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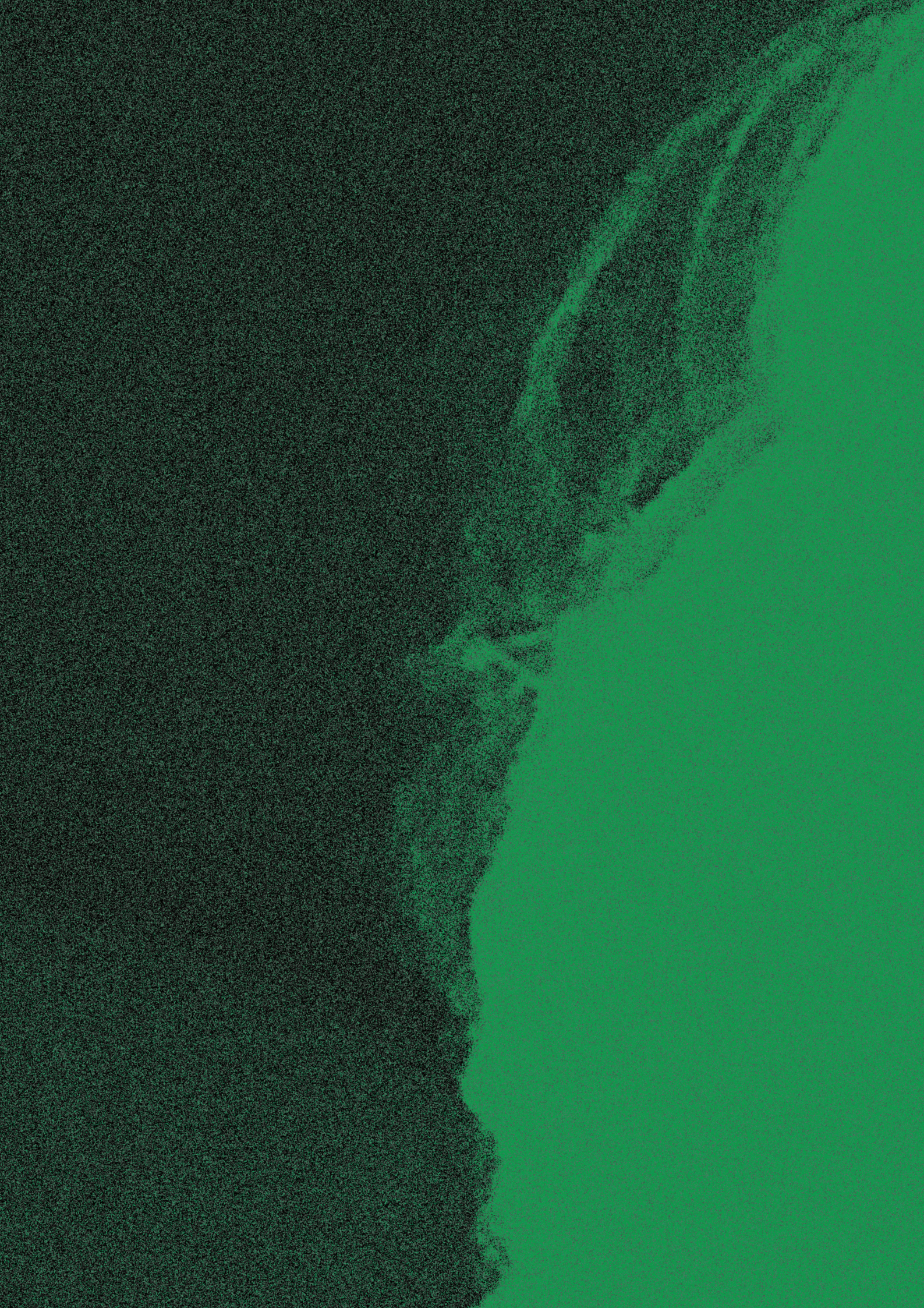
Alexandra Esteves (coord.)



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The institutionalisation of medical knowledge and its implications for official healthcare professionals in Portuguese America

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There is a vast historiographic literature on health, sickness and treatment in colonial Brazil. Many different aspects have been discussed, but there are three ideas that crop up quite consistently. The first is the major role that the Jesuits played in health care – producing remedies, running apothecaries' shops and performing surgery[1]. Secondly, the treatments used were generally derived from a mixture of knowledge and beliefs gathered from the various different cultural traditions in the colony, which were holding their own against European attempts at standardisation[2]. The third point is the shortage of qualified doctors and surgeons in the colony, who were mostly concentrated along the coast and/or in the larger towns, although scholars differ in the reasons they put forward for this: while some point to Portugal's neglect of Brazil in this and other areas, others, including Márcia Moisés Ribeiro, Vera Regina Beltrão Marques and Nauk Maria de Jesus[3], believe the problem should be contextualised and question the adequacy of the information that is currently available on officially recognised healthcare professionals in the colony.

