear succession. On the contrary, there is a sedimentation of these schemes and, in contemporary societies, whether they are close or distant, tensions crystallise between the forms of beliefs and the power they represent. The current valuation of health may be viewed as a variable configuration of these models.

Therefore, there is an institutionalisation of the relationship model between tourism and health that breathes socio-historical shifts, the reorganisation of capitalism and new ideological and social logics ascribed to mobility, leisure and well-being.

4. Children's Bathing Colony *O Século*

The Children's Bathing Colony *O Século* is aimed at "neglected" childhood and institutionalises the ideological-doctrinal and philanthropic positions of the leaders of the newspaper *O Século* regarding the social issue of childhood, defending the care of poor children as a way to ensure the future of the "race" that wanted to be morally and physically strong (Antunes, Ferreira, & Pereira, 2005; Vilarinho, 2000). The education of these children and the fight against child mortality were favoured as a way to overcome this social problem that was recognised and legitimated mainly by doctors, hygienists and pedagogues.

> *The protection of poor children is the noblest and most beautiful form of assistance. It is in the child that the future of a race is guaranteed. Men will be what children are; and the Nation will be great and*

prosperous and happy if its men are strong in body and morals (Report and Accounts of the Children's Bathing Colony O Século, 1939).

Disease prevention and "race regeneration", as ideological components consecrated as principles of judgment (Campenhoudt, 2003), were central to the process of institutionalisation and legitimation of the bathing colonies aimed at working-class children. A model of prophylactic assistance is emphasised, favouring the prevention of disease and the control of poor children. Considering prevention as the set of actions aimed at controlling certain risks, preventing them from taking place, or the consequences of such risks, then the idea of prevention entails certified and established risks. Prevention has also close links with other forms of regulation, in particular control and surveillance (Elbaum, 2002). The notions of 'breed purity', 'breed regeneration' and discussions on the mixing presuppose the existence of an 'essence' of each 'breed', which could be contaminated and which, by avoiding such contamination, could be an objective to be achieved by setting up a programme of action.

The philanthropic strategies developed by the bourgeoisie and petty bourgeoisie and by some aristocrats in the First Republic, who favoured intervention in the sphere of so-called social problems, namely that of helpless childhood, focused on the ideology of care and protection, with the New State accentuating this repressive dimension. Under this ideology, it was intended to remove children and women, especially from the popular classes, from the public space of the street and productive activities, and to contain them in specially delimited places, prepared to receive and watch over them (Almeida, 2000). These philanthropic strategies presented themselves as "deliberately depoliticising strategies in the face of the establishment of collective facilities, occupying a neuralgic position equidistant from private initiative and the State" (Donzelot, 1980). This philanthropic activity was organised in two poles: the welfare and the doctor-hygienist. Regarding the first pole, the assistance was focused on people without resources, who, on the one hand, were exempt from the obligation to work, in this case, children, and on the other hand, it involved domiciliation, that is, those assisted were obliged to have a fixed residence. As for the medical hygienist pole, the interventions of hygienists were, in general, focused on a central problem: the working-classes' material and moral misery. As a response to this problem, hygienist measures promoted social organisation reforms and hygiene measures aimed at the physical and moral strengthening of these populations.

This new policy favoured childhood and its medicalisation, valuing hygiene and imposing medicine as an institution of social control. The intervention of medical knowledge in unhealthy places, vaccination campaigns, the control of diseases through their registration, the elaboration of mortality and morbidity rates and their relationships with social and material conditions of existence were privileged moments of this hygienic movement, which suggests the intention to create a sanitary cordon to prevent the proliferation of infectious and contagious diseases "sown" by the popular classes, representing a danger for the posing classes. The terror of degeneracy worried aristocratic and bourgeois families (Corbin, 1987).

At the turn of the 19th century, the way of looking at the poorer city classes was reconfigured, from a "demoralising" to a "degenerating" perspective. According to the former, pauperism, as a visible form of poverty, derived, to a great extent, from a deliberate will, from the free choice of the ones who felt that the life of a beggar would be more pleasant than that of a worker. Therefore, pauperism was a sin, easily practised by the poor uncouth newcomer to the city. If charity and assistance to the poor were restricted, so that begging became less attractive than work, one could progressively eliminate pauperism and economic immorality. From the perspective of "degeneration", generations born and raised in urban conditions of poverty, premature marriages, and debauchery would inevitably suffer from physical and moral degeneration. Most of the "dangerous classes" would consist of degenerates produced in increasing numbers by urban life and the ultimate causes of their misery would be neither economic nor moral, but rather biological and ecological. Degeneration, just because it exists, would be a danger of contamination for the other classes (Jones, 1978; Murard & Zylberman, 1978; Fernandes, 2000).

