

This monograph provides an innovative analysis of a unique period for social and public health policy in Portuguese history. With a firm basis in archival research, the book examines a lesser-known facet of one of the most fascinating and controversial figures in the late Ancien Regime in Portugal: Diogo Inácio de Pina Manique, the Intendant-General of Police from 1780 to 1805. By combining the resources of the Intendancy with those of the Casa Pia, an institution for welfare provision and social control that he set up just a month after being appointed, Pina Manique attempted to introduce a variety of projects designed to create a prosperous, healthy, well-educated, informed, clean and hard-working country less inclined to vice and immorality, in which the people would be obedient and the upper classes more magnanimous. One of his greatest achievements was perhaps to understand the link between ill health and poverty and therefore to regard public health as a key area of governance.

Laurinda Abreu is Professor of History at the University of Évora, Portugal, and her specialist field is the history of poor relief and health in the early modern period. She is also Director of the Erasmus Mundus PhD – Phoenix JDP on Dynamics of Health and Welfare. She has previously been Coordinator (2001–2009) of the Phoenix TN – the European Thematic Network on Health and Social Welfare Policy, and she has been President (2011–2013) of the European Association for the History of Medicine and Health. Her recent publications include: *The Political and Social Dynamics of Poverty, Poor Relief and Health Care in Early-Modern Portugal* (2016) and *Hospital Life: Theory and Practice from the Medieval to the Modern* (co-edited with Sally Sheard, 2013).

Christopher J. Tribe is a freelance translator based in the UK, specialising in history and the natural sciences.

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Cover image French drawing of the Palace of Ribeira in the 18th century from the main square by Guillaume Debrie, 18th Century



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INTRODUCTION

This study began as part of the research for the book *The Political and Social Dynamics of Poverty, Poor Relief and Health Care in Early-Modern Portugal*,¹ but soon developed into a separate project because of the wealth of information discovered in the archives of the Intendancy-General of Police on the social and public health policies that Diogo Inácio de Pina Manique planned and implemented while at the helm of that organisation (1780–1805).

The prevailing opinion used to be that the welfare and healthcare mechanisms developed in Portugal during the sixteenth century had survived until the early nineteenth without major innovation or change, in contrast to the situation in other countries, where issues of sickness and health became the focus of new policies.² According to this view, the *misericórdias* were the primary providers of poor relief and health care, most notably through their hospitals, in which medical practice and administrative and operational procedures remained in a state of near stagnation. Struggling under enormous constraints, the system was unable overall to meet the needs of the population since it was dominated by the interests of the local elites, which in many cases placed them above the institutions they were supposed to serve. In addition, recent studies have shown that the training of healthcare professionals was subject to a powerful web of personal or corporate interests involving fierce rivalry between the University of Coimbra, the chief physician (*físico-mor*) and Todos os Santos Hospital.³ The reforms proposed by a few Enlightenment figures such as Luís António Verney and António Nunes Ribeiro Sanches, which drew on new medical thinking that had developed since the end of

¹ Laurinda Abreu, *The Political and Social Dynamics of Poverty, Poor Relief and Health Care in Early-Modern Portugal* (Abingdon: Routledge, 2016).

² See the main stages of the historical process in Didier Fassin, *L'espace politique de la santé: Essai de généalogie* (Paris, PUF, 1996), 3–49.

³ Laurinda Abreu, “A organização e regulação das profissões médicas no Portugal Moderno: Entre as orientações da Coroa e os interesses privados”, in *Arte médica e imagem do corpo: De Hipócrates ao final do século XVIII*, ed. Adelino Cardoso, António Braz de Oliveira and Manuel Silvério Marques (Lisbon: Biblioteca Nacional de Portugal, 2010), 97–122.

the seventeenth century,⁴ were not taken up by the country's politicians. Meanwhile, France, England and Germany were embracing new social and public health policies that had developed from the premise that a country's wealth depended not only on the size of its population but also on the state of the population's health, and that considerable investment was needed in this area. Based on the assumption that poverty was the greatest problem for public health, in that it generated the terrible sanitary conditions that ravaged the majority of the population, the reforms were moulded by the characteristics and peculiarities of the social and political spaces in which they were applied and, of course, by the medical expertise that they embodied.⁵

At a time of intellectual ferment and cross-fertilisation of ideas, Enlightenment France took the lead and set an example for others to follow. Starting with Galen's formulation of the "non-natural" elements—the six external factors that influenced people's well-being and health, as discussed and propagated by the *Encyclopédie*, particularly through the writings of Arnulfe d'Aumont—the intellectual elite that aspired to political leadership redefined the concept of health.⁶ According to Coleman, the doctrine of the non-naturals provided Enlightenment thinkers with a firm basis for discussing health and hygiene—man, as a rational being and an integral part of the natural world, was capable of determining his existence through his learning and the way in which he used his knowledge. Within this new philosophy the concept of medicine was also reformulated, with an emphasis on prevention and scientific principles. In 1763, Achille-Guillaume Le Bègue de Presle, a doctor at the

⁴ Bruno Barreiros, "O lugar do corpo no espaço público da razão: livros, leituras e sátiras às artes da cura no Portugal do Século XVIII", in *Percursos na História do livro médico (1450–1800)*, ed. Palmira Costa and Adelino Cardoso (Lisbon: Colibri, 2011), 187–210. Together with Jacob Morais Sarmiento, Verney and Ribeiro Sanches produced the most innovative works published in this area in Portugal until the late 1760s and early 1770s. A survey of the ideas circulating in Portugal in the eighteenth century, particularly in the first half, may be found in Jean Luiz Neves Abreu, "O Corpo, a Doença e a Saúde: O saber médico lusobrasileiro no século XVIII", PhD thesis, Universidade Federal de Minas Gerais, Belo Horizonte, 2006. See also João Luís Lisboa, "Papéis de larga circulação no século XVIII", *Revista de História das Ideias* 20 (1999), 131–47.

⁵ A very brief but effective approach to the concept of public health is given in John Duffy, "History of Public Health and Sanitation in the West since 1700", in *The Cambridge World History of Human Disease*, ed. Kenneth F. Kiple (Cambridge: Cambridge University Press, 1993), 200.

⁶ William Coleman, "Health and hygiene in the *Encyclopédie*: a medical doctrine for the bourgeoisie", *Journal of the History of Medicine* 29 (1974): 399.

Paris Faculty of Medicine, wrote to Jean-Jacques Rousseau: “Medicine is not only the art of curing diseases; it is also the art of maintaining man’s good health, of putting off the infirmities of age and prolonging life.”⁷

This utilitarian, practical, Hippocratic form of medicine aligned with nature came to underpin the ideology of progress and a healthy, happy life. What until then had been an individual matter was turned into a social reality delimited by socio-economic factors. With health now a political issue and a matter for state intervention, the path was clear for the radical medicalisation of society, as advocated by “treatment activists”. Their position was legitimised by the law-making process of the French Revolution, which embraced Rousseau’s idea that health was a citizen’s right but one to be managed by the government.