This article seeks to add to this debate with information from a relational database of some 24,000 nominative records derived from documents in the Portuguese central archives. Most of these records concern licences to practice and appointments of doctors, surgeons and apothecaries to positions offered by central government or local authorities in Portugal and its empire between 1430 and 1826. The original intention of producing a comparative study of Portugal's colonies was soon abandoned because of the large number of records relating to Portuguese America – 2,688 records on 1,325 individuals [Figure 1]. The analysis has therefore been restricted to Brazil between 1549, the date of the first known record, and 1808, when the Portuguese royal court had arrived in Brazil during the Peninsular War and the Crown decided to reform healthcare regulation. In January 1809, the *Protomedicato*, the body that had regulated the healthcare professions, was replaced by the *Fisicatura-Mor*[4], which also came to centralise information on bloodletters, midwives, tooth-pullers (dentists) and many other kinds of healer.

It should be noted that the data collected do not include all the healthcare workers that were active in Brazil in the period in question for two reasons: private practitioners were only occasionally recorded by government agencies, and many of those examined did not take the trouble to pay for a permanent licence, the fee for which would be recorded in the chancellery.[5] That was initially the case with Joaquim José Perpétuo, an apothecary in Vila do Príncipe, who in 1782 was prompted to convert the provisional licence awarded to him in 1770 by his examiner, the commissioner and judge appointed by the chief surgeon (*cirurgião-mor*), for fear he would be discovered by inspectors sent by the newly created *Protomedicato*.[6]

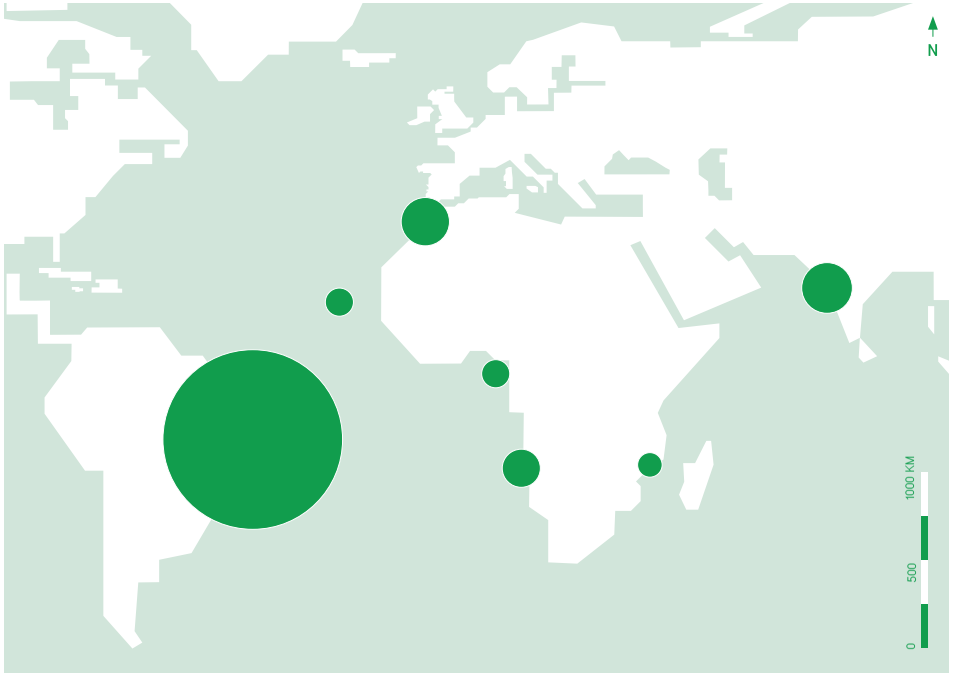
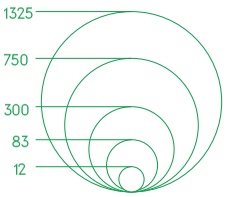


Figure 1
Doctors, surgeons and apothecaries in the Portuguese Empire (1496–1808)
Source: Medical Professions Database, 1430–1826



In this exploratory study, I will attempt to trace the stories of physicians, surgeons and apothecaries who were born, lived or worked in Brazil at some point in their careers. It is not my intention to examine how knowledge circulated in the empire, a topic thoroughly examined by others[7]. The subject is approached from the viewpoint of the motherland, not only because Portugal was the source of the regulatory framework applied in its colonies, but in particular because it has not been possible to engage with much of the literature produced in Brazil or with local sources. In addition, many documents in the Arquivo Histórico do Conselho Ultramarino (AHU – Historical Archive of the Overseas Council), a vital resource for researching knowledge transfer across the Atlantic in both directions, remain to be studied in depth.

From Portugal to Brazil: Healthcare professionals and the regulatory environment

It was only in the second half of the 17th century, with the administrative reorganisation of Brazil and the expansion of its population, that the Portuguese Crown began to invest to any

significant degree in furnishing its colony – or the Portuguese settlers moving there – with healthcare professionals from the motherland. Up to that point, the information we have on such professionals is sparse and lacks detail. The first doctors hired by the government, Jorge Valadares and Jorge Fernandes, went out with the first two governors general of Bahia, Tomé de Sousa in 1543[8] and Dom Duarte da Costa in 1553,[9] respectively. Among the duties specified in Valadares's three-year contract were daily visits to the sick in the city's hospital.[10]

