

Healing the Body and Saving the Soul in the Portuguese Hospitals of the Early Modern Age

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Healing the sick is the second corporal work of mercy and expresses the care provided by the *Santas Casas* to the poor who were in need of medical assistance. The overwhelming majority of Portuguese hospitals in the Modern Age were under the administration of the *Misericórdias*¹.

From early days, the *Misericórdias*' work in the health sector took the form of hospital assistance, helping to treat the ailments of the body. However, the work of these brotherhoods in the area of health was more extensive than this and included all those who did not wish to or could not be admitted to hospital. They helped them by tending to the sick at home, sending health professionals or by giving money, food and even clothing.

In this study, we aim to analyse and discuss the charity services that the Portuguese *Misericórdias* provided for patients throughout the Modern Age, both through the hospitals they administered and the home assistance they provided. We will also find out how the hospitals operated during that period.

At the beginning of the Modern Age, faced with the welfare institutions' incapacity to respond effectively to the needs of the poor, it was clear that a reform was needed that would involve joining hospitals, keeping a record of their assets, appointing new administrators and creating income and expenses records. In Portugal, this change took place during the 15th and 16th centuries, underwent various levels of reform and began with the hospitals. The process was autonomous and preceded the appearance of the *Misericórdias*.

The welfare establishments were in a very poor state and did not meet the needs of a poor and growing population. The hospitals were not only very small but also badly run. Their income was used for purposes for which it had not been intended and the institutions lacked supervision. Some of the brotherhoods that ran hospitals

1 The *Misericórdias* are lay brotherhoods, with royal protection and began in 1498 with the setting up of the Lisbon *Misericórdia*. They practise the 14 works of mercy, include the local elites and play an unequalled role in fighting poverty in Portugal during the Modern Age.

had too few members and found themselves unable to fulfil the duties to which they were bound. On the other hand, the assets that supported these welfare institutions financially also lacked adequate supervision². However, it is possible, in general terms, to understand the disorder in which the welfare institutions found themselves at the end of the Middle Ages and realise their incapacity to cope with the existing problems. Reform of the existing system was therefore imperative.

On the other hand, a solution that would diminish poverty was also urgently required. The number of poor had increased for several reasons: a change in the structure of farming production, years of poor harvests and a consequent increase in the price of products, particularly of food (resulting from greater demand that began with demographic growth and led to lack of work in plague years)³. The precarious situation brought about a sharp increase in the number of beggars who put pressure on the cities by asking for alms, frightening their inhabitants and pressurising the political powers to change the existing situation.

The study of the welfare reform in Portugal must be included in the wider context of this sector's restructuring throughout Europe.

In Portugal, the reform began during the 15th century, as we said, and lasted until the following century. It was an extensive period of time in which the welfare system underwent a gradual transformation.

One of the measures taken was to merge hospitals, creating larger and better-run treatment units aimed at meeting the demands of a growing number of poor and sick.

The hospitals were created by means of pious bequests and required papal authorisation to merge and establish new places of health care. This process took place in Santarém, Coimbra, Évora, Lisbon, Tomar and in other places in the kingdom.

It was during the Avis dynasty that the process took place, from the reign of Dom Duarte to John II. It was the latter monarch who joined the Lisbon hospitals and created the hospital of Todos-os-Santos (All Saints). Throughout the kingdom hospitals merged and larger hospital centres were created in several Portuguese towns⁴.

This effort towards modernisation, carried out by the Portuguese Crown was, as Laurinda Abreu says, worthy of papal support⁵.

2 Braga, Paulo Drumond, "A crise dos estabelecimentos de assistência aos pobres nos finais da Idade Média", in *Revista Portuguesa de História*, volume XXVI (1991), pp. 175–190.

3 Jutte, Robert, *Poverty and Deviance in Early Modern Europe* (London, Cambridge University Press, 1994), pp. 21–24.

4 Braga, Paulo Brumond, "1" "A crise dos estabelecimentos de assistência aos pobres nos finais da Idade Média", pp. 75–190.

5 Read Abreu, Laurinda, "As crianças abandonadas no contexto da institucionalização das práticas de caridade e assistência em Portugal, no século XVI", in Araújo, Maria Marta Lobo

It was within this framework of reform that the Lisbon Misericórdia was set up in 1498, the *Regimento das capelas, hospitais e albergarias e confrarias da cidade de Lisboa* (Regulations of the chapels, hospitals and inns and brotherhoods of the city of Lisbon) in 1504 and the *Regimento de como os contadores das comarcas hão-de prover sobre as capelas, hospitais, albergarias, confrarias, gafarias, obras, terças e residós* (Regulations of how the district controllers should provide for chapels, hospitals, inns, brotherhoods, leper hospitals, works, orders and residences) in 1514.

