

Degeneration, criminality and hereditary alcoholism in Colombia, first half of the 20th century

Degeneração, criminalidade y heredo-alcoholismo en Colombia, primera mitad del siglo XX

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Abstract

This article analyzes how medical discourse objectified alcoholism as a “morbid state”, closely linked to criminality and mental illness, based on some medical theses, scientific articles and debates produced during the first three decades of the 20th century in Colombia. The appropriation of the theory of degeneration allowed physicians, hygienists and criminologists to understand alcoholism as a pathology, an abnormality, an instinct, and an innate addiction that produced fatal effects on the population and its generations. A discourse that allowed us to evaluate and intervene the difference in a historical moment especially concerned with human capital as part of the country’s progress.

Keywords: Alcoholism; Colombia; Mental Disorders; Criminology; Degeneration.

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Resumen

Este artículo analiza a partir de algunas tesis médicas, artículos científicos y debates producidos durante las tres primeras décadas del siglo XX en Colombia cómo el discurso médico objetivó el alcoholismo como un “estado mórbido”, estrechamente vinculado con la criminalidad y las enfermedades mentales. La apropiación de la teoría de la degeneración permitió que médicos, higienistas y criminólogos comprendieran el alcoholismo como una patología, una anormalidad, un instinto y un vicio innato que producía efectos fatales sobre la población y sus generaciones. Un discurso que permitió evaluar e intervenir la *diferencia* en un momento histórico, especialmente preocupado por el capital humano como parte del progreso del país.

Palabras clave: Alcoholismo; Colombia; Enfermedad Mental; Criminalidad; Degeneración.

Introduction

As in other Latin American countries, in Colombia, alcoholism enters as a medical category since the late nineteenth century, however, it will be through its connection with the theory of degeneration, during the first years of the twentieth century, that it becomes a medical and hygienic problem that must be controlled, especially by the presumed effects that it caused on the offspring. However, the literature produced on alcoholism is broad and it covers a set of medical, moral, economic discourses that are related to each other and that define the exaggerated consumption of alcohol, at the same time as a pathology, as an addiction, and as an economic problem. As historians Oscar Gallo and Jorge Márquez have shown, it is “a discursive practice that is diverse and dispersed in itself, ranging from the simple denunciation of the moral destruction of the supposed “normal” and “ideal” values of “the society” until the medicalization that turns certain gestures and practices into an object of the pathological, objectified by the medical field”.¹

In the Latin American context,² the historiography about alcoholism is vast. In general, such studies analyze the relationships of alcohol consumption or alcoholism with leisure, with certain social classes or with certain population groups such as workers, miners, women, the poor, and children. Works that show the construction of a racial imaginary that emphasizes the relationship between indigenous heritage and excessive alcohol consumption or other fermented beverages, or the relationship between alcohol consumption and the association with certain climatic regions are also highlighted. As a socio-cultural problem, alcoholism is analyzed as part of what in several countries was known as “social diseases”. For the most part, researchers³ examine the implications of medicine,

1 GALLO, O.; MÁRQUEZ, J. Alcoholismo, enfermedad social y trabajo en Colombia, 1861-1969. In: GONZÁLEZ, P. H. (Coord.). *Alcohol y trabajo en América Latina (siglos XVII-XX): experiencias económicas, políticas y socioeconómicas*. Valparaíso: In press.

2 As an example, we mention some works that specifically relate degenerationism and alcoholism (Carrillo, 2014; Ferrari, 2014; Salazar, 2015; Sánchez, 2014; Santos; Verani, 2010; Toledo; Treviño, 2015; Urías Horcasitas, 2004).

3 In the Ibero-American context, one cannot fail to mention the works of the Spanish historians Ricardo Campos and Rafael Huertas, widely cited by Latin American researchers (Campos, 1997, 1999; Campos; Huertas; Martínez, 2000; Campos; Montiel; Huertas, 2007).

hygiene, public health, and societies of temperance in the creation of a scientific-moral discourse that sought to attack and eliminate the root cause that the elites considered decisive for the emergence of crime, mental diseases, and depopulation.

The relationship between degeneration and alcoholism is a common denominator in these studies, which demonstrates the penetration, appropriation and circulation of the theory of degeneration throughout the American continent, establishing itself as a scientific paradigm that guided how the population was thought and its differences during the first half of the twentieth century.

The Colombian historiography that directly or indirectly analyzes this problem does not depart from this tendency. Studies like those of the historian Carlos Noguera show how the medical discourse used a set of “scientific” devices and tools, such as the anti-alcoholic effort to legitimize moral and elitist prejudices in relation to the habits and behavior of the poorest population of the country (Noguera, 2003, 2004). Other works emphasize how medical debates about alcoholism were vulgarized through the national press and its repercussion on the political scenario (Salazar, 2017). Some others analyze, almost always in a regional manner, the implications of anti-alcohol laws produced during the first half of the twentieth century (Salazar, 2013; Sierra, 2011), being more common studies that focus on the problem of alcoholism as a “social disease” (Calvo Isaza; Saade Granados, 2002; Congote, 2013). In recent years, other researchers have been interested in addressing the problem from other perspectives, such as occupational medicine,⁴ the discourses about the “popular woman” (Montaño, 2015) and the medical discourse about Indians and blacks (Galvis Villamizar, 2016).

