# ALL SAINTS ROYAL HOSPITAL: LISBON AND PUBLIC HEALTH

LISBOA
CÂMARA MUNICIPAL

SANTA CASA
Misericórdia de Lisboa

Omnium sanctorum

# specifications

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

**Câmara Municipal de Lisboa (CML)**

**Culture, Lisbon City Council**
João Diogo Santos Moura
**Municipal Direction of Culture (CML - DMC)**
Manuel Veiga
**Department of Cultural Heritage (CML - DPC)**
Jorge Ramos de Carvalho

**NOVA University of Lisbon**

**School of Social Sciences and Humanities (NOVA FCSH)**
Francisco Caramelo
**CHAM - Centre for Humanities**
João Paulo Oliveira e Costa | Cristina Brito

**General coordination**
Jorge Ramos de Carvalho

**Project management**
Ana Isabel Ribeiro
Edite Martins Alberto
Rodrigo Banha da Silva

**Scientific coordination**
André Teixeira
Edite Martins Alberto
Rodrigo Banha da Silva

**Partners**
Arquivo Nacional Torre do Tombo
Assembleia da República
Centro Hospitalar Universitário de Lisboa Central
Metropolitano de Lisboa
Museu da Farmácia
Museu da Saúde
Museu de Marinha
Museu Nacional de História Natural e da Ciência
Patriarcado de Lisboa
Santa Casa da Misericórdia de Lisboa

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Adelaide Brochado, CML/DMC/DPC/AML
André Bargão, All Saints Royal Hospital Project fellow
Camila Amaral, All Saints Royal Hospital Project fellow
Filipa Pimenta, CML/DMC/DPC/CAL
Lina Maria M. Oliveira, Hospitalis Project fellow
Maria Teresa Avelino Pires, NOVA FCSH/CHAM
Moisés Campos, CML/DMC/DPC/CAL
Rita Mégre, CML/DMC/DPC
Rui Henriques, All Saints Royal Hospital Project fellow
Sandra Cunha Pires, CML/DMC/DPC/AML
Sara Ferreira, All Saints Royal Hospital Project fellow

Arquivo Municipal de Lisboa (AML)
Centro de Arqueologia de Lisboa (CAL)
Museu de Lisboa, EGEAC E.E.M.
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**All Saints Royal Hospital: Lisbon and Public Health**


**Câmara Municipal de Lisboa**
Culture, Lisbon City Council
Municipal Direction of Culture (CML - DMC)
Department of Cultural Heritage (CML - DPC)

**Santa Casa da Misericórdia de Lisboa (SCML)**
Direction of Culture
Historical Archive

**Institutional coordination**
Jorge Ramos de Carvalho

**Editorial coordination**
Edite Martins Alberto

**Scientific coordination**
Edite Martins Alberto
Rodrigo Banha da Silva
André Teixeira

**Translation**
André Levy

**Editorial support**
Ana Isabel Ribeiro

**Authors**
Adélia Caldas
Adelino Cardoso
Alexandre Pais
Ana Cristina Leite
Ana Maria Costa
Ana Patrícia Alho
André Bargão
André Teixeira
António Costa Canas
António Pacheco
Bruno Barreiros
Carla Alferes Pinto
Carlos Boavida
Cristina Moisão
David Felismino
Edite Martins Alberto
Fátima Palmeiro
Filipe Santos Oliveira
Florbela Veiga Frade
Francisca Alves Cardoso
Francisco d´Orey Manoel
Helder Carita
Helena Rebelo-de-Andrade
Helena Taborda
Hélia Silva
Inês Coutinho
Inês Oliveira
Inês Ornellas e Castro
Isabel dos Guimarães Sá
Isabel Monteiro
Joana Balsa de Pinho
João de Figueirôa-Rêgo
Joaquim Barradas
Jorge Fonseca
José Subtil
Júlio Martín Fonseca
Laurinda Abreu
Lina Maria M. Oliveira
Luís Costa e Sousa
Luís Lisboa Santos
Luís Ribeiro Gonçalves
Luiz Damas Mora
Lurdes Esteves
Maria Antónia Lopes
Maria da Conceição Freitas
Maria João Ferreira
Maria João Pereira Coutinho
Maria Marta Lobo de Araújo
Maria Teresa Avelino Pires
Mário Farelo
Milene Alves
Mónica Duarte Almeida
Nelson Moreira Antão
Nuno Falcão
Paula Basso
Paula Serafim
Paulo Catarino Lopes
Paulo Pereira
Rita Luís Sampaio da Nóvoa
Rita Mégre
Rodrigo Banha da Silva
Rute Ramos
Sara da Cruz Ferreira
Sílvia Casimiro
Silvina Pereira
Tiago Borges Lourenço
Vitor Serrão