The publication of the 1514 *Regimento* spreads a new attitude across the kingdom with regard to the welfare institutions. Concern is shown for getting to know the state of the pious bequests and implementing a stricter policy in managing the institutions set up with them⁶.

In addition to this purpose, this legislative body would undeniably have had parallel effects on strengthening of the monarch's power. By giving orders for the hospitals' goods to be recorded, promoting the preservation and improvement of property management, Dom Manuel was strengthening his own power. The same occurs when, by royal order, hospitals were withdrawn from municipal administration and passed into the hands of the Misericórdias.

New health units were formed from the merging of the hospitals, which were better prepared to take in patients: the general hospitals, including that of Todos-os-Santos, in Lisbon. The Caldas da Rainha (thermal hospital) was set up at the same time. While the former brought together the assets of 43 hospitals in the city, the latter was founded by Dona Leonor, opened only between April and September and was supported by the rent paid from the neighbouring lands belonging to the queen, namely Aldeia Galega and Óbidos. It had 60 beds for the poor, 20 for pilgrims and another 20 for "honoured"⁷ persons.

The Todos-os-Santos hospital had 200 beds, a clinical staff, head chaplain and regulations.

Another thing that was new about these treatment units was the separation of the sick from pilgrims, a situation that was very different from that of medieval hospitals, in which these two categories of the poor shared the same space.

They were large units compared to the hospitals in the previous period.

de; Ferreira, Fátima Moura (Orgs.), *A infância no universo assistencial da Península Ibérica (sécs. XVI–XIX)* (Braga, ICS, 2008), p. 36.

6 Rosa, Maria de Lurdes, "O Estado manuelino: a reforma das capelas, hospitais, albergarias e confrarias", in Curto, Diogo Ramada (dir.), *O tempo de Vasco da Gama* (Lisbon, Difel, 1998), pp. 205–206.

7 For a broader study of the hospital of Caldas da Rainha, see Rodrigues, Isabel Maria Pereira, "Doença e Cura: Virtude do Hospital Real das Caldas (1706–1777). Elementos Sociais e Económicos" (Lisbon, Faculdade de Letras da Universidade de Lisboa, 2008, multi-copied Master's dissertation).

Set up by royal decree, the Misericórdias were brotherhoods that were always well protected by the Royal House. Kings and queens were enrolled among their ranks and they were widely favoured by different monarchs. Apart from founding hospitals through bequests received or from their own revenue, the Santas Casas also incorporated many medieval hospitals, especially from the second half of the 16th century, and therefore ran most of the hospitals in Portugal in the Modern Period.

As we have already said, the steps taken by the Portuguese Crown made it an important element in the entire reform process. Apart from the points already described, the Royal House ordered records to be drawn up of properties and rents, with a view to improving the management of the welfare institutions through better supervision and by preserving assets. At the same time, it ordered income and expenses books to be kept, imposing stricter control, and determined the existence of rules by drawing up regulations. It also appointed new administrators in the charity establishments⁸.

The Portuguese hospital network thus continued to respond to existing health problems. However, at plague times, everything changed and the existing hospital structure was neither ready nor could it respond to the requirements of the time. The needs of a sick and starving population required other measures.

In April 1598, the councillors of the Lisbon City Council wrote to the monarch telling of “large groups of men, women and children” who arrived at the city undernourished and sick, from all over the country. Since the Todos-os-Santos hospital, already under the administration of the Lisbon Misericórdia, was unable to take them all, the council asked the king to authorise a tax on the sale of meat and wine (one real⁹ per pound¹⁰) for three months, to raise money to build a new hospital where sick beggars could be treated. The councillors feared that the arrival of more people from outside “who as they are very poor and badly fed, walk around this city in droves asking for alms, entering all the houses in the city, it is feared, and we have almost seen, that it will be contagious”¹¹. Not only was there general hunger but there was also the plague that spread to many parts of the kingdom and the fear that the poor aroused¹².

8 Sá, Isabel dos Guimarães, *Quando o rico se faz pobre: Misericórdias, caridade e poder no império português 1500–1800*, Lisbon, Commission for the Commemoration of the Portuguese Discoveries, (1997), pp. 42–50.

