

This edited volume originates in the 2011 conference of the International Network for the History of Hospitals, held in Lisbon and Évora, Portugal. It focuses on how institutions for the care and cure of the sick have organised their activities at every level, from the delegation of medical treatments between groups of practitioners, to the provision of food and supplies and the impact of convalescence on lengths of hospital stays. It draws on new European and North American research which highlights an area of medical history that has not yet had adequate, sustained attention, discussing the tensions between theory and practice and between patients and practitioners. Through detailed case studies and comparative analyses it explores the changing and evolving understanding of the function of hospitals, and their wider relationships with their communities.

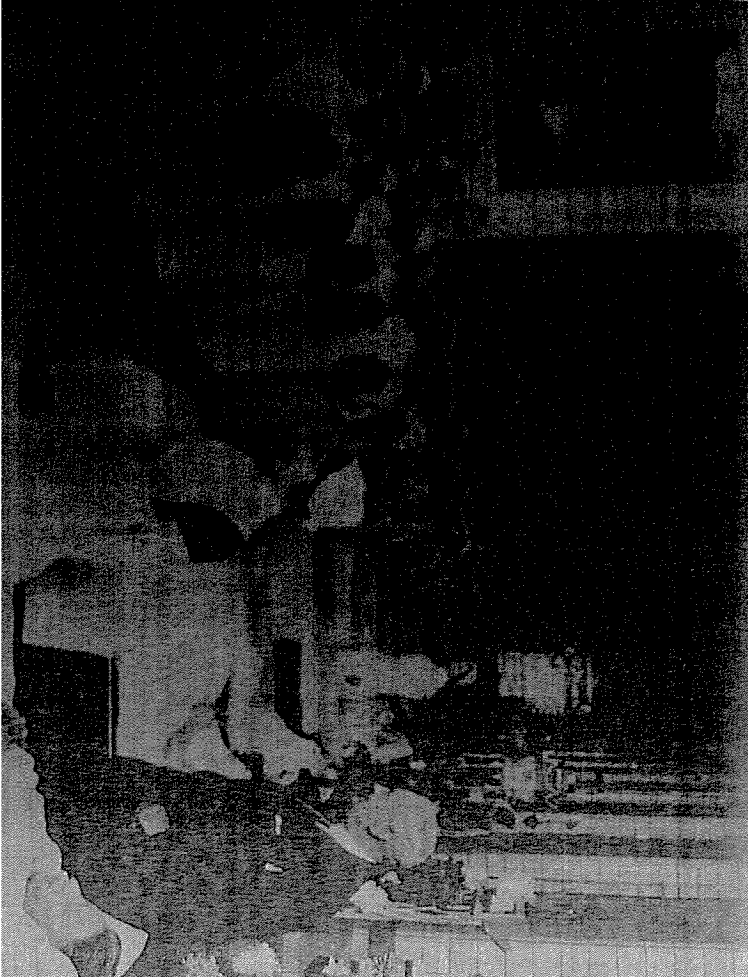
Laurinda Abreu is Professor of History at Évora University, Portugal. She was the coordinator (2001–2009) of the ERASMUS Thematic Network PHOENIX TN – European Thematic Network on Health and Social Welfare Policy. Her recent publications include L. Abreu and P. Bourdelais (eds), *The Price of Life: Welfare Systems, Social Nets and Economic Growth* (2007) and L. Abreu, *Pina Manique. Um reformador no Portugal das Luíças* (2013).

Sally Sheard is Senior Lecturer in the History of Medicine at the University of Liverpool, and Visiting Fellow at the London School of Economics. Her research interests focus on the interface between experts and policymakers, and the political economy of health and social welfare. Her recent publications include S. Sheard and L. Donaldson, *The Nation's Doctor: the role of the Chief Medical Officer, 1855–1998* (2005); M. Gorsky and S. Sheard (eds) *Financing Medicine: the British experience since 1750* (2006); and S. Sheard, *The Passionate Economist: How Brian Abel-Smith shaped global health and social welfare* (2013).

LAURINDA ABBREU AND SALLY SHEARD (EDS)

# Hospital Life

THEORY AND PRACTICE FROM  
THE MEDIEVAL TO THE MODERN



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LÁURINDA ABBREU

## Training Health Professionals at the Hospital de Todos os Santos (Lisbon) 1500–1800

There was general agreement in Portugal at the end of the eighteenth century that the quality of the medical care provided by university-trained practitioners, as well that provided by those who were apprentice-trained, was problematic. For several different reasons, people were usually first treated by the apprentice-trained surgeons. The physicians complained that they were only called for help when injury caused by the surgeons was so serious that it was no longer possible to save the patient. In Portugal, as everywhere in the early modern period, the healthcare field was dominated by a multiplicity of types of practitioner whose training was totally practical: learning by doing, practicing with a *master*, who had usually also been trained through an apprenticeship. Some of those practitioners were officially recognized by the Principal-physician, who was the main medical authority of the time. The apprentice-trained practitioners included the surgeons and the bleeders trained in the School of Surgery which was established at the beginning of the sixteenth century in the Hospital de Todos os Santos in Lisbon – the main Portuguese hospital. Were these health professionals who trained in the School of Surgery better than all the others? How was the training inside the hospital organized and what was the impact on the patients' well-being? What did the term School of Surgery really mean at that time? These are some questions that will be discussed in this essay. First, however, it is necessary to go beyond the hospital and contextualize the medical practitioners' training within the broader early modern period perspective.

