



LA CASA

ESPACIOS DOMÉSTICOS
MODOS DE HABITAR

ABADA EDITORES

LA CASA

ESPACIOS DOMÉSTICOS MODOS DE HABITAR

II CONGRESO INTERNACIONAL CULTURA Y CIUDAD
GRANADA, 23-25 ENERO 2019



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La Casa. Espacios domésticos, modos de habitar
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When a Big House Opens Its Doors: The São Marcos Hospital in Braga (17th-18th Centuries)

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Resumen

En este trabajo pretendemos analizar el interior del hospital de San Marcos durante la Edad Moderna y dar a conocer no solo sus diferentes espacios, sino también los objetos en ellos existentes, que servían para el servicio cotidiano.

Así, analizaremos las enfermerías y en particular muebles, ropas, camas e, igualmente, la casa de los peregrinos, la cocina, la botica, el claustro, las "casas" del capellán y del proveedor. Procuraremos reflejar la distribución de estos espacios, analizando a la vez los programas de reforma a los que estuvieron sujetos a lo largo de estos dos siglos, así mismo, estaremos igualmente atentos a las diversas funcionalidades, poniendo especial atención en los que residían, pero también en los que estaba de paso. Tendremos también, la oportunidad de asociar la sociabilidad generada entre los diferentes ocupantes del hospital. Por último, daremos relieve a la otra función que el hospital cumplía: salvar el alma.

Palabras clave: hospital, Braga, espacios, modos de habitar

Bloque temático: La casa: mitos, arquetipos, modos de habitar

Abstract

This paper seeks to analyse the inside of the São Marcos hospital during the Modern Age and to introduce not only its different spaces but also all the objects used on a daily basis.

So, we shall analyse the infirmaries particularly the furniture, clothes, beds, as well as the pilgrims quarters, the kitchen, the pharmacy, the cloister, and both the chaplain and the provider's 'houses'. We shall try to share a thought on the distribution of these spaces by analysing simultaneously the renovation programs they have been submitted to throughout the past two centuries. We shall also pay attention to their different functionalities, more precisely as regards the residents and the travellers. We shall also have the chance to connect the degree of sociability between hospital users. Finally, we shall stress the hospital's other function: the salvation of the soul.

Keywords: hospital, Braga, spaces, ways of living

Topic: The house: myths, archetypes, forms of inhabitation

1. Functioning and spaces of a big house

To open the doors of a big house is a metaphorical expression that intends to lead the readers to its inner spaces, letting them know the everyday life of a Modern Age big hospital, where a lot of people in different situations and with different goals crossed paths.

The São Marcos hospital was founded in 1508 by the archbishop of Braga D. Diogo de Sousa (1505-1532) who, in order to accomplish this, had to close two friaries, a leprosarium and a hospice for pilgrims, having also added to these the rents of two more churches.¹ In other words, the archbishop created the right economic conditions for the new institution to operate.

To manage it, the prelate chose the Municipality, probably because there was no Misericórdia in town, which may have been created in 1513, because it started operating the following year.

This initiative by D. Diogo de Sousa was included in a broader reform strategy of assistance services in Portugal and by and large across Europe. The increase on the number of poor people and the inability of the existent structures to respond to new needs forced the reform and the surge of new institutions with bigger and new resources.

New general hospitals were built, with a separation between the poor, pilgrims and travellers, and equipped with their own clinical staff. This shift caused a change in hospital spaces, but also in their functioning. Apart from infirmaries, created to take in patients, there were also new spaces meant only for travellers, which provided different services for these two distinct groups of people.²

From 1559 on, and thanks to archbishop D. Frei Bartolomeu dos Mártires,³ the hospital's management was brought under the umbrella of the Misericórdia of Braga, becoming, thus, one of its most important services.

In the XVI century, the institution was small, had a kitchen where the meals for the sick were cooked and where "quality" travellers could also eat, it also had infirmaries for the sick, the chaplain's house and a room where pilgrims and travellers were welcomed.

There was a main door, placed in the east, called "the carriage door", because it was the door used by carriages to transport patients, wood or other products, such as thatch for the inpatients beds, inside the house. It also granted access to the Remédios field. There were several inner doors which granted access to the cloister, the church and even upstairs.

All the rooms on the ground floor of the hospital were accessed through this main door.

However, the need to expand and remodel the building in order to respond to an increasing demand was soon noted. Once a small hospital, it did not take long until it grew, becoming the only hospital north from Porto, and in all of Minho region, that offered people treatment for syphilis. There was both an increasing number of patients and of people infected with syphilis that resorted to the hospital. The hospital took in this kind of patients from all of the diocese, twice a year, spring and autumn, accommodating them in two infirmaries. The infirmaries were on the ground floor, relatively near to one of the hospital doors and apart from the other

¹ The mentioned closed institutions were practically de-activated or had no longer friars and had low income.