9 Old Portuguese currency.

10 Old unit of weight measurement corresponding to 459 grams.

11 Oliveira, Eduardo Freire, *Elementos para a História do Município de Lisboa*, volume II (Lisbon, Typographia Universal, 1887), pp.103–104.

12 Rodrigues, Teresa *Crises de mortalidade em Lisboa, séculos XVI e XVII* (Lisbon, Livros Horizonte. 1990), p. 117.

The feeling of danger and of contamination was strong and felt throughout the population. The poor were a discomfort because of their sheer numbers, because they went around “in droves”, because they went from door to door asking for alms and because they carried disease. Despite the fears, the Lisbon councillors decided not to expulse them. There were many of them, they said, but when these left, others would come in their place. That is why they agreed to shelter them, but forbade them to beg at private homes. In other words, the Council would help them, but door-to-door begging was over.

The rate of growth in the European population at the beginning of the Modern Era led to the concentration of a considerable number of people in urban centres, obliging a regular supply of food to satisfy the needs of a hungry and growing population. Levels of consumption changed, as did the pressure placed on products by the population. These products were unable to keep up with the required amounts, forcing their prices to rise and therefore becoming prohibitive for the poor population.

The hospitals of the Modern Age fulfilled two main functions: to heal the body and to heal the soul. When the poor sought the hospital, they were suffering from ailments of the body, but the institution provided these two services. They had a clinical staff and a chaplain¹³. There was generally an altar on the wards where the religious man would celebrate mass and patients would receive the sacraments.

The clinical staff normally consisted of doctors, surgeons and bleeders, and the large treatment units could also include a highly variable number of apprentices, according to the hospital’s needs. The institutions could also include nurses or orderlies. The latter provided nursing services, made meals and served them to the patients. In the large and medium-sized hospitals, the nurses’ work was coordinated by the head nurse, a post that did not exist and was unnecessary in smaller institutions.

The clinical staff was a new phenomenon in the hospitals of the Modern Age.

It was up to the doctor(s), physician(s) or surgeon(s) to visit the patients regularly. At the Todos-os-Santos hospital in Lisbon, the physician had to visit the patients twice a day: early in the morning and at the beginning of the afternoon, and his visit had to be accompanied by the head nurse and by the pharmacists, by the head of the institution, by the overseer and by the orderly¹⁴. In other words, specialised staff, providers of medical care and staff related to the hospital administration. The number of people involved and the posts that some occupied

13 Santos, Eugénio dos, “O homem português perante a doença no século XVIII: atitudes e receituário”, in *Revista da Faculdade de Letras, História*, II series, vol. 1, (1984), pp. 190–197.

14 Salgado, Abílio José; Salgado, Anastácia Mestrinho, (introduction, transcription, glossary, notes and index), *Registos dos reinados de D. João II e de D. Manuel I* (Lisbon, s. e., 1996), p. 472.

made the act a rather solemn one, showing how important the moment was considered to be.

In accordance with their regulations, many hospitals had an established schedule for these visits. In Portel, the visits that the doctor and the surgeon made to patients also took place in the morning and the afternoon, and in the 18th century were at a fixed time. In the morning and in the winter, they would take place at eight o'clock, while in the summer they would be at seven. In the afternoon, they would be held at 16.00 and in the summer at 17.00¹⁵. Rituals took place at hospitals that obliged the patients and health professionals to be subjected to standards and make their daily lives fit in with the institution's rules.

Nevertheless, there were hospitals at which the health professionals were not bound by any schedule. The flexibility of the institution did not relieve them of responsibility, however, as they had to visit the patients regularly and be available for attending to them. This freer schedule was associated with other tasks that they undertook. They also had private practices and many of them were army and city council doctors.

The doctors took care of ailments related to matters of Medicine, while the surgeons devoted themselves to the field of Surgery. The bleeders were responsible for placing leeches and bleeding the patients¹⁶.

The functions of each group of health care providers were established in each hospital's regulations or, in the absence of these, in the commitment of the Misericórdias and in the decisions of the Board. Consequently, each group knew exactly what tasks they were expected to perform and, if they failed to do so or did not do so wholeheartedly, they would be cautioned and ran the risk of being fired.

In contrast to the situation in the Middle Ages in which the sick and travellers shared the same space, the hospital in the Modern Age separated the afflicted from travellers and created areas for each of them¹⁷. The sick were now housed in wards for fevers or wounds and were normally separated by sex, according, in fact, to the

15 Araújo, Maria Marta Lobo de, "O hospital do Espírito Santo de Portel na Época Moderna", in *Cadernos do Noroeste*, no. 20 (1-2), (2003) (a), p. 336.