## Organizing the health care field, creating personal and corporative powers

The first relevant information on the regulation of medical practice in Portugal is found in the royal diploma of 25 October 1448 in which the monarch forbade the exercise of the 'arts of physics and surgery' by those who had not been previously examined by the accredited royal physicians and surgeons: the Principal-physician (*físico-mor*) and the Principal-surgeon (*cirurgião-mor*).<sup>1</sup> Using this document in 1515, king D. Manuel I (1495–1521) created the Regiment of the Principal-physician.<sup>2</sup> In 1521 the regiment was reformed, extending the authority of the Principal-physician over the Lisbon apothecaries and the pharmacies, and annulling the autonomy established their own 1497 statutes (*Regimento das Boticarias de Lisboa*).<sup>3</sup> The Principal-physician also had authority over all the physicians, national and foreign, who had not been trained in Lisbon University (the only university existing in Portugal at the time). Following what was happening in other countries, such as France, the foreign-trained physicians were submitted to a specific exam before their training was recognized. The official documents referred to them as 'not literate' or 'idiots', which helped to reinforce the supremacy of the Portuguese university qualifications.

The Principal-physician Regiment was intended to regulate the 'healing arts' field, bridging the gap between the official medicine and the traditional apprentice-training, yet at the same time the boundaries of each

role were reinforced by the central power. In order to get a work license, the apprentice had to submit themselves to an examination, consisting of a theoretical and a practical assessment. However, there were ways to by-pass this requirement. The practical assessment could be replaced by a written statement from the candidates' local municipal authority confirming that they possessed at least two years experience with an approved surgeon. Moreover, the Principal-physician could also delegate his examining powers to local deputies. The document also permitted these apprentice-trained practitioners to work as physicians in places where there weren't any academically-trained practitioners. In other words, although there were several regulations, the apprentice-trained practitioner licensing system was open to potential corruption. The market in healing licenses created by the Principal-physician Regiment – because each license had to be paid for –, and the multiplicity of actors involved in the process, also increased the opportunities for exploiting the system. The Principal-surgeons, who only had a Regiment from the end of the sixteenth century but who theoretically had similar functions to the Principal-physicians (several of them overlapping), remained as a more obscure character in terms of their power and capacities to intervene in the field. The fact that the Principal-surgeon position was also often held by the Principal-physician confirms the superiority of the latter in terms of authority. Despite this, the 1521 regiment determined that the physicians were only allowed to practice surgery if 'examined and authorized by the Principal-surgeon'.<sup>4</sup>

The royal investment in providing health care was an attempt to respond to a political need, at a time when the early modern state was emerging, as well as responding to the increasing consumer demands of society for greater health resources and professionals who were able to diagnose and use appropriate therapies.<sup>5</sup> It also expresses the growing concerns with public health. Throughout Europe political authorities were pressing

1 *Systema, ou Collecção dos Regimentos Reais: contém os Regimentos pertencentes à Administração da Fazenda Real*, ed. por João Roberto Monteiro de Campo Coelho e Soisa (Lisboa: Oficina de Francisco Borges de Sousa, 1783), t. VI, 345–346.

2 Manuela Mendonça em 'A reforma da saúde no reinado de D. Manuel', *Actas do III Congresso Histórico de Guimarães, D. Manuel e a sua época*, vol. II – *Igreja e assistência* (Guimarães: Câmara Municipal de Guimarães, 2004), 333–348.

3 Iria Gonçalves, 'Físicos e cirurgiões quatuocentistas. As cartas de exame', *Imagens do mundo medieval* (Lisboa: Livros Horizonte, 1988), 9–52. Contrary to what happened in France where the apothecaries were put under the university tutelage since the 13th century.

4 *Systema, ou Collecção dos Regimentos Reais: contém os Regimentos pertencentes à Administração da Fazenda Real*, cit., t. VI, 338–343.

5 For a European framework, see, among many others, Mary Lindemann, *Medicina y sociedade en la Europa Moderna. 1500–1800* (Madrid: Siglo XXI de España Editores, 2001).

for greater investment in the academic training of doctors, regulation of the apprentice-trained practitioners and inspection of the composition of medicines and the conditions of their sale. There were national demands for regulating bodies: Spain and Italy created the Protomedicato. Portugal, like France,<sup>6</sup> established the post of Principal-physician, as discussed above.<sup>7</sup> The 1521 Regiment, which placed the apothecaries as well as foreign-trained physicians under the Principal-physician's authority, gave him national powers. It also effectively made him a direct competitor with the university's Faculty of Medicine.

The king was indifferent to the criticism of the people's representatives in the Courts of 1535, who accused the Principal-physician of selling the health professionals licenses, as he was more interested in his economic profits than in the population's health.<sup>8</sup> He continued to reinforce the powers of both, the Principal-physician and university, making it clear that they were dealing with separate spheres.<sup>9</sup> At the same time, the crown also invested in the reorganization of the university's medical faculty, following the spirit of the wider European reforms of teaching and practice. For the university, which had been recently been transferred to Coimbra, the path defined by the king was one of excellence and innovation. For example, it adopted Vesalius' anatomical theories of *De manufacturas humani corporis* published in 1543, that advocated a closer tie between medicine and surgery,

6 Alexandre Lunel, *La Maison médicale du roi. XVIIe-XVIIIe siècles. Le pouvoir royal et les professions de santé* (Sevres, Champ Vallon, 2008).

