



ALL SAINTS  
ROYAL HOSPITAL:  
LISBON AND PUBLIC HEALTH

 LISBOA  
CAMARÁ MUNICIPAL

SANTA CASA  
Misericórdia de Lisboa

omnium  
sanctorum

# specifications

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## 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

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Santa Casa da Misericórdia de Lisboa

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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

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### 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 Moisés

David Felismino

Edite Martins Alberto

Fátima Palmeiro

Filipe Santos Oliveira

Florbelá 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

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Paula Basso

Paula Serafim

Paulo Catarino Lopes

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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

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# 5

PRESERVING  
HEALTH  
IN LISBON



## \_SPACES AND DISTINCTIONS (1502-1620)

Isabel dos Guimarães Sá  
Department of History and Communication and Society Research Centre (CECS),  
Institute of Social Sciences, University of Minho

“...não se recebe nenhum enfermo sem que se confesse e comungue primeiro, para que sane a alma antes que sane o corpo...”

[...no sick person is received without first confessing and taking holy communion, in order to heal the soul before healing the body...]

Francisco de Monzón (1544, f. 189v.)

### Spaces

As in the rest of western Europe, the emergence of the modern hospital in Portugal was marked by a spatial segregation between patients and pilgrims - previously admitted indiscriminately in medieval shelters and hospitals - and the medicalization of assistance to the sick (Park and Henderson, 1991; Park, 1994; Sá, 1996, p. 95). Infirmaries were thus the true innovations of the early modern hospital. All Saints Hospital was no exception, as it separated areas for beggars and pilgrims from those ascribed to the sick. Francisco de Monzón, chaplain of King D. João III, referring to the former, described them as healthy persons who did not need healing (1544, f. 190)<sup>3</sup>. The assistance they received contradicts the relevance historiography has given to Portuguese laws expelling beggars (Abreu, 2014, pp. 26-29). Unlike the wards, which faced inward, these *casas* [rooms] - the author referred to compartments - related

This research seeks to understand how differences in social status, gender, and religion materialized in the different areas of All Saints Royal Hospital. The period under analysis extends from the opening of the hospital in 1502 to its detailed description published in 1620 by the Trinitarian friar Nicolau de Oliveira<sup>1</sup>. The study is based on textual sources, sometimes laudatory, sometimes normative - involuntary micro-utopias - that may not reflect reality, but embody intentions, and in this strict sense are considered reliable from a historiographic point of view<sup>2</sup>.

<sup>1</sup> Ana Cristina Leite suggests the 1601 fire only affected the church (1993, p. 6).

<sup>2</sup> Visual sources and archaeological collections from excavations will not be addressed here, because they have already been studied or are being processed. Cf. Leite, 1993 and 2012; Moreira, 1993; Pereira, 1993; Moita, 1993.

<sup>3</sup> About this man, chaplain and preacher for King D. João III, see Fernandes, 1991, pp. 39-41 and Buescu, 1996, pp. 56, 102-103.

with the outside of the hospital. They were located on the ground floor, facing the street, opening to the busy square in front of the building's main façade, where a market was held on Tuesdays.

**The wards.** The hospital's initial plan, in the shape of a Greek cross, included three wards in its main body. Each ward occupied one of its three arms (two for men, one for wounds and the other for fevers), and the other for feverish women. The absence of a ward for wounded women must be noted, probably because they were in small number. The fourth arm, which corresponded to the church, shall be discussed later.

A fourth ward, located outside this central body, was dedicated to syphilitics, whom the hospital treated throughout its existence. In the documentation, they are referred to by different names, probably not always designating syphilis, but also other venereal diseases: *males*, *boubas*, *mulas*, *gálico* [ills, buboes, mules, French illness]. It was located on the first floor, above the rooms for beggars and pilgrims.

The hospital admitted *enjeitados* [foundlings] since its foundation because the incorporated medieval units included a hospital for abandoned children: there were also areas for them, because as early as 1504 two resident wet-nurses lived in the premises in order to breast feed children. Whether during this period there was a *roda de expostos* is yet unconfirmed [foundling wheel; wooden cylinder embedded in the wall that allowed depositor to leave children without being seen]. Incurable patients were not admitted, at least in theory (Salgado *et* Salgado, 1996, p. 467, 468).

