

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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EXISTENCES AND PROVISIONS

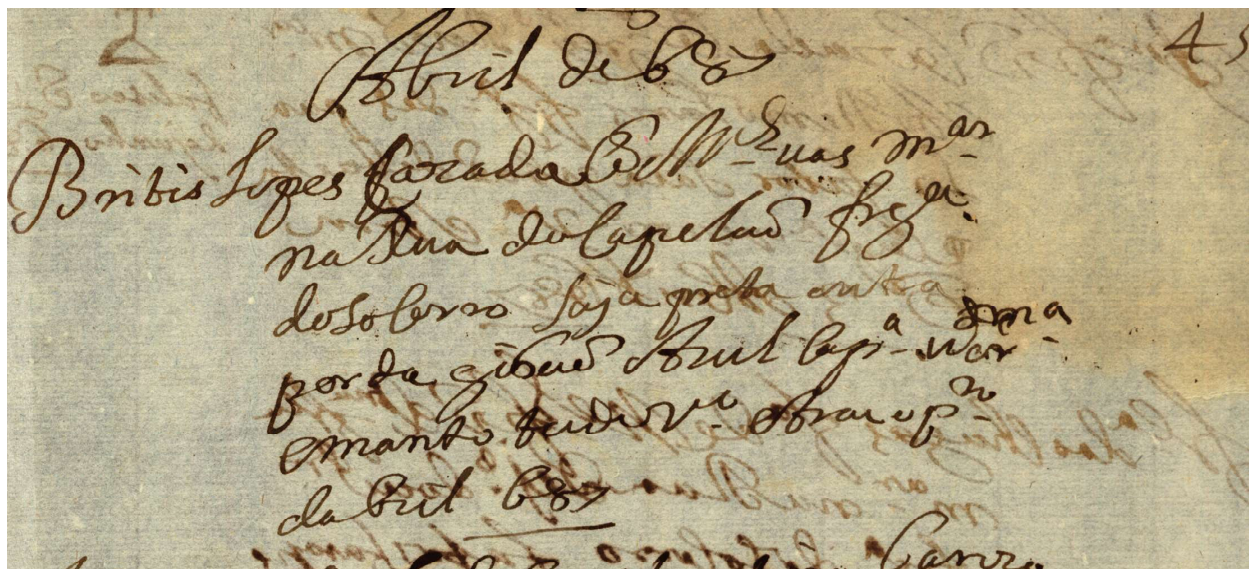
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PRESERVING
HEALTH
IN LISBON



THE STATUS OF THE PATIENT AND THE 1504 REGIMENTO

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The objective conditions of All Saints Royal Hospital

In the early 16th century, when All Saints Royal Hospital was established, the royal power's political capacity was greatly diminished. The Crown exercised jurisdiction over a quarter of the Kingdom's territory, sharing authority with high ranking nobles, the military orders, ecclesiastical donees, lay people, and the communities. The total number of annual appointments of literate ministers did not exceed ten; the monarch was advised by two secretaries of the Chamber; the affairs of justice and grace involved half a dozen appellate judges and a dozen judges in the House of Justice; the treasury was in the hands of five superintendents; and security depended on enlistment for the militias and the bodies of orderlies. The six existing counties and the precariousness of the road networks illustrate the fragility of political communication and territorial organization. Regarding assistance, the post of *Físico-mor* [chief physician] did not yet exist (1521), nor that of *Provedor-mor da Saúde* [chief health purveyor] (1526), although the Lisbon *Misericórdia* [house of mercy] (1498) was already operating.

Therefore, All Saints Royal Hospital's operation, while serving the Court, could not depend on the royal administration, due to lack of resources, skills, and officers. As with other regulatory provisions (*e.g.*, the charters, the ordinances, and the rules for chief captains), the operation of All Saints Royal Hospital was dependent, from the very beginning, on a corporate understanding between several private agencies, such as the religious orders, the dioceses, *misericórdias*, Lisbon senate, and the Royal Chamber's physicians and surgeons, that is, we cannot have an broad understanding of the organization, management and administration of All Saints Royal Hospital without considering the unfathomable constellation of particular settlements and conflicts, a far cry from centralized royal intervention.