**Graphic design**
Formiga Luminosa, Construtora de imagem

**Photographic credits and digitalization**
José Vicente, CML/DMC/DPC
and Arquivo Municipal de Lisboa (AML)
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# _CLOTHING, GENDER AND DISEASE IN THE 1504 *REGIMENTO*

Carla Alferes Pinto
CHAM, FCSH, NOVA University of Lisbon

In 1504, King D. Manuel (1469-1521) established a *Regimento* [rules of procedure] for All Saints Royal Hospital. This regulation expressed the practical experience of clinical operations, for by then the hospital had been providing services to the community and accepting hospitalizations for two years (Pereira, 1993, p. 83). The document sought to govern the institution's entire operation, and was organised by entries detailing the functions, duties, salaries, and benefits of different staff members. In fact, this structure did not include some professions, and a clear definition of the functions of some other crafts.

Among the regulated crafts are three specifically linked to the subject of this text: the group of competences and people directly related to the treatment and preparation of *clothing* in All Saints Royal Hospital, when it opened and in the decades that followed. In particular, the hospitaller - "Título do hospitaleiro e do regimento e maneira que há-de ter em servir seu ofício" [Title of hospitaller and the rules and manner he should perform his office] -, the (female) tailor - "Titulo da alfaiata do hospital e da obrigação e maneira em que há-de servir seus ofícios" [Title of hospital (female) tailor and the obligations and manner she should perform her office] - and (female) washer - "Título da lavadeira e obrigação que tem no serviço do seu ofício" [Title of (female) washer and the obligations and manner she should perform her office] (*Regimento*, 2004, pp. 101-104; updated spelling).

This present text focused on the references, and especially in the gaps, indicated in the *Regimento* concerning clothing for the sick in the hospital, as a device contributing towards understanding gender differences - in recognition and exercise of professions, and attention given to either gender in the rules - and the maintenance of the male standard in 16th century society, as evidenced by undermining women's representation, also in sickness.

*

The second paragraph on the duties assigned to the *hospitaleiro* [hospitaller] mentions the responsibility of receiving and managing all the institution's service *roupa* [clothing]. *Roupa* was the Portuguese word used during the early modern period to refer to all types of cloth that was cut, fashioned, and sewn to serve as a cover, be it for the human body, a space or furniture. Thus, a *vestido* [dress] (*i.e.,* a piece or group of pieces covering the body) was clothing, as

were bed sheets or tablecloths, and also silk or linen cloths, carpets and pillows for comfort in domestic, public and religious spaces.

The hospitaller was responsible for guaranteeing that both patients and hospital staff had the necessary clothing, under clean and proper conditions. Regardless of their use, cloths were stored and treated in the *rouparia* [linen room], a space (usually a building or set of spaces separate from main hospital building) where all kinds of clothes were made, sewn, and stored (Rodrigues, 2013, p. 204).

There is a clear concern in the rules with bed linen - see for instance the enumeration of objects included in a bed: straw mattress, wool blanket, feather bolster, two flax sheets, etc. (*Regimento*, 2004, p. 103) -, but the text is strangely ambiguous regarding clothes, that is wearing apparel. Concern for bed linen reflects the period's conceptions regarding the danger of disease propagation through contact with the sick's body, or with what had touched their body. Cleanliness and suppression of bad odours were on the list of precepts leading to patient cure, along with care from doctors, nurses and priests, and attending mass.