In the 1540s, when Francisco de Monzón described the hospital, there were already *casas* for the mentally ill, so presumably these were formed by several compartments. The same author also refers to rooms available for patients of a higher condition, cured according to “as suas qualidades” [their qualities], indicating the existence of social boundaries within the building (1544, f. 190). Although not mentioned by Monzón, the hospital administration by the priests of St. John Evangelist (1530-1564) was marked by the

creation of another ward for patients from the poorest of Franciscan families - Capuchin friars - but only those originating from convents located in the Lisbon hinterland. This prerogative derived not only from their poverty, but also from the royal court's preference for Franciscan spirituality since the medieval period. The Capuchins therefore had their own ward, with five beds, located in the gardens of the hospital, in accordance with the hermitic penchant of their religious order.

The number of wards kept growing during the following decades, although their designations are confusing, as well as their functionalities. Friar Nicolau de Oliveira documents the existence of sixteen healing areas, but not all can be considered wards, as some were located in corridors, suggesting a densification of space. However, new functions seem to have emerged, including two areas for the specific treatment of *camarentos* [patients with gastrointestinal diseases] - a ward for men and a corridor for women - and an infirmary for convalescing patients, located on an upper floor, with good sun exposure and air circulation (Oliveira, 1620, fs. 119v.-120). These three areas, however, are difficult to locate given the lack of a detailed building plan.

**Support areas.** In addition to the wards, there were support areas for the sick: two kitchens, one for patients and the other for the syphilitic. The latter's clothes, moreover, were washed separately in their own water tank. The contagious character of the disease determined a strict separation from other patients. The *casa das águas* [water house], where patients were admitted, so called because diagnosis implied the visual examination of urine, was located next to the church<sup>4</sup>. The hospital could not operate without its own *dispensa* [pantry], for storage of supplies needed to feed patients and hospital staff. There was also a *casa da fazenda* [treasury], where the financial management of provisions of clothes and food took place, as well collection of the hospital's rents. The patients were fed in their wards, while the hospital staff ate in its *refeitório* [dining hall]. Later, the hospital would also have its own *rouparia* [linen room].

**Open areas: garden and cloisters.** The hospital area

<sup>4</sup> João Brandão provides information on the location of the *casa das águas* [water house] (Brandão, 1990, p. 127), and the 1575 account by Villalba y Estaña mentions doctors who analysed urine on the church's steps (Villalba y Estaña, 2002, p. 65).

was not restricted to buildings: according to Monzón, its garden supplied vegetables and medicinal plants; the 1564 inventory mentions agricultural instruments as well as a mule used for cultivation (Pinto, 2011). As previously, there were also water tanks to wash the laundry. No less important, there was a small chapel or, separate from the main building (Monzón, 1544, f. 189v.). Friar Nicolau reports two new residential structures located in the garden in addition to the Capuchin ward. They were the homes of the two “priests of agony”, who were in charge of providing spiritual help to the dying in their final moments (Oliveira, 1620, f. 126).

There were also four cloisters formed by the arms of the cross, which were paved with stone slabs at the time of Friar Nicolau’s description, with a well in the centre. In the kitchen cloister, however, the well was located on the side, in order to facilitate washing [*para sua limpeza*] (Oliveira, 1620, f. 222).

**The Church.** Patients boarding in the three main wards of the hospital had visual contact with the church chancel from their beds<sup>5</sup>. However, religious celebrations extended far beyond the spiritual needs of the sick, as the hospital’s church was one of the epicentres of the city of Lisbon. Masses and offices were celebrated; chaplains and boys sang in the choir,

and the hospital hired an organ player. There was a huge number of masses for the dead, with prayers and hymns, as the hospital was under the obligation to celebrate the ceremonies instituted by the founders and donors of the medieval incorporated hospitals, besides those of the hospital itself and the masses on behalf of the *reis instituidores* [founding kings] (Ramos, 2019, pp. 86-88).

There was also a pulpit where prestigious preachers delivered their sermons. Among them, the *Sermão das Obras de Misericórdia* [Sermon on the works of mercy] preached by the famous António Vieira, S.J. (1754, pp. 1-10). The church’s importance is also attested by the fact that it hosted the acclamation ceremonies of cardinal-king D. Henrique in 1578 (Leite, 1993, p. 6).