Despite the extensive historiography produced in Colombia on this subject, there are still few studies that are interested in investigating which conceptual and epistemological tools were appropriate for physicians to construct the

relationship between degeneration, mental illness, and alcoholism (Duque Ossa; Quiceno Gúzman, 2011), although such historiography recognizes and mentions this relationship, no work specifically mentions the epistemological conditions through which alcoholism is constructed as a pathology. In this article, it is interesting to analyze this relationship through the study of some medical theses, scientific articles, and some debates produced during the first three decades of the twentieth century in Colombia. Such interest is not intended simply to fill a historiographical gap, but to contribute to reflect on the way in which a social practice, such as alcohol consumption becomes both a medical and a moral discourse, a pathology, an addiction, or a disease, and how hygiene, medicine, psychiatry, and criminology find a legitimate place of intervention that allows, not only to medicate and criminalize such practice, but also, collaborates in the analyzed period, with the fabrication of an identity imaginary that puts in question racial background and the stratification of social groups, with its consequent value judgment, promoting political actions that fall on certain population groups.

Alcoholism as a medical problem

From the nineteenth century, some physicians start becoming interested in the problem of alcohol consumption in relation to the psychic and physical changes that occurred in the body, as well as in its social effects. It was precisely the study of the Swedish physician Magnus Huss (1849), which allowed defining alcoholism as a pathological phenomenon. Huss gathered the same pathological entity named by him as *chronic alcoholism*, some clinical conditions that had already been described as *delirium tremens*, defined by the English physician Thomas Sutton in 1813 and *dipsomania* (1819) (Campos, 1997).

French alienist medicine had also shown some interest in the relationship between the consumption of alcoholic beverages and mental derangement

4 GALLO, O.; MÁRQUEZ, J. Alcoholismo, enfermedad social y trabajo en Colombia, 1861-1969. In: GONZÁLEZ, P. H. (Coord.). *Alcohol y trabajo en América Latina (siglos XVII-XX): experiencias económicas, políticas y socioeconómicas*. Valparaíso: In press.

and some physicians even studied this problem as part of the habits and morals of the French working classes. However, for the most part, such studies were unsystematic and focused on privileging the moral aspects of the problem.

Huss will assume his study as a medical and clinical problem, showing the several anatomical, physiological manifestations and mental deterioration of the body as a consequence of alcohol intoxication. From that moment on, medicine started understanding the problem more as a disease than as an addiction, although considerations of a moral nature never completely abandoned this type of study. The manifestations, mainly of psychic order, called the attention of some French alienists and the work of Huss, *Alcoholismus Chronicus*, translated from German in 1852, was presented to the French Academy of Sciences in 1854 (Campos, 1997, p.32).

The studies of Bénédict August Morel and Valentin Magnan incorporated the problem of alcoholism as an object of mental medicine and they related its acute and chronic forms as a cause of degeneration and mental illness. The degenerationist interpretation of alcoholism became the paradigmatic argument to understand its etiology, its form of hereditary transmission, and the effects produced in the individual and in the generations. Nevertheless, it also allowed relating it to a set of social causes, such as poverty, vagrancy, and certain social classes (workers, miners, farmers) as predisposing causes for its emergence.

In Colombia, alcoholism has become an object of medical knowledge since the last decades of the nineteenth century. In those years, a series of studies analyzed the physiological effects, the different organic changes, and the chemical composition of both alcohol and chicha.⁵

The chichismo, as it was denominated the disease produced by the consumption of that drink, was a type of alcoholic intoxication, characterized by a set of functional changes that certain physicians differentiated from those produced by alcohol and

that, according to them, defined a clinical entity typical of the Colombian population.

During the last years of the nineteenth century, the physician Nicolás Osorio, director of the chair of internal pathology of the Facultad de Medicina of the Universidad Nacional de Colombia, starts the first academic discussions on alcoholism. In a lecture addressed to his students, Osorio, citing Huss and Marvaud, describes the clinical differences between chronic and acute alcoholism, the symptomatic manifestations, and the anatomopathological characteristics produced by the consumption of this drink. Highlighting, in addition, the precarious social conditions of its consumers and the relationships of these factors to the presence of other diseases, such as tuberculosis (Osorio, 1884).

In 1887, physician Josué Gómez will assume the chair of internal pathology, position that he will take advantage of to disseminate his studies on chichismo to the medical students who, stimulated by his teachings, begin to deepen on this disease, studying it in patients of the Hospital San Juan de Dios de Bogotá (Gómez, 1889). Along with the studies of Gómez, the works of the physician Liborio Zerda (1889) on chemical composition and hygienic conditions in the production of chicha, constituted the starting point of a series of discussions about the clinical differences between alcoholism and chichismo.

Zerda's studies showed in detail the manufacturing process of that beverage, its chemical composition, and the hygienic consequences of its unhealthy production. From different fermentation products, Zerda performed several experimental studies with animals, demonstrating the anatomopathological and physiological changes, as well as the behavioral manifestations of its consumption, in comparison with other alcoholic beverages. His conclusions showed that the fermentation process of chicha, in addition to alcoholic ferments, produced a toxic substance that was the cause of most of the functional and organic changes.

⁵ Fermented drink based on corn, of varied ethyl gradation and of popular consumption. See García (1889), Osorio (1884), Quevedo (1899) and Zerda (1889).

In his opinion, the problem did not lie in prohibiting or preventing production and consumption, but in regulating and controlling, in scientific terms, manufacturing so that toxic substances would not be produced. Chicha was considered a drink of high nutritional value, since it contained large amounts of carbohydrates (sugars and starches) and other high energy value elements, as well as being a traditional and popular drink, especially among the poor population.

