

# LACAZ, LÁZARO AND THE MEDICAL “HOMOSEXUAL PERVERSITY” IN THE DISPOSITIF OF AIDS IN THE EIGHTIES IN BRAZIL<sup>1</sup>

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## 1 INTRODUCTION

In the archives of the Historical Museum of the Faculty of Medicine at the University of São Paulo, more precisely in the personal archive folder of Professor Carlos da Silva Lacaz - founder and eponym of the now named Prof. Carlos da Silva Lacaz Historical Museum - a newspaper clipping featuring Oscar Wilde catches the eye. Wilde, as is well known, is a kind of "model" of the 19th century homosexual, the literate, beautiful dandy and also the dangerous criminal. As a key figure in the "invention of homosexuality", Wilde, in addition to Lacaz's archive, was also of interest for at least one other professor of medicine at USP, Carvalho Ribas. The psychiatrist devoted extensive research to the man he called "the martyr of pederasty" (Ribas, 1948, p.170, our translation), the one who brought together degeneracy and public perversion, the one who endured the ordeal of public shame and whose body materialized illness as a kind of proof:

Reddish spots broke out on his arms and chest, which some biographers see as a manifestation of syphilis. [...] As well as the rash, Oscar experienced pain in his ear, which he had traumatized in prison [...] Later, the most accurate diagnosis was established: a brain abscess, as a complication of the suppurative process in his ear. (Ribas, 1948, p.161, our translation)

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<sup>1</sup> Translation of Lázaro, Lacaz e a "perversidade homossexual" médica no dispositivo da aids nos anos 1980 no Brasil, publicado na *Linguagem em Discurso*, v. 26, 2026. Disponível em: [https://portaldeperiodicos.animaeducacao.com.br/index.php/Linguagem\\_Discurso/article/view/27046](https://portaldeperiodicos.animaeducacao.com.br/index.php/Linguagem_Discurso/article/view/27046).

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In Ribas' (1948) psychiatric medical space, produced according to hygienism and the problem of degeneration, the body is produced as the surface of contact with the "anomalies" and "perversity" inhabiting the subject's psychology. Now, if progress had supposedly moved medicine away from the field of fanciful endocrinology - which was home to Ellis and Kraft-Ebbing and prevailed successfully at least until the 1970s in Brazil - our first question would be: why does the statement about Oscar Wilde reappear when Lacaz turns to hiv?

Professor Lacaz's ambiguous archive had already appeared as a question in Remon Bortolozzi's thesis (2021). For the author, Lacaz activates a conservative discourse work within the aids dispositif. Even within a USP that has doctors like Paulo Teixeira, Lacaz occupies the uncomfortable space of a memory with sufficient strength to, alongside other colleagues, reinvent certain modalities of life as dangerous, as abnormal - a memory that remains partially operative in the production of "homosexual psychologies" (Halperin, 2006, 2008, 2016). Often *ubu-esque*<sup>2</sup>, these archives reveal a very specific desire to know which, from the point of view of the dispositifs, needs to be investigated.

As Teodorescu and Teixeira (2015) have pointed out, the production of this moral knowledge does not exhaust the response of FMUSP or Brazilian medicine to the epidemic. There is plenty of material on the engagement of medical knowledge with gender-dissident groups and according to alternative ethical discourses. However, as researchers, our interest lies in investigating these conservative lines of force, in a kind of genealogy of what seems to obsessively mark what Armstrong (1995) defined as a "medicine of surveillance", which does not refer to a growing objectivity of knowledge, but to a general spreading to all aspects of life, including morality, in the way already defined by Foucault (2002, 2008, 2009).

Therefore, if we have chosen this archive, authored by Professor Lacaz, it is because of what it materializes as an event, namely the appearance, as an invention, of aids and of a new homosexual problem in the 1980s, in the form of a crisis. This crisis concerns moral, medical and metaphysical imperatives simultaneously, and this intersection interests us. It seems that what is now an issue in the response to hiv, namely the rise of a "conservative" morality, as we will define it, was already present in the practices of some areas of medical training and practice - including the right to prevention (Paiva; Antunes; Sanches, 2020; Abadía-Barrero, Ruíz-Sánchez, 2020).

From this perspective, this text aims to describe the discursive practices of Lacaz, a doctor at FMUSP in the area of Tropical Medicine. Our interest is to highlight the historical regularities of these practices which, according to our hypothesis, inaugurate a Brazilian governmentality in what we will call the aids dispositif, on the one hand, and, ambiguously, invoke the persistence of psychiatric and religious discourses to scrutinize not the patient or the disease, but the lives of all the people, mostly cis homosexual men, that he encounters.

To this end, we have taken as our corpus Lacaz's material on hiv-aids, available in his folder at the USP Medical Museum and in one of his books, *Aids: Doutrina, Aspectos Latrofilosóficos, infecções oportunistas associadas*, published in 1985. This corpus will be approached and read as a node in a network (Foucault, 2012 [1969]), according to a regime of truth in which other texts and other authors participate - notably Amato Junior and Carvalhão Ribas.

The article is divided into three sections: in the first, *The Brazilian aids dispositif and the problem of homosexuals*, we outline a basic conceptual network based on the concept of an intra-active dispositif and highlight the reemergence of a particular problem - homosexuals. In the second, *Rectum is a grave or The fish in the aquarium*, we relate this dispositif to the position occupied by Lacaz in the field of surveillance medicine. In the third, *Lacaz, Lázaro, Jó*, we analyze the documents and texts we have gathered for the corpus, revealing the political, religious and moral regularities that characterize Lacaz's work.

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<sup>2</sup> In *The Abnormal*, Foucault (2002) refers to the medical-legal continuum and the will to truth of psychiatry, especially in the 18th century, as an *Ubu-esque* power. The definition implies that in every power there is an *ubu-esque*, an exaggeration and a ridicule.

