

The origin of Hospital Real de Todos-os-Santos

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Abstract

The foundation of the Hospital Real de Todos-os-Santos, in 1492, by D. Joao II, is related to the idea of the centralization of power in the royalty, through a specific political and ideological context.

Control of the Public Health policies by the State is one of the corollaries of the idea referred to above. The creation of the

hospital is, fundamentally, the outworking of this idea.

The purpose of this work is to describe some factors, seeking to explain the Hospital foundation by placing it in the context of the political and cultural reality of the time.

Rather than addressing the topic of the founding and functioning of Hospital Real de Todos-os-Santos, which dealt with only recently, in a clear and detailed way, by other authors, we focus instead, on investigating the factors that led the creation of this large hospital, seeking to understand them by setting them in the political and ideological context of the time.

It was the end of the 15th Century. D. João II, still a prince, has already gained a large portion of the decision-making power that allowed him to confront and grapple with the aristocratic power that his father, D. Afonso V, had somehow secured and even strengthened.

These were times of change, slow and gradual as was common at that time. The changes were primarily at the symbolic level. The metaphor of a body, in which the head of power resided in the king and the indispensable limbs in the nobility, gradually lost validity with the increasing power of the role of the prince at that time. No longer *primum inter pares*, the prince was the topic of the well-known work *a Machiavellian Treaties*, written at the time, which outlines a complete code of conduct for the humanist prince, whose greater interest becomes confused with the interest of the State.

It is, in fact, the idea of State that emerges, and with it, its slow and progressive construction. The centralization of power in the royal figure, as well as the domination of the political and administrative apparatus, were the means used for this construction.

It was, moreover, a phenomenon that was not exclusive to Portugal; during the same period, there were Henry VII, the first Tudor king, in England, Louis XII in France, and the Catholic Kings in neighboring Spain that was starting to be built at that time.

This idea of centralization in the royal figure, an idea that would result in the absolutism that characterized the Old Regime and tended confuse the king with the State, was part of the concern to dominate the healthcare power.

It was in the 15th century that the idea of identifying the might of a State by the size of its population first emerged. This led not only to renewed concerns over Public Health – an anachronism only as a term and not as a concept: bearing in mind the Black Death and other subsequent events, still very much in the fore of the collective memory and the health measures adopted at that time – but also the need to dominate the multiple and fragile threads through which royal decree saw its practical outworking. These concerns meant only awareness on the part of the State, of the importance of exercising healthcare power and making this power dependent upon it.

As it consists of a transformation whose implications were to prove multiform, it is necessary to record the scenario that preceded it. One such point stands out.

In the Middle Ages healthcare activity was characterized by a set of factors that need to be emphasized, as it is in these, albeit to different degrees, that the change lies in the first instance.

Healthcare activity had a primarily domiciliary quality. The sick did not seek relief at a hospital. It was in the home that the quack practitioners, barbers or physicists and surgeons provided them

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with healthcare. The public healthcare institutions themselves assumed this nature. Thus, lodging houses functioned as a temporary residence for pilgrims and travelers; hospitals and mercy shelters, became permanent places of refuge for paupers, elderly people and beggars.

These institutions, typologically divided into lodging houses, hospitals, gafarias (leprosy hospitals) and mercy shelters, thus exercised, by and large, the functions of asylums hospices or shelters.

A certain specificity can be attributed to the gafarias, intended for lepers and other contagious patients, and mercy shelters that were supported by donations and took in honorable people, that is, those from the upper social stratum – leading us to believe in an early social distinction of the healthcare function – who had reached the end of their lives in penniless plight. Anyhow the medical care at such establishments was as a rule limited or even nonexistent.

Another of the distinctive features of these institutions was the religious nature that they invariably possessed. This characteristic was manifested in various ways, depending on the founding and/or managing entity. Many were in the hands of Religious Orders, others were founded by private parties as charitable works, while others depended on the Confraries - associations that under the aegis of a saint, grouped individuals with common interests.

Fernando da Silva Correia estimated a total seventy-nine institutions in Lisbon of the second half of the 15th century, made up of fifteen lodging houses, fifty hospitals, two gafarias and twelve mercy shelters, which together served a population of more than 60 thousand people.

Thus, reflecting the rest of Europe at that time, these medieval institutions shared a few common traits: profusion, ineffectiveness, religious nature, and private ownership.

No less characteristic is the absence, in the medieval period, of centralized power in healthcare. Whether because it did not have the means, or because it does not yet see the need, the fact is that there was no control whatsoever over the activities of these establishments, with the power abstaining from any interference. Its actions were limited, at most, to granting legacies or donations to support specific institutions.