In general, the physiological and anatomopathological changes produced by the consumption of both beverages (common alcohol and chicha) were more or less similar, although, in relation to the psychic manifestations, there were important differences related to the effect that each of these drinks produced on the nervous system.

Unlike alcohol, which worked as a stimulating or exciting beverage, chicha produced a depression of the nervous system, especially when consumed in high quantities, causing “*enchichados*” (people who consume chicha) they were passive people, numb, weakened in their psychic faculties, more due to the effect of toxic substances, than by the amount of alcohol it contained (5-10% alcohol).

There is, then, generally a certain gradation in the psychic disturbances of chronic alcoholism that range from complete exaltation to deep depression. In *chichismo*, on the contrary, the intellectual depression is initial and is not accompanied by phenomena of maniacal exaltation, lypemania, expansive delirium or other analogous ones. This is revealed by the usual aspect of the *enchichado*: depressed in his intellectual faculties and in his physical energy, he loses the love for work; in all his acts he reveals a certain indifference and apathy, a certain stupid abandonment that makes him an inoffensive entity, but useless in a degraded being that drags with the most lamentable stoicism and shamelessness, the consequences of a miserable state that surely leads him to beg. (García, 1889, p. 40)

Unlike alcoholics, the *enchichados* did not present the delirious manifestations, the delirium tremens, the hallucinations, the paralysis, nor the

decreased moral or affective sense. Although in both cases, the manifestations of alcohol intoxication produced a general state of *brutalization* which was more common than chronic alcoholics, presented clearer conditions of dementia, suicide or other mental illnesses that led them to commit violent acts.

Although the exaggerated consumption of chicha produced various changes in the nervous system and anatomopathological lesions in the brain, physicians believed that such changes did not lead to states of madness, but to states of brutalization and apathy that could have disastrous consequences for the degeneration of race and moral and intellectual degradation (García, 1889; Gómez, 1889; Zerda, 1889).

as a drink it has the pernicious effects of all of its kind; as food it has important qualities, it is the basis of the diet of our humble workers, who only accompany it with a black bread and porridge to transform it into the energy with which they cultivate our fields or in other tasks [...] Chicha has been accused of brutalizing our people: indeed it is, but its quality as an alcoholic beverage, from chicha to champagne, the one who is drinks it is getting brutalized with more or less rapidity, depending on the quality and quantity of the alcohol that he ingests and of his intellectual development because the causes persisting equal who has little to lose, soon he is left with nothing. Let this be the occasion to observe that the little intellectual development of our Indians should not be attributed, as it is done today, only to the use of chicha, that the main cause is the neglect that has existed to cultivate and develop their mentality, an organ that stops functioning, it loses its qualities and degenerates, and from generation to generation it becomes more incapable. (Lombana, 1907, p. 360)

The campaigns against the alcohol consumption that began to develop from the first years of the 20th century in Colombia were directed especially to the beverages made in the country (chicha, aguardiente and guarapo) and not to the imported ones (wine, beer, brandy and whiskey), which, in any case, were consumed almost exclusively among the richest classes.

Chicha was commonly consumed by the inhabitants of the Altiplano Cundiboyacense, with a low consumption in other regions of the country, as in Antioquia, where aguardiente was mostly consumed (Noguera, 2003, p. 151). It was considered that the consumption of these drinks had a relationship with the climate. According to physicians, chicha was consumed preferably in cold climates, guarapo in temperate ones and aguardiente in hot climates.

The study on the consumption of alcoholic beverages presented by the physician Luis Cuervo Márquez, during the Second National Medical Congress, followed this argumentative line. Despite recognizing that his statistical data were precarious and deficient, he uses data from the population census of 1912 to present the table of consumption of imported and domestic beverages. His study begins by analyzing the demographic data, that is, the habits and customs of its inhabitants and their racial characteristics through a climate division. Emphasizing the ancestral indigenous people who populated each of these regions, he shows that the preference for each of these drinks was partly due to the racial legacy and partly due to the climatic conditions that favored consumption.

According to Márquez, by 1912 with a total population of 5 million inhabitants, 901,900 liters of pure alcohol per month were consumed in the country, of which 450,000 were from chicha, 296,250 from aguardiente, and 135,000 from guarapo, compared to 12,420 from beer and 6,000 liters from wine, which could be considered the most consumed imported beverages, although, during those same years, the beer industry grew powerfully in the country (Cuervo, 1913, p. 307).

These figures, although unreliable, oriented the campaigns to the control, mainly, chicha and aguardiente, also defining the population that was the target of the anti-alcoholic effort, characterized by the climate, the race (mestizos, Indians, and black people) and the social class (poor and workers).

Undoubtedly, it is a hygienic discourse that is refractory to popular practices, and that reinforces

a racial and elite imaginary while being relatively complacent about the consumption of other beverages, such as imported ones. The paradigm of degeneration gives form and “scientific” support to that discourse.

Alcoholism and degeneration

The theories of Magnus Huss on alcoholism remained almost intact until 1857 when Morel inscribes it as one of the main causes of degeneration of the human species. According to Ricardo Campos, the incorporation of alcoholism in the explanatory table of the theory of degeneration supposed a break with Huss’ theories, that rejected the hereditary transmission of alcoholism and was limited to the clinical description of its effects on the body, without studying its social etiology or emitting moral prejudices (Campos, 1997, p. 55).

The high moral content of the theory of degeneration, according to Campos, was reflected in the study of alcoholism. Morel claimed that the devastating physical, psychological, and moral effects of this disease did not disappear with its victims, having a strong relationship with family history and inevitably influencing descendants.