Revolutionary France, however, soon revealed itself to be a violent Utopia with regard to social support. Its ideas, despite their legal basis, became more philosophical than practical, not least because of the economic unsustainability of the overambitious projects it began to devise. To guarantee the natural rights of individuals and equal access to health and welfare resources—a precondition for realising the ideal of the progress of civilisation, as theorised by Condorcet and others—the French state would eventually resort to instruments of control that differed little from those used elsewhere, such as in aristocratic, militarised Germany.⁸ There, in around the same period, the doctor Johann Peter Frank was studying health and sickness in the context of social relations.

Frank adhered to the school of economic thought known as mercantilism, or cameralism in its more politically oriented and specifically German form,⁹ and to the development of the concept of “police” (German *Polizei*) as a “principle of social order, normative and performative but not primarily coercive”,¹⁰ covering administration, law

⁷ Ibid., 400–401.

⁸ Christian Hick, “Arracher les armes des mains des enfants: La doctrine de police médicale chez Johann Peter Frank et sa fortune littéraire en France”, in *Les hygiénistes: Enjeux, modèles et pratiques*, ed. Patrice Bourdelais (Paris: Belin, 2001), 41–59.

⁹ George Rosen, *From Medical Police to Social Police: Essays on the History of Health Care* (New York: Science History Publications, 1974), 122.

¹⁰ Keith Tribe, “The Disordered Police State. German Cameralism as Science and Practice”, *German History* 28, No 1 (2010): 101 (review of the book of that title by Andre Wakefield). Partly as a result of poor translation from the German, the term “police” eventually became linked and restricted to activities contrary to the exercise of freedom. See Andre Wakefield, *The Disordered Police State. German Cameralism as Science and Practice* (Chicago: University of Chicago Press, 2009).

enforcement, social security and public order. Johann Heinrich Gottlob von Justi and Joseph von Sonnenfels were its main exponents.¹¹ Health as a political issue, or the government's responsibility for the people's health, had been a topic discussed in medical works since the seventeenth century, and in the eighteenth it evolved into the concept of medical police, which Frank examined in great depth in the nine volumes of his *System einer vollständigen medicinischen Polizey*, published from 1779 onwards.¹²

Considered the most important work on public health produced in the eighteenth century, Frank's *System* held that the internal security of the state was the focus of the general science of policing, and that a considerable part of this science involved applying certain principles to foster the health of the population. These policies were to be enforced by the medical police, which implied that society was subject to a particular model of medicalisation, including not only specific public health and hygiene measures but also notions of professional power, control and the regulation of medical education.¹³ This medical policing, which had arisen in the enlightened despotisms of central Europe, was a new form of authoritarian and paternalistic governmental practice which kept a check on people's lives from cradle to grave. This was unlike what was happening in France, where medicine and its agents, such as the Société Royale de Médecine—essential components of the triumphant ideology that were used by the state to pursue its revolutionary ideals—did not abandon their social dimension, despite all the financial constraints, and formed the basis of a widespread public health programme from the early nineteenth century onwards.¹⁴

A different doctrine was prevalent in England, which did not sympathise with authoritarian solutions such as the medical police.¹⁵ Moreover, since the Glorious Revolution of 1688, England had upheld principles of political economy in which government institutions intervened little in social affairs but reserved the right to keep the system running, as shown by the Poor Laws, smallpox inoculations and many

¹¹ Rosen, *Medical Police to Social Police*, 120–141.

¹² Johann Peter Frank, 1779. The edition consulted was: Johann Peter Frank, *A System of Complete Medical Police: Selections from Johann Peter Frank*, ed. Erna Lesky (Baltimore: Johns Hopkins University Press, 1976).

¹³ *Ibid.*, 32–34.

¹⁴ See Ann F. La Berge, *Mission and Method: The Early Nineteenth-Century French Public Health Movement* (Cambridge: Cambridge University Press, 1992).

¹⁵ Brenda M. White, "Medical Police. Politics and police: The Fate of John Roberton", *Medical History* 27, No 4 (1983): 407–422; George Rosen, "The Fate of the Concept of Medical Police 1780–1890", *Centaurus* 5, No 2 (1957): 97–113.

other innovations in health care. Generations of economists trained in the ideology of work and bourgeois values advocated a doctrine of *laissez-faire* throughout the eighteenth century and saw any social intervention by the Crown as being pernicious to the development of society and the economy. These ideas were quantified by the Reverend Malthus in *An Essay on the Principle of Population*, which was later given scientific weight by the proponents of social evolutionism.

In Portugal, it has long been known that a few proposals for social policy reform were put forward, particularly in journals and by the Royal Academy of Sciences, but our research into the archives of the Intendancy-General of Police provided an opportunity to find out whether those ideas had been put into practice. In other words, did they represent a genuine move to reform welfare and public health policy, as the archives suggested at first sight? If so, were they a reflection of the ideas currently in vogue on the international stage? What models were followed, and which of them prevailed? The work of António Hespanha, José Subtil, Nuno Gonçalo Monteiro, José Luís Cardoso and Alexandre Mendes da Cunha has shown that politics in reformist Enlightenment Portugal in the latter half of the eighteenth century was particularly eclectic, resulting from a mixture of political arithmetic, mercantilist and physiocratic thinking and the principles of German cameralism.¹⁶ Were any of these ideas applied to social and public health issues, as happened elsewhere in Europe?

Diogo Inácio de Pina Manique has been the focus of numerous studies, from the traditional approaches of Eduardo de Noronha, Augusto da Silva Carvalho, Francisco Assis de Oliveira Martins and Albino Lapa,¹⁷ to the interpretations produced by Adérito Tavares and José dos Santos Pinto¹⁸ and recent scholarly analyses by Maria Alexandre Lousada, Maria

¹⁶ See Alexandre Mendes da Cunha, “Police Science and Cameralism in Portuguese Enlightened Reformism: Economic ideas and the administration of the state during the second half of the 18th century”, *e-JPH* 8 (2010): 1–11.

¹⁷ Eduardo de Noronha, *Pina Manique. O intendente de antes quebrar... (Costumes, banditismo e policia no fim do seculo XVIII, principios do seculo XIX)* (Porto: Livraria Civilização, 1923); Augusto da Silva Carvalho, *Pina Manique, o ditador sanitário* (Lisbon: Imprensa Nacional, 1939); Francisco de Assis de Oliveira Martins, “Fr. José Mayne colaborador de Diogo Inácio de Pina Manique na fundação da Casa Pia”, in *Arqueologia e História. Comemoração do Primeiro Centenário* (Lisbon: Associação dos Arqueólogos Portugueses, 1966), 223–39; and Albino Lapa, *História da Polícia de Lisboa: História da Polícia de Segurança Pública*, vol. 2 (Lisbon: Edições Bertrand, 1942).