As for wearing apparel, the *Regimento* does not provide any indication of how the clinical staff was dressed (nurses, physicians, surgeon, *cristaleira*, or the women who applied clysters), nor does it mention what patients wore in the wards. Although unspecified in the rules, we known that patient clothes were kept in a bag when they entered the hospital, as was common practice in other hospitals throughout Europe (Park *et* Henderson, 1991, p. 181). The bag in which the clothes were kept, deposited in the linen room, was individual and identified with the wearer's name, so that, in case of cure, clothes could be returned to the person they belonged to, or, in the case of the death, could revert to the hospital and be sold (Ramos, 2019, p.136).

Although no 16th century inventories survived that can attest to the description of the sick's clothes when admitted in the hospital, one record (ANTT, Hospital de São José, Livro, n.º 1461), which indicates the sick who entered São Bento Monastery and Almada Palace the days following the 1755 earthquake, contains the list and brief description of garments the sick were wearing when they arrived. This book testifies to the existence of a consolidated practice that took place even in a disaster situation, as the one in question, which also explains why clothing characteristics were annotated hastily.

This practice, as well as the hospital's urban centrality, made patient admission very little private and subject to public scrutiny. Although All Saints was a general hospital, it would be interesting to understand what the admission records of different patients tell us about the relationship between gender, quality of clothing and disease - particularly, in the case of venereal diseases, referred to in the *Regimento* as *bubas* [buboes, likely syphilis].

The patients did not enter and remain in the wards with their own clothes. As stated in the title description of the hospitaller, they were given some sort of clothes. In the third item, when it comes to apparel, there is a distinction between "todos os vestidos feitos e também camisas" [all made apparel and also smocks] (*Regimento*, 2004, p. 101), but the text is silent as to the characteristics of this distinction, and whether there were gender differences in making and shaping apparel.

Reading other passages of the regulation, one can see that a shirt would in fact be the clothing most commonly worn by the sick in the hospital, since among the duties assigned to senior male nurses was taking the shirts to the hospitaller so he would have them washed and replaced as regularly as possible. Even if the text does not specifically mention it and assigns this function only to the male nurses who served in the male wards, the same would apply in the women's ward, and it was up to the nurse to ensure the smocks were cleaned and changed.

One can infer that to some degree disease brought the genders together. The smock was a garment suitable for both genres and its fashion did not differ greatly between sexes. Worn directly over the skin, it was used by all social strata and under all garments, always the last piece of clothing to be taken off and the first to be put on (Hollander, 1993, p. 159). The smock was a comfortable piece of clothing, usually wide and long, almost always reaching the knees, and flexible. The neckline could go up to the base of the neck, or be wide, bordering the clavicles; the sleeve could be long or short. The smock could be made from different types of cloth, from the

simplest and most common, such as dun linen, to the most delicate and luxurious, such as silk. The quality of the fabric and confection, and the addition of lace or yarn and precious stones dictated the economic differentiation of different social groups that wore the banal smock.

That the sick all wore smocks does not prevent a closer reading of the rules of procedure from expressing early modern society's masculinising worldliness by assuming a standard that does not recognise the specificities of the other half of humanity. The Manueline regulation was designed and written for the male standard, even though admission of women was also anticipated, regarding both the organization of the information and explanation of its nature (that is, adequate for the needs and social roles assigned to men), or in the genderised subordination of professions in the description and higher payment of roles assigned to male actors and omitting the female roles.

According to the *Regimento*, few women were part of the staff. The women paid by the hospital were organized in clinical jobs, as the women's nurse (and her assistant, a total of two, compared with the eleven male nurses, senior and junior, for men; in the same way, nurses received half the wage of their fellow senior male nurses) and the *cristaleira*, and in the roles associated with charity and assistance, such as the *merceeiras* (women who earned their living by praying for the souls of the deceased) and the *hospitaleira* [female hospitaller], who despite boasting a title similar to the *hospitaleiro*, was supposed to receive and accompany patients and technical staff, and was, therefore, at all times at the hospital's disposal (*Regimento*, 2004, p. 105); and in technical specializations related to food, such as the *amassadeira* [kneader] and the *forneira* [oven operator], and, lastly, jobs associated with clothes. Specifically, the female tailor and female washer, both manual professions and (apparently) not very technically demanding, especially in the case of the female tailor, who, according to the title's description, only stitched and patched, that is, they did not design or cut, as would male tailors, and who received the same amount as the female washer: 4000 *reais*.