## 2 THE IMAGE OF THE SELF UPON ITSELF: BODIES AND HEALTH WITHOUT COLLECTIVES

The constitution of a body consciousness is a process of constant change, tensioned by the contexts that shape its social place and its explanatory sources, through which we can follow discourses and practices around its representations, including that of its balance. To shed light on this subject, David Le Breton (2011) discusses corporeality as a modern experience that shapes the body, but which is always ambiguous, sometimes seeing it as ephemeral, as something to be denied, and sometimes as a place for a kind of consecration of appearance and youth. Regarding this fragmented character, the author says that it is "[...] the condition of man, the place of his identity, what is torn from him or what is added to him, modifying his relationship with the world" (Le Breton, 2011, p. 399, our translation).

In this respect, Denise Sant'Anna adds: having a body today seems to be a normal and indispensable fact of life. However, the relationship between the individual and their body has not always involved an awareness of ownership. In order to have a body, it must first be presented as an object, as something defined, with its own contours. Man must also become the subject of his body, its owner. What presupposes is an autonomy, of the body and of man, a split that seems strange at a time when medicine, for example, favored a series of correspondences between bodily health and the balance of the universe (Sant'Anna, 1995, p. 243).

In the early 20<sup>th</sup> century, the explicit pathologization in the body was shifted to other spheres, which, as the century progressed, demanded economic, political and scientific effort for their knowledge and intervention and, on the other hand, should yield profits for society. Not only to recover its value as an active part of the capitalist system, but also in its "pathological constancy" and its worsening and, ultimately, its own death. In this sense, inserted in a certain context, medical and health technology brings specific signs, such as the creation of the stethoscope, laboratory tests and X-rays. On the other hand, the patient's recognition of their illness is tied to their personal and collective experience: "[...] the summary expression of this recognition is the naming of the illness and its legitimacy. Names that in some dreaded diseases are even unpronounceable, evaded, hidden among multiple circumlocutions". (Durán, 1983, p. 40)

This new vision of the body, based on a representation that is supported by an image, will take shape with social life increasingly linked to the concept of health based on what can be seen, which corresponds to a visual society that consumes its own image, prioritizing not only access to the goods that allow it to be built, but above all imposing a normative standard of health. From this emerged what is now known as "lifestyle" and, ultimately, the chance of life itself. According to this reasoning, it is aesthetics, rather than medical rationality and its models (normality/pathology or vitality/energy), that is the prevailing socio-cultural criterion for adjusting individuals to determine whether they really are "healthy" or whether they need to do some "health activity", according to austere standards of physical form (Mota, 2005. p.175-189). From the perspective of body aesthetics, as a definition of physical and mental balance, these indicated practices came to comprise "novel" metrics, incorporating additional historical references that also established, between curative and interventionist medicine, a new axis of medical action by differentiating physical and racial characteristics, privileging the body and its aesthetics as diagnostic determinants of citizens' health.

By the physical shape and appearance of the body, doctors assessed people, their intellectual and moral qualities, as well as their "defects" - such as mental weakness, addiction to alcoholism or crime, or the spread of diseases such as syphilis or tuberculosis. In this direction, hygienic proposals formulated by the doctors and their corporation ranged from the need to imprison criminals and alcoholics to the need to confine the insane and unruly and, finally, to sterilize the so-called "abnormal", as measures that reaffirmed the conceptions they saw in the culture of the physical and its transformations. Understood in its Hippocratic origins as caring for the polis with an awareness of oneself and of collective contexts, caring for oneself has undergone serious changes in today's society: "[...] references to great values have disappeared and have been replaced by an individualism of authenticity or openness to others: personal or collective responsibility. This begins with the closest behaviors: caring for the body, aesthetics and the self. Hence the search for the subject's relationship with himself; self-esteem presupposes the subject's gaze on himself" (Portocarrero, 2011, p. 81, our translation).

It is imperative to revisit this issue in light of a conception of what self-care means that is gaining more and more ground, transmigrating into a personal and non-transferable responsibility for life and for the case studied here: one's own health, ageing

and illness. A neoliberal version of human advancement and of the planet itself, transhumanism is based precisely on people committed to their personal success based on a system of things that values individualism and libertarianism aligned with the theory of "save yourself if you can", advising men and corporations to act under the same structure of thought, that is, to be "entrepreneurs of themselves", disconnected from the whole, without history, and to live in an extended present mediated by the notion of a distant future. The defense of this so-called freedom and radical individualism are key points in the philosophy defined as transhumanist (Diwan, 2020, p. 175). The collective dimension of living must also be removed and annulled, with its values and traditions, to make way for the solitude of the self-obedient to individualizing normativity. The hierarchizing proposals that use propaganda and discourses to preserve and save bodies from the harsh weather of our time have resulted in a strong resurgence of eugenics in its discursive and practical elasticity, bringing out a central point that has never really been abandoned: the assumption of the possibility of shaping and therefore defending superior bodies.

From the compulsory sterilization that lasted decades to the naturalization of violence and extermination, facts materialized by discourses calibrated by the notion that all this would be very good, for cleansing society of the weak and incapable, bringing the strong back to their rightful place, the transhumanist discourse was and is the siren song intoxicating our reason about such facts, proposed in the most diverse ways: with propaganda and technologies, islands of individual happiness through genetic body repair, by broadening horizons through the machinery of constructing superior genes or by selling sperm and eggs that guarantee a certain and expected offspring (Mota, 2024). The calculation was that we would be able to create a bodily and personal way out, leaving aside the bodies of others, such as the millions of starving people, those living on the streets, the victims of environmental destruction or those who suffer daily from racism, prejudice and other obscurantisms.

The human body becomes alienated from the political dimension that constitutes it, numbing its connections to the collective, democracy and the citizen, hating difference, unable to tolerate otherness, putting up a wall to contain its bodily experience, seeking unrestrained wealth and placing all its faith in technology as capable of responding to its private desires and its acceptance in its own social bubble. The aids experience in the 1980s and 1990s was an expression of this body marking, when prejudice, misinformation and illness formed the triad capable of shaping a target body to be identified as the culprit of a pandemic. And their sexuality as a risk to their lives.

### 3 THE BRAZILIAN AIDS DISPOSITIF AND THE PROBLEM OF HOMOSEXUALS

The material we are discussing here, Professor Lacaz's discursive practices on aids, relates to a period that mainly covers the 1980s. Based on our examination of the FMUSP Museum archives and Lacaz's 1985 publication (Lacaz, 1985), we can draw a noteworthy parallel with a not irrelevant debate: that of thinking of aids as a *dispositif*, as proposed by Perlonguer (1987).