16 Lourenço, António Gomes, *Breve exame de sangradores* (Lisboa, Oficina de Simão Thaddeo Ferreira, 1791), pp. 14-16.

17 Sá, Isabel dos Guimarães, "Os hospitais portugueses entre a assistência medieval e a intensificação dos cuidados médicos no período moderno", in *Actas do Congresso Comemorativo do V Centenário da Fundação do Hospital Real do Espírito Santo de Évora. Actas* (Évora, Hospital do Espírito Santo de Évora, 1996), p. 97.

clinical symptoms they had¹⁸. There were, however, smaller hospitals where men and women cohabited on the same ward.¹⁹

Hospitals were of varying sizes. The larger ones had several wards, while the smaller ones normally had only one or two areas for admitting patients. When they had the right conditions, they could take in people other than the poor. In Vila Viçosa, the Santa Casa hospital had six wards at the beginning of the 18th century: one for fevers, one for wounds, one for honoured people, one for convalescents and two for the cure of “boubas”, or syphilis²⁰. In other words, apart from treating people suffering from illnesses of a medical and surgical nature, the hospital also had areas for other treatments, such as syphilis. It also had a separate area for honoured and religious people and a ward for those who were in recovery.

The sick occupied beds separated by curtains, they used hospital clothing and footwear during their stay at the hospital and, although hospital furniture was precarious and insufficient, the institutions offered those that went there a place of comfort to which they were not normally accustomed.

Although health concerns in the Modern Age were not the same as those of contemporary societies, people were afraid of losing their health and becoming ill. When the ailment set in and the body gave way to illness, the poor sought out the hospitals to be treated free of charge. The hospitals were therefore always full.

The permanent occupation of the wards obliged constant spending in the health sector: food, crockery, pharmaceutical medicines, clothing and health professionals' salaries were certain expenses.

The hospital also provided transport for the sick: it would pick them up from home and carry them in a chair and, when absolutely necessary, would provide them with transport when they were discharged, sending the patient on a beast to the closest town and giving them a letter of passage. A letter of passage was a named document that attested to the holder's poverty. In Mora, it was the council gatekeeper that proclaimed “the coming of the poor”. All those that left the hospital and needed to be transported were taken by whoever made the best offer to the Santa Casa. The contract was annual and included all patients that left the hospital with a letter of passage.

With this document attesting to their poverty and need, the sick could have their letter of passage renewed by the welfare institution in the town to which they were travelling and, if necessary, a beast would be provided to carry them.

18 Barreira, José de Barros, *A assistência hospitalar no Porto 1750–1850* (Oporto, Faculdade de Letras, multi-copied Master's dissertation, 2002), pp. 350–353.

19 Araújo, Maria Marta Lobo de, *Dar aos pobres e emprestar a Deus: as Misericórdias de Vila Viçosa e Ponte de Lima (séculos XVI–XVIII)* (Barcelos, Santa Casa da Misericórdia de Vila Viçosa; Santa Casa da Misericórdia de Ponte de Lima, 2000), p. 84.

20 Araújo, Maria Marta Lobo de, *Dar aos pobres e emprestar a Deus: as Misericórdias de Vila Viçosa e Ponte de Lima (séculos XVI–XVIII)*, p. 176.

The poor were undernourished, not all of them had a home, nor did they have rules of hygiene and often had no one to take care of them if they were ill. The hospital therefore provided these services, a fact that helped keep mortality rates down. As soon as they showed signs of recovery, they were authorised to leave, since the beds were needed for other patients. Without undergoing convalescence, many of the poor returned to the hospital to be taken care of again. Medical care was obviously important, but attention was also paid to the patients' well-being, which could be seen in the hygiene that was required in these institutions, normally associated with "good smells". Products were bought to make the environment more pleasant and, in the 18th century, concerns over the comfort of the environment also included heating hospital areas and the use of sweet-smelling herbs: rosemary and lavender. These efforts made concerning the sick reflect the interest in improving health conditions and were manifested by doctors and philosophers²¹. The concerns over hygiene and the well-being of the sick increased throughout the Modern Age because these issues were understood to be an essential part of the treatment²².

