ALL SAINTS ROYAL HOSPITAL: LISBON AND PUBLIC HEALTH

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Misericórdia de Lisboa

Omnium sanctorum

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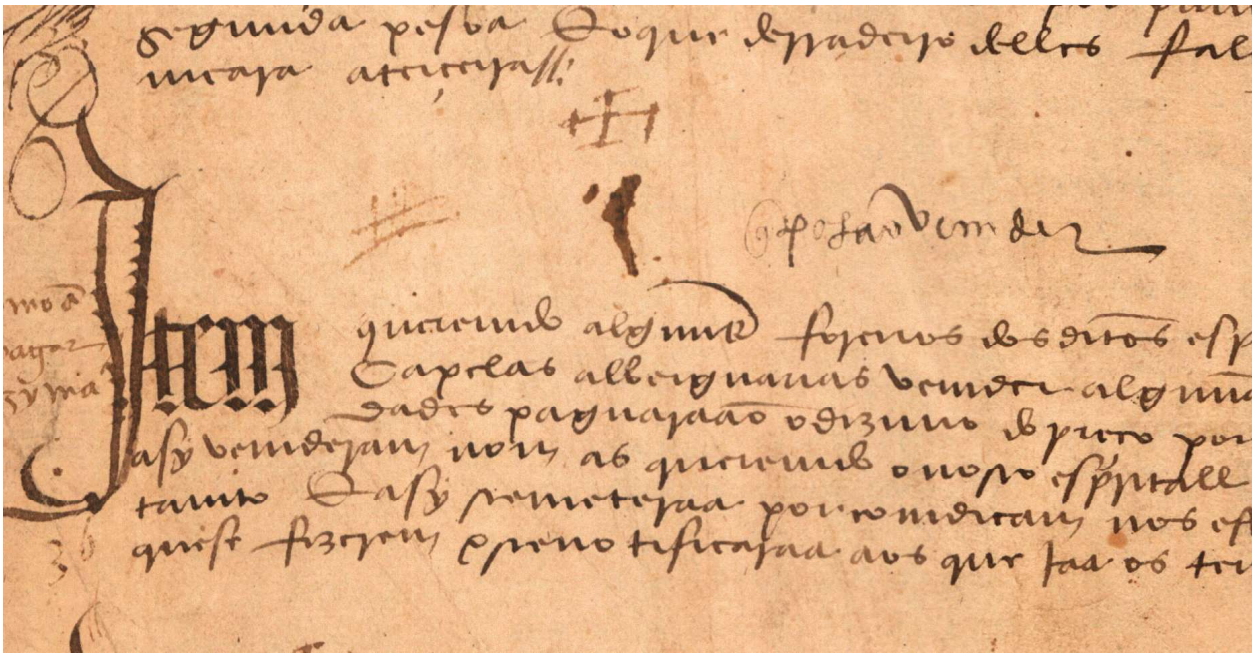
PRESERVING
HEALTH
IN LISBON



_POVERTY AND ASSISTANCE IN EARLY MODERN PORTUGAL

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The Early Modern socio-economic structures required being an owner (of land, houses, capital, rents of diverse origin) to escape poverty, because manual labour was poorly remunerated and labour instability very strong. Naturally, a goldsmith, a shoemaker or a servant had, in principle, very different incomes, and the situation of a master artisan who owned the means of production was quite different from that of a journeyman. Worse off, however, were unskilled workers and, even more vulnerable, women, always working in these social groups that were, after all, the majority of the population.

Thus, all individuals who depended on manual labour could live in situations of imminent poverty or in absolute poverty, unable to meet their minimum needs. Among the poverty-prone were many who, although subsisting in normal situations, were unable to face concrete adversities afflicting them repeatedly: sickness, unemployment, an increasing number of children, payment of a funeral, a disaster (flood, fire, theft...), old age, etc.

In 1750, a female hatcheler earned 40 *reis* a day. With this income, she would have to house, clothe and feed herself. Indexing this income to the average price of wheat, she would need at least 57 *reis* a day for her livelihood. Thus, a hatcheler wouldn't earn enough for a normal diet, even working continuously, which was only possible if she had enough clients to purchase her labour. In 1775, a maid in the same city received 4 000 *reis* a year. Servants had lodging and food, but not clothing. However, the pricing structure was very different from the present and clothing was prohibitively expensive for a large percentage of the population: in 1760, a skirt and a *mantilha* [headdress] was 9 930 *reis*; and in 1814, a very poor girl admitted as a servant in Lorvão monastery received the necessary "fato e cama" [clothes and bed] from the *Misericórdia* [House of Mercy] of Coimbra, and this expense reached 18 685 *reis* (Lopes, 2000).

Men were also vulnerable. In 1813, the Town Council of Coimbra established the wage of a stone labourer as 120 *reis* a day, which was lower than food expenses calculated for workers at the *Roda* [foundling wheel]: 160 *reis* a day (Lopes, 2000). Ignácio Paulino de Morais was right when he concluded, in 1802, that a family of a couple with three children under the age of nine could not support themselves with less than 2 499 *reis* a week (Morais, 1802). That is, working six days a week, they'd have to make 400 *reis* a day. Therefore, in these social circles, it was impossible for only

the "chefe de família" [head of the family] to work, although this myth persists.