Paradoxical though it may seem, this attitude does not mean that the State was indifferent to Public

Health matters. To prove this, we have the multiple proclamations of the crown or municipalities in favor of hygiene and public health, particularly in aspects aimed at preventing the plagues that frequently threatened populations around that time. The confirmation of the qualifications of physician or surgeon candidates also depended on a central power. There are reports of *Cartas de Exame* (letters of examination) going back to the reign of D. Afonso IV.

However, a new model of hospital care emerged in Italy in the 14th century. The earliest large hospitals appeared in Rome, Sienna, Florence and Milan, in evident association with the force and vigor of the Italian city-state, which was at that time at the peak of its economic and cultural power.

We have the example from that time of prince D. João, who in 1479, requested permission from Pope Sixtus IV to found a large hospital in the city of Lisbon. This hospital later centralized around forty-three of the institutions existing in Lisbon and the surrounding area. This authorization, renewed by Innocent VIII in 1486, was confirmed, at national level, in 1492, by Alexander VI, the Borgia.

The construction of Hospital Real de Todos-os-Santos began on the latter date. An institution held up as an example, at the time, as comparable with the best in Europe, as befitting the great capital of Lisbon in Colonial times.

The actions of D. João, while still a prince, foreshadowed his desire to strengthen the royal power. His performance was seen in the expansionist process that he coordinated since 1474, and in the negotiations that lead to the Treaty of Alcáçovas, marking the earliest division of the world between the two Iberian powers.

The direct corollary of the idea of centralization of power, corroborated by D. João II, as mentioned earlier, is the idea that Healthcare as a function of the State and therefore of the king. It is in this sense that the function of the hospital should be understood, with the founding of Hospital Real de Todos-os-Santos, which became part of the political view of global governance of D. João II.

This idea, essential because it was an outworking of a desire, brought in its wake, a set of other factors that ultimately led to the foundation of the Hospital.

First of all, the political factor that is foretold: concentration in the hands of the State, that was only

then emerging in the modern sense of the word, thereby making it the holder of healthcare power. The publication of normative rules for the functioning of institutions removed this responsibility from those entities traditionally entrusted with this function, namely the Religious Orders.

The same Regulations define the economic support of institutions, based largely on royal legacies. This does not prevent them from continuing to make use of the donations that had, up until then, supported the healthcare establishments; sums that were thus taken from other entities, with the Church once again being at the forefront.

The third motive was the flagrant overall ineffectiveness of these entities. There is no series of documents that can be statistically analyzed showing the effectiveness of healthcare at that time. However, there are several references to the economic difficulties these institutions experienced, the poor quality of services provided, and abuses committed by the managing entities. Meanwhile, the dispersion of human, economic and technical means contributed to their increased ineffectiveness.

Lastly, a fourth factor. The fourteenth century was a period of the Renaissance movement in Italy. Humanism, which was flourishing at the time, recovered the values of Classic Antiquity and with them, the values of Mankind, followed by the appearance of the concept of Individual.

Fourteenth century Humanism, as a movement, did not go beyond the boundaries of Italy, but nonetheless its values were projected to the rest of Europe. There were also several factors among us that contributed to this. On one hand were the traditional economic ties, which made Lisbon a mandatory stopping point for the maritime trading routes that departed from Italy, first from Genoa and later from Venice, heading North to Flanders, England, and the Baltic. On the other hand was the influence of the Italian community that settled in Portugal, as well as the presence among us of various humanists with names like Mateus Pisano and Cataldo Sículo.

But the influence of the Fourteenth Century was also seen in national elements. The Cardinal of Alpedrinha, who settled in Rome as of 1479, was to collaborate with Queen D. Leonor in the founding of Hospital Termal das Caldas in 1485, built according to the model of the large Italian hospitals of the time.

Thus, there was a variety of factors that led

the substantial reduction, at that time, in the countless small and ineffective healthcare institutions that begin to concentrate in some large hospitals. Hospital Real de Todos-os-Santos was the first sizeable example in Portugal, and was quickly followed by others, in Porto, in Évora, and even, by colonial times, in Goa.

D. João II, in a refiguration of the Renaissance prince, personified a new concept of State. In this perspective, the royal figure should be the highest authority of the kingdom. From this perspective, the unchallenged detention of political power enabled the appropriation of healthcare power by the State, as well as the adequate pursuit of other measures in the field of Health. ■

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