7 Its study, that is being developed in the framework of the research project *Decisão política, necessidades colectivas e afirmação profissional: o Hospital de Todos os Santos em perspectiva*, PTDC/HIS-HIS/113416/2009, will reveal an important part of the health professions in Portugal.

8 *Capítulos de cortes e leis que se sobre alguns[as] delles fizeram* (Lisboa, per Germi Galharde, 3 Março 1539).

9 Confirming, for instance, on 4 November 1545, that the doctors trained by the university were out of the Principal-physician control, as he requested. António de Almeida, *Collecção da Maior Parte dos Estatutos, Leis, Alvarás, Decretos, e Ordens Relativas a Medicina e Cirurgia para servirem como documentos á historia da sciencia de curar em Portugal*, published in *Journal de Coimbra*, red. José Feliciano de Castilho et al. (Coimbra, s.n., vol. 2, n.º 10, Outubro de 1812), 266.

and encouraged doctors to perform autopsies. From November 1545 the university received clear directives to that aim and in October 1546 the king ordered the authorities to facilitate the provision of dead bodies for the university professors to dissect.<sup>10</sup> The new university statutes which were adopted in 1559 made the study of anatomy compulsory in the medical faculty, and also transformed one of the little city hospitals into a version of a university hospital where the professors could provide practical training. In 1556 Afonso Rodrigues de Guevara, a well-known Spanish doctor, who had recently introduced anatomy studies in Spain, was invited by the king D. John III to teach anatomy at the University of Coimbra. He took responsibility for the establishment of a surgery class there in 1557 and contributed greatly to the modernization and development of the university. Several other foreign doctors, as well as some Portuguese ones, were also invited to teach, which contributed to the success of the medical faculty.

However, the reform of the university also had the paradoxical effect of reinforcing the Principal-physician's power. This was because from 1545 the medical course at Coimbra University became one of the longest in Europe (eight years, preceded by a degree in Arts).<sup>11</sup> The king refused to change his directive, despite the opposition of the Faculty, who feared that students would go abroad looking for shorter courses, and who recognized the potential for growth in apprentice-trained surgeons who could complete their training in three years training at the Hospital de Todos os Santos in Lisbon.<sup>12</sup> The crown, however, could not see a conflict between the roles, and judged that the university did not train sufficient doctors to meet the needs of the society. The university, having lost this battle, did not

10 Mário Brandão, *Documentos de D. João III*, vol. III (Coimbra: Universidade de Coimbra, 1939), 71–72.

11 Theophilo Braga, *História da Universidade de Coimbra nas suas relações com a instrução pública portuguesa. 1555 a 1700*, vol. 2 (Lisboa: Typographia da Academia Real das Sciencias, 1895), 791–792.

12 For the number and diversity of the empirical health professional, see Mário Roque, 'Físicos, cirurgiões, boticários, parreiras e barbeiros que na sua maior parte viveram em Lisboa nos séculos XVI e XVII', *Anais da Academia Portuguesa de História* 29 (1984), 121–136.

seek to highlight its superior scientific training, but instead attacked the Principal-physician, who they held responsible for the decreasing university student numbers. To sum up, the situation of the early sixteenth century established the battles that the Principal-physician and the university would fight during the whole early modern period. Until the nineteenth century both struggled for the domination of the field, with very serious repercussions for the development of training and practice of medicine and, most probably, also for the people's health.

One specific example clearly illuminates the tension. At the beginning of the seventeenth century, the crown proposed the creation of a medical college for the development of the medical profession.<sup>13</sup> However, the university's medical faculty refused it, preferring instead to use the money available to raise the salaries of its professors to compensate them for their lower incomes resulting from the reduced number of students. After that incident the medical faculty became isolated, refusing to accept the new scientific discoveries, and increasingly stressing the divisions between their intellectual teaching and the manual work performed by the surgeons. The fact that the university was dominated by the Jesuits at that time also contributed to this isolation. The biggest contradiction, however, at least until the end of the seventeenth century, was that it was doctors trained at Coimbra university who held the position of Principal-physician and who were in charge of the of the hospital responsible for the School of Surgery. This reinforced the idea that what was at stake was the position they occupied and its associated privileges.

On the other hand, the Principal-physician, who had never accepted the loss of power over the Portuguese university-trained doctors, used his position to 'produce' health professionals who would broaden his authority and financial resources. The exam fees generated a good income for him,

and the exam procedure was not really transparent. This gave the university reason to accuse him of selling diplomas in surgery, apothecary, and those other professions that comprised the eclectic world of early modern health care providers.<sup>14</sup> It created a parallel and very competitive market with the physicians, as Pelling and Webster have discussed.<sup>15</sup> Long legal battles between the university and the Principal-physician took place during this period, mainly because the Principal-physician allowed some surgeons to occupy professional positions that in principle could only be occupied by Coimbra University-trained physicians.<sup>16</sup>

