



# Medical training and careers in Portugal at the time of José Pinto de Azeredo (1764-1810)

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## Abstract

This article contributes to knowledge on medical training and careers at a time of change driven by Enlightenment ideas, but also a time of conflict between age-old structures and new legal frameworks. By analyzing an individual trajectory in interaction with other individuals and institutions, the contradictions of the historical context that constrained the life of José Pinto de Azeredo are brought to light. The circumstances surrounding his professional activity are analyzed – an aspect of this physician's trajectory that was until now unstudied. Some hypotheses are formulated to explain why he did not reach the objectives he set for himself.

Keywords: medical careers; José Pinto de Azeredo (1764-1810); Universidade de Coimbra; chief physician of the kingdom; eighteenth to nineteenth centuries.

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José Pinto de Azeredo was born in Rio de Janeiro in 1764. He studied medicine at the University of Edinburgh between 1786 and 1788, presenting his monograph at the University of Leiden on May 24, 1788. On February 7, 1789, the Board of the Protomedicato (an organism created in 1782 to replace the chief physician (*físico-mor*) and the chief surgeon (*cirurgião-mor*), who had overseen the activities of apothecaries, empirical healers, and physicians with degrees from abroad) was called on by the minister and secretary of state of Affairs of the Kingdom, José Seabra da Silva, to appraise the applications made by José Pinto de Azeredo and his brother Francisco Joaquim de Azeredo to have their degrees validated in Brazil (*Pedido...*, 7 fev. 1789). The Protomedicato was quick to examine the papers and give a positive ruling; just 12 days later, in a document dated February 19, the queen signed the two “letters of approval” in medicine (*Carta...*, 19 fev. 1789).<sup>1</sup>

José and Francisco Pinto de Azeredo, two of the three physicians accredited by the Protomedicato that year (*Acreditação...*, 7 dez 1789),<sup>2</sup> are the embodiment of a case of social and professional mobility by means of university education. Their father, Francisco Ferreira Azeredo,<sup>3</sup> had been granted authority to work as a surgeon by the chief surgeon of the kingdom on November 22, 1754, based on information sent from Rio de Janeiro by his representative and examiner there. Like many of his peers, he had served in the army, an institution that gave those who came from less wealthy backgrounds a leg-up on the social ladder, and reached the position of chief surgeon of the first Rio de Janeiro Infantry Regiment, a position he retained until he requested retirement in December 1795 (*Carta...*, 22 nov. 1754; *Pedido...*, 2 dez. 1795). Francisco Ferreira Azeredo wanted his sons to train in medicine, thereby breaking the social stigma associated with surgery (Abreu, 2007, p.149-158; Furtado, 2005, p.88-105), regarded as a mechanical trade.<sup>4</sup>

In April 1789, shortly after earning recognition for his medical training, José Pinto de Azeredo was appointed “chief physician of the city of São Paulo da Assunção, capital of the Kingdom of Angola,” reaching the city in late September of the following year after a short stint as a physician in Rio de Janeiro (Pinto et al., 2005, p.619-620). The letter of appointment reproduced the same terms as his predecessor’s, promising the same salary of 600\$000 mil-réis “to cure, not only the military corps of that kingdom, but also the patients in the hospital of said city, and likewise to open a school of medicine for those who seek employment in its exercise and practice.”<sup>5</sup> What was novel in this, at least as far as the state of current knowledge goes, was the fact that Azeredo was the first physician with a foreign degree to perform that function.

José Pinto de Azeredo lived “6 years and 9 full months” in Angola, as he would often repeat, during which time he proved a diligent, hard-working professional (Oliveira, 2013). Of note is his role as teacher at the “school of medicine” at the Misericórdia hospital of Luanda, which mostly treated soldiers. It is this that may have facilitated his appointment to the Military Hospital of Lisbon, which we are told took place on July 15, 1801. Yet the circumstances of his work were not easy: the challenges included the perilous epidemiological conditions and difficulty in getting medical supplies – in 1792 a bottle of “English water” (a cinchona-based remedy) that cost 1\$000 mil-réis in Lisbon could cost as much as 6\$400 in Angola – as well as food shortages (the 1793 and 1794 famines are reported to have been severe) and the constant shadow of war.

Azeredo returned to Portugal in 1797. In acknowledgement of his services in Angola, he received the Order of Christ (1799), an honor usually given by the Crown to chief physicians who served in the empire. In 1806, he was appointed physician of the Royal Household.<sup>6</sup> He died in April 1810, leaving behind an extensive body of work on medicine. However, he had never been selected for any of the military posts for which he had applied – “first physician” of the Military Hospital of Xabregas, chief physician of the troops of Rio de Janeiro, and chief physician of the Army. What could be behind this curtailment of his career?

### **The stigma of an education abroad**

According to the 1604 Regulations of Old-Christian Physicians and Surgeons (*Regimento dos médicos e cirurgiões cristãos-velhos*) (Silva, 1854, p.42-46), the decree dated April 1, 1608, and the 1772 bylaws of the University of Coimbra – and probably contrary to the Azeredo family’s expectations – a degree in medicine from abroad was a disadvantage that placed such graduates in a position of inferiority vis-a-vis their Portugal-trained peers. To understand this situation, we have to go back further in time to the creation of scholarships for medical students at the University of Coimbra in 1568 and even to the regulations pertaining to chief physicians (*Regimento do Físico-Mor*), of 1515 (Abreu, 2017).

These latter regulations (Sousa, 1791, p.338-343) – which were reviewed in 1521 to reinforce the powers of chief physicians over apothecaries and dispensaries – emerged in the context of a profound organization and restructuring of the field of health and welfare in Portugal. The regulations formalized activities that the chief physicians of the kingdom had been doing for a long time, elucidating their roles in accrediting medical qualifications obtained outside Portugal. In general terms, the chief physician of the kingdom was a direct competitor of the university. This state of affairs was strengthened in the 1540s when the medical curriculum was reformed, making the medical degree at Coimbra one of the longest in Europe. At the same time, New Christians, traditionally associated with the healing arts, were placed under tighter control. This set of circumstances ended up increasing the number of Portuguese who chose to study abroad.