¹⁸ Adérito Tavares and José Santos Pinto, *Pina Manique—Um Homem entre duas épocas* (Lisbon: Casa Pia de Lisboa, 1990).

Margarida Biléu and Patrícia Félix.¹⁹ Rarely, however, has he been looked at as the proponent and implementer of a country-wide social and public health reform project aimed at developing the country and breaking away from the inertia that typified its institutions and the men who ran them, in the spirit of the police state²⁰ that he represented. It is that aspect of his work that will be explored here, an approach that has not been attempted before.

Examination of the new programmes and acts of governance is arranged here in four chapters. The first briefly looks at the measures promulgated by the Marquis of Pombal in the field in question, and in particular how they affected the two institutions in which government intervention had some real impact—the Lisbon *Misericórdia* and Todos os Santos Hospital. The gap left by the fact that neither of them was able to meet the growing needs of the people, as had become apparent well before the Lisbon earthquake of 1755, was filled with the rise of a new brotherhood movement supported by the church, which was attempting to regain the position it had lost to the *misericórdias* in 1593. This chapter will also appraise the reception of the reformist ideas that regularly arrived from abroad in the form of reviews, translations or even original manuscripts. The largest number of such works that appeared during the period in question was probably sent by Ribeiro Sanches, who carefully selected them from the latest publications he acquired in Paris and London. To these he added papers he penned himself, advocating Crown intervention in the fields of health and welfare. Some of his proposals will be examined in greater detail, because it became clear as the research progressed that they were forerunners of the reforms attempted towards the end of the century. Perusal of Ribeiro Sanches's work also made it possible to identify the influences on Pina Manique's small group of supporters, who enabled him to take informed, well-founded action in the

¹⁹ Maria Alexandre Lousada, “Espaços de sociabilidade em Lisboa: finais do século XVIII a 1834” (PhD thesis, Universidade de Lisboa, Lisbon, 1995); Maria Margarida Biléu, “Diogo Inácio de Pina Manique, Intendente Geral da Polícia: inovações e persistências”, 2 vols (Masters dissertation, Universidade Nova de Lisboa, Lisbon, 1995); Patrícia Félix, “Diogo Inácio de Pina Manique, Intendant Général de la Police de la Cour et du Royaume de Portugal (1780–1805): Pouvoir et actions face à la criminalité” (Masters dissertation, Université de Marne La Vallée, 1998).

²⁰ For a discussion of the concept, see José Subtil, “Um Caso de ‘Estado’ nas Vésperas do Regime Liberal, Portugal, século XVIII”, in *Do Império ao Estado, Morfologias do Sistema Internacional*, by Luís Moita, Lucas G. Freire and José Subtil (Lisbon: Observare, Observatório de Relações Exteriores, 2013), 90–103.

many areas to which he applied himself.

The focus of the second chapter moves on to Pina Manique himself through the two organisations that are central to this book—the Intendancy-General of Police, where he effectively took the helm in April 1780, and the *Casa Pia*, an institution devoted to practical welfare provision and social control, which was created in the following month. With its emphasis on social policy, this part of the book has two main aims. First, it seeks to uncover the way in which the new intendant understood the concept of *police* and how his view affected the position adopted by the Intendancy-General in the social field. The backdrop to that was formed by the decree of 15 January 1780, which profoundly changed not only the legal framework underpinning the Intendancy-General of Police but also the duties of the intendant himself, and the charter of 15 June 1780 granting Pina Manique almost discretionary powers whenever there was a need to protect “Her Majesty’s faithful subjects”. The second aim of this chapter is to show that the two institutions—the Intendancy-General of Police and the *Casa Pia*—were interlinked and complemented each other in the development of social and public health policy. It examines the advances, setbacks and changes in the social plans that the intendant shaped over the years, but without dwelling on the country’s financial (ill) health or the lack of support forthcoming from ministers in Queen Maria I’s government. The *Casa Pia* is revealed as having been a formative rather than a reformative institution, and one where a multitude of varied experiences that had previously evaded historical analysis were played out.

While the third chapter still deals with the *Casa Pia*, its main emphasis is on the Intendancy-General of Police and its contribution to the reform of sanitation and public health policies. It also examines the intendant’s powers—whether handed down from above or hard won for the position he held—in relation to the training of healthcare workers and medical innovation. The Intendancy-General was able to take advantage of the weakness of the chief health officer (*provedor-mor da saúde*) and the recently founded *Protomedicato*, as well as the disputes surrounding the dominant interests in these and other bodies involved in health care, to take over functions that far exceeded the institution’s original mandate, such as performing “clinical experiments” and putting particular medical treatments into practice. Finally, in the fourth chapter, an analysis of the responses to the surveys instituted by the Crown in 1821, 1822 and 1827 provides the evidence for a retrospective appraisal of the reach of Pina Manique’s social policies.

As implied above, this book is not a biography of Pina Manique²¹ but an historical analysis of a unique period of social, sanitary and public health policies; it is firmly based on documentary evidence and guided by the European models that have influenced it. It makes no pretence at having exhausted any of the subjects addressed; indeed, that would have been nigh impossible given the wide range of topics involved, which await individual study. Rather, its primary aim is to stimulate new research, in addition to the work currently under way,²² which will use the tools of modern historiographic method to escape the constraints of ideology and preconceived ideas, which are commonly associated with Pina Manique's work.

As mentioned at the beginning, this book shares its own history with another. For many years they have both been part of daily life for myself and all the people who, for family, friendship or professional reasons, have been involved in this project and have given me their unconditional support. I reiterate my heartfelt thanks to them all. I am deeply grateful to the Fundação para a Ciência e a Tecnologia (FCT) for its invaluable financial support for my research into the areas dealt with here. For this book in particular, I owe very special thanks to Luísa Gama, Luís Gonçalves and Alexandra Marques. And to José Subtil as well, for his stimulating ideas and the suggestions he made while reading the manuscript. Finally, I would like to thank Christopher Tribe for his translation of this book.

²¹ For a biography, see José Norton, *Pina Manique Fundador da Casa Pia de Lisboa* (Lisbon: Bertrand, 2004).

²² This includes two PhD theses funded by the FCT: Cristela Marques de Monserrate, “Casa Pia de Lisboa (1780–1834): inovação e tradição nas políticas assistenciais e de controlo social em Portugal”; and Luísa Gama, “Crime, Criminosos e Justiça Régia em Portugal nos Finais do Antigo Regime”.