We argue that Brazil in the 1980s, when Lacaz and Perlonguer, and many others were writing, shared certain regimes of truth and certain practices about hiv, sexuality and subjects. It is this relationship between regimes of truth, at the level of what is enunciated, and practices, that Foucault establishes as a *dispositif* - at least in this class. In this sense, the philosopher takes up the 1977 definition of a discursive and non-discursive ensemble with a determined strategy and responding to a specific urgency (Foucault, 2009a, 2009b), relocating it within the field of political-theoretical invention.

Based on these considerations, it is necessary to delve deeper into this concept of *dispositif*, which was used by Perlonguer, back in 1987 (p.76), to think about aids, taken as a *dispositif* for the "redistribution of perverse pleasures" whose centrality, at the time, was in the surveillance and racialization<sup>3</sup> of homosexualities - above all, cis males. This take on an "aids *dispositif*", innovative throughout the world, is, however, still at the heart of a certain reading of repression against avant-garde experimentation - which could be reconsidered.

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<sup>3</sup> Here, we will take racialization as a direct and indirect process of producing exception up to the level of death, but not only at this level. With Foucault, we therefore think of direct and indirect racisms. Furthermore, in an effort to read biopolitics, this time with Lazzarato (2014 [2010]), we don't take contemporary processes of exception in an exclusively biological way, since they are semi-technical, social, political, etc. and are not reduced, as Foucault would like, to a certain bodily nature.

Butturi Junior (2024) has discussed the existence of an aids dispositif and, more recently, a chronic intra-active aids dispositif. Initially, we need to consider the issue of intra-action, read by Karen Barad (2017) as a constitutive relationship between processes of discourse production and processes of materialization, without the possibility of isolating what is discursive from what is material. An intra-action, therefore, works with eventality, with a material and situated phenomenology in which the distribution of forces and resistances is divided between human and non-human agents. From a Foucauldian standpoint, *stricto sensu*, we can think of relational dispositifs as Lemke (2021) reads them: between discursive and non-discursive elements, the relational web of dispositifs is always contingent, but always responds to politics and historical processes.

Assuming this intra-activity, in the case of Perlongher's (1987) reading, means less thinking in terms of repression, but rather staking on the "redistribution" (which he himself mentions) of what we will take to be forms of government, which cover everything from medical knowledge to the pharmaceutical industry, from pleasure practices to the injunctions of sexuality, without in any case being able to isolate just one line of power. In other words, the dispositif functions as a composite and not as a vertical line of distribution of forces. In Treichler's (1987) terms, aids appeared as a senseless epidemic but also as a "chaotic assemblage".

As both an *assemblage* and a dispositif, we understand here an aids dispositif and a chronic dispositif, both intra-active and with distinct human and non-human actors. Notwithstanding the shift in forces following the distribution of HAART (*Highly Active Antiretroviral Therapy*), what we know today as ART (Antiretroviral Therapy), in the second half of the 1990s, we must bear in mind that there are many time series in this history of aids, ranging from geography, through access to medication, to various forms of gender, racial and economic vulnerability. Thus, in moving from an "acute" to a "chronic" illness, we need to consider not the assumption of an abstraction - such as a single Brazilian history of aids - but a network of production of knowledge and practices, as postulated by Armstrong (1995). With this in mind, and viewing it as a dispositif, one line to be observed, the focus of this article, is the way in which São Paulo medicine enunciates hiv and aids in Professor Lacaz's report. Two questions seem fundamental, namely: how this line of enunciation functions within the dispositif; and the possible effects of this practice.

In the first case, we examine the intra-active dispositif of aids during the pre-ART and pre-chronicity period. The intra-active dispositif of aids in Brazil can be described according to the association of the following actors and practices: 1) hiv and its agency over bodies and knowledge; 2) the bodies of people living with hiv and the forms of subjectivation they engender; 3) drugs and their agency over 1 and 2; 4) the discursive practices of medicine and their relationship with certain moralities; 5) the processes of racialization and gendering and their intersections with 1, 2, 3, 4 and 5; 6) the invention of new forms of subjectivity, such as "living with hiv", and the resurgence of memories of responsibility and risk for certain practices and subjects. We can also suggest, along with Perlonguer (1987), that there has been a new redistribution of the ways in which bodies and sexuality are governed, in which two central characters take the stage: homosexuals and users of illicit substances, both in non-insignificant racialized vertices.

Alongside these relationships and these characters, a part of human morphology also takes a central role: the rectum. We are here in the field of *nature-culture*, as defined by authors such as Haraway (1991) and Braidotti (2018): the body space of the rectum seems to operate along a continuum between medical discourses and a nature, often atavistic, of homosexual practices - as will be seen, anality is not a question of heterosexual pleasures. The rectum as cultural nature marks this place of double belonging, but also of material-discursive indiscernibility which, as will be demonstrated, is axial in the strategies of a certain medical knowledge that we have defined here. As in the medical-legal functioning that we are also going to examine, a certain biological substrate - an endocrinology in the 19th century, an anorectal marking in the case of aids - sets a series of strategies into motion, ranging from dehumanization to accountability.

#### 4 THE RECTUM IS A GRAVE OR FISH IN THE AQUARIUM

We begin this section with an excerpt, the epigraph from Leo Bersani's text (2009 [1987], p. 3), *Is the rectum a grave?*

These people have sex twenty to thirty times a night. . . A man comes along and goes from anus to anus and in a single night will act as a mosquito transferring infected cells on his penis. When this is practiced for a year, with a man having three thousand sexual intercours, one can readily understand this massive epidemic that is currently upon us.

This was Professor Opendra Narayan, from Johns Hopkins Medical School, from those same eighties that we are talking about here. The field of danger is established: an unreasonable, irrational practice by what he calls "these people"; the presence of the anus as a problem; animalization, because the comparison is made with mosquitoes; the blame for the epidemic based on moral criteria, since no statistical data on the pleasure practices of homosexuals at the time is taken into account, nor is the category "homosexual" itself defined according to minimal criteria that could reveal groups, subgroups, practices, subjectivities.