In his treatise, Morel finds a large group of alcoholics in the so-called *degenerescence due to poisoning*. This type of degeneration could occur in several ways: by a progressive degradation of the nervous system, which triggered a general paralysis and finally the death of the subject, or the aggravation of a state of generalized brutalization, characterized by a gradual loss of moral sense and intellectual faculties. The direct inheritance (similar) was one of the forms of transmission, being that the children of alcoholics were necessarily destined to be like their parents or predisposed to develop the same disease, mainly when other conditions favored it, such as poor education, misery or negative moral influence from parents (Morel, 1857, p. 122).

The union between the predisposing causes and the morbid constitutive state⁶ (diathesis) made it

6 From the theory of degeneration, the “morbid constitutional state” begins to be understood as a permanent, abnormal background, over which the pathologies germinate in the individual and in his lineage. A state that is situated between the normal and the pathological, which will be called diathesis.

possible for children of alcoholic parents also to be born, due to dissimilar inheritance, with another type of degeneration, such as imbecility or idiocy, known as congenital degenerations. From those same parents, in addition, they could be born as brutalized children and with moral deficiencies, that little by little became mentally ill. In turn, children of non-alcoholic mentally ill, inheriting the morbid constitution of their parents, could be predisposed to immoral behavior, such as alcohol consumption.

The severity of the disease and the different forms through which it could be acquired were based on the complex combination of predisposing causes, diathetic states, and dissimilar or similar inheritance. Similarly as with mental illness and criminal behavior, alcoholism is articulated in this morbid process that inevitably leads to the degeneration of the individual, species, and race.

In Colombia, it will be from the thesis of the physician Tomás Quevedo entitled *Del alcoholismo* (Quevedo, 1899), that physicians begin to use alcoholic inheritance as one of the main focuses of the anti-alcoholic effort and the race improvement.

According to Quevedo, the main effects of alcohol on the individual body were related to the nervous system, mainly on the functions of movement, sensitivity, and intelligence. However, among the functional changes, those related to mental faculties, were those that most worried this physician because they could suffer a true perversion and they were often partially or totally lost.

The alcoholic presented different mental processes, from states of deep sadness, nightmares, and hallucinations, going through extravagant and violent states, to true delusions and madness. In alcoholics, madness itself was presented under various forms that were aggravated and could end with the death of the subject: delirium tremens (alcoholic mania), lypemania, and imbecility or dementia.

Quevedo also analyzes several statistics on crime from which he shows that alcoholism can be considered as one of the main social causes, constituting a real threat when crimes were not only committed under the influence of drunkenness, but when that state was combined with others such as moral madness or epilepsy.

Crime, madness, and alcoholism are part of the same morbid degenerative process and for that reason, necessarily, the conditions that lead to the emergence of one of these states, are the same that allow the emergence of the others, there being only one very thin and ambiguous border between them.

Alcoholism is also understood as an important factor of depopulation related to the decrease in the number of births, early infant death, and mortality, as well as a factor of unproductivity measured by the number of workdays lost, a situation that in turn, it led to misery, to begging, and to an increase in government spending (Quevedo, 1899, p.36).

Thus, alcoholism acts as the perfect element that allows to unite, under the same explanation, biological and social events, such as crime, mental illness, misery, race degeneration and the moral, physical and intellectual decadence of the active components of the nation and its generations, a situation that was evident, according to physicians, by the number of people who were in mental institutions, prisons, hospitals, and houses of correction (Garcia and Santos, 1902).

During the first decades of the twentieth century, several theories were able to explain the mechanism of inheritance in the transmission of alcoholism, within them, the modification or change of the germinative or germinal plasma was one of the most used (Carvajal, 1919; Marín, 1921).

Other theories such as fetus changes during pregnancy due to a pregnancy carried out under the effects of alcohol at the time of the act, also allowed to explain the congenital transmission and the appearance of obstetric stigmas of degeneration.

The thesis of the physician Francisco Marulanda, entitled *Manifestaciones hereditarias del alcoholismo* (1908) is a good example of the appropriation of the latter. In the introduction to his work, he makes clear the decisive role played by the alcoholic inheritance in the conformation of an inferior race and a sick society.

Alcoholism is a social evil. Its propagation, increasingly alarming, makes it one of the most terrible modern scourges. Generalized to all social classes, it insensibly infiltrates bodies, it intoxicates them, it slowly mines and converts those who give

themselves into degraded beings, devoid of any moral sense, that cease to be useful to society and are exchanged in charge and threat to it and to the State, that sees itself in need to take restrictive and repressive measures, in order to put a barrier on its excesses and to avoid, as far as possible, the damages that each step causes. But, the disastrous effects of alcoholism do not appear with the individual who gets drunk. Obeying the fatal laws of heredity, alcohol makes numerous victims in the descendants of the drinker, marking them with multiple and indefinite stigmata [sic], which vary from the simple inclination to use spirits, to the most complete degeneration of the being. Thus, we see this fatal addiction propagates in a terrifying proportion and, what is sadder, it manifests its consequences in beings who innocently pay for the depraved inclinations of their parents. Alcoholism creates an inferior race, both from the point of view of the mental faculties, and from that of the physical attributes, a race that can continue for some time with its affections and its vicious tendencies, but which fortunately, if we can thus express ourselves, it lacks sufficient elements to perpetuate itself. (Marulanda, 1908, p. 7)

Attending to the multiple circumstances under which the alcoholic intoxication in the parents was presented, Marulanda affirmed that there were 3 main modes of transmission: 1. the modifications of the seeds at the moment of conception: also called heredity-intoxication. This type of transmission produced different types of brain deformation in children conceived under the drunken state of both parents or one of them, being frequent in the couples who during the days before the marriage consumed large quantities of alcohol; 2. modifications of the fetus by the mother whose blood contains alcohol throughout pregnancy. The harmful action of this substance on the nervous system of the still-developing fetus could produce disorders in the neurons, delayed development, and cerebrospinal deformations; and 3. modifications in the product of reproduction without the parents being drunk on the act and without the mother consuming alcohol during pregnancy. This type of transmission was directly related to the family and personal pathological background of the parents.

