

ALL SAINTS
ROYAL HOSPITAL:
LISBON AND PUBLIC HEALTH



SANTA CASA
Misericórdia de Lisboa

omnium
sanctorum

specifications

Research project

Hospital Real de Todos-os-Santos: a cidade e a saúde
[All Saints Royal Hospital: the City and Public Health]

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Santa Casa da Misericórdia de Lisboa

Acknowledgments

Adelaide Brochado, CML/DMC/DPC/AML

André Bargão, All Saints Royal Hospital Project fellow

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Museu de Lisboa, EGEAC E.E.M.

Research project “HOSPITALIS - Hospital architecture in Portugal at the dawn of Modernity: identification, characterization and contextualization”

(PTDC/ART-HIS/30808/2017)

VICARTE- NOVA FCT

Book

Hospital Real de Todos-os-Santos

All Saints Royal Hospital: Lisbon and Public Health

Câmara Municipal de Lisboa

Culture, Lisbon City Council

Municipal Direction of Culture (CML - DMC)

Department of Cultural Heritage (CML - DPC)

Santa Casa da Misericórdia de Lisboa (SCML)

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Graphic design

Formiga Luminosa, Construtora de imagem

Photographic credits and digitalization

José Vicente, CML/DMC/DPC

and Arquivo Municipal de Lisboa (AML)

Biblioteca da Ajuda (BA)

Biblioteca Nacional de Portugal (BNP)

British Library

Câmara Municipal de Lisboa - Lisboa Interativa (Lxi)

Direção de Infraestruturas, Gabinete de Estudos

Arqueológicos da Engenharia Militar (GEAEM)

Direção-Geral do Livro, Arquivos e Bibliotecas

- Arquivo Nacional Torre do Tombo (ANTT)

Fundação Calouste Gulbenkian, Biblioteca de Arte (FCG - BA)

Leiden University Libraries

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Museu de Lisboa (ML)

Museu Nacional do Azulejo (MNAz)

Santa Casa da Misericórdia de Lisboa (SCML)

ISBN (eletrónico)

978-972-8543-63-1

Lisboa, 2021

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PRESERVING
HEALTH
IN LISBON



A NEW MODEL OF HOSPITAL ORGANIZATION IN 16TH CENTURY MODERNITY

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Introduction

The Portuguese 16th century (for an overview of this period see Magalhães, 1993), particularly its beginning (reigns of D. Manuel I and D. João III), corresponds to a unique period, with reforms configuring the political and administrative model of the traditional and corporate monarchy that would last until the mid-18th century. We underline: the publication of the *Ordenações Manuelinas* [Manueline Orders] (1521) that, coupled with the timely invention of the printing press, experienced a new production and distribution of the Royal laws; the creation of the *Desembargo do Paço* [Supreme Court], the court of “graça” [pardon court] (*potestas extraordinária*) and control of the literate magistracy; the re-structuring of the *Casa da Suplicação* [Appellate Court], a higher judicial court; the organization of *Casa dos Contos* [Counting House] (1516); the creation of the *Mesa da Consciência e Ordens* [Court of conscience and orders] (1532); the *Tribunal do Santo Ofício* [Court of the Holy Inquisition] (1536); the municipalisation of the Kingdom, with a reform of the *forais* [foral charters] (1497-1520); the first census of the Kingdom (1527-1532); a very substantial increase in provisioning for the *juizes de fora* [municipal judges], *corregedores* [magistrates], *provedores* [umbudsmen]

and *desembargadores* [appellate judges]; and a reform of the counties.

In general, the organic-functional structure of the Crown’s central and peripheral administration would be defined before the liberal revolution of 1820. The century would close with the succession of King D. Sebastião and the subsequent integration of Portugal in the House of Austria (1580-1640), with the creation of new councils and courts, the publication of the new *Ordenações Filipinas* [Philippine Orders] (1603) and changes in administration (on the general lines of these reforms see Subtil, 1993 and 1999).

The reign of D. Manuel was also marked by a strong investment in the symbolic plan to bring the centre of courtesan life to the new Royal Palace of Ribeira where the monarch would be housed, although alternating with the old Palace of the Castle - Alcáçova (Barros, 1996, pp. 196-200; Araújo, 2001, pp. 73-74). The governance of All Saints Royal Hospital began (1502) and consolidated, therefore, during this modernist cycle with the publication of the hospital’s rules of procedure (*Regimento do Hospital de Todos-os-Santos* 1504) and its integration in the *Misericórdia* of

Lisbon (1564). The new health institution would develop within this political, cultural, demographic, and administrative framework, obviously monitoring the economic and social effects of the Discoveries.