² Travellers were just passing through and would only stay for a given period of time. At São Marcos they were allowed to stay for three days maximum.

³ The archbishops of Braga had jurisdiction over both the temporal and the spiritual worlds.

inpatient facilities, because neither patients, nor clothes could mix due to the high chance of contagion. Syphilis was easily disseminated.

In what concerns the healing of the body, São Marcos hospital allocated both the ground and the first floors, set out around the cloister, also mentioned in 17th century sources as a yard.⁴ The circulation inside was done through the cloister's galleries and several doors, and later on through a granite flight of stairs which led to the upper floor. In the 17th century, the columns that supported it were made of wood, but in the 1800's, and because they seemed on the brink of collapsing, they were substituted for granite, similarly to what happened to the whole building during the renovation work in the first decades. In the 18th century, the pilgrims' house, which consisted of two rooms, one for men and another one for women, the infirmaries for syphilis and the infirmaries for recovering patients, built in the mid-17th century,⁵ were all at the ground floor. Still at the ground floor, there were the houses or places for storing wood, straw and cereal with which they used to bake the bread that fed the sick and the poor.⁶

Despite the hospital's expansion in the 17th century, the sources mention just one infirmary for people with "fevers" and "wounds", that is to say, for medicine and surgery, which would be described by a physician as something bad because it increased the chances of contagion among the patients. This situation was not exclusive to São Marcos, it happened in many other national hospital centres.⁷ São Marcos also lacked ventilation systems. This was detrimental for sick people's health and was consequence of the fact that infirmaries were permanently packed, that is, the building lacked changes that could potentiate the inpatients' health. However, by the middle of the 17th century, the situation of the hospital was very serious and included the lack of money for big renovations.

There were areas inside the hospital where it used to rain, there were not enough clothes for the infirmaries, not even straw and light at the "pilgrims' house". The clothes which were not used at the first floor infirmaries were sent to the ground floor to be used by syphilitic patients, since the reverse could never happen in order to prevent the spreading of the disease.

In the second half of the 17th century there was a pharmacy on the ground floor whose door led to the Remédios field. It served both inpatients and outpatients and the connection to the street allowed for the outpatients to gain access to the pharmacy without going inside the hospital.

Between the church and the hospital there was an inner passageway that allowed the chaplain to access the tabernacle in order to bring the Holy Communion to the dying patients without having to leave the building. This passageway, a small staircase, also allowed recovering patients to go to church or access the inner balcony created by the end of the 18th century, and attend mass.

Due to all the expansion, in the first decades of the 17th century, and the existence of more legacies, the hospital improved greatly. The old building was changing once again and turning into an even bigger House.

⁴ Maria de Fátima Castro, *A Misericórdia de Braga. O hospital de São Marcos*, vol. IV (Braga: Santa Casa da Misericórdia de Braga and the Author, 2008), 54-58.

⁵ Maria Marta Lobo de Araújo, *Memória e quotidiano: as visitas e as devassas ao hospital de S. Marcos de Braga na Idade Moderna* (Braga: Santa Casa da Misericórdia de Braga, 2014), 38-43.

⁶ The Santa Casa used to distribute bread amongst the poor on a weekly and monthly basis.

⁷ Augusto Carvalho, *Crónica do hospital de Todos os Santos* (Lisboa: s. n., 1949).

At the time it was unanimous that the hospital was a “grandiose”, “opulent” work, adjectives which praised the action of the people that were in charge of the institution during the baroque era. Under the supervision of the archbishop D. Rodrigo de Moura Teles, the hospital underwent a great expansion by way of the renovation works in the following decades.

Nonetheless, the expenses grew in the same proportion as food and treatment for the sick, which were very significant, and also the expenses with the pharmacy and pharmacist, nurses and orderlies, maids and servants, physicians, surgeons and apprentices, and from 1682 on, six chaplains. In short, the bigger was the House, the greater were the expenses!

Resulting from the construction works in the three first decades of the 18th century, the hospital’s ability to welcome people changed deeply. The changes were evident in the cloister, the spaces’ “distributor”, which became monumental and was given wider lateral corridors, in the pilgrims’ house which consisted, now, of two rooms, one for each gender, in the chaplain’s residence, which won new spaces, and in the construction of a water point, which played a significant role in the hospital’s provision.