The university was quick to react. While it was working on a way to limit the damage resulting from the competition from the chief physician, it began to associate the degrees he recognized with those that he “tacked onto” surgeons, students who had not completed their medical studies, or even individuals recognized only for their “healing skills.” The University of Coimbra willfully ignored the distinction between “licenses to treat with medicine” (*cartas para curar de medicina*, temporary licenses that lent their holders restricted rights to practice healing, creating “temporary physicians” who were only authorized to work where there were no physicians with degrees from Coimbra), which constituted the majority of the licenses granted by the chief physician, and “medical licences” (*cartas de medicina*), which did indeed correspond to medical degrees and were granted to those who had graduated abroad or under exceptional circumstances.

It was with the purpose of stopping the decline of the Coimbra Faculty of Medicine, in the context of an upsurge in demand for physicians both by private individuals and by local

authorities and charitable institutions (*misericórdias*) – then responsible for a considerable number of hospitals – that in 1568 the Crown set up a scholarship program for thirty students of medicine, to be paid for by municipalities (Abreu, 2014, p.67-97).<sup>7</sup> With the explicit goal of increasing the health care workforce and avoiding a predominance of New Christian physicians, who were apparently graduating in large numbers from Salamanca, the Crown was keen to get Portuguese youth to enroll at its own university. For this very reason, in July 1578, it recommended that municipalities should, when recruiting physicians, give preference to those who had received such scholarships.

In these final years of the Avis dynasty, an informal (but Crown-supported) agreement between the chief physician of the kingdom and the University of Coimbra allowed the chief physician to stop accrediting qualifications obtained abroad in exchange for monetary compensation to be paid by the university. The Habsburg monarchs would put an end to this pact and maintain the accreditation powers of the chief physician, while also allowing the University of Coimbra to include in the Regulation of Physicians and Apothecaries (*Regimento dos médicos e boticários*) of February 7, 1604, the right of preference for their physicians for posts in public administration and religious institutions. The royal decree of April 1, 1608, made this law, determining that “ignorant” and “unlettered” physicians be automatically excluded from competing for such jobs whenever there were candidates who had graduated from Coimbra. By now, there was a solid association between studying abroad and the label “untaught and ignorant” (Abreu, 2017).

Considerations as to the superiority of the training to be obtained at Coimbra, defended in the early 1600s, would now pass almost in their entirety to the 1772 Bylaws. These determined that it was no longer acceptable for “people who were ignorant and were not approved by the university to practice medicine and surgery,” thereby revoking all previous legislation that allowed the chief physician and chief surgeon to license such persons. However, this change was not retroactive, meaning that physicians and surgeons with degrees from abroad, whether they were from those countries or were Portuguese and had had their degree officially recognized, were able to continue to practice. The postponement of the regulation relating to “common surgeons” (*cirurgiões vulgares*) (Estatutos..., 1772, p.197-201) resulted in the immediate suspension of the accreditation of medical qualifications earned outside Portugal and thus the granting of “licenses to treat with medicine” (“temporary physicians”).<sup>8</sup>

However, embroiled in multiple problems, the university was unable to completely fulfill the reforms planned by Pombal in the area of public health. In the context of a state of disorder among empirical healers resulting from the power void following 1772,<sup>9</sup> the Crown took the initiative, on June 17, 1782, to create the Protomedicato, as noted above. This was done, however, without heeding the overlapping of powers between the new entity and the university, which Pombal had lent total authority over the field of medicine. When the Azeredo brothers applied to have their degrees recognized by the Protomedicato in 1789, it was keen to assert its authority, even attempting to encroach on the university’s right to oversee physicians trained at Coimbra. However, internal strife and the incapacity to produce new regulations that expressed the modernity that had given rise to it – it retained the 1515-1521 regulations for chief physicians and the 1631 regulations for chief surgeons until its extinction – meant the Protomedicato was associated with the past.

In this context, irrespective of the quality of the medical training José Pinto de Azeredo had received, the reputation of his professors (such as William Cullen, under whom he had studied in 1787), the academic work he had done as an undergraduate, the works he had published, and even some degree of public recognition, the fact he had trained abroad had all the elements to make him ripe for refusal by the medical elites graduated in Portugal, including those who ran the Protomedicato. The fact is that Azeredo did a two-year course in medicine (compared to the five years required for a Coimbra degree), which ruled him out of practicing in Portugal, as the minister and secretary of state declared upon receiving the application for accreditation of the degree, observing that the applicants were aware of this circumstance: “that the Board of the Protomedicato hereby grants them its approval, despite not presenting a certificate of practice in this kingdom, where they are not to practice their profession, but rather in America, where it is proposed they do so” (Pedido..., 7 fev. 1789).<sup>10</sup> It was only thanks to special royal authorization, after the Protomedicato’s examination of the paperwork, that the Azeredo brothers were allowed to “exercise said science of physic in this court and city of Lisbon and in any part of these kingdoms and domains of Portugal and its conquests” (Pedido..., 7 fev. 1789). In the case of José Pinto de Azeredo, it is likely that his appointment as chief physician of Luanda was already underway, as the Crown was actively seeking to fill the position and he had put his name forward for it. That would explain why Maria I simultaneously granted the two brothers “all the privileges and freedoms ... that are retained for physicians graduated and approved” by the University of Coimbra (Concessão..., 17 fev. 1789), physicians for whom these positions were reserved.

### **The function of the chief physician in the Empire: clarifying appraisals, concepts, and powers**

Not only did his degree restrict his career possibilities, but the role of chief physician performed in Angola by Azeredo was not considered particularly prestigious in the kingdom. Few physicians coveted a job in the service of the Crown in the empire, not least because these professionals found it relatively easy to gain employment in the metropolis, without needing to expose themselves to the risks inherent in sea travel and the challenging health conditions in most of Portugal’s colonies (Abreu, 2021).

Angola was one of the most problematic places in the Empire in terms of European medical resources. Admittedly, it had not always been so: when colonization began, in 1575, and one year later when the town of São Paulo da Assunção de Luanda was founded, the Crown had high hopes, as did the surgeons, apothecaries, and physicians who went there. Yet aside from the aforementioned difficulties, and perhaps because of them, Angola became the prime port of call for “deported miscreants corrupted by great and abominable abuses,” who there perpetrated “ferocious crimes” (Silva, 1842, p.833), all of which led to a rapid diminishment in the flow of medical agents from the kingdom.