According to Marulanda, when the drinkers gave themselves *consciously* to their inclination they presented brain defects that predestined their children to be alcoholics. Although at the time of birth they did not show visible deformations, they inherited the propensity to drink since they also inherited the mental state of their parents.

The habit of drunkenness is actually a morbid state of the brain; and in terms of background, the drinker is placed in a family environment in which all brain defects are likely to be found. True hereditary-alcoholics do not come in all cases from pure alcoholics and in the series that represents the procreative generation of those, they are often found, alongside collateral drinkers themselves that have some nervous defect. (Marulanda, 1908, p. 14)

The various disorders observed in the descendants of alcoholics depended on the type of alcoholic beverages consumed, the amount of alcohol absorbed, the duration and intensity of the excesses and the greater or lesser nervous susceptibility of the individuals, producing mainly 3 types: 1. innate inclination to abuse of strong alcoholic beverages; 2. disturbances of the nerve centers; and 3. various deformations (Carvajal, 1919; Marulanda, 1908; Merlano; Ibarra, 1918).

One of the first effects of parents' alcoholism on their children was the supposed transfer of a *voracious appetite* for strong alcoholic drinks. Latent in the child's brain, that appetite awaited the most opportune moment, an occasional cause to manifest itself. When the child watched his parents or relatives consume these drinks he felt, in the words of Marulanda, the inclination to satisfy that desire. In society, those inclinations were aggravated by the dangerous influences and bad advice that easily dominated the weak brain, dragging it to fulfill that irresistible desire. It was considered that puberty and adolescence were the determining moments for the manifestation of the disease, for being a period of life subject to physiological changes that aroused a great variety of instincts.

From one generation to the next, consumption became more intense. Therefore, it was thought that the children of alcoholic parents were naturally

inclined to consume stronger drinks and in greater quantity. However, descendants of hereditary-alcoholics were more susceptible to drinking, getting drunk more easily, which showed, at the same time, the decrease in brain resistance. In this way, if the father did not reach delirious states, the son could, not only for alcohol consumption, but due to his damaged and weak constitution increased the mental changes even with few amounts of consumption. In the descendants of alcoholics, alcoholism became an innate disease or more than a disease, an instinct, an irresistible and hereditary propensity manifested in the first place, by a neuropathy (Marulanda, 1908, p. 16).

Before a specific disease, clearly symptomatically differentiated, what was transmitted was a *trend*, an *inclination*, the habit in the parents became instinctive in the descendants and for that reason, hereditary. If in parents it could exist, up to a point, a willingness to control consumption, in their descendants that will disappeared or could not exercise its control function. That difference made the habit become an *innate instinct* through the morbid inheritance. What was really lost was the will, understood as an intellectual, conscious, and intelligent ability to control acts. For that reason, that instinct was always described as irresistible, automatic, and uncontrollable.

In the approximately normal individual alcoholism begins according to the psychic laws of the habit of repetition, by the passion it engenders and which, like all of them, is a tenacious idea that expands around him, emotions subordinated to a despotic empire over the organic economy, and by the increasingly accentuated general decadence that demands to complement functions of the fugacious tonic, but already indispensable of alcohol. In this class of individuals, the contagion is verified by suggestion exercised by alcoholic beverages through their presence, curiosity; by friendly innuendo, companionship; by the opportunity to avoid a state of occasional sadness or to exalt a joyful emotion. (López de Mesa, 1915, p. 115)

As the historian Claude-Olivier Doron says, hereditary inclinations can be formed from habits to

determine over generations, the behavior of subjects, defining necessary and irresistible acts. This also implies that it can act through different mechanisms to modify them. On the one hand, this modification includes the elimination of bad instincts, and on the other hand, it produces through generations and their habits, new, and positive instincts. Education will have precisely that function: to fight bad instincts, transform them, modifying will and habits (Doron, 2011, p. 1193).

According to Marulanda, among the most terrible diseases of the nervous system, produced by alcoholic inheritance, was epilepsy, both because of the degeneration it produced and because of its relationship with other types of mental disorders. The epileptic delirium or alcoholic epilepsy, characterized by being impulsive and instantaneous, determined various hallucinations that led these subjects to commit violent acts such as homicide, suicide, and fires. However, alcoholic delirium was not the only thing that could lead to this type of acts, since the generalized change of mental faculties was commonly manifested in a loss of moral sense, by which alcoholism was directly linked with criminality and with mental illness. It was a matter of inscribing this delirium inside madness by means of instinct, of understanding it as part of a small disturbance of the voluntary and the involuntary (Foucault, 2001, p. 199).