This brief excerpt materializes homosexualities and dangerous homosexualities, related to anal sex and, later, to substance use and disproportion. As Halperin (2006, 2008) explains, they also produce a specific "homosexual psychology", based on processes of guilt and self-flagellation. The excesses, then, would be a kind of symptomatic of the traumas and frustrations caused by homophobia, which would produce a form of injury in the functioning of subjectivation. In this case, excess and guilt go hand in hand with accountability.

In addition, these excerpts show what Bersani (2009 [1987]) says about aids: it is a disease in which the other is spoken of. In this case, we talk about those living with hiv: white heterosexual men, "good gays" (Halperin, 2008), racist people. The medical and media discourse invents a kind of sick person who is, at the same time, abnormal, a possible offender, irresponsible, non-human - as we will argue later in this article. This person with hiv is the enemy of another fabulation: that there is a white heterosexual family, natural and restrained, which must be defended (Bersani, 2009 [1987]). This genealogy is problematic and has its specific historical urgencies. For now, we turn to Professor Lacaz's documents to think about how this "North American" model had an effect and created a specific Brazilian way of responding to hiv.

##### 4.1 THE ARCHIVE OF A CERTAIN MEDICINE

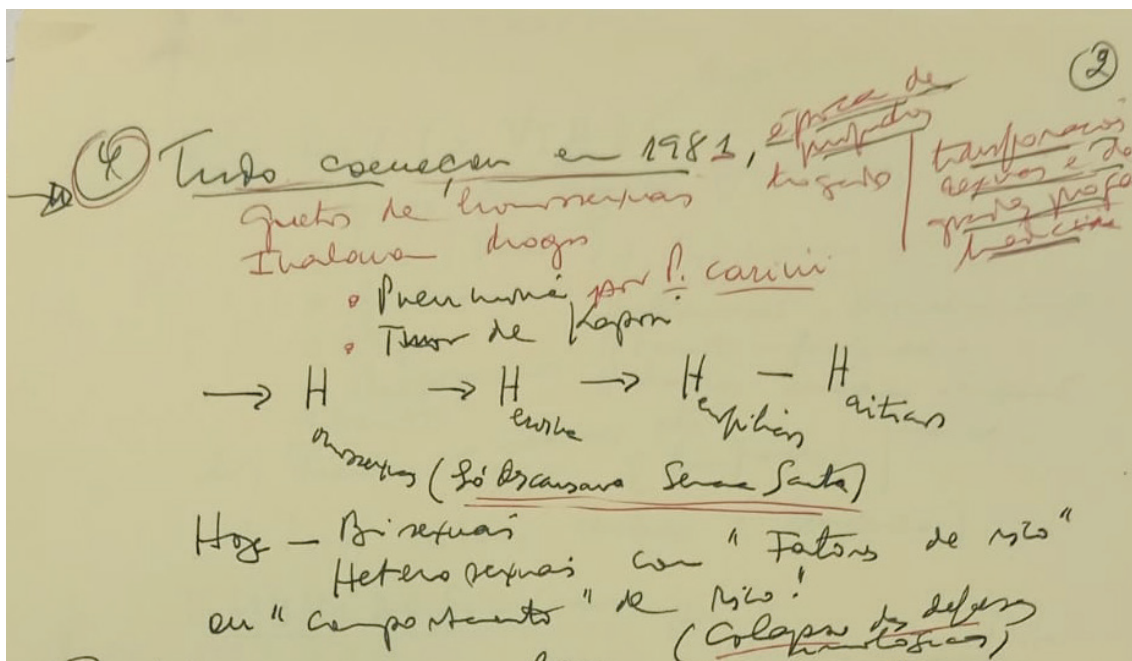
The archives of USP's Historical Museum of Medicine contain central material from that first moment of the Brazilian aids system. Firstly, when we come across Professor Lacaz's material, the presence of North American medical discourse is evident. It is interesting to note the presence of two CDC bulletins that made public the infections by *pneumocystis carinii* and the appearance of Kaposi's Sarcoma in cis homosexual men are part of the archive: *Kaposi's Sarcoma and Pneumocystis Pneumonia Among Homosexual Men - New York City and California*, dated July 3, 1981, and *Follow-Up on Kaposi's Sarcoma and Pneumocystis Pneumonia*, dated August 28, 1981.

So, it is not a question of some kind of distance from the literature, but of a specific criterion for reading the disease, on the model of safety medicine (Armstrong, 1995) and according to a very specific public morality. We should note that other seminal texts for the invention of a homosexual syndrome are also in the archive: there is an article from the December 10, 1981, issue of the *New England Journal of Medicine* and there is the *Lancet* article written by Brennan and Durack (1981), where, as they narrate, the authors "[...] suggested the nomenclature *gay compromise syndrome*" (Teodorescu; Teixeira, 2015, p. 30).

As we know, the United States was going through a republican moment of conservatism in which a "war on drugs" seemed to be the basis for a "war on sex" (Halperin, 2017); in Brazil, we were still under the military dictatorship and subject to vagrancy laws. Now, what is made explicit in the two excerpts is a disease whose incidence marks a specific group, of a specific sociability. Reading this strategy, Patton (1990) will refer to his first encounter with aids precisely through these two bulletins - and the production of a public discourse of persecution that comes with it (Treichler, 1987).

These and other texts also invented a racist and colonial objectivity that saw Haiti and Africa as the points where the disease spread and as its genealogy. This intersection of sex, race and gender would be duly marked in the invention of the 4 H's, widely documented in Brazilian literature: hemophiliacs, Haitians, homosexuals and heroin users (Camargo Jr., 1994).