Thus, property and work relations defined three distinct situations: proprietors, who in general escaped the world of paupers; workers living in constant risk of poverty, and who were therefore poverty-prone, but could also be poor; those who did not work nor possessed anything, who were infallibly poor, given the absence of social security, and were the clients of private and institutionalized charity.

It should also be noted that the word *assistência* [assistance], in the Early Modern period, commonly meant residence. Therefore, the term charity was used, rather than assistance, which was only adopted in the sense of social assistance in the second half of the 19th century.

Only in the 16th century, gradually and throughout Europe, did hospitals specialize in receiving only the sick, for until then they also housed travellers, pilgrims and foundlings. In the words of Colin Jones - who for his semantic wordplay had to resort to a Romanic language - the hospitalized went from *pauvre malade* to *malade pauvre*, that is, from being a pauper who could be sick to a sick patient who was poor (Jones, 2003). In Portugal, this evolution followed, although without causal relationship, the integration of hospitals in the *Misericórdias*, a more recent creation.

From the reign of D. Duarte (1433-1438) but intensifying with King D. João II (1481-1495) and successors, there was a tendency (not only Portuguese) to merge the small dispersed and less efficient hospital institutions into larger units, culminating in 1492 with the creation of All Saints Hospital in Lisbon, which resulted precisely from the union of 43 hospitals. This hospital's aims, as set out in its rules of procedure, illustrates the transformation of a "charity institution for all kinds of assistance" into "a vocational and organized place for the treatment and eventual healing of the sick" with "one condition: that these patients be poor" (Mendonça, 1996). During subsequent reigns, the hospitals of Porto, Évora, Coimbra, Santarém, Setúbal and other smaller ones were merged and, in 1514, the *Regimento das Capelas e Hospitais* [Rules of Procedure of Pious Legacies and Hospitals] established the uniformity of royal control and forms of hospital management.

As early as the 16th century, the *Misericórdias* annexed the hospitals. These Portuguese confraternities, also known as *Santas Casas* [Holy Houses], were civil institutions, independent of the church and without parallel in other countries. The first was founded in 1498, and they spread rapidly throughout the continent, islands and colonial territories. These confraternities "under immediate royal protection" were made up of men of the middle and upper strata of each locality, constituted by mandate from the monarch or with his permission, and regulations approved by the central power, which protected them. Although they were brotherhoods or confraternities (the form of association known at the time), they had a distinct legal nature (civil) and different activities (spiritual but also social and directed to the outside world). The action of the *Misericórdias* was integrated in the Catholic doctrine, but they were associations of laypeople, although they ded include clerics, who like all others where there as Christians. Thus, the *Misericórdias* were always exempt from ecclesiastical jurisdiction (Cf. Abreu, 1999; Abreu, 2002; Abreu, 2014; Abreu *et* Paiva, 2006; Araújo, 2000; Araújo, 2009; Araújo, 2018; Araújo *et* Paiva, 2007; Lopes, 2002; Lopes, 2010, Lopes *et* Paiva, 2008; Magalhães, 2013; Oliveira, 2000; Paiva, 2002-2017; Pardal, 2015; Sá, 1997; Sá, 2001; Sá, 2002; Sá *et* Paiva, 2004; Sá *et* Lopes, 2008; Xavier *et* Paiva, 2005).

Initially, the *Misericórdias* had no hospital aims, but early during the reign of D. Manuel I, and particularly during the subsequent reign, some hospitals were incorporated in these confraternities, the most important being All Saints Hospital, in 1564. "The *Misericórdias* became the point of reference for assistance institutions" (Xavier *et* Paiva, 2005). In the 17th century the trend continued, to the extent that *Misericórdias*, from the 18th century onwards, focused more and more on assisting the sick. The Crown's other decision was to hand over the hospitals to the friars of the Portuguese Congregation of Saint João Evangelista (Lóios), as occurred in Lisbon, Coimbra, Caldas da Rainha, Santarém or Évora, but in the mid-18th century most Portuguese hospitals were already administered by the *Misericórdias*. This made sense because they were houses of charity and hospitals were destined for the poor. In the early 18th century, Rafael Bluteau defined the hospital as a "public place where poor patients are cured" (1713) and at the end of the century António Morais maintained the definition, adding the meaning of a shelter for poor wayfarers:

"house where the poor patients are cured. Where poor guests and wayfarers are sheltered" (1789).

The main reasons for the foundation and rapid expansion of the *Misericórdias* in the 16th century were, in short: 1) of a spiritual order, because laypeople applied and lived their doctrine; 2) of a state order, as a means of asserting royal power by controlling assistance and making it more effective; 3) and of a social order, since joining a *Misericórdia* was a way of attaining prestige and privileges and, later, as they grew richer, easy access to the capital markets. Towards the end of the Early Modern era, there were about 400 *Misericórdias* throughout the country and empire.