In the hospitals it was the doctor and the surgeon that prescribed the treatment and the medicines to be prepared for the patient. In most of these institutions, the prescription would be given to the orderly or nurse, who then passed it on to the pharmacist. Once the medicine had been prepared and if the institution did not have its own pharmacy, the pharmacist would send it to the hospital to be administered to the patient. When hospitals had their own pharmacy, everything was quicker and easier. In Portugal, however, not all hospitals were equipped with a pharmacy.

In the case of home visits, the prescription would be given to the patient or to a family member, although it would be addressed to the pharmacist. Some of these probably had to be deciphered by the man at the pharmacy, although at the end of the 18th century and in the "large production centre of medicaments in Portugal" – the Pharmaceutical Dispensary of the University of Coimbra – the entire medical prescription book was already written in Portuguese²³. This was different from the situation in Spain or in France during the same period, where prescriptions included terms in Latin²⁴.

21 Ackerknecht, Erwin H., *La médecine hospitalière à Paris (1794–1848)* (Paris, Poyot, 1986), pp. 190–206.

22 Park, Katharine, "Healing the poor: hospital and medical assistance in Renaissance Florence", in Barry, Jonathan; Colin, Jones eds., *Medicine and charity before the welfare state* (London, Routledge, 1991), pp. 26–45.

23 Pita, João Rui, "O arsenal terapêutico no Hospital da Universidade de Coimbra (1792–1836)", in *Actas do Congresso Comemorativo do V Centenário da Fundação do Hospital Real do Espírito Santo de Évora. Actas* (Évora, Hospital do Espírito Santo de Évora, 1996), p. 229.

24 Kibleur-Gramain, Pascale, "Le rôle des prescriptions médicamenteuses dans la société française du XVIIIe siècle", in *Histoire, Economie, Société*, no. 3, (2001), pp. 327–330.

But what other treatments were patients subjected to? According to their pathology, medicines were prescribed. Pharmacopoeia was not particularly well developed and despite the efforts made throughout the 18th century, treatment continued to be based on bleedings, on the placing of leeches and on a few medicines. However, treatment was given according to the illness in question.

When hospitals did not have their own pharmacies, they had contracts with one or more pharmacies in the neighbourhood to prepare and send remedies for the patients. The large hospitals usually had pharmacies, but the smaller units did not have the capacity to support the expenses of a pharmacy or the payment of a salary. It was therefore more convenient to negotiate with a pharmacist and have this service provided.

Pharmacy expenses were a great concern for these institutions, not only because of the sums they reached, but also because they were certain costs. In the 18th century, when the hospital population grew, the welfare institutions were confronted with greater expenses in the health sector and often complained of pharmacy expenses; they would therefore ask pharmacists for bigger discounts²⁵. It was also a time for the smaller hospitals to assess the advantages of having a pharmacy and of having these services provided²⁶. Having their own pharmacy meant an end to complaints over the quality of the products supplied, and it was also a way of saving money.

Although hospitals reflected the concerns in this sector, these were, in fact, more of a financial nature than a medical one. Even so, in the large hospitals, the presence of the pharmacist was required during the doctors' and surgeons' rounds, so that they would be responsible for preparing and delivering the prescribed medicine.

In order to promote the services they provided, pharmacy owners focused on the quality of their products, highlighted the cleanliness of their houses and stressed how well stocked they were. When there were several competitors to supply medicines to a hospital, self-preservation was of the utmost importance. Those who worked in the pharmacies of institutions that provided health care had to take great care over their instruments and the medicinal substances, otherwise their salaries could be cut when periodic visits were made by the administration²⁷.

25 Braga, Isabel M. R. Mendes Drumond, *Assistência, saúde pública e prática médica em Portugal, séculos XV–XIX* (Lisbon, Universidade Editora., 2001), pp. 46–47.

26 In Mértola, the hospital was given a pharmacy in 1792. Read Ferreira, Manuel Gomes Duarte, *A Santa casa da Misericórdia de Mértola (1674–1834)* (Coimbra, Universidade de Coimbra, 2008), Multi-copied Master's dissertation, p. 110.

27 López Dias, M^a Teresa, “La botica del Hospital del Amor de Dios de Sevilla”, in *Boletín de la Sociedad Española de Historia de Farmacia*, year XXXVII, no. 147, (1986), p. 182.

Hygiene and diet were also on the support programme for patients²⁸. It is known that the poor person's diet was low in calories and lacking in proteins, vitamins, calcium and phosphorous. This poor diet brought consequences for everyone and resulted in health problems for both young and old, making them frequently dependent on health and charity services²⁹. The hospitals concerned themselves with providing a careful diet, following the doctors' indications.