In Professor Lacaz's documents, more precisely in his personal notes, this racialized objectivity is highlighted:



**Image 1:** clipping from Professor Lacaz's notes ([1985?])

**Source:** Carlos da Silva Lacaz Fund - Prof. Carlos da Silva Lacaz Historical Museum

We note that these notes have an approximate date: between 1985 and 1988, precisely because, on the same page, Lacaz comments on the HIV virus (only isolated in 1983) and points out, as history, 1983-1984. We have to take a look at these notes: a genealogy, "tudo começou" (*it all began*), which therefore establishes a timeline, a theology, certain actors. The year 1981 is read as one of "transformações" (*transformations*) and "tragédias" (*tragedies*) - undetermined (*notes in red at the top*). The beginning has a space and a practice: "guetos homossexuais" (*homosexual ghettos*) where "inalava drogas" (*drugs were inhaled*) - there are also mentions of alcohol in other notes. Basically, in one fell swoop, a type of subject and a practice are united, the use of *poppers*, and duly related to the diseases notified by the CDC.

As can also be seen, the 4H continue this schematic explanation of the origin, but with an addition: today. Today contemplates a heterosexual (and bisexual) expansion, as long as it is duly coupled with what, in quotation marks, it spells out as "fatores de risco" and "comportamento de risco" (*risk behavior*). Even in this case, it is not possible to underestimate the quotation marks: here they can either mark the voice of another, in the form of a quotation, or point to a questioning of the term - which doesn't seem to be the case, since in Lacaz (Folder of Professor Lacaz at the Prof. Carlos da Silva Lacaz Historical Museum, 1987), as will be seen, the "concept" of risk group appears freely.

It is therefore necessary to think in terms of strategies, because at the same time, a sanitary response was being consolidated in Brazil, especially in the state of São Paulo, according to Teodorescu and Teixeira (2015). In 1983, both the state of São Paulo and the federal government stepped up their response to the epidemic in an "ambitious project to expand access to public health services. This exercise had its origins in the health reform movement of the 1960s and 1970s" and culminated in the implementation of the Unified Health System.

In these terms, a sanitary strategy was combined with accountability and the reinvention of the "perigo homossexual". It seems that Professor Lacaz was somewhat opposed to this group, which Bertolazzi (2021) points out was linked to Paulo Teixeira. Along with Lacaz, for example, there was another FMUSP professor, Amato Neto, who, at the time, was outspoken against "Marxism" in Latin America (Amato Neto, 1994), against the distribution of AZT because of its high costs and, of most interest here, against what he called, in a text published in the Estado de São Paulo, "bundista": "They are the members of the confraternity called butt-ists, who practice, exalt and recommend anal intercourse". p. 88. Later on, Amato Neto goes so far as to quote a doctor whom he describes as "a sovereign" and "Queen of the Bicharada"(something like Queen's queen), an ardent promoter of "achismo" (opinion without evidence), "bundismo" (butt-ism) and "oportunismo" (*opportunism*) (Amato Neto, 1989, p.88-89).

Amato Neto is not only the doctor who isolated the first autochthonous Brazilian case, which is widely cited in the book organized by Lacaz (1985), but he also appears in his personal folder as a kind of reference. We found two texts by Amato Neto, then superintendent of the *Hospital das Clínicas* and head of the Department of Infectious and Parasitic Diseases at FMUSP, in addition to the citations: aids and sexual repression, in which he blames "[...] homossexuais masculinos, bissexuais indivíduos que recebem drogas injetáveis e encontram-se viciados" (*male homosexuals, bisexual individuals who receive injectable drugs and are addicted*) (Amato Neto *apud* Lacaz, 1985, p. 3) for the expansion of the epidemic; *Como Combater a AIDS I- transmissão sexual*, published in the *Estado de São Paulo* on September 12, 1987, in which he again includes these subjects, extending the risk to transvestites, prostitutes "[...] e heterossexuais que se relacionam com múltiplos parceiros" (*and heterosexuals who have relationships with multiple partners*).

In all these cases, we are not looking for influences, but marking a series, a regularity in the production of knowledge and the invention of practices. We are also pointing out how the medicine we are referring to here creates a regime of truth about aids which, in the same period, will come to occupy other dispositifs and their practices: the moral panic established via television and traditional print media, as documented by Barata (2006) and Galvão (1992, 2000); the persecution and criminalization of conduct read as "promiscuous", the epitome of which is "Operation Tarantula", carried out in São Paulo in 1987 (Cavalcanti, Barbosa; Bicalho, 2018); the appearance, in public policies, of risk groups and a silencing of the feminization of the epidemic (Lara, 2022); the invention of a dangerous subjectivity and a new way of making non-heterosexual cisnormative people a public problem - in that same spreading of medicine to all fields of government that Foucault spoke of (data).

In this aquarium and in this section, we should remember, there were already quite different practices. If sanitarianism was gaining importance as another model of response, in 1987 the UN was already discussing an ideological epidemic that needed to be responded to (Mann, 1987). Therefore, when we read the strategies of authors such as Lacaz and Amato Neto, we must consider that they are dealing with other urgencies and other objectivities, with specific purposes, which they want to make work. Homosexual relations and the homosexual body, more precisely the rectum and the anus, come to occupy an axial space in the economy of exception that this strategy makes appear. The rectum is read in metonymy: it is the body that marks perverse subjectivity, the flagrant part of what does not conform.

## 5 LACAZ, LÁZARO, JÓ

We begin this article by noting the presence of Oscar Wilde among the documents in Professor Lacaz's archive. Consider the following excerpt:



Image 2: newspaper clipping with review of Ellman (1969)

Source: Professor Lacaz's folder at the Prof. Carlos da Silva Lacaz Historical Museum

As it can be seen, the text discusses the biography of Oscar Wilde written by Richard Ellmann in 1969 – *Wilde: The First Modern Man*. Ellmann's text revisits the Nietzschean character of Wilde's modern experience, retelling his story and placing him among a certain generation. However, more interesting than Ellmann's long-winded text are the lines that bring this excerpt to Professor Lacaz's collection.