Portuguese hygienists were also concerned about degeneration and degradation of the "race". Several doctors advocated – namely in the congresses against tuberculosis promoted by the National League against Tuberculosis – the importance of bathing colonies and holiday camps in preventing the disease and for the "rejuvenation of the race". At the National Congress held in Coimbra in 1904, several doctors argued that the different types of colonies and schools could provide valuable hygienic services to children, being a means of physical, intellectual and moral development, where children could have abundant food, play, walk and rest. In medical and welfare discourses, bathing colonies and holiday camps were defined as a grouping of people or families who, for reasons of body strength and disease prevention, settled in places other than those in which they normally lived, for a limited period, especially in the summer, taking baths at sea (Proença, 1952, p. 7). They were considered "works of social preservation", intended for weak children, aiming at a beneficial effect on their health by the change of environment to "combat the influence, unfavourable to children, of the sedentary and unhygienic life of big cities" (Freitas, 1944, p. 348).

The philanthropic values that express the practice of good in relation to the other, doing good and helping the needy, emerge in what *O Século* called "protection of childhood". Within the scope of this campaign that began in 1905, on the initiative of Samuel Maia – a doctor and columnist in this newspaper – several activities were developed: surveys of the hygienic and sanitary conditions of the children and school population; exhibition of children and subsequent awards for strength and beauty; vaccination of competitors; artistic *matinees;* hygienic walks; works of propaganda; organisation, from August 1908 onwards, of "the baths of the protected of *O Século*", on Trafaria beach, for the children of the most disadvantaged classes of the various parishes of Lisbon (Cf. *O Século*, 23/8/1908).

The decisive actors, particularly doctors, in these philanthropic campaigns were what Becker calls "moral entrepreneurs", that is, the persons who create the standards and the individuals who enforce them with a view to the "crusades for the reform of customs" (Becker, 1973). The actions of these actors spread the belief that the problem can be solved by a reorganisation of the normative structure, whether this involves "real changes" or a "reaffirmation of symbolic values". In this sense, there is the production of a moral discourse around the problem that aims at the formation of social consensus, through the rejection of the figures identified with the deviation and polarisation of the struggle between the forces of Good and Evil (Machado, 2004; Becker, 1973).

This campaign of "child protection" developed by Samuel Maia, doctor of the National Assistance to Tuberculosis, and with the support of doctors Alfredo Tovar de Lemos, José Pontes, Jorge Cid, Júlio Proença Fortes, Francisco Seia, Frederico Villaret, Carlos Maciel and Miguel Santos, among others, on the one hand, intended to combat degeneration, degradation, the decadence of the "race" and, on the other hand, sought to ensure the moralisation of children of the working classes. Samuel Maia maintained eugenic positions by criticising the reproduction of individuals with tuberculosis, mental disorders, alcoholics and opposing miscegenation because he considered that crosses with blacks and Indians degenerated the race (Castelo, 2003, pp. 513-514).

These positions were part of a medical-hygienist conception of helpless childhood. This embodied the process of recognising the problem of childhood as a new field of knowledge that was becoming visible, albeit confined to the professional and scientific field in which it was produced, through public events of the speciality, such as communications in Congresses and, only later, in Conferences. Thus, the constitution of this new field of medical knowledge within medicine translates into the conquest of autonomous spaces within it that gain speciality status – Paediatrics, Obstetrics and Childcare – since they are produced from the systematic study of children (Ferreira, 2000, pp. 84-85).

Hygiene was not only a field of knowledge, a discipline that was organised and institutionalised within the medical field, which was itself in full transformation, but also a political ideology, which invariably combined health programs and the will to organise society (Drulhe, 1996, p. 30), promoting social organisation reforms and hygiene measures aimed at moralising the "dangerous" classes. The application of quantitative methods to public health issues was the main innovation in

the hygienists' approach. Statistics were relevant in hygienist research for three main reasons: first, they allowed to measure the effects of the civilising process on the health status of the population; second, they served to evaluate the consequences of health policies or measures; third, they could be treated according to the individuals' socio-demographic characteristics, to establish the differential risks of being ill or dying (La Berge, 1992, p. 54).