This was, moreover, the reality ruling All Saints Royal Hospital from the beginning (1502). Only two years later, the *Regimento* [rules of procedure] was published (1504), whose drafting and approval certainly had the consent of the leaders in office. Therefore, we want to underline the inadequacy of a formal reading

of the *Regimento* regarding the organisational structure, although we recognise the value of its political expression of ideas on assistance and hospital care, essentially following the innovative guidelines advocated and practised in Italian hospitals of the time.

The *Regimento* of 1504

The *Regimento do Hospital de Todos os Santos, de Lisboa* [rules of procedure of All Saints Hospital, of Lisbon] (ANTT, Hospital de São José. *Regimento do Hospital Real de Todos os Santos del Rey Nosso Senhor de Lisboa*, 1504), is a long regulatory document, absolutely unusual for the time, and of great normative quality, unlike most of the dozens of rules and charters on privileges, institutions and royal offices throughout the 16th century. This may indicate it was adapted from Italian rules of procedure, with one or another reference to the particular Portuguese situation.

How it was produced is unknown, but it probably did not come from the Royal ministers of health, that is, the Royal Chamber's physicians and surgeons, who would certainly express royal orders through the chancellery. Rather, the *Regimento* was surely composed by officers and agents experienced in caring for patients and hospital organization, who were summoned informally to embrace a unique experience.

Note that in terms of its language, the structure of the *Regimento* in titles and paragraphs is very similar to the model followed in the *Ordenações Afonsinas e Manuelinas*, [Afonso and Manueline Laws], that is, a taxonomy by topics with a detailed description of duties and obligations of the several offices, except for assistants. Also note that the *Regimento* has no code for infringements and penalties for non-compliance, which was not common in the rules of procedure at the time. Nor are there any references to supervision and/or control by authorities, although the ombudsman's oversight is invoked, although he was not obliged to give "residence" of his terms in office, stipulated as without limit. This is illustrated by the fact that private jurisdiction was given, after 1530, to the chapter of the Congregation of São João Evangelista and not the royal courts, or the *Físico-mor* [Chief Physician] or *Provedor-mor* [Chief Health Ombudsman], created in the meantime.

We know that All Saints Royal Hospital's architecture followed the hospital reform that took place in northern Italy and Spain. This pioneering movement began in 1334 with the inauguration of the Hospital of Santa Maria Nuova (Florence), and afterwards with the opening of the Scala (Siena, 1440), Grand Hospital of Milan (1456), Valencia Hospital (1493), Zaragoza Hospital (1496), Santiago de Compostela Hospital (1501), Santa Cruz Hospital in Toledo and Royal Hospital in Granada (1504). Note the cruciform typology in the building's layout that allowed a new organization of space and revolutionized the protocol of care provided to the sick.

The place of the patient in the regulatory representation

The *regimento* charges All Saints Royal Hospital not only with care of the sick¹, but also refers the non-remedied, foundlings² and, particularly, the poor. The hospital administration should consider that "pobres e pessoas miseráveis tivessem algum mais certo recolhimento e remedio de suas necessidades em esta cidade do que nela para eles até então havia posto que em ela hospitais houvesse" [the poor and miserable have more secure shelter and remedy for their needs in this city, beyond that offered by hospitals until now] to treat them better and cure them, performing "caridade e obra piedosa" [charity and pious works].

¹ Also in this category, although isolated in their own ward, are patients with syphilis.

² The *almoxarife* [administrator] also received foundlings who were given to wet nurses to raise for three years, after which they returned to the hospital to be dressed and fed until they were seven and learned a trade.

Conditions for admission in All Saints Royal Hospital were related with becoming ill within the city or up to ten leagues, being poor, having no “remédio para se poder curar nem remediar” [remedy or means to cure or remedy themselves] and not having incurable diseases.