Let us go back to the time and the cordiality of relations between colleagues. In the book organized in 1985 by Lacaz, an illustrious name from São Paulo psychiatry - and from FMUSP - appears in a loquacious preface, Professor Carvalho Ribas. The text is categorical:

But suddenly, in such a tranquil sky [sic], a bolt of lightning was unleashed: a new disease, the acquired immunodeficiency syndrome, AIDS in English and SIDA in Portuguese, began to strike homosexuals with a more fatal aim than the fires of the Inquisition [...] 4

The text is full of hygienist opinions: the vagina is physiologically stronger than the anus, homosexuals are inverted and perverse - even though they have tried to normalize themselves. There is also a list, supposedly created by homosexuals themselves, to defend

<sup>4</sup> Mas, de repente, em céu tão tranquilo [sic], desencadeou-se um raio: uma nova doença, a síndrome da imunodeficiência adquirida, a AIDS em inglês e a SIDA em português, começou a fulminar os homossexuais com uma pontaria mais fatal do que as fogueiras da Inquisição [...]

their pleasures: Wilde, Gide, Pasolini and... Foucault, and many others, are among them. What is even more interesting is the reason for the Preface: to make it clear that there is "an elite of doctors" who do "a good deed". Blessed they are, exactly in the year 1985.

Carvalho Ribas, like Amato Neto, materializes a knot in a network: he seems to produce a necessary vertex, right from the Preface, between a homosexual body and a homosexual psychology. As we know, in 1948 he published a complete volume on the perverse English author *Oscar Wilde à luz da psiquiatria - Oscar Wilde in the light of psychiatry* – (Ribas, 1948). In the text, he delves into Wilde with the passion of a biographer. Around 163 pages are dedicated to stories about the author of a "literatura leprosa dos decadentes franceses" (The Daily Chronicle *apud* Ribas, 1948, p. 119), of whom a psychiatric profile is drawn between the criminal, the dandy and the abnormal, in a discourse on the homosexuality that was emerging at the time: as a degenerate practice in psychiatry, as a way of life that was made up of certain rules of education and certain ways of using the body, as in Gide<sup>5</sup> and Proust (to whom Amato refers, after all).

As a martyr and a sufferer, what we read is an ordeal - the author even creates a section called *A caminho da catástrofe*. Wilde's misfortunes are caused by his parents' perverse psychiatry, his encounter with another perverse young homosexual (the young Lord Douglas), a body that is "too big", which suggests an unusual endocrinology. Wilde's ordeal is exposed as a kind of tragedy of the inverts: from excesses to imprisonment, through the use of alcohol and up to the moment of a supposed Christian redemption, which is short-lived. What interests us here is to think about the link between a sick body and a perverse psychiatry in Wilde, which will reappear in Lacaz's discourse. As Treichler (1987) tells us, between the isolation of hiv and its appearance in the real practices of medicine, there was a nebulous space between the clinic, biomarkers and the homophobic and racist discourses of medicine. Wilde's presence, then, needs to be seen not in a fortuitous way, but in the effects, it produces in its relationship with the preface and Lacaz's book itself, in the dispositif of aids and in the constitution of its practices of exception.

We could then argue that, despite the displacements that aids itself demanded of the medical-scientific field, the regimes of truth about homosexuality continued to strain a relationship in the sense of a public morality, markedly more Christian and heterocisnormative. In this case, Wilde's ordeal appears as a techno-biopolitical fabrication, from medicine to the press, of the fate of all people marked by excess.

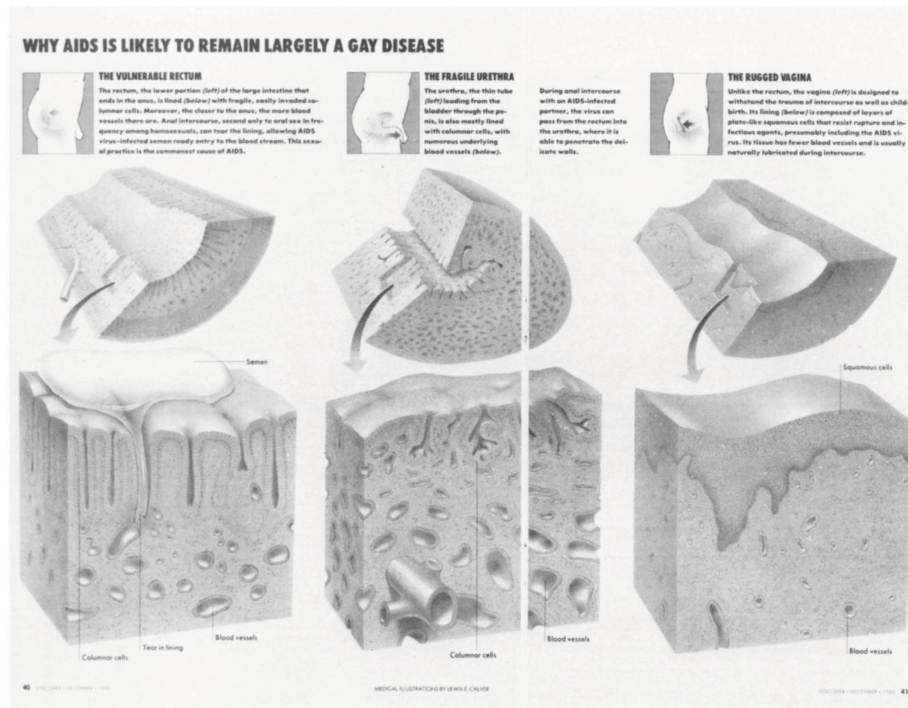
The enunciative space of a medicine must also be considered: Carvalho Ribas maintains that Lacaz's medicine is "a good deed [...] at a very opportune time", while Professor Lacaz, in his notes and in his book, insists on a pedagogy of normalized relationships based on the "greatness of our profession" (Lacaz, 1985, p. 7). Once again, we are in the field of an injunction to conduct oneself in the cleanest, most correct and most normal way. *Good actions* only appear within the strategies of orthopedics of the body and of pleasures.

As an effort to describe these ambiguous strategies and with our bodies in mind, we set out to describe two of the strategies of this government of life: 1) the abnormalization of anal intercourse, the anus and passivity, in a kind of return to the memory of hygienist psychiatry and a new perversity; 2) the moral upsurge via religious discourse, operating within the logic of expiation of sins and the normalization of conduct.

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<sup>5</sup> Gide wrote *The Corydon*, a book that points out a way of being homosexual, cultured and masculine, far from excess (Butturi Junior, 2012).