Soon after, three bodies were created that, together, would supervise the Kingdom's health issues, in conjunction with the royal territorial ministers (*juizes de fora*, *corregedores* and *provedores*) and with the “*cabeças de saúde*” [public health officials] in each county capital.

Although, since the mid-14th century, an examination was required for professional certification of *físicos* [physicians] and surgeons, in the early 16th century this certification was attributed to the *Físico-Mor* [chief physician] (*Regimento* of February 25, 1521), recruited among those assisting the royal family, with an exception for doctors licensed by the University of Coimbra. Many of the candidates were recommended by the county senates, with a small internship at All Saints Royal Hospital or, the most qualified, also attending anatomy and surgery classes at the hospital. The *Cirurgião-Mor* [chief surgeon] (*Regimento* updated on July 26, 1556) held additional powers because he certified the candidates for surgeon, including those who had attended the University of Coimbra (for a general framework of health institutions in the early modern period see Subtil, 2016, pp. 47-159). The third body created was the *Provedor-Mor da Saúde* [health chief ombudsman] (September 27, 1526) who oversaw the city's sanitary affairs and, therefore, monitored the port of Belém through which entered goods and passengers from abroad that could bring epidemics. For the prevention and installation of a sanitary barrier, the city had a *lazareto* [quarantine hospital] in Trafaria, in its direct dependence.

Below, we contextualize All Saints Royal Hospital within a broader social sphere in order to understand its framework within the city and Kingdom.

The political sphere

To outline the functional context of All Saints Royal Hospital, we need to know what type of population

could benefit from its care and what was the economic and social dimension and qualification of its putative users (for knowledge on the spaces and population of Lisbon and surrounding areas see Rodrigues, 1970).

The *Regimento* tells us that the hospital should receive the sick, the *remediados* [neither rich nor poor], foundlings¹ and, particularly, the poor, that is, the new and grandiose All Saints Royal Hospital continued, as the other hospitals of the Kingdom, obliged to practice “charity and pious work”, in addition to curing sickness. It also mentions the conditions for Hospital admittance: becoming ill within the city or up to ten leagues, being poor, and not having “*remédio para se poder curar nem remediar*” [means to cure or remedy themselves] (an exception for incurable diseases).

Let us consider now the borders of the sanitary and population sphere, between the late 16th century (when All Saints Royal Hospital became operational) and the early 17th century (1620), following the work of José Albertino Rodrigues (1970) and using as sources António de Sousa Silva Costa Lobo (1904), Cristóvão Rodrigues de Oliveira (1938), and *Livro das Grandezas de Lisboa*, published in 1620, thereby covering the years of 1527, 1551 and 1620.

During the 16th century, the city of Lisbon grew from 60 thousand to 120 thousand inhabitants (from 8 to 25 parishes, in the mid-16th century, and then to 40 parishes, by the early 17th century), that is, it doubled in population, which means All Saints Royal Hospital faced a quite different reality from when it was created (Rodrigues, 1970, pp. 96-115). On the other hand, the ten leagues around the city (a periphery of about 60 km) covered several municipalities and increased the potential users, that is, it came to cover a considerable territory and a fairly heterogeneous population that grew considerably throughout the 16th century.

Within this urban and rural space, one can distinguish three circles where the city of Lisbon, as head of the Kingdom, had administrative and decision-making institutions.

The first, more limited, embodied the urbanity of the city. The geographical space corresponded to a corridor along the riverfront between Belém and Xabregas and a northern limit between São Sebastião da Pedreira and the city's central core, formed by a rectangle between the Ribeira das Naus and the Cathedral and between the Portas de Santo Antão and Mouraria (see diagram). The government of this territory belonged to the City Council and its Senate with a president, six councillors, two administrators and four “mysteres” [master artisans] elected from the *Casa dos Vinte e Quatro*. The six purviews were distributed among *Juíz do Açougue*; Terreiro do Trigo, Ribeira and Public Squares; City Cleaning; Properties; Demands; and Causes. The Senate appointed, among others, the civil and criminal judges; cleaning *almotacés* [inspectors]; registrar of orphans; orphan judges and *partidores* [inheritance partitioners]; city *depositário* [trustee]; city treasurer; city works ombudsman; property judges, and *cabeças de saúde*.