In 1556 Bahia also had a surgeon, 'Mestre Pedro', who treated and bled the 'men of the royal navy (arriving) in this city',[11] and another was there in the following year: Afonso Mendes, a 'New Christian' (a forced convert from Judaism or a descendant of one), had been the chief surgeon in Portugal but had chosen to lose his position there and flee to Brazil rather than stay and be arrested by the Inquisition.[12] From then until the end of the 16th century the database includes only five more references to Brazil: Luís Antunes was approved as an apothecary in 1591 to work in 'Pernambuco and the parts of Brazil', and four 'provisional physicians' (*médicos a termo*), in this case surgeons and medical students, were granted temporary licences to practise medicine by the chief physician (*físico-mor*) under highly restrictive conditions, as was the norm[13]. All of these professionals intended to work in Brazil and Madeira, or in Cape Verde and 'other islands in the parts of Brazil', or even perhaps in Guinea and Angola, although it is not known whether they actually crossed the ocean.[14]

At the beginning of the following century, the chancellery records show a very slight, gradual rise in the number of private individuals who set sail for Portuguese America on their own account. This was the case of two apothecaries (one in 1621 holding a surgeon's licence and the other in 1633 licensed as a provisional physician), two surgeons (1625 and 1636, one of them a provisional physician) and one medical student (1635, presumably also intending to work as a ship's doctor).

The only reference to a Brazilian municipal *partido* – a post for a healthcare professional who was hired and whose salary was paid by a local council – concerned the renewal of a physician's contract and the hiring of a surgeon in Bahia in 1618. What was new was the increasing evidence of military surgeons during the Dutch–Portuguese War. The letter that the captain of the Grão-Pará garrison sent to the king in January 1623, requesting a surgeon and medicines alongside munitions, standards and drums, shows how well integrated they were, as if they were just another weapon in the arsenal of warfare.[15] As well as surgeons, the forts and garrisons also began to receive permanent medical personnel, as happened in Olinda in 1622 and Bahia in 1626, during their armed resistance to the invasion by the Dutch West India Company. In 1635, at one of the direst moments in the conflict,

Dom Luís de Rojas y Borja, army commander of the Captaincy of Pernambuco, appealed to King Filipe III to send physicians, surgeons and medicines so he could set up a field hospital.[16] Many other surgeons must also have contributed to the war effort between the invasion of Salvador (1624–25) and the Pernambuco Insurrection (1644–54), but the central archives contain no trace of them. They do show, however, that in 1641 Manuel Dolival Paiva, chief surgeon of the navy, applied to become surgeon to the royal household in recognition of his services during the war; that in 1651 a physician, Diogo Pereira, was made a knight (*Cavaleiro Fidalgo da Casa Real*);[17] and that Sebastião Martins was appointed surgeon to the Rio de Janeiro garrison.[18]

The army remained the preferred choice for healthcare professionals until the end of the 17th century. Since they corresponded to the rank of lieutenant,[19] military chief-surgeon posts were highly sought after, with the rich Captaincy of Pernambuco and the recently founded (1680) Colônia do Sacramento (now in Uruguay) at the top of list. In Colônia do Sacramento there were seven candidates for a single position in 1688,[20] demonstrating Portugal's confidence that it could hold the territory against Spanish claims. Less attractive were soldier-surgeon posts, two varieties of which have been identified although not yet quantified: one consisted of soldiers with some experience of surgery who practised as if they were qualified professionals; the other included surgeons recruited by force and turned into soldiers of circumstance at the mercy of the powerful – 'even if he has to be coerced with violence', wrote the governor general of Brazil, Dom João de Lencastre, on 30 August 1698 to the captain-major of Paraíba, ordering him to include a surgeon in the regiment that was being formed to fight indigenous groups in Rio Grande.[21]

As the century drew to a close, the people (through the local councils that represented them) called ever more insistently for healthcare professionals, which may account for the fact that some military surgeons' contracts stipulated that they should attend the poor in the areas where they were stationed. More often, however, it was merely implicitly assumed that that was part of their duties, not least because many of them were paid by the local councils. In April 1728 the surgeons Manuel Ferreira da Costa and Inácio Capelo de Vallencivela, who were attached to the infantry regiments stationed in Bahia, complained of the uncertainty surrounding their roles. As they did not know precisely what their duties consisted of, they were required to treat not only the soldiers in the barracks but also 'outside assistants from said city and their households and, in those of the higher-ranking officers, their servants and slaves'; feeling exploited and 'highly incommoded in their persons', they petitioned the king to grant them a regulation setting out their duties so that they could better serve him.[22] While it was undoubtedly difficult for these men to take care of a constantly growing population

– there were between 200,000 and 300,000 people subject to the Portuguese Crown by that time[23] – it is also clear that they were more willing to do so when they were paid separately for it.