At some cost, the Crown managed to appoint the odd surgeon or physician “to cure the sick in the prison that is there and for the other dwellers of the land where all perish in poverty for lack of a person to cure them as the land ails so,” as can be seen from the letter

of appointment of the physician António Lopes de Oliveira, in May 1649 (Nomeação..., 26 maio 1649). There is no evidence that either the prison or the Misericórdia Hospital of Luanda, founded in the late 1620s, had a ready supply of physicians to fill their vacancies: few put their name forward to risk their lives in those lands, even when the Crown gave in to their often hefty financial demands, as was the case of the physician Catela de Lemos in 1732 (Solicitação..., 18 ago. 1732). Added to this were the difficult relations between the physicians and the authorities there (Abreu, 2021).

Whenever the central government succeeded in recruiting health workers, it tended to prolong their commissions against their own will. In Benguela, there was even an accusation that the surgeons working there were kidnapped and prevented from going back to Portugal. Azeredo himself, despite having obtained a medical certificate confirming his physical debilitation after being taken ill and nearly dying (Atestado..., 8 out. 1797), was denounced as a quasi-fugitive by the governor-general in a letter of October 29, 1797, in which he was also accused of having abandoned the sick, behavior that the governor-general deemed worthy of punishment. The difficulty of getting a replacement was expressed by the chief of police, who was personally involved in the process. Apparently, only a generous pay hike, from 600,000 to 800,000 réis, was enough to convince the physician José Maria Bomtempo to go to Angola (Carta-patente..., 25 jan. 1799).<sup>11</sup>

The appointments to the different positions were made without any care for adjusting their titles to their responsibilities or separating the civil and military spheres. Formally, chief surgeons and chief physicians represented the medical authorities of a place, which could be a regiment, a hospital, a fort, or a prison. They were answerable to the chief surgeons and chief physicians of the army (for the military) and of the kingdom (for the civilians). Only in a few cases did the chief surgeons and chief physicians appointed to the colonies hold powers delegated by their counterparts in Lisbon, which gave them the right to control the other healers in their geographical area of influence and conduct “professional” exams, which would later be registered in the official royal archives. With the exception of the State of India, where the Crown employed the same regulation mechanisms as in the metropolis (creating a chief surgeon and chief physician of the State of India) and, for a few decades, Brazil (between 1634 and the early eighteenth century) (Abreu, 2018), these two roles did not have powers covering the whole of the colonial territory, at least until the late 1700s.

In Angola, the first attempt to create a medical regulation system was led in 1654 by the surgeon João Luís Leitão with the support of the chief surgeon of the kingdom, who granted him a “letter of commission” to “examine those who heal and bleed there without official licenses, causing many deaths” (Carta..., 16 nov. 1654). The creation of a new position – because this is essentially what it was – was immediately forbidden by the president of the Overseas Council (Conselho Ultramarino), who did not recognize the powers of the chief surgeon of the kingdom to do this. Curiously, the same thing happened with respect to Cape Verde in 1676 (Proibição..., 21 abr. 1676). Unlike what happened in Portugal, in the empire most chief surgeons were recruited from the lower echelons of society, sometimes without any examination (Carta..., 12 ago. 1732) and/or just with experience in healing acquired on board ships or the battle front (Carta..., 12 fev. 1707).<sup>12</sup> Consequently, the type of training

these surgeons had (Pina, 1943, p.58-59)<sup>13</sup> and the reduced number of Portuguese settlers could have hampered the duplication of positions that were heavy on the imperial coffers.

Angola offers several examples of the chaotic state of the nomenclature. With chief physicians only in Luanda, there were often cases such as that of the physician Manuel de Andrade de Góis, in 1703, mentioned in different sources as going to “heal the infantry and the soldiers of the Angola garrison” and as “chief physician of the kingdom of Angola” (Nomeação..., 14 feb. 1730).<sup>14</sup> A similar situation applied to Eusébio Catela de Lemos, who offered to “go to the Kingdom of Angola to serve as a physician there” (Nomeação..., 18 ago. 1732; 30 ago 1732).<sup>15</sup> The same had happened to Azeredo, who, of his own volition, was “dispatched as chief physician to the Kingdom of Angola” (Requerimento..., 27 maio 1805), in the hope of capitalizing on his service to the Crown upon his return to the metropolis. Nothing in the documents indicates that his sphere of influence covered the whole colony or that the chief physician of the kingdom had delegated his powers to him, even though he was responsible for introducing medical education to Luanda.

The first reference to the need to reproduce medical knowledge in Angola to make up for the lack of Europeans there dates from 1703, from the chairman of the Overseas Committee, Francisco de Távora (Pina, 1943, p.23-24).<sup>16</sup> It is not clear whether he was thinking of the training of surgeons in hospitals, because these were in very thin supply in that part of the Portuguese empire, or if he was thinking of something similar to what in that same year was commenced in the Royal Hospital of Goa, a project that took shape after twenty years of failed attempts to provide medical training there. As can be seen in the letter from the governor of Angola, Manuel de Almeida Vasconcelos, dated September 10, 1791 (Pina, 1943, p.62-64), the central government proposed to set up “practical medical training, with anatomic instruction, for the benefit of all those who wish to pursue the profession.” In other words, it was designed to provide surgeons or apprentice surgeons with some medical know-how.

However, the reality did not live up to Azeredo’s high expectations expressed in the address he gave at the opening session of that “school” on September 11, 1791, at the Misericórdia Hospital of Luanda (Azeredo, 2014b). Although in 1805 José Pinto de Azeredo stated that he had left “the regiments, the town and its prisons well supplied with skilled staff and freed Y[our] R[oyal] H[ighness] of an extraordinary expense in continually sending surgeons to that country who, not being native to it, do not live long or retire from it soon because of the ailments that afflict them” (Requerimento..., 27 maio 1805), there is no data to confirm such an abundance of medical practitioners trained by him. The royal archives only record the training of three health agents, all from Portugal: João Manoel de Abreu, a newly qualified apothecary (Carta..., 31 out. 1789), and Guilherme José Pires and Francisco de Carvalho, two assistant surgeons, the former from the cavalry of the Kingdom of Angola (Carta..., 1 jun. 1799), the latter from the artillery (Carta de cirurgiaão-mor, 29 abr. 1799), transformed into military chief surgeons after receiving training from Azeredo (Carta..., 29 abr.1799). In 1792, as the teaching activities commenced, the governor, Manuel de Almeida e Vasconcelos, in a letter addressed to José de Seabra da Silva, complained of the “indolence of the sons of the country, which, despite their being quite skilled, prevents them from continuing with the lessons in medicine and anatomy and in mathematics,

which few of them attend” (Azeredo, 2014b; Correspondência..., 25 jan. 1799).<sup>17</sup> However, it is important to distinguish between accredited and non-accredited graduates, since the practice of healing without due validation by the competent authorities was common. Such could be the case of the “skilled staff” mentioned by Azeredo.