CHAPTER ONE

THE DYNAMICS OF REFORM IN THE EIGHTEENTH CENTURY

1.1. Poor relief and health under the Marquis of Pombal

The types of health and poor relief resources available in Portugal in the mid-eighteenth century and the manners in which they were administered and distributed differed little from the situation at the end of the sixteenth. The *misericórdias* and their hospitals were still the main institutional channels through which the bulk of the support flowed to the poor, the sick and prisoners—groups which often overlapped—and to abandoned children, although responsibility for these might also be shared with or occasionally taken on entirely by the local councils. The existing orphan schools dated from the previous century, and only women benefited from a renewal of interest in welfare through the founding of a variety of *recolhimentos* (retreats) that differed in the degree of reclusion involved.¹

The lack of historical demographic studies means that there is no way to evaluate the population effects of the manner in which welfare institution administrators allocated their resources, which would be an important factor in any assessment of the welfare system once all other variables had been taken into account. Microanalyses such as the one on Évora (1650–1750) show the significance of outdoor relief for enabling marriage and maintaining social status,² but little or nothing is known, for example, about the impact of this aspect of the *misericórdias*' work on death rates among the poor.³ The same is true for prisoner relief, a gap that is only marginally filled by research dealing with the squalor of prison life,

¹ Laurinda Abreu, *Political and Social Dynamics*, especially chapter 8.

² Rute Maria Lopes Parda, *Práticas de caridade, assistência e controlo social, em Évora, no período moderno: séculos XVI–XVIII* (Lisbon: Colibri, and Évora: CIDEHUS, 2015).

³ For the potential and limits of this kind of study, see Steven King, “Pauvreté et assistance: La politique locale de la mortalité dans l’Angleterre des XVIIIe et XIXe siècles”, *Annales HSS* 1 (January-February 2006): 31–62.

the deficiencies of a judicial system that excessively penalised the poor, and corruption among minor officials who managed the prisons and their occupants to suit their own interests. Foundling care has been better quantified: it attracted more substantial financial investment but, with death rates approaching 100% in some cases, the reality remained tragic, and the agencies involved were unable to improve the children's survival despite spending more. Death rates in Portuguese hospitals were less calamitous and on average were not very different from European standards, at 10 to 13 per cent. Some hospitals in the larger cities—particularly Todos os Santos Hospital in Lisbon, the most important in the country—were exceptions, for reasons that are easy to identify.⁴ The same cannot be said regarding innovation in healthcare and clinical practice in hospitals, since in the whole country only Todos os Santos stood out in terms of its budget and the variety of services it provided. A number of studies on hospitals and their patients help to show why there was no actual inconsistency in the apparent contradiction between relatively low death rates on one hand and centuries-old medical practices on the other⁵

The far-reaching reforms undertaken by Sebastião José de Carvalho e Melo, the future Marquis of Pombal, in many areas of Portuguese society touched only lightly on poor relief and healthcare matters, and even those measures that targeted them more specifically were more concerned with property and administration than with the underlying philosophy and values. Correcting but not transforming the principles that underpinned the system and seeking funds from outside the royal treasury seem to have been Carvalho e Melo's mottoes when designing welfare institutions. That can be seen from the manner in which he tried to protect them when he amended the law on succession, especially with the act of 9 September 1769,⁶ and triggered the process of deamortisation (removal from mortmain) with the Consolidation Acts of 4 July 1768 and 3 July 1769. In both cases—succession law and deamortisation, the legislation had an impact on *misericórdia* and hospital revenues, which derived mainly from

⁴ By way of example, a report of 30 June 1789 revealed that for the years 1759–60 and 1763–64 the average mortality rate for men in Todos os Santos Hospital was a little over 16% and for women it was around 22%. BNP, *Pombalina*, 687, fols 216–220.

⁵ These topics are developed further in Laurinda Abreu, *Political and Social Dynamics*.

⁶ The author has commented on this remarkable pragmatism several times, notably in Laurinda Abreu, *Memórias da alma e do corpo: a Misericórdia de Setúbal na Modernidade* (Viseu: Palimage, 1999), 199–228.

pious testamentary bequests.⁷ For various reasons, some *misericórdias* had consolidated their beneficial ownership of assets with legal ownership by acquiring full title to immovable property, which had been forbidden by Portuguese law since medieval times. To safeguard the assets of welfare institutions, the provision of 22 August 1769 ruled that they should not be seized under the deamortisation laws, particularly the 3 July 1769 act, which applied to property owned since 1640 without royal permission.

At the same time, the act of 9 September 1769 created an exception by allowing testators to bequeath to *misericórdias*, hospitals, orphanages and foundlings' homes, as well as to female orphans (as dowries), twice the amount permitted as donations to pious institutions in general, or even more with Crown approval.⁸ It also made it easier to found chantries and make other pious bequests up to a value of 400,000 réis,⁹ provided no real property was attached. No studies have been conducted to show whether the measure had any actual effect. Chantry foundations had been in constant decline since the beginning of the century, and there is no evidence to suggest that this stimulus reversed the trend.¹⁰ It is clear, however, that the provision of 22 August 1769 did not achieve the desired results,¹¹ because *misericórdias* and hospitals became mired in lengthy and expensive lawsuits that could drag on for decades. A major cause of this was the denunciation of “chantries escheating to the Crown”—pious foundations attached to an institution that somebody reported as being in breach of the law; in such cases the informant would receive the income from the properties for life in exchange for paying for them to be incorporated into the Crown's estate.

⁷ For the political and legal significance of these initiatives, see José Subtil, *O Desembargo do Paço: 1750–1833* (Lisbon: UAL, 1996).

⁸ These clauses were revoked by Queen Maria I on 17 July 1778 and reinstated by the prince regent on 20 May 1796. António Delgado da Silva, *Collecção de Legislação Portuguesa desde a última compilação das Ordenações* (Lisbon: Tipografia Maignre, 1825–30), vol. 1, *1775 a 1790*, 170–73; vol. 4, *1791 a 1801*, 281–83.

⁹ Law of 9 September 1769, clauses 6, 7 and 8, in *Collecção das leys, decretos, e alvarás, que comprehende o feliz reinado delrey fidelissimo D. José o I, Nosso Senhor...*, vol. 3 (Lisbon: Officina de Miguel Rodrigues, 1800), 127–36v.

¹⁰ Laurinda Abreu, “As cidades litorâneas de Setúbal e Lisboa em tempos de Contra-Reforma”, in *O litoral em perspectiva histórica (sécs. XVI a XVIII)*, *Actas* (Porto: Instituto de História Moderna, 2002), 247–258.

¹¹ Manuel Fernandes Tomás, *Repertorio geral ou índice alphabetico das leis extravagantes do reino de Portugal, publicadas depois das ordenações, comprehendendo também algumas anteriores que se acham em observância*, vol. 1 (Coimbra: Imprensa da Universidade, 1815), 111 and 223.

Denunciations were often initiated by family members taking the opportunity to recover property that had passed into the hands of the church or religious institutions, but they were also made by individuals with no connection to the property in question, who sometimes set themselves up as “denunciation companies”, with legally registered by-laws detailing how the income they received would be shared out. They travelled from one end of the country to the other in search of illegal foundations or chantries that might merit winding up. Some of these individuals were social climbers and needed the income from such chantries to support their new-found status. The archives of many *misericórdias* and other mortmain institutions were so disorganised that it was impossible for them to disentangle assets held contrary to the amortisation laws from those that were held legally, and they often fell victim to the complexities of property law, which allowed properties to be split between several owners. Unable to demonstrate what belonged to whom, they ended up being denounced in court and losing their patrimony.