It appears that Rio de Janeiro had only four doctors in 1671 – 'not enough for so many people', according to the authorities.[24] In Pernambuco there was one: there was a report that a French doctor with a 'good reputation in science' but 'little experience of Brazil'[25] had been there that year, but he had left because he had not been paid. This, complained the governor of Rio de Janeiro, set a poor example to other doctors, as it now made the package offered to any doctor who wished to go there less attractive.[26]

Not only did the motherland not send them doctors ('we don't usually get any doctors from Portugal'), but it also deprived them of the ones who were there. The New-Christian doctor André Rodrigues Franco from Idanha-a-Nova in eastern Portugal, who had been convicted by the Inquisition of Judaism in 1658 and deported,[27] was subsequently stripped of all the positions he held in Bahia by a decree of 9 March 1673, after failing to win the position of chief surgeon in 1665. The city unsuccessfully appealed on behalf of the doctor, pointing out his 'wide experience and knowledge and charity with which he treated rich and poor, to whom we find he gave many alms, and because he is an individual whose age made it easier for women in their modesty to tell him of their ailments'; furthermore, without him, the population of the city was left in the hands of two local doctors, 'both young (and fresh) out of school'.[28]

In November 1694, it was the residents of Paraíba who were demanding that the local authorities hire a doctor from Portugal.[29] São Paulo had been protesting to the Overseas Council about the lack of a doctor and apothecary since 1638 at least; the local council suggested that as no doctors wanted to move there of their own accord the king should order 'one who has less impediment in this court' to go, and the council would provide him with good living conditions and a good salary.[30] They repeated their petition in 1700[31] and again in 1748 (in 1753 the post had still not been filled[32]), asking the Crown to send one of the 'doctors who are learning at the university at royal expense'.[33] Such a request could not be granted, however, because the fate of grant-holding medical students did not lie directly in the Crown's hands.

It was in the context of the Dutch–Portuguese War and the growing numbers of surgeons in Brazil that the Crown took the first steps to regulate healthcare practice in the colony. It did so by means of the decree of 28 March 1634 appointing Francisco Vaz Cabral, a doctor trained in Coimbra, as chief physician and chief surgeon of Brazil. The document specified that the decision had the 'consent of the chief physician and the chief surgeon of this Kingdom'.[34] This move not only duplicated the two posts but also assigned them both to the same person in Brazil, thereby devaluing

them. Cabral, in fact, had put himself forward at a time when these positions in Portugal were socially desirable and usually awarded as a favour to doctors of the royal household. He based his request on the service he had rendered as chief physician in India and on his personal connections to the bishop and governor of Bahia, who had already promised him the post of municipal doctor.

In September 1639 Cabral also obtained the 'post of chief physician of the army that is going to Pernambuco', thus – unusually for Portugal – bringing together the civilian and military worlds. Note that this was not the same as being chief physician of the Portuguese army as a whole, a post that was the military equivalent of the civilian chief physician of the kingdom. In the army the titles of chief physician and chief surgeon were applied not only to the officers with overall responsibility for health care in the military sphere but also to the highest-ranking physician and surgeon in any particular location, whether it was a hospital, a battalion, a garrison or any other military entity.

Cabral remained in his positions until his death in 1665, when he was replaced by Ventura da Cruz Arrais, a doctor who had been living in Bahia at least since the previous year. At that point, André Rodrigues Franco, the New-Christian doctor mentioned previously, wrote to the king pointing out the unsuitability of assigning both positions to the same person and putting himself forward to serve as chief surgeon. In this he was counting on the support of the chief surgeon of Portugal, who indeed appointed him chief surgeon of Brazil on 3 December that year, the appointment being recorded in the chancellery the following March.[35] The chief physician of the kingdom, however, favoured Cruz Arrais, and his opinion prevailed. Cruz Arrais proved to be a controversial figure who clashed with the Bahia *misericórdia*, which dismissed him from its hospital in 1679[36], the city council, which was responsible for the garrison where he also worked, and the governor, who eventually fired him as both chief physician and chief surgeon and appointed Manuel de Matos de Viveiros in his place.[37] Viveiros, who had already taken over from Cruz Arrais in the *misericórdia* hospital, also became embroiled in disputes, both personal, as in 1687 with his neighbours the Capuchin monks of Santo Antônio,[38] and professional, with the heads of all the institutions in which he worked.[39]

In 1699, King Pedro II in Lisbon took the unusual step of appointing both a new chief surgeon for the kingdom, Manuel de Pina Coutinho, on 23 June and two days later a new chief physician, Diogo Mendes de Leão.[40] The fact that later the same year the Crown authorised the chief physician to nominate commissioners for Brazil suggests that Viveiros may have been the last doctor to hold both positions concurrently in the colony, and that the chief physician and chief surgeon of Portugal were themselves taking back control by sending representatives to Brazil

as their subordinates, as happened in the Portuguese provinces. In a way, this concluded the reform begun in 1678, when the king agreed to allow the chief physician and chief surgeon to appoint practitioners to deputise for them outside Lisbon at times when they claimed they were too busy to carry out the examinations and inspections that their regulations required them to perform personally elsewhere in the country.

Although the 1678 decision only concerned the appointment of deputies by the chief physician, it suggests that the chief surgeon had already been granted the same privilege.[41] Some writers have claimed that Brazil was receiving a second wave of New-Christian immigrants at that time, due either to the effects of the decree of 1671 preventing doctors reconciled by the Inquisition from practising in Portugal 'on pain of death', or to the widely-held belief that the majority of Portuguese healthcare professionals already in the colony were New Christians. However, our sources do not confirm this; the case of André Rodrigues Franco shows that Brazil was not such a safe haven for New Christians as some historians have proposed.