As stated above, his experience in Angola as a physician and as a teacher is what opened the door to his employment at the Military Hospital of Lisbon. And perhaps also the intervention of Luís Pinto de Sousa Coutinho, Secretary of State of Foreign Affairs and War of the Kingdom of Portugal, to whom he dedicated the manuscript *Tratado anatómico dos ossos, vasos linfáticos e glândulas* (Anatomical treaty of the bones lymphatic vessels and glands) (Abreu, J.L.N., 2013), based on the educational material prepared for his students in Luanda.

When he took up his post in Lisbon, Azeredo is believed to have written most of the 16 works attributed to him, including the article “Exame químico da atmosfera do Rio de Janeiro” (Chemical examination of the atmosphere of Rio de Janeiro) (Kury, 2008), published in *Jornal Enciclopédico* in 1790, and the book *Ensaio sobre algumas enfermidades d'Angola* (Essays on some infirmities of Angola), published in 1799 by the royal printing house (Régia Oficina Tipográfica). His *Isagoge patológica do corpo humano* (Introduction to the pathology of the human body) was also gaining shape, considered by specialists to be a “notable work of Portuguese medicine” (Azeredo, 2014a; Marques, Oliveira, 2014, p.11).<sup>18</sup> At the time he was 37 years old and it is believed that along with his private practice in Lisbon, he maintained his position at the military hospital until his death, at age 46.

### **José Pinto de Azeredo and the military**

The appointment of a new Secretary of State for Foreign Affairs and War at the beginning of January 1801, before Azeredo’s integration process had been concluded, may have resulted in a loss of protection and thus his appointment to the position of “second physician.” Subsequently, in Xabregas, where the military hospital was transferred to in January 1802, Azeredo voiced his discontent to his military superiors, not least because they had recruited Bernardo José Abrantes e Castro as first physician.

Azeredo contrasted his extensive professional trajectory (as chief physician in Angola he had organized the Luanda hospital, treated the sick, taught medicine, and “published writings of interest to the health and conservation of those peoples”) with that of Castro, “who has just four years of quite ordinary service,” as well as having joined the hospital a few months after him (Carta..., s.d.).<sup>19</sup> He therefore requested that the prince regent “indemnify him by making him first physician as well,” but not only did this not happen, but it incurred the enmity of Castro himself. It was as his superior that Castro prevented him from treating soldiers with eye diseases (in November 1803), alleging he had blinded a “woeful number” of them, while noting that “not a single soldier that I have treated has become blind” (Correspondência..., 1805-1807).

For their part, the military were clear in expressing their preference for their “comrades in arms”: Castro had served as a military physician, during which time he had acquired “merit far superior” to that of Azeredo (Pinto et al., 2005, p.634). And that was, I believe,

the crux of the matter: Azeredo, a civilian, was entering the military world at a time when its “medical sector” was under extreme threat from outside and the military corps was keen to protect itself against potential intrusion. For the first time, the Crown was showing interest in creating a unified system of training for surgeons and putting an end to the autonomy enjoyed by the military, which, it claimed, used to appoint individuals “without licenses, without examinations and without aptitude to execute bleeding and surgery,” many of whom ended up practicing as physicians (Consulta..., 26 maio 1786).

The clash between civil and military authorities had begun with the royal determination, on May 26, 1786, that granted the Protomedicato “exclusive powers ... over military surgeons, as vassals who practice the same arts,” a document that the military ignored (Jurisdição..., 26 maio 1786), even after the publication, in 1789 and 1791, of Notices that insisted on the “undesirable outcomes resulting from the coronels appointing chief surgeons and even assistants” without first assessing their skills. With no solution in sight, the Crown changed tack in 1798: reducing the size of the Protomedicato’s board from nine to three members,<sup>20</sup> it appointed João Francisco de Oliveira, chief physician of the army, to serve on it alongside José Correia Picanço and Francisco Tavares, two former Coimbra professors (Junta..., 4 nov. 1798). The aim was to facilitate the integration of military medical training in the reforms underway.

The substitution of João Francisco de Oliveira (embroiled in a romantic entanglement) by Manuel Joaquim Henriques de Paiva, on June 14, 1803 (Ofício..., 14 jun. 1803), may have prompted some satisfaction among the military ranks. However, on August 3 of that very year, Oliveira also lost his place as chief physician of the army, being replaced by a civilian physician, José Pinto da Silva. Silva had trained at Coimbra and served there as a professor for 23 years. He also had considerable experience as administrator of the university’s hospitals (Nomeação..., 3 ago. 1803), which must have had some weight in his appointment. Confident in his skills, the prince regent Dom João immediately commissioned him to write a report on the military hospital of Xabregas, including suggestions for “alterations or improvements deemed appropriate for that hospital” (Ordem..., 20 jul. 1803). He also required him to provide general regulations for all permanent and field military hospitals. To facilitate this task, a Notice published on August 11 reinforced the powers of the new chief physician of the army over the hospital and those who worked there, including the guards (Aviso..., 11 ago. 1803). In late 1804, just over a year after taking on the role, José Pinto da Silva tendered his resignation. What could have happened and what impact did it have on José Pinto de Azeredo?

At the heart of the matter was the fact that the government had appointed a civilian chief physician without attending to the potential jurisdictional conflicts with the Treasury Board of the Royal Arsenal of the Army, which it had put in charge of the general administration of the Xabregas hospital on March 23, 1802. Meanwhile, the chief physician had convinced himself that the prince regent’s seal of approval was enough to impose the healing and administrative procedures used in civilian hospitals on their military counterparts.