Another trend happening at the same time, but more significant due to the number of properties involved, exacerbated the adverse effects of these denunciations. The decoupling clauses of the act of 9 September 1769 released chantries that might escheat to the Crown from the obligations imposed by pious bequests (provided that royal authority had not been involved in imposing them¹²), authorised the annulment of chantries that had little income—less than 200,000 réis of annual net income in Lisbon and Estremadura, and 100,000 réis elsewhere—and reduced existing pious duties where incomes were above the threshold, up to a maximum of 10% of their income. Chantry administrators who were required to pay for masses to be sung regarded the decoupling legislation as a means of ridding them of this obligation, which many of them only complied with when forced to do so by the courts, as may be seen from the growing proportion of the income of Todos os Santos Hospital that came from unfulfilled pious bequests.¹³

In fact it was common knowledge that many institutions responsible for the souls of the dead had backlogs of thousands of unsung masses, which the pope would readily write off or reduce with what were termed

¹² Two other decrees (of 14 October 1766 and 6 May 1769) had indirect effects on this law. See *Collecção das leis, decretos, e alvarás*, vol. 2, 410–12 and vol. 3, 85–89.

¹³ This is one of the points covered in the PhD thesis being developed by Rute Isabel Guerreiro Ramos, *Hospital de Todos os Santos: História, Memória e Património Arquivístico (Séculos XVI-XVIII)*.

briefs of pardon, reduction or rearrangement (*componenda*). This must also have been a factor in the rush to abolish pious bequests, which was aided by the decoupling laws. Perhaps thinking that the disappearance of low-income chantries would have little financial impact, the Crown failed to put any mechanism in place to protect *misericórdias* and hospitals. However, the law had the opposite effect, and for two reasons that the law-maker seems not to have considered. First, chantry administrators easily got round the law by submitting false assessments of their properties, even some that produced thousands of barrels of salt, as the Setúbal *Misericórdia* found to its cost, since it lost all the lawsuits it brought against the owners of the town's salt pans. The need to stimulate the economy by bringing onto the market assets that had in effect been frozen because of the obligations attached to them¹⁴ was the main goal of the laws leading to deamortisation and may well have influenced the courts' decisions, which tended to favour the denouncers rather than the denounced. The second reason derives from the first: any procedure to annul one or more chantries that ended up in court was bound to be long and costly. That proved disastrous for some *misericórdias*, which began to be much more careful and wary about the legislation on pious bequests, particularly the decree of 15 March 1800, which proposed to release properties from their liabilities provided they reverted to the Crown, which would then return them free of any encumbrance.¹⁵

In short, there is little doubt that the introduction of decoupling and deamortisation at a time when the *misericórdias* were already facing severe financial difficulties only served to weaken them even further.¹⁶ In parallel, the Crown was strengthening its control over the confraternities.

¹⁴ José Vicente Serrão, "O Pombalismo e a Agricultura", (Prova de Aptidão Pedagógica [Pedagogical Aptitude Examination], Instituto Superior de Ciências do Trabalho e da Empresa, Lisbon, 1987), remains a key work on this subject.

¹⁵ Laurinda Abreu, "Misericórdias, Estado Moderno e Império", in *Misericórdias, Estado Moderno e Império*, ed. Laurinda Abreu, vol. 10 of *Portugaliae Monumenta Misericordiarum* (Lisbon: Universidade Católica / União das Misericórdias Portuguesas, in press). For a different opinion on this decree, see Maria Antónia Lopes and José Pedro Paiva, "Introdução", in *Sob o signo da mudança: de D. José I a 1834*, ed. José Pedro Paiva and Maria Antónia Lopes, vol. 7 of *Portugaliae Monumenta Misericordiarum* (Lisbon: Universidade Católica Portuguesa / União das Misericórdias Portuguesas, 2008), 10. The decree is transcribed as doc. 28 on pp. 86–87 in the latter volume.

¹⁶ That is because Pombal continued the established habit of using the *misericórdias'* money for Crown undertakings. See Maria Antónia Lopes, "A intervenção da Coroa nas Instituições de Protecção Social de 1750 a 1820", *Revista de História das Ideias* 29 (2008): 135–40.

Although this was not unprecedented, it was marked in the second half of the eighteenth century by new procedures brought in by King José I (1750–77) and continued under Queen Maria I (1777–1816).

Royal intervention was also felt in some hospitals that were not run by the *misericórdias*, such as hospitals in Caldas da Rainha and Coimbra, which were removed from religious administration. In the proceedings that led to the Lóios (Canons of Saint John the Evangelist) being ousted from Caldas da Rainha Hospital, where the *provedor* (administrator) was accused of immoral behaviour with female patients, it was asserted that a lay administration would have the advantage of “fearing the rod of justice, if ill behaved, and paying with their assets that which they are shown to divert from the hospital’s revenue, from which penalties the existing fathers are exempt, and perhaps on that they base their evil intention, from which we hope to see ourselves free, trusting in Your Majesty’s royal and ever August resolution.”¹⁷ There was no evidence to support the allegation, but any argument would do to remove the clerics that still remained in hospital administration.

In April 1775, once the Lóios had been expelled, the Caldas da Rainha Hospital was merged with the institution that provided post-hospital care and was made dependent on the Crown through the Secretariat for Foreign Affairs. In Coimbra, the Lóios were removed from the Royal Hospital administration in 1769 and finally expelled in 1772, when all three hospitals (the Royal, the Convalescents’ and São Lázaro) were centralised under university control.¹⁸

However, it was the Lisbon *Misericórdia* and Todos os Santos Hospital, which the *misericórdia* had been running since 1564, that felt Pombal’s interventionism most acutely. In fact, they were the only welfare institutions targeted by a major plan for reform in terms of administrative and financial restructuring and especially in the provision of hospital-based health care, as examined elsewhere.¹⁹

1.1.1. Pombal, the Lisbon *Misericórdia* and Todos os Santos Hospital

While this is not the place for a detailed history of the Lisbon *Misericórdia* after the 1755 earthquake, a few points need to be made about the Crown’s

¹⁷ ANTT, *Ministério do Reino*, bundle 981 and 982.

¹⁸ Maria Antónia Lopes, *Protecção Social em Portugal na Idade Moderna: Guia de Estudo e Investigação* (Coimbra: Imprensa da Universidade de Coimbra, 2010), 129.