Among the functional disturbances in the descendants of alcoholics, those that depend on the brain draw attention. As for the mental state, the drinker reproduces a type of unbalanced to which a sufficient moral sense is already needed to appreciate the value of his actions, and enough will to oppose his impulses to passion, his inclinations or the dangerous seductions that surround him. The intellectual functions present all the degrees of degeneration, from the simple imbalance of the mental faculties, with emotionalism, nervousness, obsessions, impulses of all nature, that constitute that state of vague suffering of the nervous system called *neuropathy*, until *mental weakness*, *imbecility*, and *idiocy*. At the same time as these changes of the intelligence, moral sense changes appear, that has been agreed to group under the name of

moral madness. The imbalance of intelligence manifests itself in the form of eccentricities, anger, violence, exaltation or depression of the banalest causes, sexual excesses, in short, by true obsessions with conscience -coprolalia [sic], arithmomania- and irresistible impulses, as dipsomania, morphinomania, suicide, homicide, etc. (Marulanda, 1908, p. 20-21)

Alcoholic diathesis is understood as that point of origin from which mental illnesses and criminality can come to manifest along the life of a subject and his descendants, creating a morbid state that is communicated by inheritance, it transforms and worsens in different ways in the members of the same family, region or race. This is one of the reasons why alcoholism becomes the point of attack of all hygienic, medical, and educational policies oriented to racial improvement, and childhood is the most important target of those policies.

When children of alcoholics could be born and survive the obstetric changes that were attributed to alcohol consumption, they generally developed various intellectual disturbances that never changed positively (in biological terms) during the first years of life, on the contrary, they could be aggravated by determining them as individuals who could not fully achieve a normal development. In fact, improvement strategies for this type of abnormal children were intended, considering their weak nature, to extract the maximum possible utility. In other words, education could not change that damaged nature, it could not make them normal, but it could *adapt them* to certain conditions of productivity, preventing them from becoming an economic and social burden. It was about accommodating each subject in their place, depending on their abilities and aptitudes, defined by a biological and natural classification, trying to maximize their life. The son of an alcoholic would always be a lower being, biologically and morally, but in that position, he could also be useful, albeit precariously, for social development.

There are children with a well-developed intelligence, which at first sight seems to be a promise for the future, but who soon deceive the hopes that had been founded in them since they always end up suffering

a halt in their intellectual development. Some have aptitudes for literature and the fine arts, but they never go beyond being ordinary writers or artists of a lower order. (Marulanda, 1908, p. 21)

In this way, the problem of degeneration becomes a political and governmental problem related to the quantity and quality of the productive elements of a nation and the regeneration in a strategy oriented to adapt those subjects according to their own nature. An adaptation that is at the same time social, legal, and economic. Social, because it implies the identification of all the dangerous elements that cause disorder and social instability. Legal, because it allows defining civil and criminal capacities. And economic, because it makes it possible to establish levels of productivity according to the capacities of those elements. All strategies of racial improvement are at the same time hybrid policies of inclusion and exclusion, in the sense that they concentrate their attention on a group that can be naturally excluded due to its abnormality, due to its deviation in relation to a social, biological or legal standard, but that can also be included because they become precisely the focus of the reforms, in their object of interest.

The alleged physiological inferiority of hereditary-alcoholics made it impossible to resist morbid influences so that alcoholism could be one of the major factors of population decline and loss of quality, related to the decreased body size, sterility, and organic susceptibility (Marulanda, 1908, p. 25).

One of the observations made by the physician Francisco Marulanda in a service of the Clínica Infantil de Bogotá, can serve as an example to better understand the arguments that we have developed so far.

Observation. II. Father. Inveterate alcoholic. Mother. Woman of weak intelligence. They have had seven children. The oldest, eighteen years old, of delicate constitution, very inclined to drink. The second one, sixteen years old, small stature, deaf, weak intelligence: although she has been some years in school, she barely knows how to spell. She has had several dermatoses. The third one, fourteen years old, sick since his early years; he has continuously suffered from the digestive

tract and he had an acute liver condition, which was life-threatening. In addition, the right leg was fractured for a banal cause in appearance. The fourth, twelve years old, has a very apparent facial asymmetry, prognathism of the jaws, she is deaf since birth and she is touched with imbecility. The fifth, ten years old, rickety, deaf by birth, imbecile, he has facial asymmetry. The sixth one, six years old, little developed, stuttering, he suffers from chronic dermatitis, and like the previous two, he has teeth irregularly implanted. The last one, two years old, she does not present yet anything very special, except for her poor development and her delay in speaking and walking. (Marulanda, 1908, p. 37-38)

Alcoholism, mental illness, and criminality

In Colombia, the direct connection of alcoholism with criminality was made through the study of alcoholic psychoses. These three phenomena were considered as part of the same morbid degenerative process. Alcoholism, being specifically characterized as a mental illness that produced serious biological and social effects, scientifically legitimized its introduction in the field of mental medicine, hygiene, and criminology, disciplines that, at the same time, were responsible for criminalizing, psychiatrizing, and pathologizing the alcohol drinker.

The growing number of mentally alienated in mental institutions and the high number of criminal cases, related to the abuse of alcoholic beverages, increased the idea among physicians and criminologists of the close and inescapable relationship between alcoholism and mental derangement.