Although it is common to consider the 18th century, namely its second half, and the first decades of the 19th century as a period of decline for *Misericórdias*, the crisis was not overwhelming. Few *Misericórdias* were founded, but the creation of new services in existing ones, the expansion, refurbishment and inauguration of buildings, in particular hospitals, and the trust placed in them by so many benefactors could not have occurred in a time of deep depression.

The social work of *Misericórdias* over time was vast and multifaceted. Assistance to the incarcerated was always assumed as a task. After enquiring about detainees who were in dire need of help, the *Misericórdias* provided them with regular physical (food, clothing, medication...), spiritual and legal assistance. Accompanying those sentenced to death and burying their remains was another task taken on by the *Santas Casas*. For those who had been convicted to having their bodies exposed and consumed on the gallows, the *Misericórdias* received the privilege to gather their bones every year on All Saints Day, which they did in a ritual and religious ceremony. The *Misericórdias* also ensured free funerals to poor families that so required.

Poor patients received assistance from *Santas Casas* in hospitals and their home, with medical visits and supply of free medication. Raising foundlings was legally the domain of the town halls, but several *Misericórdias* took on this duty, but not the associated expense, which was paid with tax revenues. In practice, there was a wide variety of solutions, more so because some *Misericórdias* had absorbed hospitals that had this obligation, such as in Lisbon. The permanent lack of revenue sometimes generated conflicts, or at least bad will, between town halls and *Misericórdias*, who struggled with a difficult service, aggravated by their considerable administrative complexity. Aside from foundlings, whose aid was never contemplated in the commitments of the *Misericórdias*, many of them guaranteed funding for wet nurses for poor families when the mother could not breastfeed due to death, illness or bearing twins.

Aid for wayfarers was widespread among *Misericórdias*, who established a simple and effective network covering the national territory. Travellers, still very much associated with pilgrims and therefore somewhat sacred, would ask the nearest *Misericórdia* for a "carta de guia" [travel letter], that is a document bearing the institution's official seal that identified the traveller and their place of departure and destination. Along with the *carta*, they received monetary aid for sustenance until they arrived at the next *Misericórdia*. Here they presented the *carta* and received the necessary money for the next stage. And so, from *Misericórdia* to *Misericórdia*, these poor people completed their journeys. When they were sick and unable to walk, they received horse transport. Some *Misericórdias* also had small shelters that at least provided a roof, light and warmth for travellers.

Almost every *Misericórdia* distributed wedding dowries to "well-behaved" poor orphans, a very important deed throughout the 17th and 18th centuries. This form of social correction was not exclusive to *Misericórdias* and reveals, as few others, the disciplining aims of assistance. The same could be said for hostels and orphanages, expensive institutions only possible in more opulent *Misericórdias* and frequently under other tutelages, usually episcopal. The *Misericórdias* invested little in ransoming captives (imprisoned by those professing another religion, generally in the Muslim Maghreb), because the Trinitarians had exclusivity over this work, although under the control of the State and partly funded by the Royal Treasury (Alberto, 2001).

Many *Misericórdias* provided lifelong aid to people who had disabilities or were elderly, but in too small a number to cover all cases. Besides the sick and elderly, how many healthy people did not earn enough money for the minimum means of survival? Such situations were generally overlooked by charitable institutions. These poor people had to resort to alms distributed at the door by various

and private institutions, without criteria or guarantee of continuity.

In Portugal, as mentioned, aid to foundlings was the purview of town halls, as established by the *Ordenações Manuelinas* (1521) and *Ordenações Filipinas* (1603) [laws enacted by Kings Manuel I and Filipe II], whenever there were no hospitals or shelters to house them (cf. Pinto, 1820; Pinto, 1828; Sá, 1995; Lopes, 2000; Reis, 2001; Fonte, 2004; Lopes, 2010). This was the only form of assistance for which the general laws of the kingdom provided funding from public taxation. A 1783 order, issued by the *Intendência Geral da Polícia* (General Police Administration) led by Pina Manique, mandated the establishment of foundling wheels in every town without one. The system in Portugal was pioneering in Europe, because it combined the spread of receptacles with great institutional and financial (public) uniformity under supervision by a central public body.

In return for wages, foundlings were raised until the age of seven by outside nurses in their homes. At the age of seven, the children had to work and earn their keep, receiving a wage from the age of twelve. They became free and emancipated at the age of twenty. Portugal differed from other Catholic countries in its lack of Church tutelage over assistance institutions and their activities. The solution found for foundlings is strikingly different from other countries.

Confraternities or brotherhoods - and, in much smaller number, the third orders - proliferated in Portugal, as throughout the Catholic world. Although there are examples that contradict the assertion, in most cases the confraternity charities were not open to their communities. However, given the high membership in confraternities, mutual aid within them cannot be ruled out. The main mission of the third orders was spiritual refinement of its members and not assistance. They practised assistance, but directed to brothers, and - in later stages of the period considered - the wealthiest confraternities opened shelters, schools and hospitals reserved for order members.

In short: the *Misericórdias*, the hospitals and the foundling wheels were the great assistance institutions in Early Modern Portugal, endowed therefore with a civil "social protection system". That is why these institutions were protected and supervised, both by Enlightenment reformism and Liberalism - a distinct scenario from other Catholic countries.

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