¹⁹ Laurinda Abreu, *Political and Social Dynamics*.

relationship with the institution following the disaster, a topic that is not always interpreted correctly. The available documents show that Carvalho e Melo seized the opportunity offered by the destruction and disarray to attempt to modernise Lisbon's principal welfare institutions along more rational and efficient lines. He justified the Crown's intervention a posteriori with the argument that the earthquake had "upset the whole government of the *misericórdia*, whose pious and admirable corporation would have succumbed completely had it not received the immediate royal protection with which His Pious Majesty has favoured it, succouring it with every providence, as is well known: adding to all the aforementioned the grant, instructions and charters of the thirty-first of January of this current year, with which His Majesty has consolidated and made permanent this establishment."²⁰ The year Carvalho e Melo was referring to was 1775, which saw the completion of a project that had taken almost two decades to accomplish, signed off in a document to which he gave a title that translates as "Restoration and New Foundation of the Santa Casa da Misericórdia of Lisbon, and of the hospitals for the sick and abandoned innocents, performed by the Most Religious Piety and Magnificent Greatness of His Majesty in his Royal Orders".²¹

The date 31 January 1775 did in fact mark a new beginning,²² a renaissance, but not because it was when Todos os Santos Hospital was reunified with the Lisbon *Misericórdia*, as Victor Ribeiro and others who have followed him have claimed,²³ since there had never been a formal separation between the two institutions.²⁴ Carvalho e Melo's appointees were on the Board of the *misericórdia* and in positions of trust in the hospital, and the confraternity's documents had long been headed by the phrase "*Provedor* and other brothers of the Board of the *Santa Casa da Misericórdia* of this capital city, Todos os Santos Hospital and the Royal Foundlings' Home".²⁵ Moreover, the royal order of 27 September 1769 had transferred into the hands of the *provedor* and brothers of the

²⁰ ANTT, *Ministério do Reino*, book 376, fol. 82.

²¹ "Restauração e Nova Fundação da Santa Casa da Misericórdia de Lisboa, e dos hospitais dos enfermos e inocentes expostos, feita pela Religiosíssima Piedade, e Magnífica Grandeza de Sua Magestade nas suas Reais Ordens". ANTT, *Ministério do Reino*, book 376, fol. 26.

²² Some of the measures adopted are discussed in Maria Antónia Lopes and José Pedro Paiva, "Introdução", 7–36.

²³ Victor Ribeiro, *A Santa Casa da Misericórdia de Lisboa: Subsídios para a sua história*, facsimile ed. (Lisbon: Academia das Ciências, 1998), 124.

²⁴ ANTT, *Ministério do Reino*, book 376, fols 20v–21, 11 July 1771.

²⁵ Victor Ribeiro, *A Santa Casa*, 123.

misericórdia both the Jesuits' apothecary shop²⁶ (which increased the hospital's stocks significantly overnight²⁷) and the College of Santo Antão-o-Novo, for the Royal Hospital to be relocated there.

It is likely that the proposed closure of Todos os Santos Hospital had been under discussion for several years, although the reasons for it have yet to be properly explained. It is quite plausible that the old building was not in keeping with the new design for the city, but the importance of a report in 1759 by D. Jorge Francisco Machado Mendonça, the hospital director (*enfermeiro-mor*), which concluded that it would be easier to build a new hospital than renovate the old one, should not be underestimated. Resurrecting Todos os Santos in the Santo Antão College building under its new name of São José Hospital, at a time when restoration work on the old building was at an advanced stage,²⁸ could be construed as the least expensive way of overcoming its long-standing problems. Some of these had originated in the bequest left centuries before by King Manuel I (1495–1521): while the hospital was endowed with incomes from various sources, it was also obliged to disburse a number of pious benefits and pensions. In 1757 it was paying compensation to 24 “persons who had houses in the Royal Hospital” and who had lost their homes.²⁹ In the director's description, the hospital had been turned into a “public inn” where people spent the night without prior authorisation, to the point that thieves had even been caught there,³⁰ diverting the institution from its primary role of caring for the sick. The plans that the *provedor* of the *misericórdia* received on 27 September 1769 showed the new layout of the streets and the divisions of the area where Todos os Santos Hospital had stood for over 250 years. His orders from the Secretary of State were

²⁶ ANTT, *Hospital de São José*, book 1104, fols 27 and 45v.

²⁷ In 1753 the Patriarchal Church had had to contribute 3 million réis to the hospital's apothecary shop. ANTT, *Hospital de São José*, book 943, fol. 4v.

²⁸ I agree with António Pacheco that it was political expediency rather than the earthquake that spelt the end of Todos os Santos Hospital. António Fernando Bento Pacheco, “De Todos os Santos a São José: Textos e Contextos dos Espirital Grande de Lisboa” (Masters Dissertation, Universidade Nova de Lisboa, Lisbon, 2008).

²⁹ ANTT, *Hospital de São José*, box 390, No 38, “Ordem da Mesa da Misericórdia para que se pagasse a todas as pessoas a quem o Hospital dava casa”, 25 May 1757.

³⁰ Jorge Francisco Machado Mendonça, *Pelo breve memorial expõe Jorge Francisco Machado Mendonça ao Conde de Oeiras o regímen, que tem estabelecido no Hospital Real de Todos os Santos ... relata-se a fundação deste hospital e algumas noticias respectivas aos hospitaes* (Lisbon: na Officina de Miguel Manescal da Costa, 1761), fol. 8.

to auction the land and use the proceeds for the work on São José Hospital.³¹

It was this whole process that Pombal considered complete on 31 January 1775 (the first patients had been transferred to the new hospital in early April³²), when he sent the “Restoration and New Foundation of the Santa Casa da Misericórdia of Lisbon” to the “three offices of the Lisbon *Misericórdia* and the Hospitals for Foundlings and the Sick”. With it went very detailed orders regarding the administration of the confraternity and the institutions it governed. For instance, money could no longer be lent with interest to private individuals, and the opportunities for the institution to receive bequests and donations were expanded.³³ In particular, there were several instructions on the management of the foundlings’ home designed to eliminate existing irregularities³⁴ and ensure that this welfare service had its own specific funding. This was achieved by imposing a contribution of 10 réis on everyone who received sacraments in the capital and its district³⁵ and ordering Lisbon City Council to contribute a further 1.4 million réis a year in addition to the 600,000 that it already paid. A number of subsidies were also planned in the Court of Petitions.³⁶

A highly significant measure was the cancellation of the hospital’s debt to the *misericórdia* for expenses with patients and building works, which amounted to 49,306,102 réis. The assumptions that lay behind this move reveal a great deal about the manner in which the Crown handled its relations with the Holy See. Pombal reckoned that more than half of the debt—25,991,700 réis—corresponded to bequest obligations on the *misericórdia* and hospital, which “should be assumed to have been fulfilled and cancelled”. The remainder was from real assets alienated by the *misericórdia*—in other words, money that the confraternity had recovered with the government’s help—which Pombal now ordered should be invested in the hospital. At that time, a request had been sent to the Pope asking him to pardon the masses that the *misericórdia* had failed to sing since the 1755 earthquake³⁷ and to reduce its 124 chantries to 24;

³¹ ANTT, *Ministério do Reino*, book 376, fols 18–18v.