Water and providing for it was, actually, one of the burning issues of the moment, because, apart from being essential, in a century that claimed more hygiene of both body and spaces, owning it also meant being independent. The main changes were on the first floor where more hospitalisation areas were created, as well as convalescence rooms, wider and separated by gender. The kitchen, which was also made bigger, was in the upper floor, besides chambers for nurses, orderlies and maids, who, like the chaplain, had to reside in the hospital.

The infirmaries did not have much furniture when compared to the items in the church and vestry. They only had beds for the patients, a table for eating and a cupboard for storing some of the inpatients belongings or linen. Since linen were expensive, namely sheets, headscarves, shirts and blankets, they were used a lot and were described as “old” or “ragged”. The brand new items were kept in boxes and were to be worn only when the old ones were completely frayed. The hospital did not have enough bed linen. In winter the laundresses were accused of not having it on time for the necessary changes.

Another current expense was the food. They had to buy food to strengthen the sick. The hospital had a chicken house, but used to buy other meat at the city’s butchers’. The vegetables and all the other products were bought at different stores in Braga. The bread was homemade but did not always please the patients. The milk, the wine, the olive oil, other fats and fruit had also to be bought.

They paid much attention to nutrition and cleanliness at a time the hospital was dedicated mainly to feed undernourished bodies.⁸

In a big house like this, task division was imperative to better assist the patients: the nurses were in charge of delivering the medicine from the pharmacy and of providing the infirmaries with scented herbs in order to avoid “the disgusting smell they can have”,⁹ the orderlies looked after the tableware and hygiene of the patients, served meals, brought the firewood to the kitchen and infirmaries, and washed and dressed the dead. They also had to sweep the cloisters and the balconies, areas that had undoubtedly to be clean.

⁸ On food conditions of the disadvantaged groups see Juan Ignacio Carmona, *Crónica urbana del malvivir (s. XIV – XVII). Insalubridad, desamparo y amber en Sevilla* (Sevilla: Universidad de Sevilla, 2000), 187-199.

⁹ Archive of the District of Braga (ADB), Pasta I, Separate document, not numbered.

Along with the hospital's expansion came the problems. Firstly, there was the number of patients and the expenses they implied; the amount of health professionals and other employees; and finally the safety of the building and the doors that stubbornly were kept open when they should be closed. The inquests in the 17th and 18th centuries showed that the everyday life at the hospital was very distinct from what was agreed upon. On one hand, the orderlies behaviour and the lack of moral reservation, with men and women keeping each other company without being married and even consorting with the cook; on the other hand, some male nurse that would sneak in the female nurses' infirmary and cause a scandal, which did not benefit the institution's good name. To put an end to this situation, which "greatly offended the Lord", mostly because of what happened in the infirmary for syphilitic female patients which, in 1769 it was determined that the provider would allow for them to be taken care of only by other women and never by men.¹⁰

These non-allowed social interactions resulted from the closeness between people and spaces. Because they spent a big part of the day together, patients and staff, travellers and pilgrims were quite close and their interaction was intense and not always rule-abiding.

But that was not all: there were orderlies that used to go out during daytime to work on their trades, others who used the hospital facilities to carry out their own businesses, female orderlies who rented the hospital's linen for their own profit, and who sold products to pilgrims, which was forbidden.¹¹ In short, complete chaos.

Surgery and bloodletting apprentices would get in without their teachers and meet female patients without permission. There were late gatherings for feasting and other pleasures sponsored by some male nurse, which was also seen as shameful.

The employees misbehaved, but some of the chaplains certainly did not set an example either. In the mid-17th century, the chaplain got involved in an argument with the mother of one of the women patients, having insulted and hit her.¹² This priest in particular, as well as his brother, displayed a very poor behaviour and used to sneak women into their quarters at night. These licentious women insulted the maids and contributed to an unedifying environment. The priest was also admonished for climbing the cloister's pillars with a guitar, to get to the first floor and to the female patients beds, which was considered quite scandalous.

In addition to the infirmaries, the chaplain's house and the cloister, also the pilgrims and travellers' house was somewhat vulnerable to this reprobate behaviour. In the mid-17th century, they lacked beds and straw for people that stayed up to three days. Later on, when, in the following century, they were separated according to gender, men used to visit the women who would also be paid a visit of sexual nature by men that got in unauthorised. This would happen because the doors were not closed, both the door that led outside the building and the inside doors, even though in 1769 it had been determined that the hospital should be closed during night time after the brothers of the Table¹³ went out, and that it should open doors around 6 a.m. in the summer. That is to say, the administrators were not present enough or did not demand

¹⁰ ADB, Pasta I, Separate document, not numbered.