## 5.1 THE INNOCENT VAGINA, THE DANGEROUS ANUS



**Image 3:** the vulnerable anus, the strong vagina

**Source:** Treichler (1987)

The image that opens this subsection is in Treichler's text (1987). We have a lesson in the discourse of anatomy in relation to aids and homosexuality, in it: the vagina is the space produced by nature to receive semen, the image on the right; the anus, on the other hand, is the vulnerable place. In this case, anatomy acts as a link between a part of the body and a part of the population: the anus and homosexuality. Bersani will return to Foucault and a problem about passivity that reappears: a citizen should not be proud of passivity.

Lacaz (1985, p.7), after announcing his graduation in 1940 from the "glorious FMUSP", recounts a change in the history, practices and production of pathogens: "Profound changes in the microbial world [...], and, on the other hand, significant changes in the very society in which we live, with greater sexual permissiveness, use of toxins, promiscuity (see the case of saunas, where homosexuals gather)"<sup>6</sup>.

This material and discursive change, however, has an etiology centered on the anus: "The anal canal, in passive homosexuals, becomes a 'substitute for the vagina' (Meloy, 1984) and immunodepression arises through trauma to the rectum, with the direct inoculation of the virus and hopes in a richly vascularized area" (Lacaz, 1985, p. 4).

We are not questioning anatomical differences or materiality here, but we do want to describe a problem: the semen-rectum-infection causality is guaranteed, in Lacaz's studies, by the literature which states that semen has "immunosuppressive activity". This is a serious theoretical problem, the effects of which, however, describe the success of a strategy for producing dangerous subjects. This danger appears metonymically and the anus comes to function as the material condition of excess and the abnormalization of homosexuality.

In his notes, Lacaz insists on a pedagogy of monogamous relationships and an exercise in moralizing youth through medical education. Two discourses appear in these notes: *moral and healthy sexual relations and respect for physiology*. Again, in an obsessive

<sup>6</sup> Profundas modificações no mundo microbiano [...], e, de outro lado, alterações significativas da própria sociedade em que vivemos, com maior permissividade sexual, utilização de tóxicos, promiscuidade (veja o caso das saunas, onde se reúnem homossexuais).

reprise of the hygienist psychiatric memory, Oscar Wilde reappears on the same page, this time together with sparse notes on the "New Right", the "serious restrictions" of the Church and "sexual dysfunction" - see image 6. These statements, thought of under the aegis of a medical authorship and in the network in which they appear, will constitute a kind of passive, anal, homosexual and dangerous objectivity which, full of scientific inaccuracies, are successful in their production of an other to treat in the supposed "medical benevolence".

However, what is at stake is a relationship between heterosexist nature and, from there, an invention of causality to divide the moral from the immoral, the healthy from the sick. This sick person is not only the person living with hiv, but also the person of a psychiatry of excesses, who takes risks and who, at the limit, can have their conduct placed under the scrutiny of the medical-legal continuum.

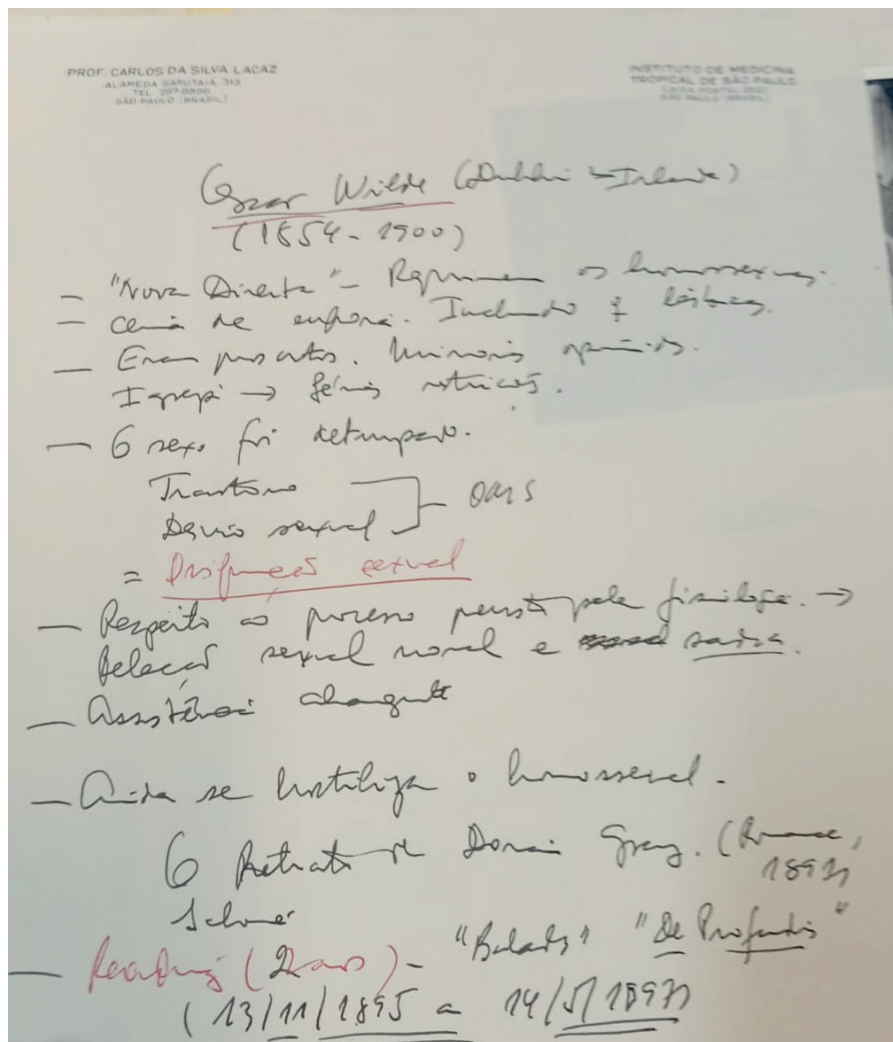


Image 4: Professor Lacaz's notes

Source: Professor Lacaz's folder at the Prof. Carlos da Silva Lacaz Historical Museum

## 5.2 THE FORMS OF BENEVOLENCE

Didier Fassin (2007), writing about the aids epidemic on the African continent, asks us to think in terms of the Agambenian split between bios and zoé. Thus, when we think in terms of a public and universal response, we would be in the field of rights and citizenship, of bios. However, in the practices that prevailed for decades, which mixed welfare and global "goodwill", what we had was a vast field of production of people with hiv on the African continent as naked lives, as natural bodies with no right to citizenship. This perverse equation led to a human rights discourse that was always doomed to failure, due to its predetermined limits.