The report on the Xabregas military hospital prompted a general outcry among the military. Basically, Silva had demonstrated that not only were the military lacking in competence to cure the sick, but that they even lacked the necessary skills to administrate

hospitals; this among a host of other criticisms, such as supplying food of poor quality and “trusses made of moldy cloth,” and military guards wandering freely around the hospital delivering forbidden foodstuffs to the sick. He accused the first surgeon, Francisco José de Paula, of meting out the same treatment to all those with venereal disease, irrespective of the state of the disease (which is why he had recruited a “civilian surgeon” for the “venereal wards”), of making excessive use of mercury and leaches, of covering “tumors with bread poultices,” and of prescribing wine with opium for inebriated wounded patients. The other surgeons and the many other practitioners who worked alongside them, all military, were criticized for not knowing the most elementary of medical precepts. He felt they should be replaced by two physicians with practice in surgery, maintaining just two chief surgeons from the regiments (*Exposição...*, 16 jun. 1804).

What stands out from the analysis of the internal inquiry that followed to ascertain the veracity of the criticisms made by the chief physician is the military’s intention to discredit it, seeing it as an intrusion designed to stain untainted reputations, such as that of Francisco José de Paula, “a first-class surgeon ... of the Royal Chamber” (*Carta...*, 15 jul. 1795).<sup>21</sup> The Treasury Board of the Royal Arsenals of the Army not only criticized the author for being ignorant and blamed him for the prevailing insubordination, defending the professional qualities of the military surgeons and other workers, but also refuted the recommendation that they be fired and replaced by two physicians capable of performing surgery. They wrote that such professionals did not exist in Portugal – this a full 32 years after the university bylaws made the combined teaching of medicine and surgery mandatory.<sup>22</sup>

Their final claim exploited the aforementioned terminological and functional ambiguity around the term “chief physician,” opting for the interpretation most convenient for them: that it referred to a position that corresponded to the “first physician of the hospital,” which was not Silva’s job. They added that “the position of chief physician should be deemed meaningless, as it only exists in times of war” (*Alegação...*, 24 nov. 1804). Surprised, Silva rallied an arsenal of arguments to demonstrate the falsehood of his accusers, who had intentionally mixed up the functions – not something that had happened to previous chief physicians. In vain did he state that it was not the job of a chief physician to take direct responsibility for a hospital, which received 300 to 500 patients a year, but to consider the whole system, a task he was performing. On July 19, 1804, the prince regent ceded to the arguments and revoked earlier decrees, indicating that “the job of the chief physician of the Army at the Military Hospital of the Court was only to undertake the Healing of the Sick and prescription of diets,”<sup>23</sup> all other tasks being down to the Royal Board of the Arsenals (*Definição...*, 19 jul. 1804).

Like all the other physicians and surgeons working at the hospital, José Pinto de Azeredo was questioned in relation to the chief physician’s report. Having received recognition from specialists for the scientific basis of his writings and his defense of experimental science, and with profound knowledge of the latest medical progress (Cardoso, 2013; Costa, 2014; Carneiro, Simões, Diogo, 2000), as he was keen to demonstrate in the profound erudition evident in each of his writings – many of the authors cited are from the 366 titles (and over 600 volumes) in his personal library (*Inventários...*, s.d.)<sup>24</sup> – Azeredo could not but second the chief physician’s criticisms. Nevertheless, he walked a fine line between Silva

and his military employers, exempting those in charge of blame and placing responsibility for the problems on the shoulders of the guards and the sick soldiers – selfish and rowdy, always quick to complain, especially when they were not allowed to go out, but also quick to fake “ailments to keep them in the Hospital of whose treatment they complained” (Carta..., 1804).

One year after Silva’s dismissal as chief physician, some time before May 27, 1805 (the first date that appears on this request), Azeredo expressed his desire to return to Brazil and apply for the “job of chief physician of the troops of Rio de Janeiro.” He also wanted to “read practical and speculative medicine” at the military hospital, namely, to repeat his Luanda experience, for which he requested the same salary as its chief physician. Before August 21, 1805 (when, on his request, the order was given to return the documents that supported his application), he gave up “on the aforementioned intention to never again intend it.” While it seems clear that he did not receive a final notification rejecting his request, all the opinions given until then (which Azeredo would have known) were negative: there was no chief physician in Rio de Janeiro; there was only a surgeon at the military hospital, who earned 200\$000; the chief physician in Angola earned 800\$000; now was the time to cut spending, not increase it (Parecer..., 27 maio 1805).

The speed with which the different documents were produced shows just how much the authorities wanted to put an end to the subject, but Azeredo was not one to give up. After receiving his documents back on September 13, he immediately applied for the post of chief physician of the army in Lisbon. With similar alacrity, on the 27th day of the same month, the military again dispatched a negative response: a short note notifying that his appointment “could not take place, first, because there is no example of such a thing; second, because His Royal Highness deemed that there should not be the title of Chief Physician of the Army.” The document was signed by Castro, who was by then general inspector of military hospitals, and Teodoro Ferreira de Aguiar, chief surgeon of the Army (Requerimento..., 27 set. 1805), who had also been born in Rio de Janeiro just a few years after Azeredo (in 1769) and had, like him, graduated at Leiden (1797).

In none of the documents was mention made of Azeredo’s having earned his degree abroad, which could have been less important than the political questions at play in the Army, but the fact is that the *Regulamento para os hospitais militares...* (Regulation for military hospitals), published in March 1805, made holding a degree from Coimbra a prerequisite for running a military hospital and gave preference to physicians with military experience.<sup>25</sup>

The military’s victory was sealed in March 1806 with the appointment of a new chief physician of the Army, a position whose existence had not been justified the previous year. The appointee was the Coimbra-trained João Manuel Nunes do Vale, who had taken part in the Roussillon campaign and had, since 1805, been physician of the Royal Chamber. He would accompany the royal family on the voyage to Brazil in November 1807, and end up in charge of the military hospital in Rio de Janeiro in 1810, as well as the school of anatomy, surgery and medicine set up there two years previously. In a way, he achieved what Azeredo had wanted to do himself. The latter ended up staying in Lisbon, although he had repeatedly expressed his desire to go back to Brazil, and although he had also belonged to the select group of court physicians since 1806.<sup>26</sup>