³² ANTT, *Ministério do Reino*, book 376, fols 79–79v; ANTT, *Hospital de São José*, book 944, No 5.

³³ ANTT, *Ministério do Reino*, book 376, fol. 30v, fol. 31, fols 31v–32, fols 32v–34v.

³⁴ ANTT, *Ministério do Reino*, book 376, fols 36v–39v.

³⁵ ANTT, *Ministério do Reino*, book 376, fols 35–36v. *Portugaliae Monumenta Misericordiarum*, 7:56–57, doc. 9.

³⁶ ANTT, *Ministério do Reino*, book 376, fols 57v–58.

³⁷ Joaquim dos Santos Abranches, *Fontes do Direito Ecclesiastico Portuguez I*.

Pius VI eventually gave his assent in a bull of 19 July 1775.³⁸ What was unusual was the fact that Pombal's measures of 31 January to restructure the confraternity's finances took the Pope's agreement for granted, although in fact it was only given six months later³⁹

Pombal's decision to write off the hospital's debt gains another dimension when seen in the wider context of the application of the brief that Pope Benedict XIV had granted to the Portuguese Crown in 1756, at its request, allowing it to use some ecclesiastical revenue and "charges for masses, anniversaries and other prayers" to help restore religious buildings damaged by the earthquake. The concession would last for 15 years from the date of its first use, and it was managed politically by the Marquis of Pombal, who only started to apply the measure in 1768, when the deamortisation legislation was already in place. The fact that Queen Maria I succeeded in extending the duration of the brief for "as many years as are necessary to rebuild and decorate all the aforementioned churches"⁴⁰ suggests that masses for souls in Purgatory had stopped being sung in Lisbon when the earthquake struck on 1 November 1755.

At the end of 1775, Pombal required the "refounded" *misericórdia* to prepare a new *compromisso*, since King José I had abolished the previous one (adopted in 1618 and reprinted in 1745) for being obsolete and contrary to the law of 25 May 1773 and the order of 31 January 1775.⁴¹ He also ordered it to draw up "financial regulations for the management of the new Royal São José Hospital and the other hospitals for foundlings and the incapacitated, and for the accounting and secretarial offices, and for the chaplains and obligations of the church and other charges in the running of the *misericórdia*, so that, upon consultation, confirmations may likewise be obtained for their due effect."⁴² There is no evidence that the confraternity brothers made much effort to comply with the royal order,

Summa do Bulário Portuguez (Coimbra: F. França Amado, 1895), 212.

³⁸ The bull was given royal assent three days later and the Archbishop of Lacedaemon issued the order of execution on 16 August. *Portugaliae Monumenta Misericordiarum*, 7:58–60, doc. 10.

³⁹ For further details, see Laurinda Abreu, "A difícil gestão do Purgatório: Os Breves de Redução de missas perpétuas do Arquivo da Nunciatura de Lisboa (séculos XVII–XIX)", *Penélope: Revista de História e Ciências Sociais* 30/31 (2004).

⁴⁰ Laurinda Abreu, "O Breve de Bento XIV (1756): O Terramoto e as relações Igreja-Estado", in *O Terramoto de 1755: Impactos históricos*, ed. Ana Cristina Araújo, José Luís Cardoso and Nuno Gonçalo Monteiro (Lisbon: Livros Horizonte, 2007).

⁴¹ ANTT, *Ministério do Reino*, book 376, fols 82–83.

⁴² *Portugaliae Monumenta Misericordiarum*, 7:193–94, 17 November 1775.

although a committee was appointed for that purpose. Maria I later reinstated the 1618 *compromisso* on 18 November 1779, bringing back the rescinded clauses, and promised that any queries that arose would be examined individually.⁴³

São José Hospital was to have a troubled history in administrative terms, since the interests at stake changed with the persons involved. There were times in Queen Maria I's reign, as there had been in King José I's, when the incomes of the hospital and the *misericórdia* were separated and others when they were pooled and, accordingly, the director of the Royal Hospital was appointed by either the Crown or the *misericórdia*. The fact is that between 1755 and 1777, under José I, the decisions were unquestionably made by the Crown, whereas in the following reign they were influenced by the men who governed the *misericórdia*. What really matters for the purposes of this book, however, is the impact of the measures that were adopted. That is, did the changes made to the Lisbon *Misericórdia* and Todos os Santos Hospital, as well as all the other *misericórdias* and hospitals that experienced royal intervention, improve the provision of poor relief and health care or not? Did the reforming spirit that prevailed in the final years of Todos os Santos Hospital survive the move to the São José? Was there any innovation in welfare practices and policies? Were new selection criteria adopted for welfare recipients, or, in other words, was there any change in the profile of the deserving poor?

The answers to these questions are clearly negative, since Pombal's measures in this field cannot in any way be classed as reformist. Admittedly, his government was responsible for setting up the Intendancy-General of Police, which was to become an important instrument for social control in the service of the Crown. For the first 20 years after its foundation on 25 June 1760, however, this body was innovative only in its intentions and in its operational and administrative organisation, while on social issues it remained untouched by the spirit imbuing other European police bodies, particularly the French, on which it was modelled.

Yet there were abundant signals that the welfare system was in urgent need of reform. Some proposals emerged from among the people themselves and were promoted by the church; others came in the regular mail sent to Lisbon by Portuguese living abroad, especially in Paris and London; yet others appeared in more elite circles, prompted by works translated or disseminated in the press. Some emphasised social questions; others did not deny these but were more concerned with specifically health-related matters.

⁴³ *Ibid.*, 198, doc. 85.

It was argued above that, for the government, 1775 represented the culmination of the reorganisation of welfare provision, which in Lisbon centred around the *misericórdia*. The next few pages will focus on the various proposals for change that circulated in the eighteenth century, particularly in the capital. Some of them questioned the *misericórdia*'s predominance without attracting any censure from the Crown, even though it was the guardian of the *Santa Casa*'s privileges. It should be noted, however, that the suggestions that came from outside the political sphere were not distinguished by any novelty in their assumptions and objectives or even their structures, which either copied those of religious confraternities or followed those of the *misericórdias*. They claimed they wanted to change the welfare system, but what they advocated was in fact more of the same.

1.2. Several suggestions to a single end: “Well-ordered charity”

Throughout the seventeenth century, the *misericórdias* held almost a monopoly in the field of formal poor relief, as determined in the royal provision of 1593.⁴⁴ The other confraternities offered no direct competition but confined themselves almost entirely to assisting their own members and providing forms of relief that did not interfere with the work of the *misericórdias*. These were not minor functions, not least because several thousand confraternities existed in the early modern period and because people tended to join more than one in order to gain more benefits. A person could be a brother in the local confraternity of the *Santíssimo Sacramento* (Blessed Sacrament) of his parish, belong to the guild for his trade and also be part of one or more religious confraternities.⁴⁵ Socially less fortunate individuals might achieve some upward mobility by carefully choosing the positions they held in these associations with an eye on reaching the *misericórdias*, which in recruitment terms were elitist confraternities that required natural or acquired credit.⁴⁶

These confraternities generally had limited funds, regardless of the size

⁴⁴ Laurinda Abreu and José Pedro Paiva, “Introdução”, 16–17.