**A residential building.** The hospital was the permanent home for many types of people. Like many buildings of the time - convents, retirement houses, royal or aristocratic palaces, colleges, universities, and even cathedrals - many individuals not linked by kinship lived there permanently or temporarily. Unlike most public buildings today, where the staff goes home after a day’s work, most people working in the hospital stayed there night and day, although they did so *segundo a qualidade das suas pessoas* [according to the quality of their persons], to use coeval language.

Table 1: Hospital residents and commensals

Year	Residents	Non-resident	n/ a	Commensals	Non-commensals	n/ a	Total
1504	49	2	6	43	6	6	55
1620	67	12	26	-	-	-	105

Sources: Salgado *et* Salgado, 1996, pp. 450-494; Oliveira, 1620, fs. 123v.-128v.

**A judicial structure.** All Saints Hospital was formed by the merger of dozens of the city’s welfare institutions into a single unit. These incorporations were accompanied by the reform of chaplaincies, hospitals and confraternities, a process initiated in 1498 (Rosa, 1998, p. 205). Reorganising those institutions was a bureaucratic task, since it involved collecting documents, issuing certificates, and settling disputes regarding the administration of properties. The headquarters of the *provedor* [purveyor] in charge of this reform

operated within the hospital’s physical space, and as a consequence the latter also became the *locus* of a complex judicial structure, with its own magistrates, associated with its own court of justice. The incorporation of the medieval hospitals into All Saints Royal Hospital meant that their past religious obligations were transferred to the care of the new hospital, while the court of justice extended its action to all the previously mentioned institutions located in the Lisbon area. In the early years, the hospital’s chief officer had

<sup>5</sup> Friar Nicolau de Oliveira notes that these openings were covered in his time (1620, f. 19v).

the title of *provedor das capelas e do hospital* [purveyor for the chaplaincies and the hospital], but soon afterwards the office was divided in two, and the hospital's affairs separated from those of the chaplaincies. However, the competences of the two offices overlapped, as the income of the hospital often derived from chapel entails, thus generating conflicts. In order to curtail them, the King ordered the *provedor* of chaplaincies in 1507 not to interfere *portas adentro* [within doors], because its jurisdiction belonged to the hospital's *provedor* (Salgado *et* Salgado, 1996, pp. 516-517). The hospital statutes of 1507, because they refers exclusively to the hospital, do not mention the officers ascribed to chaplaincies, but Cristóvão Rodrigues de Oliveira counted thirteen officers in 1551 (Oliveira, 1987, pp. 60-61).

### The distinctions: social status, gender and religion

There were other dividing lines in the hospital besides the separation between the administration of chaplaincies and the hospital. Other distinctions were present since the hospital's foundation, although they changed over time. They applied to either patients or hospital staff, and were structured around social and legal status, gender, occupation, and wages.

**Social and legal hierarchies.** As we have seen, patients with higher social status could be treated in private hospital rooms, but this was not the only social discrimination among the multitude of patients or living-in staff. Foundlings, like the hospital slaves, dressed in blue clothes marked with an "S", an emblem that the hospital would keep until the end of its existence. Foundlings and slaves shared this sign because of their common legal status, as both were under the paternal power of the hospital, which reproduced the patriarchal

family model. Slaves performed the dirtiest tasks: they cleaned the nurses' *camareiros* (basins), the urinals of the sick and, once a week, the *necessárias* (toilets). However, they were not worthy of sweeping the church (though they swept the wards), a task that fell onto the choir boys (Salgado *et* Salgado, 1996, p. 484; 460).

In the dining hall, there was also a separate table for the higher officers (*provedor*, chaplains and senior male nurses) and other tables for the remaining staff (lower nurses and other workers). Some of the latter would serve the tables, in shifts, eating after the first group had finished (Salgado *et* Salgado, 1996, p. 476).