There are no indications that Azeredo looked for a new appointment after 1805. Indeed, the following period was not propitious for the military medical officials who remained in Portugal. After 1807, careers were built on the other side of the Atlantic, such as that of the chief physician of the Army and those of José Correia Picanço and Manuel Vieira da Silva, who went together with him in the royal entourage. Manuel Vieira da Silva ended up becoming chief physician of the kingdom in 1808 and, shortly afterwards, the first chief health officer (*provedor de saúde*) of the court and state of Brazil. With Picanço – who as of January 1808 held the posts of chief surgeon of the kingdom, deputy of the Protomedicato, and chief surgeon of the Army – he dominated the new medical structures taking shape in Portuguese America. His new powers as chief surgeon and chief physician of the Kingdom, States, and Overseas Dominions were confirmed in a decree of February 7, 1808, foreshadowing the end of the Protomedicato (January 7, 1809). Henceforth, its powers would be personal, sustained by the 1521 and 1631 regulations, the legal basis for the holders of said positions.

In May 1808, Manuel Vieira da Silva and José Correia Picanço were among those employees of the Royal Chamber who earned the highest wages (Malerba, 2000, p.236-237), almost on a par with each other in terms of honors received (including becoming knights of the Royal Household, advisors of the prince regent and, later, barons – the former of Alvaiázere, the latter of Goiana). José Correia Picanço's (1745-1823) trajectory was outstanding and would not have failed to impress anyone who at that time moved in medical circles in Portugal – which obviously included Azeredo.

### **Continuity and discontinuity in the field of medicine**

Caught up in the web of age-old conflicts – between the University of Coimbra and the entity (chief physician/Protomedicato) with the power to approve medical qualifications earned abroad, and between the military and civilian spheres vis-a-vis “medical” training at a time when the military were keen to preserve their independence in this area – José Pinto de Azeredo succumbed to the inertia of a system that defied change, although it was about to suffer profound breaches. Proof of this is the career of José Correia Picanço, also the son of a surgeon, who held all the top positions in the “medical” hierarchy without having studied at a university.

The only training recorded for Picanço is a surgical apprenticeship, according to a license issued by the chief surgeon on March 26, 1765 (Carta..., 26 mar. 1765). On October 3, 1772, he joined the Faculty of Medicine of the University of Coimbra on the order of the Marquis of Pombal, who appointed him a “demonstrator” (meaning a “subaltern ... to help in practical lessons”) of the discipline of anatomy, surgical operations, and obstetric art, given by the Italian physician Luís Cichi. His career up until this point is somewhat hazy. There are references to an apprenticeship at All Saints Hospital (Hospital de Todos os Santos), but no records, and to public health training with a doctor from Paris who never existed (Freitas, s.d.).<sup>27</sup> Picanço was the only name on Pombal's list of nominees who was not identified as a doctor.

One fortuitous fact, which he would have known how to capitalize on, could have set him on the career path he thenceforth pursued: in the transcription of Pombal's order for

the royal ordinance dated October 9, in which he was appointed demonstrator (Nomeação..., 9 out. 1765),<sup>28</sup> the clerk noted alongside his name that he would enter the university “with privileges of a professor,” a condition which, in the October 3 document, applied to the substitute physician António José Francisco, his immediate predecessor (Privilégio..., 3 out. 1765). Only the political circumstances at the time would have permitted a surgeon with no university training to be deemed comparable to a professor without being questioned by the rest of the faculty.

What then ensued is well known: Luís Cichi was suspended in 1776 and tendered his resignation in 1778 (Suspensão..., 1776-1778), on the back of problems related to poor performance on his part. Picanço, who, according to the 1772 university bylaws, was supposed to attend the lessons given by the professor, took over as his substitute until January 18, 1779, when he was appointed definitively (Nomeação..., 18 jan. 1779). One month later, his professorship was confirmed (recorded in minutes on April 10) with the recommendation that he should be incorporated into the faculty with the title of doctor (Propriedade..., 10 abr. 1779),<sup>29</sup> a prerogative granted by Pombal to professors he appointed, thereby releasing him from the requirement to attend the sixth year of the course and present his final paper, both requirements for obtaining the doctorate needed to teach at the university. Picanço transitioned directly from surgeon to professor, and as a professor he remained at Coimbra until June 1790, when he retired and moved to Lisbon, beginning a new career with the Protomedicato.

José Correia Picanço is far from being the only example of a lenient attitude on the part of the authorities toward the 1772 bylaw requirement that holders of public office in the field of health should have degrees from the Faculty of Medicine. See, for example, the case of Teodoro Ferreira de Aguiar: although he enrolled for philosophy at Coimbra (1786 to 1788), there is nothing to suggest he completed his studies for the bachelor's degree he claimed to have, the same applying to the medical qualification he obtained in Leiden on February 12, 1797, just 11 days after having enrolled. In none of the primary sources does he appear identified as a physician, but that did not prevent him from pursuing a successful career. Having applied to be chief surgeon of the military hospital in Rio de Janeiro and royal professor of surgery, in the late 1800s he was involved in a process of duplicate appointments for the same position of chief surgeon, which the Overseas Council advised against, keeping him just as royal professor – José Soares de Oliveira gained the post of chief surgeon and professor of surgery in January 1802 (Nomeação..., 2 jan. 1802).<sup>30</sup> On August 8, 1803, he ended up being named chief surgeon of the Royal Navy, then nine days later he was appointed a member of the commission to oversee the vaccination campaign in Lisbon (Nomeação..., 8 ago. 1803). In 1805 he appears in documents as chief surgeon of the Army, and it is with this title that he presented the *Regulations for military hospitals* (*Regulamento para os hospitais militares...*), a document very similar to the one prepared by João Francisco de Oliveira in 1797, and foiled Azeredo's aspirations to the position of chief physician of the Army.

The university was inevitably affected by this incompatibility between decisions made by those in power and the reform intended by the 1772 bylaws. The Faculty of Medicine proved incapable of curbing the rise of the Protomedicato, with the conflicts

becoming increasingly serious year on year. The relationship between the two entities, both responsible for conferring medical qualifications, was based on ambiguity, with the university contesting whenever the king overlooked its professors as chief physicians of the kingdom, even knowing that this position competed with the course in medicine. For the duration of the Protomedicato, all the medical deputies were Coimbra graduates.