The second circle corresponded to the Court, the space “onde el Rey está, e cinco léguas ao derredor” [where the King is, and five leagues around], a diameter approximately between 30 to 35 km. This was a space in transit as it was circumscribed to the monarch's area of movement, which in the 16th century was crystallized in the Terreiro do Paço (Paço da Ribeira).

The third circle covered the space left over from the Court's five leagues to the ten leagues referred in All Saints Royal Hospital's *Regimento*, which corresponded to a huge territory surrounding the city, both to the North and to the south, with great problems of mobility, worsened when it came to transportation and assistance to the sick. We can only comprehend this dimension if we consider that All Saints Royal Hospital's intervention was reserved for the surplus from care practised by the municipal hospitals under the purview of the *misericórdias*.

These areas were, in fact, covered by All Saints Royal

Hospital, which was obliged to receive and treat the sick, and organize medical visits to those who could not go to the hospital. In this same space, the Royal Hospital maintained a functional relationship with the *misericórdia* hospitals to ensure the hospitalization of patients without assistance².

Finally, in addition to these spaces near the city of Lisbon, there was the remaining Kingdom that while not covered by All Saints Royal Hospital's mission was, in a way, linked to the hospital with regard to internships and training of surgeons, and for provincial physicians to practice and learn, later creating a conflict with the University of Coimbra over its legitimacy to certify professional skills.

The Population

The population was composed of nobles, mechanics of various professions, slaves, Jews, many foreigners, beggars, women without a trade and many ecclesiastics, both residing in convents and monasteries and at the service of various institutions in the city. Most of the workshops, more than ¾, overflowed out of the traditional streets, where remained the most profitable trades, such as jewellers, turners, cloth merchants, saddlers and carpenters, shoemakers, and tailors³. This overflow of the city limits also had as a consequence the disorganization of industrial and commercial activities and, of course, the planning of the territory whose building amalgam even led to the demolition, during the reign of D. Manuel I, of balconies to widen the streets. Thus, aside from a small elite nucleus between Terreiro do Paço and Rossio, the demographic environment where All Saints Royal Hospital operated (in Rossio, near the São Domingos monastery and the Court of the Inquisition) was socially fragile and chaotic, making it difficult to move resources for the supervision, care and treatment of the sick (see in annex, a diagram with

² Within the space of the Court there were several royal institutions, such as *Casa da Suplicação*; *Mesa da Consciência e Ordens* (jurisdiction over the hospitals); *Desembargo do Paço* [palace appellate judge]; *Juíz dos Feitos d'el Rei e da Coroa* [Court of the feats of the King and Crown]; *Casa dos Seguros* [Insurance House]; *Juíz da Alfândega* [Customs Court]; *Juíz da Índia, Mina e Guiné* [Court over India, Mina and Guiné]; Court, Civil and Criminal *Corregedores*; Chief Chancellor of the *Casa da Suplicação*; Court Chancellor; Chancellor of the Realm; Judge over the Feats of the Crown and Treasury; Ombudsman over Residues and Captives; Ombudsman over Orphans and Chapels; Court of the Mint; Judges of Orphans; Civil and Criminal ombudsmen; Council of the Treasury; Council of the State; Court of the Holy Inquisition; *Tribunal da Legação* [legacy court]; *Casa dos Contos*; *Casa da Alfândega das Sete Casas* [Customs House of the Seven Houses]; *Casa da Índia* [India House]; Guiné and India Warehouses; *Tribunal do Juízo dos Almotacés* (*Casinha dos Almotacés*) [Court of the Inspectors]. A total of approximately three hundred royal senior officers. Mobility and communication was supported by the chief postal officer with 12 horses and 30 footmen, while security belonged to an *alcalde* with 14 jailers, a Court jail (1 jailer and 8 guards) and a city jail (1 jailer and 8 guards).

³ On the types of trades in the city, see Oliveira, 1804, pp. 235 et seq. The reappearance, in 1804, of the book by Friar Nicolau de Oliveira (1566-1634) would serve as a source for many later works. The book appeared in 1620 and summarizes the organic and functional network of the Crown and Lisbon City Hall, see José Subtil (2017), the entries “História das Instituições I - 1779-1884” and “História das Instituições II - 1885-1974”, in *Dicionário de Historiadores Portugueses*, (online).

location of the Royal Hospital withdrawn from Rodrigues, 1970, p. 115).