Since bread was a part of all meals, the poor were dependent on cereals. These goods were cheap compared to others that made up their diet. Until now, it has been studies on welfare institutions that have provided information on assistance for the sick.

In the Vila Viçosa Misericórdia, patients at the Real do Espírito Santo hospital had varied meals as well as a range of desserts. Their diet was based upon bread, chicken and mutton, pork and pigeon, the latter being served when the sick had little appetite.

Meals could also include rice and salt cod³⁰ and were accompanied by a wide range of vegetables: turnips, lentils, broad beans, spinach, purslane, cucumber, lettuce, etc. They also included milk and eggs. Dessert was varied and included seasonal fruit: plums, pears, apples, oranges, cherries and melons, but was also alternated with the distribution of cakes: slices of preserves bought in Lisbon and sponge cake; or even other delicacies made at the hospital: quince jam and sweet vermicelli. Dessert also included raisins, Edam cheese and almonds³¹.

It was a very rich and diverse diet, capable of contributing to the patients' physical stamina.

At the Convalescence Hospital in Coimbra, meals included bread, chicken and mutton at the end of the 18th century. Fish was consumed in small quantities, but milk, eggs and fruit were also eaten. At the beginning of the 19th century, at the Hospital Real in the same city, beef and mutton, rice and salt cod were eaten. During Lent, the sick were served fish³².

Although meals varied in these hospitals, the common denominators were bread and chicken. The reason for this was that they were readily accessible and very

28 Wilson, Renate, "Pietist Universal Reform and Care of the Sick and the Poor. The Medical Institutions of the Francke Foundations and Their Social Context", in Finzsch, Norbert; Jutte, Robert (ed.), *Institutions of Confinement. Hospitals, Asylums, and Prisons in Western Europe and North America, 1500–1950* (London, Cambridge University Press, 1996), pp. 144–147.

29 Soubeyroux, Jacques, "Pauperismo y relaciones sociales en el Madrid del siglo XVIII", in *Estudios de Historia Moderna*, nos. 12, 13 (1980), pp. 100–101.

30 Braga, Isabel M. R. Mendes Drumond, *Do primeiro almoço à ceia. Estudos de História da Alimentação* (Lisbon, Colares editora, 2004), pp. 53–54.

31 Araújo, Maria Marta Lobo de, *Dar aos pobres e emprestar a Deus; as Misericórdias de Vila Viçosa e Ponte de Lima (séculos XVI–XVIII)*, pp., 215, 657.

32 Lopes, Maria Antónia, *Pobreza, Assistência e Controlo Social. Coimbra (1750–1850)*, vol. 1 (Viseu, Palimage Editores, 2000), pp. 655–664.

probably because of the existing bequests for the healing of the sick. The bequests that hospitals had for the treatment of patients obviously had an impact on the services that they were provided with and in particular the food they were served. What was included in the meals also reflected the local diet and therefore led to certain differences in the various hospital menus.

The composition of the meals and the fact that they were better and more varied in terms of vitamins and proteins contributed to the patients' physical recovery and made the hospital, at least in terms of cuisine, an exceptional place in their lives³³.

Since diet was considered to be part of the treatment, great care was taken over it.

In specialised hospitals, such as those for syphilis, care was more specific and aimed at the disease. The sick were subjected to sweatings, bleedings and fumes, syrups and ointments. Some products were combined to obtain the required medicines: sarsaparilla, pock wood, China root³⁴ among others and mercurial ointments were used³⁵. Treatment was accompanied by a careful diet adapted to the patient's condition. A change in clothing was also very important for the cure. In these hospitals, clothing was subject to great wear and tear and, consequently, investment in this area was greater and more frequent than in other hospitals.

In order to economise on these products, the ointments that were left over from the spring were saved for the autumn cure. Little is known, however, on how these hospitals functioned in Portugal. There are few studies that analyse them, though they did operate in different ways from the common hospitals.

The same can be said in relation to the *hospitais reais* (royal hospitals). We know that the Portuguese crown set up hospitals to treat the military, the so-called *hospitais reais*, *hospitais d'el rei* or *de campanha*, normally dismantled after the war in which they served, but there are few studies that analyse them. This is an open field for study, which awaits researchers to analyse and divulge the hospitals, especially for some regions of the country.