The particularity of that connection in the latter years of the eighteenth century resides in the fact that at that particular time, the Protomedicato – strengthened by its rise to the category of Royal Tribunal in 1799, despite the many legal issues it experienced (Subtil, 2016; Abreu, L., 2013, p.353-362) – was devising concrete strategies to supersede the university in the oversight of the different branches of public health. In vain did the Academy point out that it was responsible not just for training health personnel, “but also for the Medical Police, both for the many different branches of which it is composed and upon which the conservation of public health depends ... and everything concerning the practice and exercise of the healing art in this kingdom and its dominions” (Representação..., s.d.). The Plan for Exams of Foreign Physicians and Surgeons or National Pharmacists, Chemists and Distillers (Silva, 1828, p.193-202), for example, while not covering Faculty of Medicine graduates, as had initially been intended, did plan to turn São José Hospital into a medical and surgical training and examination center under the auspices of the Protomedicato, going against the spirit of Pombal’s reform. While the Protomedicato was preparing these plans, it also resuscitated the so-called “licenses to treat with medicine” (“temporary physicians”), licenses that had been virtually suspended in the mid-seventeenth century, only to be reinstated in 1750, then suspended again in 1772. Between 1797 and 1807, the Protomedicato licensed 354 “temporary physicians” – an average of 32 per year.<sup>31</sup>

Spearheading this change was José Correia Picanço, who was not a physician but had taught at the Faculty of Medicine, and a colleague of his, Francisco Tavares, who had retired in April 1795 (Representação..., s.d.) and who had signed as chairman of the Protomedicato since being appointed chief physician of the kingdom on May 6, 1799 (Nomeação..., 6 maio 1799). Tavares was considered one of the most prolific professors at the university, although he had published in his own right *Farmacopeia geral para o reino e domínios de Portugal* (General pharmacopeia for the kingdom and domains of Portugal), as explained elsewhere (Abreu, 2013, p.349-353; Pita, 1996, p.531-544). His appointment as chief physician of the kingdom, on a par with that of José Correia Picanço as chief surgeon of the kingdom on March 6, 1799, was a deep affront to the reformed university (Nomeação..., 6 mar. 1799).

Political circumstances in the early nineteenth century put paid to such dynamics, but they had already made an indelible mark on the reform of the Faculty of Medicine. Meanwhile, health education in the military context continued unabated, despite the efforts of Marshall Beresford, who, through the Examination Board for Military Surgeons, created by Notice on February 7, 1810, attempted to purge the Portuguese army of chief surgeons and assistant surgeons who were not duly qualified. One of those responsible for conducting the exams was well known in the milieu: Francisco José de Paula, chief advocate of the professional “excellence” of the surgeons who worked at the Xabregas military hospital, in 1803, when the chief physician wished to fire them for incompetence.

Since he was very ill on January 23, 1810, when he dictated his will (he died on April 15), Azeredo would not have been able to keep track of Beresford's actions.

Meanwhile, in Brazil, armed with a royal decree dated February 18, 1808, José Correia Picanço was founding the School of Surgery at the Royal Military Hospital of Salvador (providing education in anatomy and obstetrics), a format reproduced on November 5 in Rio de Janeiro, with the Military Hospital, both of which were the precursors of the Schools of Medicine (of Bahia and Rio de Janeiro), founded in 1832. Somewhat tardily, Portugal reproduced this model: with the publication of a license dated June 25, 1825, Royal Schools of Surgery were set up in Lisbon and Porto, becoming Schools of Medicine and Surgery in 1836, thereby marking the end of the monopoly of the University of Coimbra's Faculty of Medicine. Involved in setting up the former and teaching at them was the former chief surgeon of the Army, Teodoro Ferreira de Aguiar.

### **Final considerations**

A previous study of the institutionalization of medical knowledge in colonial Brazil noted the importance of studying the impact of surgeons, especially military surgeons, in the social and political construction of the country. This article refers to three sons of those surgeons, all contemporaries and all of whom rose through the ranks of society. Of the three men, we highlighted José Pinto de Azeredo and, to a lesser extent, José Correia Picanço. As we retraced the steps taken by Azeredo, one of Portugal's first modern physicians, to borrow the words of Manuel Silvério Marques (2013), we showed how his professional trajectory was constrained by elements that were still being felt in the realm of medicine in the country towards the end of the Antigo Regime, despite the winds of change. Notwithstanding the work he undertook and the modernity of his knowledge, both scientific and experimental, as witnessed by his body of work, José Pinto de Azeredo was unsuccessful in making a career in the Army, which closed ranks and prevented him from progressing. As for José Correia Picanço, we showed how his career benefitted from the changes underway, even when they pulled in different directions, and how he was able to rise to the top of places of power in questions related to health and its practitioners: at Coimbra, he was a professor at the Faculty of Medicine without (provenly) having a degree; in Lisbon, through the Protomedicato, he sought to undermine the university's leadership; and in Brazil, he structured the field of medicine around the schools of surgery in Salvador and Rio de Janeiro.

Both cases lay bare the importance of individuals and thus of prosopographical research to better understand the course of history, something that was not done here: all that was done was to reveal some dynamics that could help explain, for example, the continued existence of age-old structures in the legal framework and in social and corporate representations, which compromised or even stood in the way of the reform of the University of Coimbra in the area of public health. It would be important to find out what critical reactions there were to Azeredo's scientific stance and the potential antibodies created, potentially exacerbating the consequences of two circumstances that were already negative in their own right: the fact that he studied abroad and the fact that he was not

accepted by the Army. Of equal importance would be to find out how much the time he devoted to his writings may have removed him from the social circles where he would have acquired the social capital so necessary to construct a successful career. In other words, aspects of a strictly individual nature may have compromised José Pinto de Azeredo's career and opened the door for others to achieve the success that ultimately eluded him.

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#### NOTES

<sup>1</sup> The terms of this letter have prompted questions as to where the exam took place. When the Protomedicato states that he "was examined in the presence of the esteemed deputies ... who examined him in said faculty of medicine," the word "faculty" means skill or competence in medicine, not that the deputies examined him at the Faculty of Medicine, which would have been unthinkable given the distinct nature of the two entities.