The resources

In the records and reports of All Saints Royal Hospital there is no evidence of sporadic or continued treatment of important players in the monarchy, who by tradition would prefer private medicine or small private hospital centres, depending on their economic power. Visiting a Hospital was, in general, practised by the poor, lacking proper food, comfort and care (in this regard, see the works by Laurinda Abreu, especially Abreu, 1999).

Therefore, there is no reason to think that All Saints Royal Hospital was a centre of excellence disputed by the nobility and the elites, supporting a sociological difference in sickness. In the records and reports of the hospital's activity there are no references to special hospitalization areas, reserved for private care. If this had occurred, we would be faced with the possibility of differentiating treatments and inventorying hospitalization groups, diseases, healing success and, in more serious cases, death and burial rituals. From what is known about both the medical and hospitalization protocols, the hospital was geared to deal with mass access to health care and not with the particularity of each user, especially with privileged groups. This was undoubtedly one of the most striking aspects of the new and grandiose hospital, akin incidentally to the best foreign counterparts.

Despite the extinction of many small hospitals, there were still many others such as Nossa Senhora da Luz, Nossa Senhora da Vitória, Trindade, Corpo Santo, Palmeiros and Espírito Santo dedicated, in large part, to less qualified treatments and the practice of charity and mercy. Located near the monarch's residence, the hospital allowed the court physicians and surgeons to gain interest in the daily life of an unusual institution in the Kingdom, both in size and available human resources. We can, in a way, state that All Saints Royal Hospital's location conferred a spatial centrality that made it a centre of major logistic activity and population

movement, from the movement of patients and supply of food, production and distribution of medication, medical consults and burials, and religious rituals, particularly during the masses celebrated in the beautiful hospital church, attended by the sick, even when bed-ridden, and the general public.

However, hindering an exceptional evaluation of All Saints Royal Hospital was the technology used in the treatment of diseases, which continued poor, with technical and scientific resources of a rudimentary medicine, limited to the care prescribed in the wards, that is, good food, rest and comfort for the soul and body. Spending on food and comfort in the wards confirms the absence of areas of specialized medicine and surgery, thus accentuating the most traditional practices, the only known at the time. Together with food, another important device in the fight against disease was the care put into cleaning the hospital, with the assignment of various trades and sweepers, and in the sanitary treatment of the city by six cleaning *almotacés*, two health *provedores* (with scribe and *meirinho* [judicial officer]) who organized the 29 *cabeças de saúde*, for each parish. In the Port of Belém, where moored the boats visiting the city, together with concerns for cleaning and sanitation, there was a tighter surveillance to control contagion of diseases and epidemics⁴.

The data on medical and botanical resources confirms their scarcity and precariousness, notably the absence of references to the cultivation of plants in the hospital or city's gardens, confirming the elimination of privileged components in diet and cleaning, both in the city and All Saints Royal Hospital. We have already noted the importance of the City Council's cleaning purview and the valued expression of the group of *almotacés*, both for their quantity and for the broad urban distribution.

In the whole city of Lisbon, there were about 40 surgeons and 60 doctors, a brotherhood (*Santa Casa*) with 620 brothers to provide the most diverse services, a tomb managed by 18 chaplains to ensure that burials were done soon after the death of the sick. We have no references to pharmacies or pharmacists nor to gardens, although the first *Regimento dos Boticários* [rules of

⁴ The Belém Port was supervised by an ombudsman, scribe, *meirinho* and two armed men, and had the support of two towers, one at sea, another on land, as well as the *lazareto* in Trafaria for the quarantine of ships and infected populations.

procedure for pharmacists] was published in the late 15th century (1497) and reformed in 1572. In the list of officers circulating in the city to support the hospital, there were the cleaning *almotacés*; the health *provedores*; the *cabeças de saúde* in each parish; orphan judges; civil and criminal judges; the *partidores*, *depositários* and city works ombudsmen.

As for All Saints Royal Hospital, according to the *Regimento* (1504), in a structure of 52 offices (administrative, religious, health and auxiliary), approximately half were for health care: two physicians, four surgeons and auxiliaries, four pharmacists and assistants, thirteen senior and junior nurses, a barber-bleeder and a *cristaleira* [woman who applied clysters]. The remaining staff included a huge variety of offices: the gravedigger, dresser, clerk, treasurer, hospital judge, chapel administrator, promoter, cook, porter, grocers, women assistants, carver, farm men, washers, stewards for purchases, founding stewards, pantry steward, and chapel organist.