In the wake of the European and national inquiry movement, a group of doctors conducted a survey with children attending primary schools in Lisbon to ascertain the hygienic and health status of this child population, which *O Século* published in 1907. Two printed questionnaires were organised, one of which concerned children: their physical condition, rickets, teething defects, etc.; the other concerned housing, the family, the children's diet, etc. (*O Século*, 28/6/1908, p. 1). For Samuel Maia, the result

> *[...] was simply horrifying: of the 5,012 children examined, 1,690 had a large belly, one of the first signs of rickets; 2,142 were lymphatic; others presented scoliosis, many with the winged back, and only 127 were robust, and, of these, only 28 were robust and beautiful (O Século, 28/6/1908, p. 1).*

According to the doctors who carried out the survey, the causes of the precarious health conditions of these children were, among others, "ignorance of their mothers, filth, hunger of their children and lack of physical education" (*O Século*, 1/7/1908, p. 1). For the leaders of the newspaper *O Século,* the monarchical regime was the main responsible for the deplorable conditions in which the children and the school population of Lisbon lived.

Once the main problems affecting children had been identified, the publication of the survey continued with the presentation of the measures to be taken to remedy this situation: active propaganda on general childcare rules and general hygiene, promoting competition with prizes for mothers presenting more robust children; compulsory teaching of Swedish gymnastics in all public and private schools; dissemination of toilets in schools and compulsory showering for primary school pupils; school canteens, serving a meal at a minimum price; organisation of public assistance; construction of cheap and hygienic homes; establishment of maternity wards and lactation centres; organisation of assistance for pregnant women and women in labour; establishment of holiday camps; construction of good school buildings; and finally, methodical, energetic and relentless fight against syphilis, alcoholism and tuberculosis (Cf. *O Século*, 1 and 2/7/1908, p. 1).

Samuel Maia and his collaborators, with the support of *O Século,* implemented some of the measures recommended in the survey: school canteens, children's exhibition and holiday camps. The first canteen was opened in the parish of S. Miguel, in June 1909 and the following month so did the parishes of Alcântara and St. Catarina, supported by the Municipality of Lisbon, where the republicans dominated for the first time since 1908. That doctor, at a conference held by the National Education League, in the Geography Society, on June 27, 1908, argued that the meals provided by the canteens should be paid for:

> *It fights the idea of being free because it wants to take away their alms' nature, all the more so because there is a terrible tendency among us to beg, or rather, to have a cap in hand attitude. It also showed the value of the school bath for its educational purpose: it inures children to cleaning, tidiness and, most importantly, it develops brio, self-love. And the school canteen contributes to physical and intellectual development and establishes fraternity among children (O Século 28/6/1908, pp. 1-2).*

In an article published in *O Século* entitled "Hygiene issues" (*O Século*, 1/7/1907, p. 1), Samuel Maia advocated an exhibition of children, to be organised for *O Século*, with the aim of giving birth, in Portugal, to "the cult for the child". The following year the idea was taken up again by Samuel Maia, offering *O Século* high cash prizes to the competing children. On the first day of registration, there were about 2,600 candidates (*O Século*, 14/7/1908). The show of medical observation, measurement and weighing of children was extremely popular among the public, calling for special measures in the organisation of the *Portuguese Illustration* Hall; on August 22 alone, more than a

thousand people were present among competitors and visitors (*O Século*, 22/8/1908 p. 3). In the end, there were more than 8,630 children candidates. The number of children who fit into the awarded categories "robustness" and "beauty" was clearly reduced; thousands of children were "debilitated" and "unhappy". For these children, the consolation prize was two hundred admissions to baths at the Trafaria beach (Fontes, 1999, p. 40).

This prophylactic initiative, developed by *O Século*, which exalted the therapeutic and preventive benefits of sea baths in the fight against lymphatics, rickets, scrofulous disease and child tuberculosis, took up a set of principles set out in the statutes of the National Assistance to Tuberculosis (ANT), namely the "creation of maritime hospitals for scrofulous children, or arranged by any hereditary tare, or nutritional addiction acquired to contract tuberculosis" (Art. 2, § 3), and the study of hygiene measures deemed necessary to combat the development of tuberculosis (ANT's Propaganda Commission – Subcommittee on Prophylaxis). Among other measures, it was advocated that poor and indigent children should also have access to sea life together with physical exercise and an abundant diet as a way of preventing the disease, especially tuberculosis.