33 Vega Rojo, Anastasio, *Enfermos e Sanadores en la Castilla del siglo XVI* (Valladolid, Universidade de Valladolid, 1993), pp. 78–82; Ramos Martínez, Jesus, *La Salud Pública y el Hospital General de la Ciudad de Pamplona en el Antiguo Régimen (1700 a 1815)* (Pamplona, Gobierno de Navarra, 1989), p. 112; Codima, Jaume, “L'alimentación humana a L'Hospitalet de Llabregat durant el segle XVII”, in *Estudios históricos y documentos de los archivos de protocolos*, IV, (1974), pp. 271–296.

34 Arrais, Duarte Madeira, *Do methodo de conhecer e curar o morbo gallico: propoemse diffinitivamente a essencia, specias, causas, sinais, pronostico e cura de todos os affectos gallicos e largamente se trata do azougue, salsa parrilha, guaycão, pao santo, raiz da China e todos os mais remedios della e enfermidades*, Lisbon, Antonio Crasesbeeck de Mello, Impressor de S. A., (1663), p. 69.

35 Sánchez Téllez, María Carmen, “La medicación antivenérea en los hospitales meadrileños durante la Ilustración”, in *Boletín de la Sociedad Española de Historia de la Farmacia*, year XXXV, no. 140, (1984), p. 221.

With the War of Restoration (1640–1668), the Portuguese Crown concluded contracts with the Misericórdias to heal the military in their hospitals. However, the parties involved did not always reach an agreement and in certain places the small size of the treatment units meant that *hospitais reais* had to be set up. These were placed in the hands of the religious order of São João de Deus, which had experience in this field.

The hospitals remained much the same until the second half of the 18th century, when criticism of their operation became more vocal. The attacks made focused on everything from the organisation to the administration as they were considered poor health care providers for the sick population.

But the treatment of the sick was also carried out at home. Not all the Misericórdias had hospitals. To give but a few examples, Ponte da Barca only received a hospital in 1748 and Monção in 1803. Even the Santas Casas that had hospitals provided home treatment, fulfilling, in fact, the commitment of 1618. The two areas of assistance were always in operation in the Santas Casas that had hospitals, all the more so because the treatment units did not always have room to admit the patients, and particularly women, when they refused to be admitted. In some places, such as in the Alentejo (southern Portugal), hospital patients were mostly men, many of whom were seasonal workers from the North or Centre of the country who went to this region to work at certain times of the year³⁶. The women were tended to at home, remaining in the more secluded environment of their houses.

Why would women in some regions refuse to be hospitalised? The reasons were probably associated with the defence of female honour. Cohabiting with men, in some cases on the same ward, or in very confined areas, was not something that would add respect or contribute towards the defence of honour. That is why many women preferred to be treated at home and helped by the Misericórdias. The opposite situation is found in the North of Portugal. In Ponte de Lima, women represented 62.8% of hospital patients between 1690 and 1799, which reveals a very different reality to that of the south of the country³⁷. Ponte de Lima was a region with a high emigration rate, particularly in the 18th century when many men went to Brazil, Lisbon and Castile, leaving the women as the main family support. With a more exposed life, carrying out tasks that were traditionally done by men, the

36 For the region of Setúbal, see Abreu, Laurinda, *Memórias da alma e do corpo. A Misericórdia de Setúbal na Modernidade* (Viseu, Palimage Editores, 1999), p. 406.

37 Records of the Santa Casa da Misericórdia of Ponte de Lima, *Livro dos cabidos particulares 1678–1717*, no. 5; *Livro dos asentos que a Meza faz por cabidos particulares 1717–1740*, no. 6; *Livro para os ascentos (sic) da meza 1740–1751*, no. 7; *Livro que a (sic) de servir para os asentos da meza desta Caza da Santa Mizericordia da villa de Ponte de Lima 1763–1787*, no. 8; *Livro de entrada de doentes 1780–1799*, no. 655.

women in this region had a different view of the hospital and, when necessary, they used its services.

In the border *Misericórdias*, it was common for hospitals to fill up with soldiers during war times. This was a result of agreements made with the Crown and which obliged the poor to be treated at home.

The *Santas Casas* would send the doctor and/or surgeon to the house of the sick, would pay for the medicines and might even send chicken or other meat or give some money for food. In some cases of extreme poverty, the institutions might even send bedding.

In some cases, help could accompany convalescence. The patients' condition was conveyed to the Board by the health professionals³⁸, but they were also supervised by a member of the board who went to their home to attest to their need and check on their state of health.