It was within this very dynamic framework that the crown created a prototype national system for the distribution of poor relief and health care resources. First, by the end of the sixteenth century more than 200 royal confraternities of Misericórdia had been created (the first in Lisbon in 1498) and all were run by the same set of rules, according to the same principles and identical social objectives. These especially favoured the general care of the poor, and, in particular, the imprisoned poor and the sick. After 1564 the Misericórdias were also transformed into administrators of the majority of the civil hospitals. Second, from 1568 onwards, a medical net<sup>17</sup> was also operated under the crown's direction. It was staffed by academically-trained doctors and, from 1604, by apothecaries (thirty three medical students and twenty two apothecaries per year) whose diplomas were funded by grants which came from the rates imposed on seventy four municipalities, with the objective to provide free medical support for the benefit of the poor. These municipalities then benefitted as they were the first allocated with the university-trained practitioners and apothecaries. Their salaries were mainly paid by a specific tax on local economic transactions (*sisá*), a crown income the king allowed to be used for the health professionals' payment.

13 For the impact of the medical colleges on the medical teaching and practices, a subject that the university reformer seemed know very well, cf. Jonathan I. Israel, 'Dutch influence on urban planning, health care and poor relief: The North Sea and Baltic regions of Europe, 1567-1720', in *Health Care and Poor Relief in Protestant Europe, 1500-1700*, Ole Peter Grell and Andrew Cunningham (eds) (London and New York: Routledge, 1997), 66-83.

14 For the Italian situation, cf. David Gentilcore, 'Charlatans, Mountebanks and Other Similar People': The Regulation and Role of Itinerant Practitioners in Early Modern Italy', in *Social History* 20/3 (1995), 297-314.

15 Margaret Pelling and Charles Webster, 'Medical Practitioners', in Charles Webster (ed.), *Health, Medicine and Mortality in the Sixteenth Century* (London and New York: Cambridge University Press, 1979).

16 Fernando da Silva Correia, *A assistência médica em Portugal durante o século XVI*, sep. *Journal do Médico*, n.º 15, 16, 17. Ano IX (1943), 21.

Some municipalities tried to profit further from this initiative by asking for the appointment of surgeons, so as to get the complete traditional *package* of official health providers: one physician, one apothecary and one surgeon.<sup>17</sup> Several of these surgeons, as well as the bleeders, were trained at the Hospital de Todos os Santos in Lisbon, and it is to that institution that we now turn.

### Inside the Hospital de Todos os Santos, Lisbon

The Hospital de Todos os Santos, which was already functioning in 1504 (the date of its first regiment) was planned according to the model of the Santa Maria Nuova Hospital in Florence, a very common model at the time, as described by John Henderson.<sup>18</sup> The Lisbon hospital was the most visible evidence – indeed a monumental one – of the hospital reforms that Portugal, as in several other countries, had been implementing since the late medieval period. The new hospital incorporated the functions of several smaller hospitals and assistance institutions, as well as acquiring their incomes and social and religious obligations. It was designed as a composite space, divided into different areas, for the cure of patients, the care of foundlings, and the support of poor women. It was a *medical* hospital, in the sense that Colin Jones defined, even if the majority of its health professionals, as was common at the time, had no academic qualifications.<sup>19</sup> However,

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several tasks were already professionalized, an externally examined by the Principal-physician. The medical tasks were done by a physician, two surgeons, two surgeon-apprentices, four 'major' nurses, seven 'small' nurses, an apothecary and two assistants; and a barber-bleeder, among many others. The 1504 regiment also imposed a theoretical training for the surgeon-apprentices, that was delivered by one of the hospital surgeons, who was required read a daily lesson, probably from the fourteenth century book by the French physician, Guy de Chauliac: *Chirurgia Magna Guidonis*.<sup>20</sup> The physicians and the surgeons were responsible for all the medical decisions concerning the patients, both the inmates and the outpatients who daily presented themselves at the hospital door, asking for free medical support.

There is information on the School of Surgery from the 1530s and from 1556 the physician Duarte Lopes taught an anatomy class there, with 'the obligation to make the necessary dissections of the deceased in hospital or in prison,' thereby expanding the theoretical surgery training that was required in the 1504 document.<sup>21</sup> The use of the bodies of criminals by 'science' was therefore already foreseen. The new development of surgical training in the hospital was codified by a regal order of 26 July 1559. This stated that the surgery course should last three years and incorporate practical training on the 'dead bodies,' theoretical lessons and daily practice by accompanying the masters. At the end of the training, the apprentices should sit an exam to ensure their professional competences and capacities to work alone. Exams were also mandatory for the bleeders trained at the hospital but there is little information on this.<sup>22</sup>

17 Cf. Laurinda Abreu, 'Assistance et Santé publique dans la construction de l'État Moderne: l'expérience portugaise,' *RHMC* (forthcoming). On another scale and under other principles, but with some contact points, see Robert Jurte, 'Health care provision and poor relief in early modern Hansatic towns: Hamburg, Bremen and Lübeck,' in Ole Peter Grell, Andrew Cunningham (eds), *Health Care and Poor Relief in Protestant Europe, 1500–1700* (London: Routledge, 1997), 108–128.

18 Cf. John Henderson, *Piety and Charity in Late Medieval Florence* (Chicago-London: Chicago University Press, 1994).

19 Cf. Colin Jones; Michael Sonenshcer, 'The Social Functions of the Hospital in Eighteenth-Century France: The Case of the Hôtel – Dieu of Nîmes,' in *French Historical Studies* 13/2 (1983), 172–174.