Criminality and insanity, considered in isolation, give a not insignificant percentage of those who fill our prisons, but alcoholism alone can generate the last two mentioned entities, that is, that alcoholism, breeding madmen, and criminals, is enough in itself to populate prisons, mental institutions, and hospitals. The inveterate alcoholic is a candidate for imprisoning; thefts, bodily injuries, murders,

suicides, fires, perjuries, marital discord, and many other crimes of varying kinds, more or less punishable, are committed under the fatal influence of alcohol. (Merlano; Ibarra, 1918, p. 22)

In his thesis *Alcoholismo y psicosis alcohólicas* (1922) the physician Alonso Rhenals shows in detail how alcoholic psychoses led to violent behavior. According to him, several statistical studies done in the mental institutions of the capital of the country indicated that 60% of the isolated individuals with mental deterioration recognized as a direct cause the abuse of intoxicating, distilled, and fermented beverages. Added to the number of “alcoholic psychopaths” that, according to Rhenals, roamed the streets of the city, constituting a danger to the race and to public and private security.

The supposed disastrous effects of alcohol on the nervous system were characterized by the fact that, once absorbed, its toxic elements were fixed in the neurons. At first, these elements could be eliminated, and the body could return to normal. However, as consumption became more constant, a degenerative process was initiated that ended up damaging the nerve cell, producing lesions that were translated as more or less serious disorders of psychic activity.

These disorders contemplated drunkenness or acute alcoholism and chronic alcoholism, which, in turn, appeared under different varieties classified as: delirium tremens, persecutory delusion or alcoholic paranoia, alcoholic melancholy, and alcoholic dementia.

Drunkenness or acute alcoholism was considered a “short-term madness” in which exaltation and muscle agitation produced, in those considered weak, absurd ideas. In that state, the disturbance of intelligence, the confusion of ideas, and motor disorders produced a lack of coordination of movements and words. Visual and sensitive hallucinations were presented, but in these patients, reason, and will could be preserved more or less intact, so they managed to stop or control, to some extent, their impulses. However, in a more advanced state of intoxication, they could commit violent acts due to irascibility. Added to this, episodes of alcohol-induced sleepwalking with cerebral

automatism, loss of consciousness, and complete amnesia also appeared (Carvajal, 1919; Rhenals, 1922; Villamizar, 1919).

On the other hand, chronic alcoholism was understood as a general and progressive disturbance of the somatic and psychic functions, accompanied by a definitive change of functions and of anatomical lesions in the viscera, and in the nervous system. From the psychic point of view, it was characterized by the loss of family feelings, moral sense, weakening of memory and of will. Its chronicity was manifested by the presence of clinical conditions such as delirium tremens, in which visual and auditory hallucinations predominated. Delusions that frequently led to violent behaviors such as homicide and suicide. Alcoholic paranoia was considered another variety of chronic alcoholism and it was manifested by persecutory delusion, doubts, and jealousy. In this state, generally the alcoholic, under the persistent idea of the unfaithful wife, ended up killing her, a victim of his delirious crises. In Rhenals' opinion, the persistence of the delusional idea of infidelity was explained by the disturbances of "virile energy" or hallucinations of the genital sense, attributed to the moral degeneration and intellectual weakening of chronic alcoholics (Rhenals, 1922, p. 23).

Finally, alcoholic dementia was considered as the terminal state of the alcoholic inheritance: characterized by the absence of memory, moral sense, brutishness, and complete and irreparable ruin of intelligence. It was considered a state in which only the instincts for drinking prevailed.

The loss of will and control of intelligence over acts, and in turn, the absence of moral sense, the privilege of instinct and automatism, made these subjects considered dangerous to themselves, their families, and society, mainly due to their connection with moral madness and born criminality.

One of Rhenals' observations illustrates this relationship very well.

X, native to Bogotá. She is married and they have several normal children. She got the habit of drinking chicha from a young age. The complete abandonment of her domestic duties, the relaxation of her family feelings, and a truly unprecedented perversion

of the moral sense recently started standing out. Due to such perversion, one day she was about to violently kill one of her children; another day she went to the National Police to denounce her own husband as a currency counterfeiter, and on a more recent occasion she indisposed a daughter who is married, with her husband, telling him that she was unfaithful. Currently, the clinical presentation of this patient is very characteristic: she has a violent maniac agitation, she wriggles in her cell like a beast in its cage, vomiting insults and deception [sic] against the physicians, the nurses, and the sisters who run the mental institution, and imputing them faults that they are far from having committed. As you can see, alcohol has mainly affected this woman's ethical side, making her a typical case of what English authors call *moral insanity*, which is the moral state of criminals. For the rest, she has the stigmas of chichico [sic] alcoholism on her face. (Rhenals, 1922, p. 49)

This case allows us to show how the medical knowledge about the mental is not concentrated, or not exclusively, in delirium as a privileged form of mental illnesses, but in the conducts, behaviors, as symptoms of the disease. For that reason, X's criminality can be understood by her lack of consideration with family duties, lying, and slander. As Foucault points out, psychiatry does not require more than madness, dementia or delirium to function because it can psychiatrize any behavior, without referring to alienation. Psychiatry dealienizes itself by placing itself on the axis of the voluntary and the involuntary (Foucault, 2001, p. 201). Consequently, the relationship between crime and insanity will no longer be a limiting case, but a common case, at the moment when any anomaly of behavior, even small, can be thought of as a symptom of a mental illness or as a cause of criminality.

It is precisely in this discursive horizon that mental medicine is established as an essential knowledge for decisions in the juridical and legal field. The alcoholic psychoses and their diverse manifestations enter, by way of the abnormality, within the discussions on criminal responsibility.

Setting a limit for criminal responsibility of an alcoholic was just as difficult as pinpointing

the boundary between mental illness and perfect health. However, physicians insisted on trying to demonstrate those limits.