Modern Age hospitals fulfilled another function: that of healing the soul. For this purpose, in addition to the clinical staff, they also had a chaplain who was responsible for taking care of the soul. He had to give the sick the sacraments, say prayers for the dead for whom the institution was responsible, give spiritual comfort to the dying and bury those that died. In some Spanish hospitals, the chaplain also had to indoctrinate those who were admitted³⁹. Generally, the poor did not meet moral standards, did not live by religious precept and did not follow the Catholic doctrine, because in many cases they were unaware of it. It was therefore understood that their time spent in hospital also served to put them on the road to salvation, giving them the opportunity to be redeemed from sin and to change their behaviour.

All patients went to mass at least once a week, celebrated by the head chaplain in the wards. These areas had an altar, as we have already said, where the divine offices took place⁴⁰. This was positioned so that it would be visible to men and women.

In many hospitals, the chaplain was obliged to live in the institution, which showed the importance given to saving the soul, at the same time as revealing its primacy in relation to the body. This paid member of staff had to provide permanent assistance to the sick, both by day and night. So as not to have to take the viaticum outside the facilities, the church was normally connected to the hospital via a door, thus facilitating the chaplain's access and preventing time loss.

When patients arrived at the hospital, they would be obliged to confess and at the hospital of *Todos-os-Santos* in Lisbon, they also had to make a will. They

38 Governing body of the brotherhood.

39 Carmona García, Juan I, *El sistema de la hospitalidad pública en la Sevilla del Antiguo Régimen* (Sevilla, Diputación Provincial de Sevilla, 1979), pp. 143–148.

40 Araújo, Maria Marta Lobo de, “A Santa Casa da Misericórdia de Monção (séculos XVI–XVIII)”, in Capela, José Viriato (coord), *Monção nas Memórias Paroquiais de 1758* (Braga, Casa Museu de Monção, 2003), pp. 72–93.

would not be admitted without these formalities. While they were in hospital, they were given spiritual assistance and, if death occurred, they were also accompanied to the grave by the priest and their soul was prayed for with mass.

The 1504 regulations of the Todos-os-Santos hospital determined the existence of two chaplains living in the institution to celebrate daily mass and give confession, communion and holy unction to the patients, as well as other “things” for the “health of the soul”⁴¹. It was also the chaplains’ job to speak to the sick, console them and help them spiritually. This hospital also had a papal bull that absolved the sins of those who died there.

Similar concerns with the soul are expressed in the 1516 commitment of the Lisbon Misericórdia, when the brother that visits the sick is given the task of providing them with “spiritual medicines”, since, as it says, they “are provided with corporal things much more than they are for those of the soul”⁴².

The importance of spiritual matters is maintained in the commitment of 1618, but this time there is a new aspect: in this text, the bodily health of the sick is dependent on the spiritual comfort offered to those in hospital. In order for temporal matters to obtain better effects, the head of the pharmacy should, at the hospital of Santa Ana, take “particular care with the spiritual good” of the sick, advising them to make frequent confessions and, when their life is in danger, to call a priest to deliver the last rites, accompany them to death and pray for the salvation of their souls⁴³.

It was during these last moments that they were most in need of spiritual assistance and steps for a good death were ritualised. At hospital and at home, it was the priest that remained at the bedside of the sick, offering pardon for their sins, a good death and a cure for their soul.

Mainly under the administration of the Santas Casas, the Portuguese hospitals in the Modern Age were constantly overcrowded as a result of the great demand for them. At a time when man’s main concern was that of salvation, the hospitals offered services to heal the wounds of the body, but at the same time they took care of the soul, preparing it for the moment of passage. Not knowing what the future held, and at a time when the cares of the soul were more important than the cares of the body, men prepared to die because they knew that there was no fixed date, but that it was certain and would come to everyone.

Nevertheless, in the 18th century, concerns with well-being increased, which shaped a new status for the body. The soul took second place and the body became the focus of renewed attentions. Demand for hospitals increased considerably and

41 Salgado, Abílio José; Salgado, Anastácia Mestrinho, *Registos dos reinados de D. João II e de D. Manuel*, pp. 456–457.

42 *Do Compromisso da confraria da Sancta Caza da Misericordia de Lisboa fundada pela rainha D. Leonor de Lencastre* (caldas da Rainha, Tipografia Caldense, 1929), p. 23.

43 *Compromisso da Misericórdia de Lisboa*, Lisbon, Pedro Craesbeeck, 1619, p. 34.

health sector expenses rose dramatically, revealing the investment that was being made in the well-being of the body.

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