From the 18th century onwards, a medical discourse dedicated to the virtues of cold seawater and, above all, to the advantages of contact with the waves and the coastal environment was consolidated. The essential qualities pointed out by doctors regarding seawater were coldness, salinity and turbulence. This discourse was part of the strategies to fight melancholy and *spleen* but also responded to the desire to calm the new anxieties, which developed within the dominant classes throughout the 18th century (Corbin, 1989). For doctors, sea air and seawater would prevent a rapid spread of putrefaction inside the body and would dissolve the "hardened tumours". The patient should bathe once a day, ingest half a litre of seawater in the morning and when leaving the bath, rub him/herself with algae.

In the last third of the 19th century, a growing number of inaugural dissertations developed in the medical field pointed out the therapeutic qualities of the sea. The sea baths were prescribed as a privileged therapy of the scrofulous and lymphatic diathesis. Throughout the 20th century, the medical discourse present in works of dissemination or erudite works on the sea reiterates the therapeutic and preventive effects of the sea. For Vaz Serra, a professor at the Faculty of Medicine in Coimbra, the maritime climate emerged as a prophylactic and therapeutic element essentially directed at children. The privileged means of cure was maritime climate--therapy (Serra, 1927; 1930).

Maritime climate-therapy also included sea baths and sunbathing. According to medicine, to preserve him/herself against diseases, the patient or the child should enjoy a stay by the sea. They should benefit from heliotherapy. The sunbathing would gradually develop, the first day only the feet, and would gradually increase to the neck, without reaching the head. Regarding sea bath-therapy, i.e. the therapeutic use of sea baths, there was also a codification of its practices. The bath in the sea would be one a day, the body should as covered with water as possible, and the bather should not be quiet. The entrance to the sea would be quick, if much preceded by a slight ablution on the forehead, and the short bath always finished before the secondary chill (Junior, 1874; Ortigão, 1876; Serra, 1930).

In 1908, the newspaper promoted, from August onwards, "the baths of the protected of *O Século*" on the Trafaria beach for the children of the most disadvantaged classes in the various parishes of Lisbon. This initiative, which was part of the "Child Protection" campaign, was the corollary of a whole series of the above-mentioned actions developed by *O Século*. The place chosen was the Trafaria beach.

On this same beach, from September 9, 1901 onwards, the practice of sea baths and hygienic care for "lymphatic" and "scrofulous" children promoted by ANT had been followed. This practice was also developed in the maritime sanatoriums of Outão (1900), Carcavelos (1902) and Parede (1904). The newspaper tried to take these baths to the Algés beach, among other reasons for being closer to Lisbon, but they were strongly challenged by the citizens who used this beach:

> *The news came to the newspapers; but Algés protested; the very crowded beach would no longer be so if the little children protected by the Assistance went there to take their baths. The accustomed bather*

would run away in horror and fear, in fear of contagion! Just as, in the Middle Ages, people would run from the lepers! There were complaints, requests to Mr Hintze Ribeiro, of bathers and the persons responsible for the beach. And the protest has won; the Assistance has set its sights elsewhere. It was then that the Trafaria beach spontaneously offered to take in the poor children, whose evil is simply organic weakness, motivated by the poor hygienic conditions in which they live, by the pitiful food they are given, by the sunless home, where their organic pauperism languishes and stifles (O Século, 10/9/1901, p. 3).

At the Trafaria beach, on the inauguration day, these sea baths were given to a group of 100 weak children of both sexes, between 4 and 14 years old (*O Século*, 6/9/1901, p. 1). ANT paid for the transportation of the children, the baths and gave each one, at the end of the baths, an abundant meal of sterilised milk. It also provided suits and handkerchiefs to all children. The clothes were made in the school of Nossa Senhora das Dores, in Rego, directed to the "neglected childhood". Queen D. Amélia, perpetual president of the National Assistance to the Tuberculosis, visited the Bathing Colony of Trafaria on September 10, 1901, having examined the place where the children protected by the Assistance took baths. They accompanied the Queen, the Countess of Seixal and the Count of Ribeira. On behalf of the National Assistance to the Patients with Tuberculosis were present, among others, the Count of Ficalho, counsellors Silva Amado, José Maria dos Santos, Pereira de Miranda and José de Azevedo, and the physicians D. António de Lencastre, Curry Cabral, Vicente Monteiro, Silva Gomes and Oliveira Feijão (*O Século*, 10 and 11/9/1901). In the political and social project to fight tuberculosis, ANT formalised the relationships between the agents interested in this problem-reality, especially the political agents and the doctors; Queen D. Amélia de Orleans and the doctor D. António de Lencastre were fundamental in the strategic decisions of this association.