According to them, alcoholism was a disease that greatly modified the moral personality of individuals, imprinting their ideas, behaviors, and acts with a special stamp. The common drunkenness was generally not accepted as the reason for getting rid of a punishable action, specifically when it was recognized as voluntary. But that was precisely the problem, in trying to demonstrate when a subject consumed alcohol voluntarily or did so as a result of a morbid inheritance. Article 30 of the criminal code of 1890 was quite ambiguous about this.

The one who violates the law under a state of voluntary drunkenness will suffer the penalty prescribed for the crime committed. Drunkenness is presumed to be voluntary, when the contrary cannot be demonstrated. It is enough that the accused has taken alcohol for the purpose of getting drunk, so that he is totally responsible for the crimes he commits, even when he has lost the use of reason. (Martínez, 1899, p. 8)

Some cases of intoxication could get attenuated responsibility, especially when presented in subjects with other brain disorders: epileptics, hereditary or neurotic degenerates, in which alcohol acted as an excitant.

Drunkenness must be regarded as a reprehensible state, which can never be taken as an excuse to commit a crime and which, on the contrary, aggravates it, when liquor has been used in order to acquire with it the necessary courage to commit it. But, first of all, we must settle the harmful question, very difficult, of course, to find out if the offender is able to fight against the inclination to drink or not. In this last case, a penal sanction would be harsh, if not unfair because the drinker, and especially the hereditary drinker, deserves for his degenerative state all the attention of the physician and all the benevolence of the magistrate, who must depose the rigor of the law regarding him. The middle term, the mitigated punishment, would be a better solution to reconcile everything; but this

average term is insufficient because it could serve as a judicial pretext for the drinker to commit new faults. What party to take in this case? Our opinion is that *repressive measures must be taken to contain drunkenness and thus avoid the consequences that it entails*. (Marulanda, 1908, p. 27)

Nevertheless, it was chronic alcoholism that most interested the coroners and alienists. Chronic alcoholism and its various alcoholic psychoses or varieties, which were present in the large group of alcoholic degenerates (hereditary-alcoholics) caused many difficulties in medical-legal terms, mainly because of the problems to establish differential diagnoses with other mental pathologies that could have similar manifestations. The emphasis was commonly placed on the persecutory delusion and the excessive jealousy frequent among alcoholics. In the opinion of the physicians Merlano and Ibarra, this type of subjects represented a real social danger because their delusions led them to violent reactions of revenge. That passional delirium was the symptom through which the subject entered into the terrain of mental pathology and, consequently, was a cause to consider the punishment attenuation (Merlano; Ibarra, 1918, p. 24).

The personal and family history of the alcoholics was considered of great importance, mainly in those who did not present evident physical or psychic stigmas. In these cases, the in-depth investigation of the background could serve to guide criminal proceedings and adjust the penalty.

Sometimes, alcoholic psychoses could occur concomitantly with other types of mental pathologies such as paralysis, epilepsy or dipsomania. In these cases, alcoholic delirium added to the delirium of the other pathology, creating a mixed and a hard to separate state in clinical terms. Penally, these mixed states were to be declared as totally irresponsible.

In short, when understood as an innate addiction or as a result of morbid inheritance, there was a consensus among physicians to recognize that alcoholism was the main etiological factor of crime, mental illness, degeneration of race, and loss of the quantity and quality of the nation's human elements.

The more the alcoholism approached the madness, the more it was considered as a disease and

not simply as an addiction, the criminal alcoholic had, at least in theory, more possibility of mitigating punishment or total irresponsibility (García, 1925). However, this did not mean that the criminals/alienated/alcoholized were free. From the 1940s, after changing the penal code, safety measures started being applied for this type of criminals and although they were not guilty in legal terms, they were considered socially dangerous, so their confinement was necessary.⁷

Final considerations

Throughout this article, we showed some of the possible conditions that allowed to objectify alcoholism as a pathology and, above all, as a type of abnormality whose transmission negatively impacted generations. During the first decades of the twentieth century, the appropriation of the theory of degeneration and its associated concepts such as morbid inheritance, diathesis, and stigmas of degeneration, allowed physicians, hygienists, and criminologists to explain the mechanism of production, distribution, and evolution of mental illnesses, as well as the origin of crime and a set of aberrant behaviors, such as alcohol consumption. Morbid inheritance was the etiological mechanism, through which it was possible that alcoholism was defined at the same time, as a type of degeneration, as a mental illness, and as an abnormality. Understanding alcoholism as a deviation from the will and the instincts, as an *irresistible tendency* to consume alcohol, allowed some physicians to relate it to violent and dangerous behaviors, but also to behaviors, such as moral laxity or lack of family or work commitment. From studies on alcoholic psychoses, degeneration, alcoholism, and crime belong to the same morbid process and for that reason, they share the same causes and conditions for their emergence.

The penetration force of these ideas during the first half of the twentieth century guided anti-alcohol campaigns, educational strategies, and hygiene for their control and served as a “scientific” basis to

psychiatrize and criminalize that fraction of the population that could not fit into the biological, social, legal or pedagogical standard. Through medical discourse, the relationships between degeneration and alcoholism were the scientific support that allowed evaluating, classifying, and intervening the *difference* in a historical moment, concerned about the population as the engine of civilization and progress.

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⁷ A good example of this is the case of a *homicide trial for psychic alteration as a consequence of alcohol*. Judicial Historical Archive of Medellín, doc. 12264, 1942.

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