What appears certain is that, although Brazil was increasingly associated with healthcare careers recorded in Lisbon, until the end of the 17th century it was not the preferred destination for such professionals, particularly doctors. Yet it was not just the vast distance, the difficulties of the voyage and the problems of adapting to conditions deleterious to newcomers unused to local diseases that kept them away from South America. Since the Crown had set up a scholarship scheme in 1568 to train doctors and apothecaries at the University of Coimbra, funded by local councils in Portugal, the job market for healthcare workers in the motherland had been growing strongly. The relatively complex system of municipal healthcare positions thus created reveals an embryonic redistribution of resources between the councils that funded the trainee doctors and apothecaries and the municipalities that benefited from their services. This system came to absorb a large proportion of the scholarship holders, not to mention many surgeons as well, who gained from the new dynamics created by the interplay of central and local government interests.

The 18th century

It was only in the 1730s that the records analysed begin to show an increase, albeit slight, in the number of healthcare professionals going to or living in Brazil [Figure 2]. Rio de Janeiro became the most common destination after the transfer of the capital there from Bahia in 1763. By the end of the century, most licences for surgeons [Figure 6] and apothecaries were being awarded to individuals born or residing in the city.

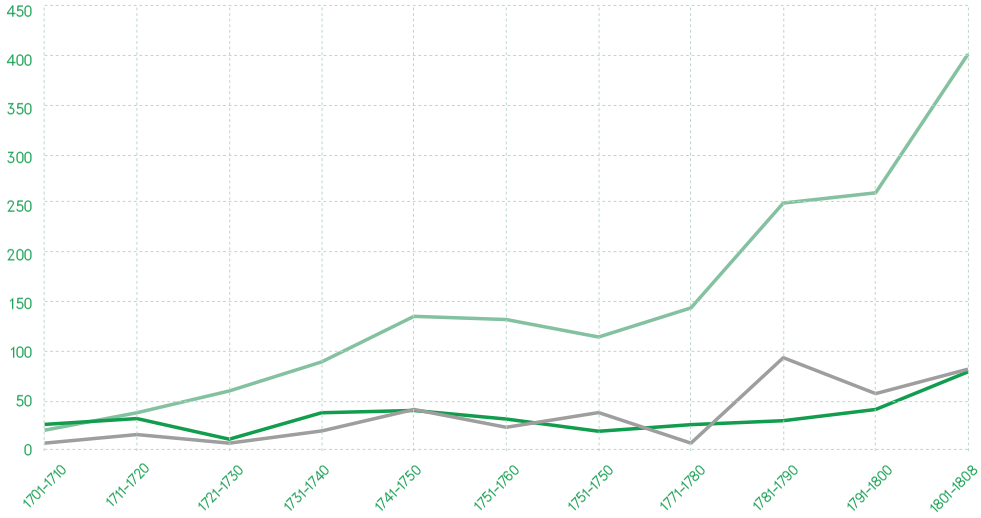


Figure 2
Licences to practise healthcare professions in Brazil (1700–1808)
Source: Medical Professions Database, 1430–1826

Physicians

Surgeons

Apothecaries

Table 1 compares the number of licences issued in Portugal and Brazil to apothecaries, surgeons (including some licences to 'treat with medicine') and physicians (accreditations of medical degrees awarded by foreign universities, conversions of surgical qualifications or upgrading of medical students), according to chancellery records. The totals for Brazil include all references to different individuals found in the archives consulted. As already pointed out, professionals in private practice are only exceptionally counted here, so it is impossible to say how many of the practitioners included under 'Portugal' in Table 1 actually worked in Brazil.

A little background information will help in interpreting these data. First, in the mid-18th century the Crown strengthened its control over public life, including these areas of activity. Secondly, and more circumstantially, the posts of chief physician and chief surgeon were left vacant for considerable periods, the former after it was suspended in 1770 and the latter between 1724 and 1738 following the death of the office holder and again between 1772 and 1779 after the publication of the statutes of Coimbra University. These statutes transferred control over empirics to the university, thus forcing the chief surgeon to cease his activities. The university, however, proved incapable of carrying out the task that the Crown had assigned to it and licensing remained at a standstill until Queen Maria I revived the position of chief surgeon to put an end to the 'disorder in which the art of surgery has been throughout this my Kingdom due to the lack of examinations and release of offenders who were imprisoned or the punishment of others who proceeded freely with great prejudice to the public cause and incomparable damage to the health of my subjects.'[42] The two posts were also subsumed for a time in the *Protomedicato* Board, from 1782[43].

Two important regulation and inspection measures were the *Statute of that which the commissioners delegate of the Chief Physician of the Kingdom must observe in the State of Brazil*, of 1742–44,[44] and the *Statute of the prices at which the Apothecaries of the State of Brazil shall sell medicines*.[45] As mentioned previously, the commissioners' statute clarified for Brazil the scope of the powers devolved to the chief physician's representatives, using the 1521 statute as its model, but it focused primarily on apothecaries and their businesses, with brief notes on the inspection of surgeons and any other individuals who practised medicine without authorisation. The statute explicitly confirmed that the power to award licences to 'treat with medicine' was the chief physician's alone; the same applied (although the information is omitted) to his most important function: that of accrediting medical studies undertaken at foreign universities.