Fassin's discussion to think about the role of this benevolent medicine can be used. So far, from the prefaces to the annotations, we have read the ways in which the medicine that Lacaz postulates is a form of benevolence towards the completely other - the homosexual, the person from the African continent, the person from Haiti. In image 6, we read: "ainda se hostiliza os homossexuais" (*homosexuals are still harassed*). In other notes, we sparsely read the expression "aidsfobia" and notes on the emotional condition of people living with hiv.

In the face with this discourse of benevolent medicine, a kind of assistance to the completely other who was then presented to infectious disease, which after all, had been trained to study more classic tropical diseases, we would like to bring up its double: the discourse of punishment.

Lacaz describes a series of discourses and practices that link medicine and Christian religiosity. This is the case, for example, with a text called *Síndrome de Lázaro e a terapêutica do conforto* (*Lazarus Syndrome and the Therapy of Comfort*), published on April 2, 1989, in the newspaper *O Estado de São Paulo*. As a quick parenthesis, it is important to remember that *Estadão* has a not insignificant history connected to hygienist practices and discourses. Perhaps the most classic example is *Os Sertões*, a report commissioned by *Estadão* that would become part of Brazil's literary canon and which, for years, failed to achieve the political criticism it deserved. We also need to think about the medical enunciation circulating in the traditional press. In 1989, *Estadão* was relevant and important in the production of the truth.

Closing the parenthesis and returning to the text, we should note it says that "medicine is less a profession and more a state of mind" and that medicine is a "citadel for the individual". We are therefore at the limits of Christian discourse and a specific metaphysics - doctors are even the "angels of death". Lazarus then appears as a problem that concerns medicine, insofar as it must work to alleviate the suffering of those on the brink of death. Next to Lazarus, Job appears, an important figure because he must assume the assumption of transformative suffering as a condition for redemption, in the manner of a biblical Wilde (Lacaz, 1989).

Somewhat distant from the archives and literature, but also reaching the press, a report in the *Jornal do Commercio* in 1987 was described in Bertolozzi's thesis (2021). According to the author, in the newspaper, "Lacaz claimed that aids was a punishment of nature, did not repress homosexual practice, but condemned it and claimed that it was still considered a 'sexual aberration' in the International Code of Diseases" (Bortolozzi, 2021, p. 205). The headline of the article, whose image appears in Bertolozzi's thesis (2021, p. 205) reads: "For mycologist, aids is a punishment". The text makes it known that Lacaz was giving a lecture on his book, to which we are referring here (Lacaz, 1985). Less economical in his pedagogical "diffusion" speech, he is going to ask for the authority of a professor and doctor from USP to attest to the relationship between the virus, homosexuality, anal intercourse (and the fragile rectum in front of semen) and the use of "drugs".

In 1987, this literature on hiv, based on homophobia and a very specific interpretation of the anatomy of the anus, was already being called into question. We only have to think of Mann's (1987) discourse on the ideological epidemic and his stance; or Patton's (1990) text on the invention of aids and the strategies for inventing zones of indiscernibility between the scientific and the political; or Treichler's (1987) and Perlonguer's (1987) text, which we point to here as a critique of the security dispositif and its effects.

When Professor Lacaz assumes, in his notes, publications and public speeches, the relationship between a divine punishment or when he takes up the discourse of the Christian martyrs to justify both medicine and the resignation of those who fall ill, the effects are several, namely: firstly, the assumption of a medical and scientific practice that has its backing in a morality (which he assumes in his notes) that stands against the crisis of customs; then, a relationship of this morality (to republicanism and the American New Right) both with hygienist psychiatry and with a Christian metaphysics; finally, and therefore, the determination of normal and abnormal forms, in which anality and homosexuality appear as a biopolitical issue to be confronted in a security dispositif. In the latter case, the role of medicine would be to inform society and provide strategies for dealing with excessive and dangerous behavior - those associated with non-heterocisnormative sociabilities.

As a practice of memory, these discourses – which interest us – continue to produce effects, ranging from the demand for a specific psychology for homosexuals (Halperin, 2008) to current efforts to re-pathologize gender-dissident lives. In this case, it is not a matter of thinking of Lacaz simply as a subject and a discourse, but of understanding him in the medical-political web in which he was constituted, in which he produced practices and discourses and from which he is still established as a series that has often revisited and rewritten in Brazil.

## 6 FINAL REFLECTIONS

In this article, our aim was to describe the discursive strategies of Professor Carlos Lacaz when discussing aids and hiv. To this end, our corpus consisted of a series of documents, available for consultation in Professor Lacaz's folder at the FMUSP Historical Museum, and some other publications, notably his 1985 text on aids.

We started from the concept of an intra-active aids dispositif, which led us to think about the historical urgencies and the relationships between the discursive and the non-discursive that made it possible for this discourse to appear. In the case of Professor Lacaz, our brief genealogy described a psychiatric and moral network in which he figured, with the possible effects of his position as a physician and professor at USP, who had access to the more traditional public sphere.

By examining his discursive practices, we were able to observe that, while invoking the authority of science, the discourse in which Lacaz inserted himself began to make not irrelevant connections with specific moral discourses, in which a supposed nature demands the incommensurability of male and female bodies, a morality creates the injunction of non-anal heterosexuality and homosexual accountability, and a metaphysics indicates both the "medical vocation" and sin and abnormality.

As noted, it is not a question of thinking about a subject, but about the functioning of practices of exception that reveal a socio-political history of medicine, whose effects are not limited to hiv and aids. Our corpus and our analysis are thus part of the demand for a return to history as a condition for critiquing the present, which continues to re-inscribe certain bodies and certain affections as dangerous, abnormal and criminal.

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