20 *Chirurgia magna Guidonis de Galieno olim celeberrimi medici nunc demum suae prima integritati restituta à Laurentio Lomberto ... quae autem Lomberti in hoc opere recognoscenda, et illustrando praestiterit, post epistolam ad lectores videre licet*. Published 1585 by In off. Q. Philip Tinghi, Flor. apud Simphorianum Berard et Sephanum Michaeliem in Lugduni.

21 Alfredo Luiz Lopes, *O Hospital de Todos os Santos hoje denominado de S. José: contribuições para a história das ciencias medicas em Portugal* (Lisboa: Imp. Nacional, 1890), 14.

22 António de Almeida, *Collecção da Maior Parte dos Estatutos, Leis, Alvarás, Decretos, e Ordens Relativas a Medicina e Cirurgia para servirem como documentos á historia da sciencia de curar em Portugal*, 265.

The chronological coincidence of these reforms with the ones that were being implemented at Coimbra University demonstrates that the crown also wanted to adopt the wider European medical modernization at the national main hospital in Lisbon. Part of the improvement in the Lisbon hospital teaching may have been of the responsibility of Afonso Rodrigues de Guevara, the doctor who had created the surgery class at Coimbra University in 1557, and who had then moved to Lisbon in 1561.<sup>23</sup> To reward his university work and general medical competency, the king appointed Guevara as his personal doctor and in 1565, as the main physician for the Hospital de Todos os Santos. In the same year, João Dias, one of the king's surgeons, was also appointed as the hospital's main surgeon. Furthermore, the royal decree of 7 July 1561 introduced a national inspection of physicians, obliging them to present the appropriate licenses and imprisoning offenders. This shows the increasing control by the crown, at least in theory.<sup>24</sup> It concerned both university and apprentice-trained practitioners and provoked protests on both sides: the university complaining against the apprentice-trained practitioners because they had no theoretical knowledge, the Principal-physician and the Lisbon hospital accusing Coimbra University of a total absence of surgery practice in their doctors' training.<sup>25</sup>

In 1564 the transfer of the hospital administration to the royal confraternity, the Lisbon Misericórdia, gave a new significance to the connections of the medical professionals to the political power circles. It facilitated the expansion of a network of personal relationships that sought privileges, honours and economic gains. The king granted the position of chief physician at the Hospital de Todos os Santos to one of his doctors, even though the doctor did not work at there. But, on the other hand, this proximity to the crown paved the way for an increase of the hospital's power. Since

the mid-sixteenth century, it had been trying to strengthen its position as an autonomous centre of authority, beyond the Principal Physician's and Coimbra University's control.

The School of Surgery was not a classic school in the common sense of the word and may have not had the importance that the traditional historiography attributes to the term. What the hospital had was a training programme of 'practical medicine', with a certain level of organization. This concluded with a final exam, which gave its students a diploma that they had to present to the Principal-physician or to the Principal-surgeon. The importance of the School of Surgery was, nevertheless, considerable in terms of the 'health professions', not only due to the great number of surgeons and bleeders who were trained there (and they had higher social reputation than the ones trained elsewhere) but also because some of the most important professional books on surgery were written by the hospital main surgeons who also acted as heads of the school. From the end of the seventeenth century, this dual role (author plus leadership position) reinforced the hospital surgeons' social authority, and it was recognized by the king when he invited them to serve in the court as royal surgeons. It is not known exactly when the hospital started to recruit its own surgeons as professors but probably before the eighteenth century. From this point onwards the conflicts among the hospital surgeons, the medical faculty and the Principal-physician became more serious. The surgeons' defense was based on their deep knowledge of the body's manipulation and their extensive daily experience dealing with the sick – both beyond medical faculty teaching. In this particular aspect, the Principal-physician couldn't agree more.

What was the training at the hospital really like? Is it possible to evaluate its impact on the care of the patients? A research project on this topic began in 2011 and it will take some years to produce results. However, judging by the hospital's administrative records, excellence in patient care was not the main characteristic of the School of Surgery. For instance, several documents from the seventeenth century mention the serious 'accidents that have been observed inside the hospital', mainly due to the bleeder and

<sup>23</sup> Sebastião Costa Santos, *O início da Escola de Cirurgia do Hospital Real de Todos os Santos: 1504–1565* (Lisboa: Faculdade de Medicina, 1925). Also Mário Carmona, *O Hospital de Todos os Santos da cidade de Lisboa* (Lisboa, 1954), 265.

<sup>24</sup> *Alvará sobre os físicos* (Lisboa: em casa de Ioannes Blauto, 1561), 3.