The most notable specific representation in the *Regimento* is the undifferentiated grouping of three novel designations, *i.e.* “enfermos” [ill], “doentes” [sick] and “pacientes” [patients] to identify the admitted population, as well as the use of “saúde” [health], “cura” [cure] and “remediado” [remedied] to indicate the purpose of the hospital’s mission. These categories cannot be differentiated as they were never used in parallel and/or undifferentiated, but they undoubtedly constituted the recognition of a valuable symbolic capital that was not part of the language of assistance. Nevertheless, the truth is All Saints Royal Hospital had a dual mission: on the one hand, to heal/care and, on the other, to practice social assistance, a hospital for everyone “ser curado e remediado e lhe ser feita esmola e obra de caridade” [to be healed and remedied and to be given alms and charity].

The resources to achieve these objectives were, firstly, a body of 52 offices (administrative, religious, health and auxiliary), half of which were distributed among physicians (2), surgeons and assistants (4), apothecary and assistants (4), senior and junior nurses (13), barber-bleeder (1) and *cristaleira* [administered clysters] (1). Then the medication and, just as important, a good diet. Fourthly, visitations to the sick, which we will refer later. Next was the consolation of words and charity, to “prover sobre a cura dos doentes e terá muito grande cuidado de saber como são remediados e pelos enfermeiros das enfermarias são curados como devem e se os tais enfermeiros são caridosos” [foster the healing of the sick and carefully learn how they are remedied and cured by the nurses and if said nurses are charitable] so that “que os enfermos sejam muito bem curados e providos em suas necessidades e consolados com boas palavras” [the sick are properly cared and satisfied and consoled with good words]. Moreover, the wards were cleaned to “sempre muito limpas e sem nenhum mau cheiro porque isto é coisa que muita aproveita para a saúde” [always be very clean and without bad smells, because this is something that benefits health] and also good smells were distributed to nurses so the wards would have “sempre bom cheiro e os enfermos recebam com isso consolação” [always a good smell and with this the sick receive consolation]. Finally, the health of the soul, in the hands of the chaplains and the priest (masses, confessions, ointments and communions), who also registered and recorded admissions (day, month, place of birth, marital status, name of father and mother, nicknames, address of parents, collection of goods, will).

A new paradigm in care provision

Conditions in All Saints Royal Hospital fostered the appearance of a new paradigm in care provision, in terms of size and diversity of offices contributing towards care in this hospital institution. Care is related to a holistic attention to satisfying a patient’s needs, from a humanistic or anthropological perspective. In a hospital, providing care implies an activity, an organization, an availability for the other. Who is in need and who provides care are part of a complexity of variables, implying knowledge of the other, availability, activity by the institution’s various ‘offices’, as an expression of feeling, as an act of compassion, as a commitment between two people - who is cared for and who provides care - involving affection, organization, planning, kindness, management of each moment, the idea of serving, the use of skill, the caregiver’s interest, institutional norms, responsibility, respect, honesty, communication, trust, consideration for the other, solidarity.

The admission of patients in the hospital obeyed a selection by the physicians and surgeons, with the presence of the ombudsman, to identify their needs and organize the set of interventions to be performed by several officers to restore their health, in which hygiene emerged as a fundamental requirement. Nurses were responsible for the diet (two daily meals, dinner, and supper, where eggs, poultry, olive oil, vinegar, sugar and preserves were prominent), as well as administering purges and medication. The diet and therapy both played the role of positively changing health. Respect for the human person was also a concern, even beyond hospitalization, both after being discharged from the hospital and upon death.