In the late 16th century, despite the huge growth of users, the restricted group of health officers did not increase, including two physicians, three surgeons, three male nurses, five nurses and a barber, but now with a reinforcement of twelve young men (surgery practitioners) and two new categories dedicated to health care. The ward stewards, about a dozen, began to manage the wards, a total of about thirteen, distributed among five typologies: patients with wounds, patients with various ailments, convalescents, bedridden and the weak. Each ward, with an average length of 15 to 20 meters, had two rows of beds, or more as needed. The total number of beds in the whole hospital may have been 250 at maximum capacity, with the use of beds in the corridors, in cramped wards or even in other hospital dependencies (see “Do Hospital de todos os Sanctos que se chama d’el Rey, e de seu edificio, grandeza, e gastos”, Oliveira, 1804, pp. 118-136).

Another group of supporting players in the Hospital were the brothers from the *misericórdia*, a total of 128, who served in the most diverse places, from attending the hospitalized to food service, application of medical prescriptions and night watch. This group was affected after the hospital was incorporated within the governance of the *Santa Casa de Misericórdia* of Lisbon (1564).

Finally, let us mention, as indicators, the overall expenses

at All Saints Royal Hospital. Approximately 35% of the spending was on chickens, sheep, eggs, bread, sugar, almonds, biscuits and wine and about 10% on cleaning and supply of water, that is, almost half the hospital budget was spent on food and cleaning. Only 12% of spending was employed on wages for physicians, surgeons, and nurses (4%) and in the pharmacy (8%). An equivalent was spent with clerics, the celebration of mass and the consumption of wax for religious rituals (12%). The remainder of spending was related to the wages of a variety of other hospital support offices already mentioned, to logistical equipment, clothing, beds, and laundry facilities. This budget outline confirms everything that has been said about the performance of All Saints Royal Hospital over the 16th century.

Conclusion

Let us now outline some of All Saints Royal Hospital’s features, inherent to its functionality for about a century:

1 - The hospital never became a safeguard for health tragedies, nor a reserve to attend to epidemics and contagious diseases, pathologies related mainly to death and not to the disease;

2 - Practically in the centre of the city, precisely in Rossio Square - part of the northern core of the preferred urban corridor beginning in Terreiro do Paço -, in addition to the hospital services, All Saints Royal Hospital was geared for social functions, as it was the headquarters of the *Casa dos Vinte e Quatro*, which dealt with health problems of workers;

3 - All Saints Royal Hospital continued to articulate with other hospitals that did not have assistance capacity, both within the city and outskirts;

4 - All Saints Royal Hospital’s was within the city’s most densely populated area, following the criterion of proximity, so the volume of user circulation multiplied the problems of safety and internal regulation;

5 - All Saints Royal Hospital was also a health institution dedicated to intervening in the Court’s territory and neighbouring municipalities, which contributed to its endogenous and exogenous centrality within the health system;

6 - All Saints Royal Hospital’s availability to receive interns, without academic training, created the most significant aspect of its uniqueness, that is, being a school hospital and thereby gaining prominence among the network of physicians

and surgeons. Later, with the professional certification enabling the practice of medicine and surgery in communities without *médicos de partido* [municipal doctors], the hospital performed tasks not foreseen in its *Regimento*;

7 - Located near the monarch and royal family's residence, where leaders of the kingdom's health system were recruited, All Saints Royal Hospital allowed the royal doctors and surgeons to take an interest in their experiences, thereby reinforcing the institution's centrality;

8 - There is no evidence All Saints Royal Hospital had a large panoply of resources for the medical and surgical treatment of the sick and ill. Hospital spending is enlightening as to the resources used for treating the sick, that is food, comfort in the wards, cleaning, cleanliness, the quality of water and broths;

9 - There is also no evidence of hospital areas dedicated to experimental treatments, although the distribution of wards was according to symptomatic typologies: patients with wounds, with symptoms of illness, patients in convalescence, and patients under observation.

Supporting all of the above, we can say that the spatial centrality of All Saints Royal Hospital; the size of the population under treatment; the magnitude of the implied daily logistic activities, from the movement of patients, supply of food, production and distribution of medication, consultations, as well as burials and religious rites; the volume of its spending and revenue budgets; the staff involved in its activity; and its uniqueness as a training centre established All Saints Royal Hospital as one of the monarchy's institutions of reference throughout the early modern period. The great novelty of All Saints Royal Hospital was, therefore, the creation of a large centre for the reception of patients, with a concentration of material and human resources and, above all, a new model of hospital work organization.