⁴⁵ On multiple membership in Setúbal, see Laurinda Abreu, “Confrarias e Irmandades de Setúbal na época moderna: redes de sociabilidade e poder”, in *Actas do I Congresso Internacional do Barroco*, ed. Reitoria da Universidade do Porto (Porto: Governo Civil do Porto, 1991).

⁴⁶ Laurinda Abreu, “The Crown and poor relief: structuring local elites (Early Modern Portugal)”, in *Se människan: demografi, rätt och hälsa: en vänbok till Jan Sundin*, ed. Annika Sandén (Linköping: Linköpings universitet, 2008).

of their membership. Pombal's deamortisation laws bankrupted many of them, as shown in the replies to the survey ordered in the royal provision of 27 July 1793.⁴⁷ Depending on their financial status, they were able to do little other than have the brothers collect alms, assist the dying and give dowries to orphan girls.

Obviously, there were exceptions.⁴⁸ In Lisbon, the confraternities with links to the Jesuits (Jesus Maria José, Nossa Senhora da Doutrina, Nossa Senhora da Boa Morte, São Francisco Xavier, Santa Quitéria and Nossa Senhora da Piedade, among others) were in many ways a world apart. That is shown by the 306 million réis that the assets of confraternities in São Roque yielded to the Lisbon *Misericórdia* in 1769 after the expulsion of the Jesuits and the Crown's confiscation of their property. As a result of the model of charity that France exported to the rest of Catholic Europe (examined in detail by Stuart Woolf in connection with the Congregation of Saint John the Baptist in Tuscany⁴⁹), the economic prosperity of groups associated with the Jesuits had allowed them to be more open-handed towards their members. The Congregation of Nossa Senhora da Doutrina, for example, an institution that deserves a detailed study, selected four members each year to help their poorer brothers.⁵⁰ Alms were so abundant that in 1732 the *Pia Congregação da Caridade* (Pious Congregation of Charity) took it off its list of potential beneficiaries on the grounds that it "assisted its members with an open and generous hand".⁵¹ The Congregation of Jesus Maria José, restricted to "nobles pure of blood", included in its 1617 statute unconditional and immediate aid to brothers afflicted by illness, imprisonment or poverty, provided they could prove that they were

⁴⁷ Laurinda Abreu, *Memórias da alma e do corpo*, 249–82.

⁴⁸ Maria Marta Lobo de Araújo, "Casar raparigas pobres na confraria de S. Vicente de Braga (Séculos XVIII–XIX)", in *Pobreza e Assistência no Espaço Ibérico (Séculos XVI–XX)*, ed. Maria Marta Lobo de Araújo, Fátima Moura Ferreira and Alexandra Esteves (Braga, CITCEM, 2010); Maria Marta Lobo de Araújo, "Vila Viçosa, os 'pobres' e as 'esmolas' do duque D. João II (1636–1646)", *Revista de Demografia Histórica*, 22, No 2 (2004): 183–205; Maria Marta Lobo de Araújo, *Pobres, honradas e virtuosas: Os dotes de D. Francisco e a Misericórdia de Ponte de Lima (1680–1850)* (Ponte de Lima: Santa Casa da Misericórdia de Ponte de Lima, 2000).

⁴⁹ Stuart J. Woolf, "Charité, pauvreté et structure des ménages à Florence au début du XIXe siècle", trans. Caroline Kaufmann, *Annales ESC* 39, No 2 (1984): 356.

⁵⁰ ANTT, *Hospital de São José, Administração do Património da Congregação de Nossa Senhora da Doutrina*, book 1285, fol. 66.

⁵¹ *Notícia dos estatutos da Pia Congregação da Caridade, instituída na Igreja Parochial de S. Nicolao da cidade de Lisboa Occidental ...* (Lisboa Occidental: Officina da Música, 1732).

not responsible for “having fallen into these troubles”,⁵² a requirement that reveals much about the confraternity and its purposes. Another group in São Roque, the Congregation of Nossa Senhora da Boa Morte, lavished alms on its members, especially widows.⁵³

The principles that guided the work of the *misericórdias* were diametrically opposed to those of these confraternities, in that the focus of their work was supposed to be the community,⁵⁴ although it was not always so in practice.⁵⁵ The *misericórdia* in Lisbon stood out for its social work. The Board’s report for the financial year of 1715–16 stated that it had supported “58 orphan girls in its *recolhimento*; 164 were given dowries and 132 of the ones endowed in previous years married, and alms were given to others for their marriage; 22 captives were rescued; 1224 poor convicts were supported in the prisons, 668 of whom were released and 255 were sent on their way to exile, the latter being given clothing and accessories, and all being supported in their sicknesses and others being paid the costs of their release; 182 blind cripples were provided for, 400 poor people were succoured and 15 crippled women were fed in Santa Ana Hospital and 59 blind cripples in Amparo Hospital, and many other charitable works were performed, on which the Board expended 107,971 cruzados and 181 and a half réis coming from its income and alms from certain private individuals.”⁵⁶ This is an impressive list, with 2,256 recipients mentioned, not counting the foundlings and patients attended in Todos os Santos Hospital. However, in the context of the total population of Lisbon the figures are less striking. Between July 1715 and June 1716 the *misericórdia* helped less than 1.5 per cent of the estimated 168,000 residents,⁵⁷ and the prisoners and captives may well have been outside the city. Even if including the hospitals for the sick and foundlings were to triple the percentage, it would still be a paltry number given that the poor are known to have accounted for 30 to 50 per cent of the population in

⁵² ANTT, *Hospital de São José, Administração do Património da Congregação de Jesus Maria José*, book 1, fol. 6.

⁵³ ANTT, *Hospital de São José, Administração do Património da Congregação de Nossa Senhora da Doutrina*, books 1269, 1235, 1237.

⁵⁴ The social sphere of the *Confraria da Corte* (Court Confraternity), based in the Royal Chapel, is not known, but every year it gave alms to a large number of women (22 in 1714, totalling 18,740 réis). In many cases the alms were distributed within families, to mothers, daughters and sisters. BNP, cod. 170, fol. 50, “Memória para a história das Irmandades e confrarias da Cidade de Lisboa”.

⁵⁵ For the situation in Évora, see Pardal, *Práticas de caridade*.

⁵⁶ *Portugaliae Monumenta Misericordiarum*, 6:559, doc. 265.

⁵⁷ Teresa Rodrigues, *Cinco Séculos de Quotidiano: A Vida em Lisboa do Século XVI aos Nossos Dias* (Lisbon: Cosmos, 1997).