<sup>25</sup> *Colecção da Maior Parte dos Estatutos, Leis, Alvarás, Decretos, e Ordens Relativas a Medicina e Cirurgia ... em Portugal ...*, 266–267.

surgeons apprentices, working in the hospital without any supervision.<sup>26</sup> An internal order made on 14 July 1606 forbade the bleeders to bleed without a license signed by the hospital administrator (*enfermeiro-mor*).<sup>27</sup> Several years later, the Rules of the Infirmeries (*Regimento das Enfermarias*), from 1620, more or less repeated the words of the 1606 document, suggesting that the cause of disorder in the hospital was that the main physicians and surgeons were not abiding by their professional duties.<sup>28</sup> Other documents, like the Rules of the Barbers (*Regimento do Barbeiro*), also from 1620, help to clarify the practices of the bleeders. As they were often absent from the hospital, the bleeders transferred their own professional responsibilities to the apprentices and also to barber-surgeons-bleeders, who had no suitable training. The hospital's administration attempted to put some order in the existing chaos, and to improve the bad reputation of the hospital bleeders, by authorizing a maximum of six apprentices per bleeder, and imposing several restrictions on their 'medical' performance during the training period.<sup>29</sup>

These decisions, which were taken each time in response to incidents, tried to control the bad effects of the excessive experimental freedom of the apprentices, but were ineffective. In fact they often exacerbated the problems. For example in 1694 the Rules of the Apprentices (*Regimento das Praticantes*) forbade the bleeder's apprentices to bleed. But as between forty and fifty daily bleedings were necessary in the hospital, bleeders from outside were allowed to enter the hospital, using their own (inappropriate) instruments, which resulted in a great loss and damage for the poor sick, many of them losing their lives, as recorded in the administration archives.<sup>30</sup> To try to control this situation, the number of permitted apprentices per bleeder was increased from six to forty. As there were similar problems with the surgeons, the three hospital surgeons were allowed to have ninety

apprentices between them. For both bleeders and surgeon apprentices a five year apprenticeship was introduced, preceded by an exam to establish the candidates' competencies in reading and writing.<sup>31</sup> A similar resolution is to be found in the Regiment of the Principal-surgeon from 25 October 1605.<sup>32</sup> However, in response to these reforms the critics argued that 'more apprentices more necessities to practice (...) with very serious consequences for the patients'.<sup>33</sup> It is not difficult to picture the effects of these 1700 apprentices of bleeders and surgeons, moving around the hospital.

What impact did such changes in the school of surgery's teaching programme have? In the last quarter of the eighteenth century, Manuel Bezerra, a well-known surgeon, felt he required a university diploma in medicine to be socially recognized.<sup>34</sup> He characterized the background of the majority of his colleagues and their professional competences saying that 'they leave the school able to read and write poorly; learn to bleed without knowledge or method; disorderly study Ferreira's book (the Hospital de Todos os Santos' main surgeon at the end of the seventeenth century); spend three years in a hospital and are examined as surgeons. This doesn't make them good surgeons. For this, they should know Latin, Natural History and Economy of the Human Body'. Bezerra defended a training based on a mixture of academic and practical training, as happened in several European countries since the seventeenth century, but it was difficult to convince the authorities that dominated the field to change the way they worked. The university reform, ordered by the crown in 1772, seemed to have had much more limited results than the politicians expected. At the hospital, during the same period several instructions were issued demanding that the surgeon apprentices should be able to read and write – considered

26 Sebastião Costa Santos, *Sobre barbeiros e sangradores do Hospital de Lisboa* (Porto: Enciclopédia Portuguesa, 1921), 27–29.

27 Arquivo Nacional Torre do Tombo (ANTT), *Hospital de São José*, liv. 941, fl. 77.

28 ANTT, *Hospital de São José*, liv. 941, fl. 101v.

29 Sebastião Costa Santos, *A escola de cirurgia do hospital Real de Todos os Santos*, 54–56.

30 Sebastião Costa Santos, *A escola de cirurgia do hospital Real de Todos os Santos*, 60.

31 Cf. *Sobre barbeiros e sangradores do Hospital de Lisboa*, 17–20 (Regimento do Barbeiro); 40–42 (Regimento dos Praticantes).

32 Biblioteca da Ajuda, 51-VIII-7, n° 447, *Regimento de que há de usar o cirurgião-mor*, 25 de Outubro 1605.

33 Cf. *Sobre barbeiros e sangradores do Hospital de Lisboa*, 17–20.

34 Manuel Bezerra was surgeon for more than twenty years, when he got the physician diploma. After that, his critics on the faculty were even greater but several doors on the public administration were opened to him.



the minimum competencies to understand what they were doing. This also confirms that the 1694 Regiment had been a total failure as well as the Principal-surgeon Regiment from 1605. The knowledge of Latin, natural history and human physiology, as mentioned by Bezerra, was a luxury that the majority of the Surgery School students couldn't afford. On the other hand, even if the 1504 hospital regiment had stipulated daily theoretical teaching, the surgeons' training seems to have mainly been purely practical.

A further important tension in hospital life was the result of the permanent atmosphere of conflict between the various authorities, either due to different scientific and professional reasons or due to competition for privileges and public recognition. The most high-profile internal problems occurred in the 1730s, when the didactic disagreements between a Catalan surgeon and an Italian surgeon were so violent that the king ordered the end of the anatomy teaching and did not allow it for more than two decades.

It was only when the State assumed control of the Hospital de Todos os Santos after the 1755 earthquake that some serious efforts were made to deeply reform the School of Surgery. A document from 1759, written by the state-nominated hospital administrator D. Jorge Francisco Machado Mendonça, gives a picture of the hospital's routines.<sup>35</sup> It describes the healing practices and behaviours of the actors involved: a total absence of control over the surgeons and bleeder apprentices; lack of appropriate instruments for medical procedures; disorder in the distribution of all medicines for the sick, a general atmosphere of corruption, affecting all the sectors. The reorganization of the hospital, both in administrative and medical terms, then started with the imprisonment of some professionals and was based on a strong and comprehensive regulation. The anatomy practice and teaching was re-established and regulated, under the direction of a French surgeon, Pedro Dufau. The 1759 document noted that 'the art of anatomy is very necessary for the performance of good doctors, surgeons and bleeders, giving the people great benefits if they have experts in the faculties.'<sup>36</sup> Access to the hospital's dead bodies was also restored.