¹¹ *Compromisso da Misericórdia da cidade de Braga* (Braga: Francisco Fernandez de Basto, 1631), 18.

¹² Elisabeth Belmas, "Patient Care at the Hôtel Royal des Invalides, Paris, 1670-1791", in *Hospital Life. Theory and Practice from the Medieval to the Modern*, ed. by Laurinda Abreu and Sally Sheard (Bern: Peter Lang A. G, International, Academic Publishers, 2013), 139-143.

¹³ Table is a directive organism of the Misericórdia.

enough respect so that the employees, patients and pilgrims stuck to their rules.¹⁴ Despite the fact that the hospital's administration, which consisted of a provider who was assisted by a treasurer, and in the 18th century by two brothers of the Table, was independent, many of the providers, being clergymen and having a busy life, would not be assiduous visitors. At the same time, it should be noted that such a big structure was not easily managed, since there were many people passing through and many inpatients on a regular basis like, for instance, pilgrims and travellers, just to name a few. In the mid-18th century, some people even said that those rooms accommodated thieves and ill reputed people who refused to leave whenever they were asked to. That is, under the guise of poor people and travellers, other kind of people gained access to the building even though it was not supposed to happen.

Besides the healing of the body, the hospital provided some soul care. That is why from 1508 onwards there was a chaplain present to administer the sacraments and to celebrate mass in given days set out in the regulation. As Modern Age advanced there were increasingly more chaplains in the hospital, as well as different religious choices offered to patients. In 1769 it was not allowed for nurses to provide medication to patients who did not confess and attend mass before being admitted.¹⁵

In regard to the healing of the soul, the hospital had specific employees and rooms. Until 1682 there was only one chaplain, but from that year on there were six. Canon João de Meira Carrilho created a legacy by constituting a choir with six chaplains, and determined that they helped, on a rotational basis, inpatients die peacefully. These priests also had to celebrate mass on a daily basis at the altars in the infirmaries, the cloister's chapel and the church, and administer the sacraments to patients. The ones that were about to die were given some assistance by these priests who would help them accept death and beg for forgiveness, for any sins committed, and repent.

However, these were not the only spiritual remedies the hospital provided. In the mid-17th century, while a plague came upon the city, the priests of the order of Saint John Evangelist went to the hospital to preach and help them save their souls. Also, while being treated for syphilis, the patients were visited by priests who indoctrinated them and took care of their spiritual health.

Because "idle minds are the devil's workshop", and because one can sin through thought or omission, patients during Counter-Reformation should spend their free time praying out loud. Therefore, the commitment of 1769 determined that the chaplains reminded patients they should pray, which included for the souls of the founder, the benefactors and for the ones that departed while in the institution.

The ones that died were to be accompanied by the chaplains, who would intercede for their souls through a mass and bury them in the cloister or the hospital's cemetery. By using the cloisters and an extra space behind them, outside the compound, the hospital made them multifunctional and extended the services provided in an adjacent area, similarly to what happened with the São Bento chapel.

In the late 18th century, the hospital was submitted still to another renovation program. Some of the internment areas went through some changes due to hygienic concerns, some ventilation

¹⁴ Maria Marta Lobo de Araújo, *Memória e quotidiano...*, 79-112.

¹⁵ ADB, Pasta I, Separate document, not numbered.

spaces were created as well as a new façade, more monumental and grandiose. The hospital assumed the role of “unit of greatness” of the Misericórdia, like other hospitals in the country.¹⁶ Its pharmacy was extended and improved in order to provide a better service. The church was subjected to some major changes. It became more majestic, equipped with good religious adornments and cloths, similarly to the vestry. The furnishings in the religious spaces were the opposite of the spaces destined for the healing of the body, which comes to prove that the soul had become more important.

2. Final considerations

The analysis on the São Marcos hospital in the long run allows us to know its expansion and improvement in terms of spaces, but also of their diversification. The renovation works during the 17th and 18th centuries created a big house with new duties, and responded to the existing needs and mainly to body health issues. However, the hospital played two complementary roles: healer of the body and of the soul.

There was a new problem every day, but mainly in specific moments, which proved the existing lack of control and how difficult it was to abide by the home rules. Men, women, with different roles and goals, would eventually interact in a wrongful way. In spite of all the hardships, the institution managed to adjust to the needs of that particular period of time. It was subjected to architectural and other kind of transformations in order to respond to pressure from patients and medicine advances, while healing both their bodies and souls.

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¹⁶Vera L. Almeida Magalhães, *O hospital novo da Misericórdia de Viseu, Assistência, poder e imagem* (Viseu: Santa Casa de Viseu, 2011), 174-175.