The statute setting the prices of medicines sought to regulate a rapidly growing market and the number of apothecaries supplying the colony's people, hospitals, ships, garrisons, ports, theatres of war and exploratory expeditions. Among them were many greedy apothecaries whose prices put medicines out of reach of the poor, as the councils of Vila do Carmo and Vila Rica complained both before and after the new statutes,[46] as did the councils of Mariana and São João del-Rei[47] and even Gomes Freire de Andrade, the governor of Rio de Janeiro and Minas Gerais.[48] There were good grounds for such widespread condemnation, as shown by the letter that the apothecary of Nova Colônia, João Pedro Freire, sent in 1739 reiterating a long-standing desire to sell medicines at double the price set in the statute so that he could pass on his business losses and other costs to his customers.[49]

The two statutes on the price of medicines and on the chief physician's commissioners brought up to date decisions made by the Crown in 1627 and 1678, respectively, and adapted them to Brazilian circumstances. Although the delegation of powers to Brazil had been in force since the end of the previous century, these statutes drafted specifically for the colony greatly strengthened the chief physician's authority and afforded him new mechanisms of control. The 1742–44 statute presented the commissioners for doctors and visiting examiners for apothecaries as a kind of public service that would apply to even the most competent professionals but, although they attracted complaints from the individuals they inspected, these two offices were in fact highly profitable, especially that of visiting examiners, which were often in the hands of powerful merchant apothecaries to the royal household. This system persisted without major change until the *Protomedicato* was founded, which ushered in more complex local inspection bodies; for example, the first appointments of scriveners to the commissioners of the medicine and pharmacy department in Bahia and Pernambuco were recorded in February 1784.[50]

	Apothecaries			Surgeons			Physicians		
	Brazil		Portugal	Brazil		Portugal	Brazil		Portugal
Dates	Licences	Total refs	Licences	Licences	Total refs	Licences	Licences	Total refs	Licences
1701–10	4	9	133	6	23	439	1	24	11
1711–20	8	16	183	16	40	518		29	3
1721–30	5	6	320	5	61	264		11	7
1731–40	9	20	386	4	90	496		39	12
1741–50	11	41	408	56	136	961		41	18
1751–60	15	22	423	41	134	906	1	33	21
1761–70	26	36	553	67	115	947		17	16
1771–80		9		103	143	731		25	1
1781–90	67	94	574	135	252	802	4	29	27
1791–1800	42	57	335	88	261	765	2	41	9
1801–08	41	81	372	101	401	404	2	80	5
Total	228	391	3687	622	1656	7233	10	369	130

Table 1
Healthcare practice in Brazil and Portugal (1700–1808)
Source: Medical Professions Database, 1430–1826

A glance at the figures in Table 1 shows that the trends in the numbers of licences relating to Brazil generally tracked those of the motherland, despite the obvious differences in scale. This is particularly clear in the decade 1770–80, when there was no chief physician to validate the examinations of apothecaries, and also in 1740–50, when the number of surgeons' licences rose owing to the inclusion of examinations performed during the absence of a chief surgeon; these numbers again rose significantly in the early years of the *Protomedicato*.

The most discrepant trend was in the numbers of surgeons around the turn of the century (especially after 1799), reflecting the promotion of the *Protomedicato* to the status of a royal tribunal, as discussed below. This tribunal was more active in Brazil than in Portugal, where it faced opposition from other authorities with powers in the field of medicine. One reason for this opposition, which was also echoed in Brazil, can be seen in the numbers of licences to 'treat with medicine', a category of healthcare professionals in which there was less of a difference between Portugal and the colony.

Although the number of licences issued and the number of active professionals are not mutually dependent quantities, the data derived from the documents consulted show closely correlated trends, as mentioned above. Throughout the first half of the 18th century, there were very few doctors and surgeons in Brazil, except, comparatively speaking, in Bahia and Rio de Janeiro – in 1753 the army based in Rio de Janeiro had at least five surgeons and two physicians.[51] Elsewhere there are records of surgeons (including postings, first appointments and renewals) only for Santos (1702), Nova Colônia (four in 1718), Recife (1724),

São Luís (1727, plus a proposal to send a physician there), Pará and Itamaracá garrison (1733), troops from the Minas Gerais garrison (1733), Cuiabá (1735, on the death of the incumbent), Belém (1738), the garrison on Santa Catarina island (1739–40), and Paraíba (1739, physician and surgeon).[52] There was also a request for a physician for the Captaincy of Pernambuco (1703) and for surgeons for the fort of Tamandaré (1732) and the garrisons of Morro de São Paulo (which had 170 men in 1740) and Rio Grande de São Pedro (1739).[53]

The middle of the century saw a significant change, largely due to the creation of new municipalities and, in particular, the expeditionary forces sent to demarcate the country's borders. After the Treaty of Madrid (1750) and subsequent treaties, surgeons with their field medicine chests accompanied the troops at all times, assisting engineers and mathematicians or, in their absence, carrying out measurements and making maps themselves in addition to treating the men – 'I have them make some measurements and maps of those countries and (perform) the other exercises of their profession'.[54]