The anatomy classes, which were compulsory for the hospital professionals and were free for the external students, also represented a general interest in public health.

From July to October 1758 several orders regulated very precisely the environment and routines operating inside the hospital. The first one was focused on the patient's wellbeing: a list of procedures was given to the doctors and surgeons identifying their obligations towards the patients. There was also an instruction that no patient should wait more than one hour to be examined after their arrival at the hospital. In September a system of medical boards composed of four doctors for the analysis of the most complex medical cases was imposed and controlled by the hospital administrator. The meal timetables and the distribution of medicines were also stipulated, as well as the access to the kitchen and to the apothecary. On 17 October a general order clarified the professional relationships among the nurses, putting an end to long-established customs and as well as to the attached benefits. The hospital administrator stated that 'all, in the same way, must totally abide by your superiors'. It was therefore not medical authority that was emerging in the hospital but an administrative one that was being reinforced in the context of the Absolutist State.

One of its biggest investments was specifically in the School of Surgery. Having received new rules in August 1758, it was subject to continuous interventions during the following years. The first rules were mainly administrative issued through a general regiment which indicated the competences that the apprentices must have acquired before practicing on the patients, and making their teachers responsible for them and for the errors they caused. Before the students presented themselves for the final exam, their hospital 'master' had now to write a complete report on the candidates' competencies, indicating the number of years of learning at the hospital and their performance during the training.<sup>37</sup> The document was submit-

35 Published in 1761: cf. Jorge Francisco Machado de Mendonça. *Pelo breve memorial expõe Jorge Francisco Machado de Mendonça ao Ilmo e Excmo Senhor Conde de Oeiras* (Lisboa: na officina Miguel Manesca da Costa, 1761), 52–53.

36 ANTT, *Hospital de São José*, liv. 1106, fls. 62v–3 and. 64v–6.

37 This report was actually implemented, at least in the following years as shown by this example: 'Manuel Leitão do Valle, bleeder master in the Hospital de Todos os Santos certify that Joaquim da Silva de Freitas, son of João de Freitas da Silva and Maria Inês, from and baptized in the parish of São Cristóvão, was my student from 15 September of 1758 and since then he has performed this duties, also bloodletting, pouring cups dried leeches, showing a sufficient capacity, the reason why it seems to

ted to the hospital administrator, who had the final word on the decision to let the student sit the exam, and in nominating one of the hospital surgeons as examiner. The results had to be communicated to the hospital administrator in a 'sealed envelope'.<sup>38</sup>

On 30 May 1760, this same administrator produced a new document concerning the school of Surgery entitled 'Chapters that should be read to the surgery, anatomy and bleeder practitioners'. It developed further the organization of administrative practices in the school, continuing the August 1758 document. However, a new pressure was put on the apprentices now: they must address their admission request to the hospital administrator. If authorized, the student then had to make a formal registration, with a comprehensive personal identification, including details of their parents, and supplying formal proof of their reading and writing competences. At that stage they were informed about the class rules, the respect they should demonstrate for their professors, and the dress code in classes and in the hospital yards. After this, they had to pay a small sum for their certification of the registration. Only after all this was completed did the hospital administrator appoint him a 'master', totally forbidding the student from making their own choices.<sup>39</sup> In terms of teaching probably the most relevant change occurred at the end of 1764 when a new 'Class of surgeries and bandages' (*Ala de Operações e Ligaduras*) was created.<sup>40</sup> For this the hospital bought a specific 'strutae, which represents the human figure, to be used for teaching the practitioners all kinds of bandages necessities for any sort of surgery, as the success of the cure also depended on the way the bandages are applied'.<sup>41</sup>

The state's interest in the professional training of surgeons, anatomists and bleeders can also be demonstrated by a specific privilege conceded to the apprentices in May 1776 which exempted them from the military

me he is ready to be admitted to the exam, what I swear on the Gospels. Lisbon, 24 April 1760. ANTT, *Hospital de São José*, liv. 1106, fls. 70-71.