Patient visits were carried out twice a day, by the *provedor* [ombudsman], *vedor* [superintendent], physician, surgeon, the hospitaller, the apothecary, the senior and junior nurses, to take their pulse, “analyse the waters”, prescribe medication, apply purges and plan their diet, that is, a visit where the context of each one’s health/disease was addressed. In addition to visits to the wards (São Vicente, São Cosme and Santa Clara), there was also an inspection of the patients with syphilis. This is model of visit - part of the recovery process, with the participation of the different actors, where each had a well-defined role - marked a major change in hospital procedures and marked a close relationship with the patient (visits were at each patient’s bedside), with a continuous concern for the evolution of their health (visits occurred twice a day), an inter-disciplinary dynamic, with visits carried out by the various officers, those with a greater role in providing care: a global, holistic perspective of the person for the purpose of recovery. This was therefore a new model of care provision within a hospital, a concept of proximity, aid, commitment, involvement, respect and trust, so interventions would meet the patient’s needs: a good relationship, attention, respect, compassion and charity.

Unquestionably, instructions to serve patients from a perspective of care that, henceforth, established and guided new treatment and health practices in Portuguese society in the beginning of D. Manuel’s reign (16th century).

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Record of patient admission

Sta. Madalena ward

Hospital de São José, liv. 1460, f. 45

PT/TT/HSJ/B-A-A/004-001/1460

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1. Camil. N. 2. *João*. *P. de. Botrigo de llesquite* *Foi q. form em 2*
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de 76. de 152
de 76. de 152
de 76. de 152

1. Camil. N. 18. *João*. *P. de. Botrigo de llesquite* *Foi q. form em 2*
de 76. de 152
de 76. de 152
de 76. de 152
de 76. de 152

1. Camil. N. 5. *João*. *P. de. Botrigo de llesquite* *Foi q. form em 2*
de 76. de 152
de 76. de 152
de 76. de 152
de 76. de 152

Record of patient admission
 S. Camilo, S. Francisco, Sto. Agostinho and S. Carlos wards
 Hospital de São José, liv. 1412, fs. 1v-2
 PT/TT/HSJ/B-A-A/004-001/1412
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 Image courtesy of ANTT

1. Cr. n. 7.º. Al. Cruz P. de Salvador Cruz de Jomica
sonho na. de Jomica de S. P. de Torre de Jomica
na. de Valencia do Reino Arcebispo de Braga ora a J. de nobres de Carm. Aguard.
Fatos vellez entrou em 3 de Jor. de 1752 de J.

2

1. Cr. n. 8.º. Carlos de Jomica P. de Alex. de Jomica
Cruz na. de Jomica de S. P. de Torre de Jomica
ora a J. de nobres de Carm. Aguard. Fatos vellez
entrou em 3 de Jor. de 1752 de J.

A de Jor.

1. Cr. n. 13.º. Agre Cruz P. de Jor. Cruz de Paraciana
Quarterra. de Jomica de S. P. de Torre de Jomica
atal de Jomica de S. P. de Torre de Jomica
ora a J. de nobres de Carm. Aguard. Fatos vellez
entrou em 4 de Jor. de 1752 de J.

Fatos vellez
em 16 de Jor. de 1752

1. Cr. n. 24.º. Jos. Cruz P. de Jor. Cruz de Paraciana
Quarterra. de Jomica de S. P. de Torre de Jomica
atal de Jomica de S. P. de Torre de Jomica
ora a J. de nobres de Carm. Aguard. Fatos vellez
entrou em 7 de Jor. de 1752 de J.

Fatos vellez
em 17 de Jor. de 1752

1. Cr. n. 12.º. Jos. Cruz P. de Jor. Cruz de Paraciana
Quarterra. de Jomica de S. P. de Torre de Jomica
atal de Jomica de S. P. de Torre de Jomica
ora a J. de nobres de Carm. Aguard. Fatos vellez
entrou em 5 de Jor. de 1752 de J.

Fatos vellez
em 15 de Jor. de 1752

1. Cr. n. 6.º. Al. Cruz P. de Jomica de S. P. de Torre de Jomica
na. de Jomica de S. P. de Torre de Jomica
ora a J. de nobres de Carm. Aguard. Fatos vellez
entrou em 2 de Jor. de 1752 de J.