These expeditionary forces, together with new infantry regiments such as those of Pará and the Fort of Macapá,[55] expanded the number of openings for chief surgeons and a few chief physicians who already had some professional experience. That was the case of the physician Pascoal Pires de Castro, whose career had begun as a volunteer at the Fort of Mazagão in north-west Africa; that helped him gain a position at Todos os Santos Hospital in Lisbon in 1752, from where he moved to the frontier as chief physician for the newly renamed State of Grão-Pará and Maranhão, to which he was appointed on 1 June 1753.[56]

Other chief physicians were to be found in Goiás, Pernambuco, Mariana prison, São Luís Military Hospital, Pará, São Paulo, Santa Catarina island, Bahia and Vila Rica, among other places. More than the army itself, it was military hospitals that doctors found most attractive, especially the Royal Hospital in Rio de Janeiro, where the criterion for hiring often seems to have been clientelism rather than the candidate's own merits. José Soares de Oliveira complained of this at the very end of the century: although he had won first place in the competitive examination for a post there, he was passed over in favour of João António Damasceno, a protégé of the viceroy of Brazil.[57] Another prospective chief physician at that hospital was José Pinto de Azeredo, who already had the post of chief physician of Angola to his name.[58]

After 1750, the Arquivo Histórico Ultramarino contains hundreds of requests for the appointment of surgeons and for letters patent for the positions of chief surgeon and chief physician. As with professional examinations, appointments to these positions – generally proposed by viceroys, governors or captains-general of the captaincies – only became effective once they were registered in the chancelleries. The documents show

that several years could elapse between a name being proposed in Brazil and confirmed in Lisbon. That might of course be due merely to the inefficiency of the Overseas Council and the difficulties of long-distance communications, as was the case with so many other petitions relating to services rendered to the Crown[59], but there are also signs that the government employed delaying tactics so as to postpone having to pay the corresponding salaries. That was the experience of Joaquim José Freire da Silva, the first doctor appointed for the garrison and troops of São Paulo captaincy. Having requested his letters patent in 1770, he was still being asked in 1774 to supply the name of his predecessor.[60] For many appointees, however, it appears that the fact of having applied to the Crown for their letters patent acted as a kind of pre-confirmation of their position.

This is not the place to explore connections between these issues and the sequence of military, economic and administrative events, but two separate trends involving chief surgeons deserve mention. The first is a wave of appointments up until 1780, closely linked to gold prospecting in the new captaincy of Mato Grosso and the expeditions referred to above, for Cuiabá, Pitangui and the captaincy of Espírito Santo, Goiás, Pará, Recife, Rio Grande do Norte, Oeiras do Piauí, Minas and Vila Rica. The second occurred after 1800 and involved assistants to chief surgeons applying for their superiors' posts, heralding the imminent end of the latter's professional careers.

Another noteworthy feature of the time was the number of professionals applying to retire 'with chief surgeon's honours'. This was a way of asking for some sort of financial compensation for a promotion that had never been forthcoming, as may be gathered from the letters written by António Henriques de Almeida[61] and Manuel Pereira Pacheco.[62] The distribution of these men generally matched the routes followed by the Portuguese in occupying the colony: primarily down the Atlantic seaboard[63] from the north-west to the south, following the 'main spatial dynamics of the evolution of the system of government' [64] [Figures 3 and 4].

According to Dauril Alden[65], the 19th century began with 62% of the Portuguese population concentrated in the captaincies of Pernambuco, Bahia and Rio de Janeiro, and 19.7% in Minas Gerais. That is also where most of the surgeons, doctors and apothecaries mentioned in the central archives were to be found.

Municipal posts for doctors and surgeons – few jobs and few prospects

In Portugal and its empire it was up to the local councils to hire healthcare professionals, which implied that they had to be able

to afford their salaries. When in 1734 the warder of the prison in Vila Rica accused the local council of being the only one that did not hire surgeons or physicians for the 'good regimen of the public good and remedy of the poor', he probably knew that that was not true. His aim was to force the council to provide medical care for his prisoners, which it finally did later that year[66]. Other municipal healthcare posts in the first half of the 18th century have been identified in Pará captaincy (1727), Vila Rica (1730), São Luís (1734), Olinda (1704), Paraíba (1746), Belém (1735), Arraial das Minas de Paracatu (1746), Vila do Carmo (1736)[67] and Vila da Cachoeira in Bahia (1735). Other localities, such as Vila de São Francisco de Sergipe do Conde (1712), Goiana (1736), Santos (1736),[68] Aracati (1755) and Vila Nova da Rainha (1756) (Franco, 2011: 222), were making efforts to set up such posts (Santa Catarina island, 1749) or restore them (Olinda, 1745) and were attempting to convince the government in Lisbon that they had the means to pay for them; the governors of the colony often intervened on their behalf, as happened in Santos, Paraíba, Mato Grosso, São Luís, Piauí, Paranaguá and Igaraçu.