In All Saints Royal Hospital most clothing was made of linen or cotton - one of the raw materials used in the making of a type of cloth called *lenços* (Costa, 2004, p. 150), which appear mentioned in the text of the regulation -, probably of low quality and bought in bulk (*Regimento*, 2004, p. 85). In the *Regimento* there are several references to the existing apparel or that which had to be made for hospital service and welfare obligations. However, the title description of female tailor states that duties only included sewing and mending all sheets, napery (tablecloth, hand towels and napkins), *lenços*, cushions and hoods, as well as mattresses. Note that there is no mention of smocks or dresses, or of their design and cutting, and that the only reference to sick's clothing is the hood.

The reference to the hood, and what was aforementioned about the smock, helps clarify what constituted the sick person's dress, male or female, in All Saints Hospital, namely if we consider what was happening in Nossa Senhora do Pópulo Hospital in Caldas da Rainha, where in addition to the hood and smock, all patients were given some slippers and breeches (Rodrigues, 2013, p. 179).

In All Saints Royal Hospital, the dress was blue and had a seal sewn to the chest (the shape or design of which is not specified) identifying it belonged to the hospital (*Regimento*, 2004, p. 89). Regardless of what was actually the male or female patient's dress, this is a uniform. The uniform, with distinct colour and having the sign, would homogenize, upon admission, social differences in the daily lives of men and women entering the hospital, while creating a new hierarchy, between those who healed and those who subjected themselves to all the constraints in search of a cure.

The surprisingly little attention given by the 1504 *Regimento* to clothing is also reflected in the discrepancy between what are the titled functions of the female tailor and those which, in reality, she would have to fulfil. According to the regulation, it is unclear why in the definition of the female tailor's competencies there is no mention of cutting and making smocks and dresses. Historiography's lack of knowledge about the definition and performance of some professions and offices in the early modern period in Portugal does not help elucidate this question. One could argue that women tailors did not design or cut (unlike the male tailors), but in this case one need explain the lack of a male tailor among the hospital staff or clarify whether these items of clothing were purchased from tailors in the Lisbon shops.

Perhaps it was only a question of guild and expertise, according to which the technical ability of designing and cutting couldn't be attributed to women, even if in practice this skill was used in the profession's everyday performance and depended on the easiness implied in cutting a piece, such as the smock.

This hypothesis is reinforced by the fact that on 1 June 1502 (as already mentioned, the year the first patients were actually admitted) a female tailor and seamstress (not mentioned in the regulation) were appointed to the hospital (Mário Carmona *cit. in* Ramos, 2019, p. 53, n.º 162), which raises a technical distinction between the office of tailor and seamstress.

If, on the one hand, the *Regimento* is unclear regarding all functions of the female tailor, on the other, it is clear as to which "vestido que se h[avia] de dar" [dress was to be given to] the foundlings received in the hospital, the slaves, male and female, who worked there, and to "todas outras pessoas que o houverem de haver" [all other people there may be], and regarding the need to "fazer de novo" [make anew] all bed clothes and hoods passing through the hands of the female tailor (*Regimento*, 2004, pp. 89; 104). Thus, the possibility is reiterated that, in reality, the female tailor cut the fabric in bulk, in order to make the dresses (which would include, as we have seen, at least one piece to cover the body and another for the head) for the sick, the clinical staff (?), foundlings and slaves.

The 1564 hospital inventory compiled when the administration was transferred to the *Misericórdia de Lisboa* [Lisbon House of Mercy], as well as the subsequent documentation, clarifies some of these issues.

For example, documentation from São José Hospital (ANTT, Hospital de São José, Livro 567, f. 14) refers the existence of "oitenta varas de pecetas brancas para cueiros dos enjeitados" [eighty yards of white cloth for foundling diapers] and the list of what was found in the linen room includes "dezoito aljaravias novas que estavam a tingir" [eighteen new *aljaravias* - an ample tunic with wide, short sleeves, and hood (Glossary, s.d.), similar to s smock - that were being dyed], "quinze camisas novas por acabar" [fifteen new smocks nearly ready], "quarenta e uma carapuças novas" [forty one new hoods], "dois roupões de cacheira preta velhos" [two old black robes in *cacheira* - a long plush fabric (Glossary, s.d.)]; 300 shirts, 280 hoods, 79 robes, 47 pairs of slippers, 10 *aljaravias*, 1 *alquice* (type of Moorish garb, like a cape [Glossary, s. d.]), and 8 aprons (for use by male and female nurses?), dispersed through the various wards (Pinto, 2011, pp. 252; 263; 267-269, updated spelling). This more careful description extends both the types of dress present in the hospital's universe and the technical skills the professions involved in making clothing needed to master: cutting, sewing, dyeing.