Fragment of pharmacy jar

Portuguese faience, Lisbon regional pottery

17th century

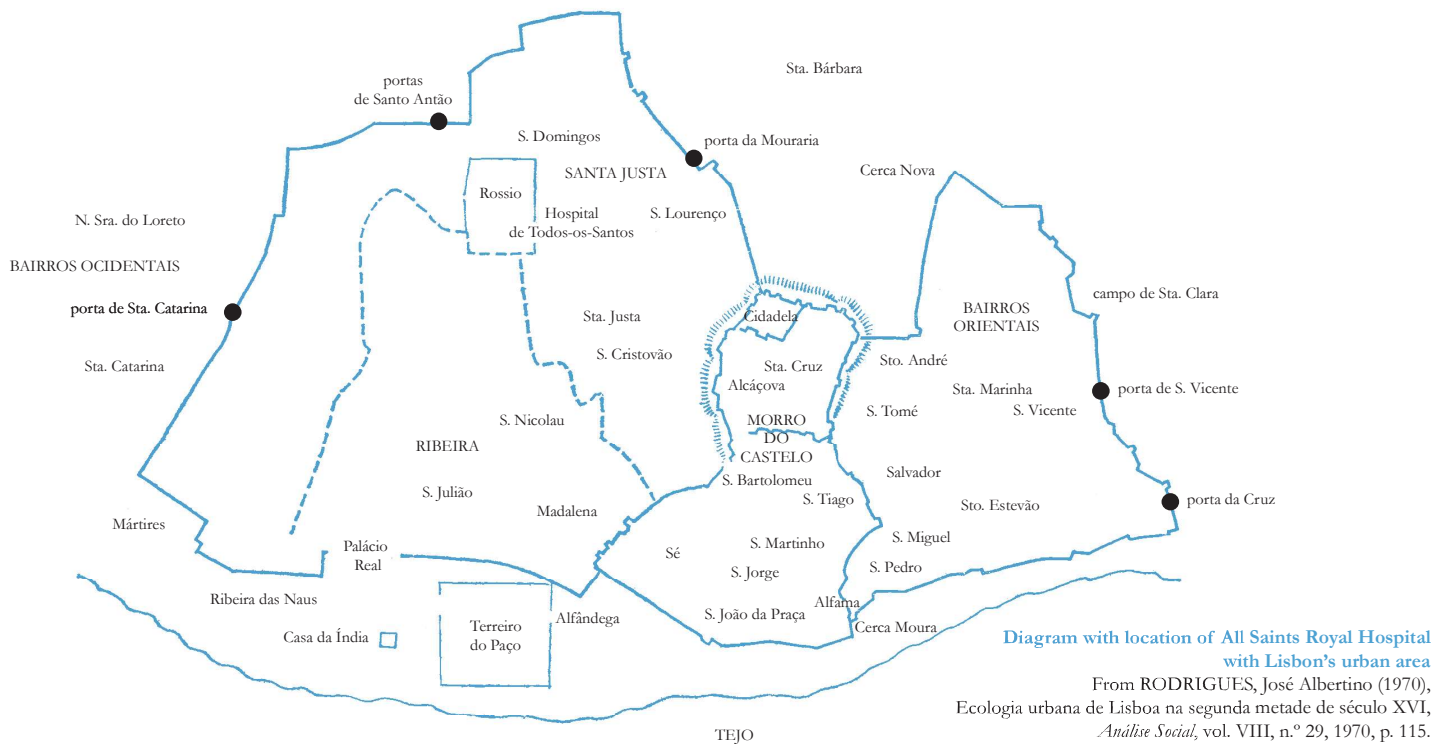
Well of SW cloister

Max. height 5 cm

Praça da Figueira. 1999-2001 excavations

CML-CAL (PF00/ [376])

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Plate with heraldic decoration
Portuguese faïence. Lisbon pottery
1620-1680. Well of SW Cloister
Height 2.2 cm; rim Ø 17.4 cm; bottom Ø 9.5 cm
Praça da Figueira. 1999-2001 Excavation
CML-CAL (PF00/F11/[376])
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Plate with heraldic decoration

Portuguese faience. Lisbon pottery

17th century. Well of SW Cloister

Height 5 cm; rim Ø 38 cm; bottom Ø 25 cm

Praça da Figueira. 1999-2001 excavation

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