The newspaper issued a daily report on the lively journeys, the busy baths, the bread and milk meals, the physical exercises, and the children's journeys to the newsroom of *O Século* to be monitored. Exalting this work, the newspaper acclaimed the fraternal spirit of republican politics and practices. These actions, which were supported by the Lisbon City Council, making available 200$000 réis by the proposal of Sabino Coelho, a counsellor and teacher at the Lisbon Medical School, were identified as republican propaganda, and, thus, the Government prohibited their funding through the Ministry of the Kingdom.

Another "patriotic work" promoted by *O Século*, as part of the "child protection" campaign, was aimed at the installation of a sea colony or "hygienic station" for children in the fortress of Peniche. Samuel Maia, in an article entitled "The Sanatorium of Peniche", argued that

The Peniche sanatorium [...] could house many hundreds of children and a few dozen poor families in the cities who needed to restore combated forces, convalesce from serious illnesses, flee from the aggressions of tuberculosis, always frequent after heavy fatigue, great sorrow and lengthy physical suffering (O Século, 8/9/1908, p. 1).

However, neither a bathing colony nor a sanatorium were installed in the fortress of Peniche, which would be transformed into a penal colony in 1934.

In 1909, the sea baths promoted by ANT, until then held on the Trafaria beach, for greater convenience and less risk, were transferred to Pedrouços (Rosa, 1979, p. 41). Also in 1909, with increased support, the initiative taken by the Lisbon Parish Council, dominated by the republicans, intended to include about a thousand children. By the intervention of Alexandre Ferreira, the beach colony was installed in Cruz-Quebrada, where the Lisbon City Hall built a shed. From 1924 onwards, this colony was called Colónia Balnear Dr António José de Almeida and remained so until 1926. The selection of the children started to be made by the Primary Schools.

After the establishment of the Republic, the National Assistance for Tuberculosis restricted the expenses, and the sea baths were terminated because the Parish Councils took on their expenditures. In their place, holiday camps were set up in the marine sanatoriums of Outão and Carcavelos. However, for the sea baths on the initiative of the Parish Councils, ANT contributed with $500,000

and lent its clothes (Rosa, 1979, p. 45).

Since 1924, this newspaper has been owned by the Union of Economic Interests and the editorial line has changed. The issue of abandoned children became a consequence of the political instability experienced in the period of the Republic. Of the various struggles against the republican regime, the one led by the Lisbon Trade Association, one of the most important employers' associations, stood out. The Union of Economic Interests, also known as Forças Vivas, represented around 120 employers' associations in the branches of commerce, industry and agriculture, from which the Lisbon Commercial Association, the Portuguese Industrial Association and the Central Agricultural Association stand out. Aiming to prepare public opinion for the outbreak of a coup d'état aimed at imposing a military dictatorship, the leaders of the Union of Economic Interests acquired the newspaper *O Século* in November 1924, assigning its direction to the journalist, lawyer and diplomat Henrique Trindade Coelho. João Pereira da Rosa was responsible for the financial reorganisation of the company. In the editorial of November 19 of that year, Trindade Coelho explained to the country the reasons for the new orientation of *O Século,* highlighting its two main objectives in total harmony with the programme of the Union of Economic Interests: "moral reconstruction and social discipline" (Rodrigues, 2002, p. 33).

On August 21, 1927, *O Século* announced its intention to organise sea baths again for poor children and called for the participation of the Central Council of the Lisbon Parish Councils. This decision took up the medical-hygienist conception of sea baths promoted by this newspaper, justified by the shocking picture of thousands of children abandoned in the streets of Lisbon.

The Colónia Balnear Infantil de *O Século* in S. Pedro do Estoril was inaugurated on September 10, 1927, in the former Carlos Correia canning factory, in cooperation with *Conselho Central Juntas de Freguesia de Lisboa*. For the leaders of the newspaper *O Século* and the Central Council of the Lisbon Parish Councils, this initiative was considered a charitable mission to the poor and abandoned children of Lisbon.