38 ANTT, *Hospital de São José*, liv. 1104, fls. 36v-7.

39 ANTT, *Hospital de São José*, liv. 1104, fls. 54-55.

40 ANTT, *Hospital de São José*, liv. 1104, fls. 104-04v.

41 ANTT, *Hospital de São José*, liv. 944, fls. 104-105.

service. This provides a wonderful insight into the general unpopularity of military service: as soon as this exemption was announced the hospital was overwhelmed with a crowd of men wishing to learn the healing arts but, after registering, they never appeared in the classes. This outcome forced the crown to limit the number of the apprentices to 100, and imposed on them a rigid administrative control of their presence and daily class timetable, requiring compulsory written justifications for absences as well as a monthly report from the 'masters' on the students' attendance and progress.<sup>42</sup> The year before, in 1775, the hospital administrator had dismantled a private business in the hospital conducted by the bleeders, that charged \$6000 réis to each apprentice admitted as well as an unidentified amount for their 'first sting', that is to say, the first bleeding.<sup>43</sup> Both these examples demonstrate that no matter how big the political intervention, the hospital was a difficult organism to control, and that it was often able to escape from the power of the authorities. The circumstances of other Portuguese hospitals – even if smaller than Hospital de Todos os Santos – were not so different. One case from Setúbal's Hospital do Espírito Santo (the second or the third biggest hospital at the time) can illustrate it very well. In 1792 the hospital bleeder, Joaquim Jorge, was retired due to his advanced age that made him 'feel shaky and unable to do the first bleeding to the patients', and he was replaced by a young 'capable and skillful man'. Nevertheless, as a reward of his professional life, they 'granted' Jorge the opportunity to perform 'by his own hand the second bleeding'. Regretting his retirement, he forced the hospital administrators to dismiss the young apprentice recruited by the new bleeder (his nephew) and took his place.<sup>44</sup> And so, although officially retired on health grounds, Jorge was authorized to perform the second bleedings and to help the new bleeder in the first ones!

42 ANTT, *Hospital de São José*, cx. 274, mc. 2, n.º 79.

43 ANTT, *Hospital de São José*, liv. 944, fl. 10v.

44 Cf. Laurinda Abreu, *Memórias do Corpo e da Alma. A Misericórdia de Setúbal na Modernidade* (Viser: Palmimage, 1999), 156-159.

## Old problems new powers

The key issues of the 1770s as in the middle of the sixteenth century were, as already mentioned, the intense conflict between the various powers that had authority over the 'health professionals' and also the political interests involved. Thus the report produced by the crown administrator in 1759 needs to be seen as a political document and its measures have to be analyzed within the political framework: the government felt the need to legitimize its takeover of the hospital in order to deeply restructure it. Yet a central question is why, even in the 1780s the narratives from the hospital critics were so similar to those of 1758, despite all the reforms, especially of the surgery classes?<sup>45</sup> From the 1750s there was extensive competition between physicians and surgeons. While the physicians were trying to keep their social power and to improve their political intervention, the surgeons were fighting in order to be recognized as a professional group. For nearly twenty years, the surgeons had experienced a little advantage and benefited from the State's wish to provide better medical care for society. They succeeded in reinforcing themselves as a professional group and created their own scientific associations (the first one appeared in 1748, in Oporto, but it not until the last decades of the eighteenth century that they were really developed). They tried to eliminate the stigma that the profession was still suffering, which associated the surgeons with manual work or, in the doctors' words, considered it as 'a branch of the mechanical arts'.<sup>46</sup> However, it is important to stress that the surgeons also benefited from the dispute between the politician Diogo Inácio de Pina Manique (who was also the General Superintendent of Police and in charge of the medicalization process) and the Faculty of Medicine of Coimbra University. Between 1780 and 1805 the hospital's teaching was under a new regime,

45 ANTT, *Hospital de São José*, liv. 944, fl. 11.

46 Cf. Brás Luis de Abreu, *Portugal Médico ou Monarchia medico-lusitana: historica, practica, symbolica, ethica, e politica. Fundada e comprehendida no allargado ambito de duas mundas creadas Macrocosmo, e Microcosmo reparatida e demarcada em tres ampplissimos reynos: animal, vegetal e mineral* (Coimbra: Officina de Joam Antunes, 1726), 257.

and some of the surgeons trained there were sent to the United Kingdom and Denmark in order to get the most modern medical knowledge. The position of the Principal-physician disappeared and a new organization was created (the Protomedicato) which had authority over all healthcare professionals. However, with the death of Pina Manique in 1805 and the transfer of the Court to Brazil following the Napoleonic Invasions of 1807, the whole reform process was halted. From Brazil, the Principal-physician was recuperated his authority, the medical faculty continued to be closed to the external world and the Hospital de Todos os Santos carried on producing a reasonable number of surgeons and bleeders but not under very rigid control.

This essay has demonstrated that within the hospital, as in the external world, the private interests of those involved were more important than any wider public health policy. From the sixteenth century, when the health professions started to be organized and defined, the different authorities worked in order to increase their benefits and power, struggling against each other accusing one another of incompetence, bad training, a danger in terms of the people's health. They were more preoccupied in transforming their positions into centres of private or corporative power than in investing in the development of their professions. But more information is needed to form an evidence based conclusion. It is desirable to know more about the people who occupied these positions, and about their professional networks and objectives.<sup>47</sup> This would enable us to understand why the Portuguese royal physicians, who always moved in political circles, and who were so close to the Hospital de Todos os Santos (the biggest national hospital), were not able to establish a 'centre of medical excellence', as their French counterparts had achieved, in which the king's physicians became symbols of modernity and of medical, surgical and pharmaceutical developments.<sup>48</sup>

47 This research has been initiated by Francis Durra, 'The practice of medicine in Early Modern Portugal. The role and social status of the Físico-mor and the Surgião-mor', in Carleton Sprague Smith and Israel J. Katz (eds), *Libraries, history, diplomacy and the performing arts. Essays in honor of Carleton Sprague Smith* (New York: Pendragon Press, 1991), 155–169.

48 Cf. Alexandre Lunel, *La Maison médicale du roi, XVIIe–XVIIIe siècles*, 53–65.