**Gender divisions.** The hospital had two wards for men from its beginning (one dedicated to fevers and the other to wounds), and one for women. This unbalanced gender division persisted when the number of wards increased. Gender boundaries also pervaded among the staff, as the hospital mirrored the existing occupational divisions. Women performed tasks considered unsuitable for men: they washed, kneaded, baked, clysterized, and nursed female patients. Due to the growing number of patients, the hospital increased the number of women in its staff, but they were always in smaller numbers than men, especially after 1564 when the brothers of the *Misericórdia* [house of mercy] took on the administration of the hospital, although their tasks were not remunerated. However, among paid employees, the ratio between men and women declined (Table 2), because the need for female occupations increased. The hospital statutes of 1504 advised the *provedor* to promote peace within its walls, hindering gossip and disorder, and warned against the presence of brash and loud women among the staff, without however mentioning any similar male temperaments (Salgado *et* Salgado, 1996, p. 471).

Table 2: Employees by gender<sup>6</sup>

Year	Men	Women	n/ a	Total	Gender ratio (M/W)
1504	46	9	-	55	5.1
1620	60	16	-	76	3.7
1552	61	23	-	84	2.7
1620	47	35	23	105	1.3

Sources: Salgado *et* Salgado, 1996, pp. 450-494; Oliveira, 1987, pp. 58-61; Brandão, 1990, pp. 128-131; Oliveira, 1620, fs.123-128v.



In the statutes of 1504, the nine women who were to form the female staff (including two slaves) were also fed in the hospital. However, they did not eat in the previously mentioned dining hall at the same time as men, in order to avoid endangering their honour (Salgado *et* Salgado, 1996, p. 456). Only the senior staff members (those who received an annual income equal to or greater than twelve thousand *reais*) should buy their food. Male servants, such as the barber and the bleeder, also ate out, perhaps because their work involved blood, and thus were considered impure (Le Goff, 1986, pp. 57-58).

**A purified space.** As previously referred to, the hospital included facilities for pilgrims and beggars on the ground floor, and a syphilitic ward on the floor above them. None of these areas had direct visual access to the eucharist, unlike the other three patient wards, creating the need to celebrate separate masses in these areas, sometimes with the help of portable altars. The statutes made clear that masses for beggars were celebrated only on Sundays and holy days, by priests other than the hospital chaplains, unlike the daily masses in the church (Salgado *et* Salgado, 1996, p. 457).

Mandatory confession and communion for all who wanted to be treated in the hospital established an insurmountable barrier for all those who were not willing to repent and take communion or even fake it<sup>7</sup>. Heretics, Moors and Jews were thus excluded from this community, which had the spiritual privilege of suffering comparable pains to those of Christ and Mary. Baptism was used as a barrier against New Christians, as the latter were forbidden from recovering children they had abandoned, unlike old Christians who were only required to demonstrate that the foundling belonged to them. This is yet another rule confirming the hospital's religious character, structured as an irreversible entrance into Christendom, as foundlings were baptised when entering the hospital, even though it was uncertain whether they had already received this sacrament (Salgado *et* Salgado, 1996, p. 469)<sup>8</sup>.

common meals, which occurred in a similar manner of those of convents: the lives of the saints were read aloud and chaplains blessed the food. Thus, the hospital's organization imitated a male religious community, further confirmed by the fact that married men should not eat in the refectory (Salgado *et* Salgado, 1996, pp. 471, 476, 456).

All Saints Hospital was from its start a repository for the assets of infidels. By royal order, all lands and buildings belonging to new Christians who fled the Kingdom were incorporated into its properties<sup>9</sup>. The assets of the *tangomaos* - those Christians who had fled Christendom to live among the *gentiles* in Africa, often adopting hybrid creeds (Hespanha, 2019, p. 51) - were also allocated to the hospital. Recurrent laws between 1510 and 1539 ordered the confiscation of their property on behalf of the hospital (Salgado *et* Salgado, 1996, pp. 420, 424-425, 514-515).

Some confirmations of lease contracts regarding former communal properties of Jews or Moors can be found. These contracts, celebrated between the hospital's *provedor* and the tenants, had to be confirmed within one year by the king, which explains their presence in the royal chanceries. They were mainly concerned with urban buildings, some corresponding to previous community structures, such as a mosque, baths, or one of the three existing synagogues in Lisbon before forced conversion<sup>10</sup>. We ignore how relevant these properties were among the hospital's assets, but their symbolic importance is beyond question: the hospital was intended as a *locus* for unification of Christian faith. One of the implemented discriminative principles derived from its enunciation as a Christian institution.