> *The question of abandoned children, raised by O Século, with the applause of the whole country, cannot be forgotten. That would be to compete so that the prisons continue, tomorrow, to be populated by men who could be useful to society. It would be to feed crime and, at the same time, deplete the country from its arms of work that it so badly needs. To avoid that all those little beings that today drag themselves through the streets of Lisbon have a sad and unhappy existence to be irretrievably lost to honourable work is not only a matter of humanity; it is also, and above all, a matter of patriotism (O Século, 7/7/1927).*

The newspaper *O Século*, on September 9 and 10, 1927, published a detailed report on the inauguration day. The first shift of 250 children, from the parishes of Camões, Mártires, Arroios, Alcântara, Conceição Nova, S. Julião and Sacramento, was concentrated in Cais do Sodré station, where they boarded a train specially provided by the Estoril Society. Their arrival was celebrated with the launching of rockets offered by the Camões Parish Council. When the children entered the Colony, the flag was raised and the national anthem was sung. After checking the number of children, they were taken to the dormitories where they unpacked and stored their belongings and then went to the canteen, where they were served their first meal in the Colony. At 3 p.m., Major Silva Dias – president of the administrative commission of the Municipality –, physician Marques da Mata – sub-inspector of health – and Emídio de Almeida – secretary of administration of the municipality of Cascais – arrived at the Colony (cf. *O Século*, 9 and 10/9/1927).

In August 1933, Artur Porto de Mello e Faro, Count of Monte Real, offered 250 thousand *escudos* for the acquisition by the National Society of Printing of the land and facilities of the former cannery in S. Pedro do Estoril. The donation was made on the day his first-born son, prematurely deceased, would turn 22. This act was registered in the Colony when their names were attributed to two dormitories. The purpose of this donation was to assist the poor, giving the heirs the right to recover their property or its value in the event it would be given another mission (cf. *O Século*, 3/7/1949).

The *Colónia Balnear Infantil de O Século* has shaped in a socially differentiated way the

imaginary of the S. Pedro beach. The "therapeutic beach" for the poor children of the Colony opposes the "playful beach" (Machado, 1996) enjoyed by its vacationers, allowing great social visibility, promoted by the newspaper *O Século*, which raises it to a national level, thus giving greater prominence to the transformation of *Cae-Água* in S. Pedro do Estoril. The successive visits of national and foreign entities, reported in *O Século*, gave the Colony high social visibility, especially until the end of the 1960s, and structured the discursive records of the various actors about S. Pedro, namely those of its residents and the inhabitants of neighbouring towns. However, it did not change the daily life of its residents and vacationers, given the weak links established between them and the inmates of the Children's Bathing Colony.

5. Conclusion

The Children's Bathing Colony of *O Século*, targeted at children of the working classes, institutionalised the ideological-doctrinal and philanthropic positions of the leaders of the newspaper *O Século*, regarding the social issue of "helpless" childhood.

Assistance and the inherent strategies developed by the dominant social groups were aimed at the provision of aid, relief, and the resolution of situations of deprivation, and were directed at individuals or groups deemed needy and deserving assistance. Assistance could be increased through charitable and philanthropic strategies. The difference between charity and philanthropy can be considered, not in the action itself, but in the means of carrying it out. Charity, seen as a pious work, presupposes that its author waives all vanity, advocating anonymity as the highest value. Conversely, philanthropy, being a gesture of utility, has in advertising a key element (Sanglard, 2003).

The visibility given by those responsible for the newspaper *O Século*, in news and editorials published in the first decades of the 20th century, to the bathing colonies devoted to assisting poor children is related to the belief in the possibility of disseminating examples considered model, aiming to ensure children, at the same time, prevention, protection and education, as opposed to criticism of institutions or practices deemed negative.

The cyclical coalitions of interests, which make up the different discursive registers produced by various agents from different social spaces (physicians, politicians, jurists, philanthropists), have made it possible to recognise and legitimise the "social scourge" of the "degeneracy" of the "helpless" childhood and to promote its public management. They added to the definition and implementation of policies for the prevention of the disease, to the promotion and development of new specialised institutional areas – bathing colonies, holiday camps, and preventative colonies – and intervened in the shaping of public action.

In the process of institutionalisation of the Children's Bathing Colony *O Século*, the philanthropists were decisive actors, particularly the physicians, while the "moral entrepreneurs" created standards and developed strategies for these to be implemented, aiming at the "crusades for the reform of customs". The creator of norms is the person who wants to impose his/her morals upon others, believes that his/her mission is sacred and that these norms would help people, even if they did not see them that way. The prototype of the norm-maker is the "reform crusader", who takes on the initiative to create a movement, overcoming public indifference and infusing the moral need for a new norm. The impostors are concerned that the norms are fulfilled, that the moral crusade is institutionalised. The existence of this crusade makes the work of the impostor indispensable. Its function is to impose the norms, regardless of their content. In short, moral doers are convinced that a set of principles and values should guide the daily conduct of different individuals and lead society towards the "right path" (Becker, 1973).

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