At a time when all objects had an extended life, clothing - even when torn, ripped or very used - was reused to the limit, fulfilling other functions and needs. Thus, on the one hand, and as already noted, the sale of clothing in good condition (reverting in favour of the hospital when the patient died) could be a kind of uncertain, but constant, income - which seems to have grown exponentially over the course of the 17th century: from 680 *reais*, in 1614, to 55 600 *reais*, in 1664 -, and old clothing that wasn't sold was used for shrouds, for bandages used in wounds and torsions, for thread assigned to multiple uses (Ramos, 2019, pp. 136; 232-233), and to fill mattresses and pillows, when they were no more than rags.

The cost of clothing and its weight in managing the hospital's budget was reflected in this reuse of fabrics, but also in the early modern charitable practice of donating clothing to the most varied institutions. In this context, it would be interesting to understand what happened to "toda outra roupa de linho e assim [a] todas as minhas camisas" [all other clothing in linen as well as all my smocks] (*Excertos*, 2004, p. 557) that King Manuel left to All Saints Royal Hospital in his will. Did it revert to the patients, the clinical staff, or the purveyor? The answer to such a question raises issues regarding social representation and hierarchy within the hospital system that go beyond the scope of the regulation.

The 1504 *Regimento* deserve a thorough and comparative analysis to better understand the options embodied by the King. An instrument of this nature reproduces an ideal, and orderly and concrete image of aspects of hospital operations that sets aside, as we have seen, many other aspects and, above all, does not mirror the daily tensions nor the difficulties in managing a system that only provides solutions if the staff and working conditions are the necessary ones, not the possible ones,

as verified most times. The documentation produced and the changes in hospital operations when it was transferred to the administration of *Misericórdia de Lisboa*, in 1564, attest to this (Ramos, 2019).

Also, a deeper analysis of wearing apparel - materials, shapes, uses, and sartorial choices (who wore what when they were admitted in the hospital) - will contribute to document the trade and manufacture connected with the urban culture of fashion, to better understand the feminine and masculine universes in the hospital (both regarding the type of care and under which conditions - particularly when the medical staff was exclusively male- care was offered to each gender - particularly when the medical staff was exclusively male - insomuch as it relates to the social pressure and the shame women experienced faced with illness), and to understand the implications of disease in creating genderised and socially undermining images of certain groups/professions.

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**Thimbles (3)**
Copper alloy. Unknown origin
16th-18th century
A - Height 2.5 cm; rim Ø 0.9 cm
B - Height 1.5 cm; rim Ø 1.5 cm
C - Height 1.6 cm; rim Ø 1.4 cm
Praça da Figueira. 1960 excavation
CML-CAL (HTS 60. s/n)


**Buttons (2)**
Bone. Regional production
*c.* 1770. SE well of NE Cloister
A - Ø 1.7 cm
B - Ø 1.5 cm
Praça da Figueira. 1999-2001excavation
CML-CAL (PF.00/Q4/5[1115])


**Fragments of shoe sole and heel**
Leather and wood (hell). Regional production
1700-1750. Well of SW Cloister
Variable dimensions
Praça da Figueira. 1999-2001 excavation
CML-CAL (PF.00/Q4/5[1115])


**Buckle**
Copper alloy. Regional production (?)
*c.* 1750. Well of SW Cloister
Height 5 cm; width 3 cm
Praça da Figueira. 1999-2001 excavation
CAL (PF.00/F11[376])


**Buckle**
Silver. Regional production
1st half of the 18th century. Well of SW Cloister
Height 3.4 cm; width 2.2 cm
CAL (PF.00/F11[376])