The hospital served the king's justice: many infractions gave rise to fines that reverted to the hospital. These were compiled in the 1504 statutes (Salgado *et* Salgado, 1996, pp. 442-446). The crown made sure that the goods confiscated from infidels and transgressors were used

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<sup>6</sup> Cristóvão Rodrigues de Oliveira (1987) did not consider the ten officers working in the court of justice ascribed to the reform of chaplaincies and other institutions. The 128 male members of the *Miseriórdia* who served in the hospital each year were not taken into account in this table, since they performed their tasks on a voluntary basis, as required by confraternity membership (Oliveira, 1620, f. 120).

<sup>7</sup> Patients had two days to confess after entering the hospital (Salgado *et* Salgado, 1996, p. 461).

<sup>8</sup> Precaution that would remain throughout the history of the foundlings.

<sup>9</sup> Laws dated 6 April 1499, 29 March 1500 and 22 June 1501 (Salgado *et* Salgado, 1996, pp. 383-386).

<sup>10</sup> ANTT, *Chancelaria de D. Manuel I*, Livro 6, fs. 103v-104v, 105v-106; Livro 4, fs. 35-36v; Livro 21, f. 17v; Livro 22, fs. 4v- 6; Livro 25, f. 158v. (Jewish assets). On Moorish assets, *Idem*, Livro 17, fs. 15-15v, 45v-46, 63-63v; Livro 6, fs. 64-65; Livro 22, fs. 121-122; Livro 8, fs. 84-84v. There is also an inventory of movable and immovable property confiscated from the Jews, apparently very incomplete ("Tombo dos bens móveis e de raiz em Lisboa e comarca da Estremadura tomados pela Coroa aos cristãos novos e doados pelo rei ao Hospital de Todos os Santos", 1507, Lisboa, ANTT, *Feitos da Coroa*, Núcleo Antigo 305).



on charity to the poor, instead of reverting to its advantage. The same logic was to be applied to the assets of those who were tried for having propagated the massacre of New Christians in 1506, which broke out near the hospital, in front of the convent of S. Domingos<sup>11</sup>.

The hospital's internal areas, as we have just seen, were not used equally by everyone. On the contrary, they embodied gender differences regarding occupation and moral behaviour, and varied according to hierarchy and legal status, thus expressing the social and religious divisions of sixteenth century Portugal. The laws

Jews and new Christians, and the property of the renegades who had left Portuguese society to settle among the infidels, thus contributing to the process of religious unification of the kingdom, which was at work since 1496. Statutes and other normative texts transformed the hospital into a space designed for religious purification, based upon the ministering of Catholic sacraments, such as the eucharist, confession and last rites. To underline these issues, however, is not the same as to affirm that healing the body and medicalization were not important.

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<sup>11</sup> On Portuguese Jews, see Tavares, 1982. On the forced conversion of religious minorities, Bethencourt, 2000, pp. 49-94. For a coeval narrative of the massacre, Correia, 1992, pp. 29-32. See also Góis, 1949-1955, part I, pp. 253-258. On the property of those convicted after the massacre Salgado & Salgado, 1996, p. 431.

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#### Pipe

Ceramic. Lisbon pottery

17th-early - 18th century

Praça da Figueira. 1960 excavation

Height 3,7 cm; length 6,3 cm; rim Ø 1,5 cm

ML.ARq.0855

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**Dice (4)**

Bone. Regional production  
c. 1750. Well of SW Cloister  
1 x 1 cm  
Praça da Figueira. 1999-2001 excavation  
CML-CAL (PF.00/F11[376])  
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**Pipe**

Ceramic. Lisbon pottery  
17th-early - 18th century  
Praça da Figueira. 1960 excavation  
Height 3 cm; length 9.5 cm; rim Ø 2.3 cm  
ML.ARq.0853  
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#### Bell

Copper alloy. Unknown origin  
c. 1750. Well of SW Cloister  
Height 5.5 cm; base  $\varnothing$  6 cm  
Praça da Figueira. 1999-2001 excavation  
CML-CAL (PF.00/F11[376])  
© CML | DMC | DPC | José Vicente 2019

#### Pipe

Ceramic. Lisbon pottery  
17th-early - 18th century  
Praça da Figueira. 1960 excavation  
Height 3.5 cm; length 10 cm; rim  $\varnothing$  1.8 cm  
ML.ARq.0854  
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