<sup>2</sup> The third was António Caetano de Freitas, trained at the University of Aberdeen.

<sup>3</sup> The information given by Pinto et al. (2005) that the father was Francisco Ferreira de Sousa is confirmed, rather than that of Carvalho (s.d.), since the latter is problematic in terms of the credibility of the sources used.

<sup>4</sup> Although the situation was relatively common throughout Europe, there is nonetheless evidence of the valuing of surgeons, as happened in Groningen, as shown by Frank Huisman (1996).

<sup>5</sup> [Translator's note] In this and other citations of texts from Portuguese, a free translation has been provided.

<sup>6</sup> This information and the information that he was expelled, for reasons unknown, from the Royal Academy of Science in May 1798, stems from analysis of the academy's almanacs (*Almanaques da Academia das Ciências de Lisboa*), cited by his various biographers.

<sup>7</sup> In a decree dated December 23, 1585, Filipe I added twenty scholarships for apothecaries, to be trained in Coimbra dispensaries under the stewardship of the Faculty of Medicine.

<sup>8</sup> Between 1772 and 1781, just one medical license and two licenses for "treating with medicine" were issued (Projeto "José Pinto de Azeredo", PTDC/HIS-HIS/113416/2009, Fundação Calouste Gulbenkian, Lisbon).

<sup>9</sup> The fact that the last record signed by Cristóvão Vaz Carapinho, chief physician appointed in 1763, is dated July 30, 1770, suggests there could have been a decision not to make a new appointment for the position, given that new university bylaws were already being prepared by then. The final record of the chief surgeon, António Soares Brandão, appointed in 1754 and reconfirmed in the position in 1779, was signed in 1780 (Projecto "José Pinto de Azeredo", PTDC/HIS-HIS/113416/2009, Fundação Calouste Gulbenkian, Lisbon).

<sup>10</sup> The lack of hospital experience in Portugal, necessary for completing the course in medicine, to which the document refers, was countered by the Azeredo brothers with the information (which it has not been possible to confirm) that they had had hospital practice in London and Edinburgh.

<sup>11</sup> On September 19, 1798, Pina Manique complained to Dom Rodrigo de Sousa Coutinho that he could not find anyone who would "voluntarily submit to this employment" (Consulta..., 19 set. 1798).

<sup>12</sup> Such was the case of Manuel Dias Neto: having commenced as a ship's surgeon and then moved on to the army, he was appointed chief surgeon of Angola in 1750 upon his own request (Nomeação..., s.d.).

<sup>13</sup> Until the early 1800s, Angola mostly received chief surgeons, the healers deemed most appropriate, according to the chairman of the Overseas Council in 1654: the "conquests" needed men used "to cutting off legs and arms and with very particular knowledge of war wounds" (Pina, 1943, p.58-59).

<sup>14</sup> The aspirations of Francisco Tavares de Ataíde were also curbed. He trained in surgery at the Hospital of São Paulo de Assunção and served there as a "temporary physician," expressing the wish, in the 1660s, to hold the two functions of chief surgeon and chief physician.

<sup>15</sup> Catela de Lemos first applied to return to the kingdom or be transferred to Bahia to take care of his health (“which the land has ruined”) in 1734, but in April 1755 he was still in Luanda (Solicitação..., s.d.).

<sup>16</sup> This was not, however, a unanimous opinion. In 1732, the Overseas Board denied the request of the apothecary António Inocêncio Pita to be chief surgeon of Angola because the “natives of the land are better surgeons than those who go from abroad due to the experience they have acquired in the way healing should be performed in those climes” (Carta..., 12 ago. 1732).

<sup>17</sup> It is not known whether the decision to create lessons in surgery in 1796 was designed to attract more students to more practical learning.

<sup>18</sup> Beyond the aforementioned works, it is worth mentioning *Coleção de observações clínicas* (Azeredo, 2020). For a complete list of José Pinto de Azeredo’s scientific output, see the text “O médico brasileiro José Pinto de Azeredo (1766?-1810) e o exame químico da atmosfera do Rio de Janeiro” (Pinto et al., 2005).

<sup>19</sup> The document is not dated, but Joaquim Barradas (2014), who transcribed it together with the other documents from this archive relating to this physician (Azeredo, 2014a, p.489-528), suggests 1803. We tentatively suggest 1802, otherwise he would have waited almost two years to contest the mistreatment he felt he had received.

<sup>20</sup> The Protomedicato originally had seven deputies. This number rose to nine in 1785, shrank to three in 1798, then climbed again to five in 1830 (correcting the information in Abreu, L., 2013, p.361, where this institution is studied).

<sup>21</sup> Since 1795, Francisco de Paula was the first surgeon of the Royal Armada to be a lieutenant.

<sup>22</sup> The military stated that “knowledge of Surgery is not the same thing as its practice. That Surgery has much to do with Medicine, but that the practice of each one is very great and for this reason alone could well occupy the life of a man” (Alegação..., 24 nov., 1804).

<sup>23</sup> Document transcribed by Isabel Abecasis (2014, p.487).

<sup>24</sup> Mostly foreign works and works of medicine, including items hot off the press, as can be seen from the inventory of assets left after his death. Document transcribed by Maria Teresa Monteverde Plantier Saraiva (2014).

<sup>25</sup> It also required military hospitals to operate as “schools of surgical medicine,” which means that “lessons in anatomy and surgery” given at Almeida (1773), Elvas (1783), Tavira (1786), and Chaves (1789) had not fulfilled all the planned objectives (Regulamento..., 1805).

<sup>26</sup> Maia (1858, p.629) reports that he did not escort the royal family because he was seriously ill, but no supporting information was encountered.

<sup>27</sup> According to the ongoing investigation by Divaldo Gaspar de Freitas (updating prior information).

<sup>28</sup> Documents transcribed by Roger Lee de Jesus.

<sup>29</sup> The continuous payment of wages rules out the hypothetical trip to Montpellier for medical training during this period suggested by some authors.

<sup>30</sup> A different perspective is offered by Silva (2013, p.95) but it was not possible to check the document mentioned by her.

<sup>31</sup> The state of affairs regarding medical licenses was different, of which only nine were granted between 1798 and 1807.

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