Nonetheless, even if all the posts that the local councils wanted to set up had been authorised, which was not the case, and all existing positions had been regularly renewed – the above-mentioned case of Olinda proves the opposite to be true – the overall number of physicians and surgeons hired by the councils would still have been very small for the size and population of Brazil. Although there was still a demand for medical doctors – physicians' posts were requested for São João del-Rei, Laguna and Desterro in the 1760s;[69] Bahia in 1772;[70] Mariana in 1797 (hired in 1799);[71] Belém (two posts);[72] Vila Rica in 1799;[73] and Sabará in the following decade[74] – after the 1760s the councils showed a preference for surgeons. Contracts for surgeons (first appointments and renewals) have been found for Vila Bela, Vila de São José das Minas, Paranaguá and São Luís.[75]

The towns of São João del-Rei and Vila Rica have a well-documented history in this respect. When the former wished to hire a physician in 1764, the *ouvidor* (magistrate) hastened to assure the Crown that the municipality had sufficient income to pay his salary.[76] Six years later, however, the doctor had to petition the Crown to help him recover all his back pay. In June 1774 the council itself applied to abolish the post of physician on the grounds of financial constraints.[77] Vila Rica had already done the same in 1770, keeping only two surgeons,[78] thus putting an end to a series of reciprocal accusations about unpaid salary and poor performance.[79]

In 1787 the council of Vila do Sabará asked to replace its physician with a surgeon and an apothecary,[80] although subsequently it tried to get another doctor's post approved. Cases such as that of Vila da Campanha da Princesa, which in 1802

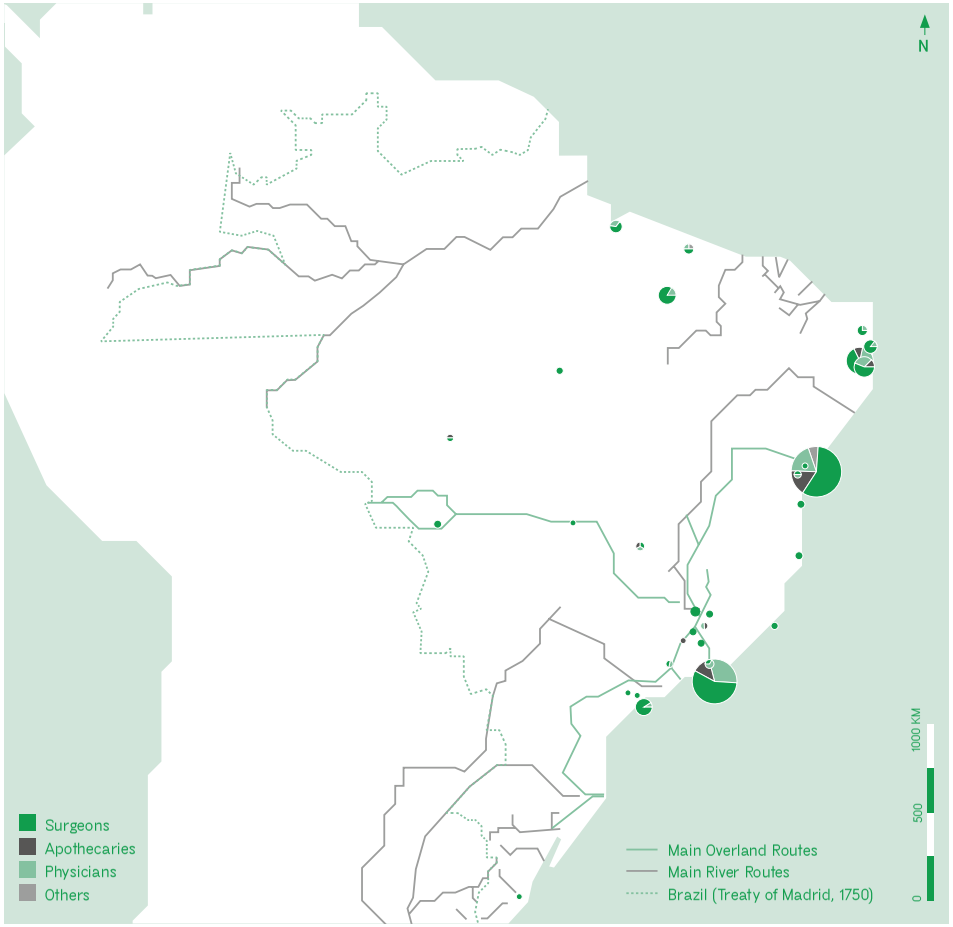
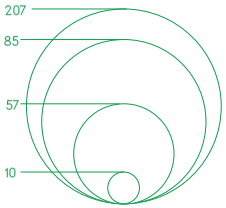


Figure 3
Distribution of healthcare professionals in Brazil, 1549–1750
Source: *Medical Professions Database, 1430–1826*



hired a doctor, a surgeon and an apothecary[81] – the standard trio of healthcare professionals hired by municipalities in Portugal – seem to have been rare in Brazil. Our documentation in fact shows that few apothecaries were hired for municipal *partidos*, although it cannot be ruled out that that was due to personal choice, since private practice was more profitable.[82]

Santos council provides one of the best-documented examples of the difficulties that local authorities faced in establishing and maintaining medical posts. At the beginning of the 18th century it was served by a single military chief surgeon, who treated soldiers, the religious community and the general public, but by 1721 he was no longer working there.[83] There was still no medical care in Santos or its surroundings in 1732, except for the care provided in the hospital by 'poorly prepared surgeons', as the council claimed. Since the only income available to the council – the 'drinks

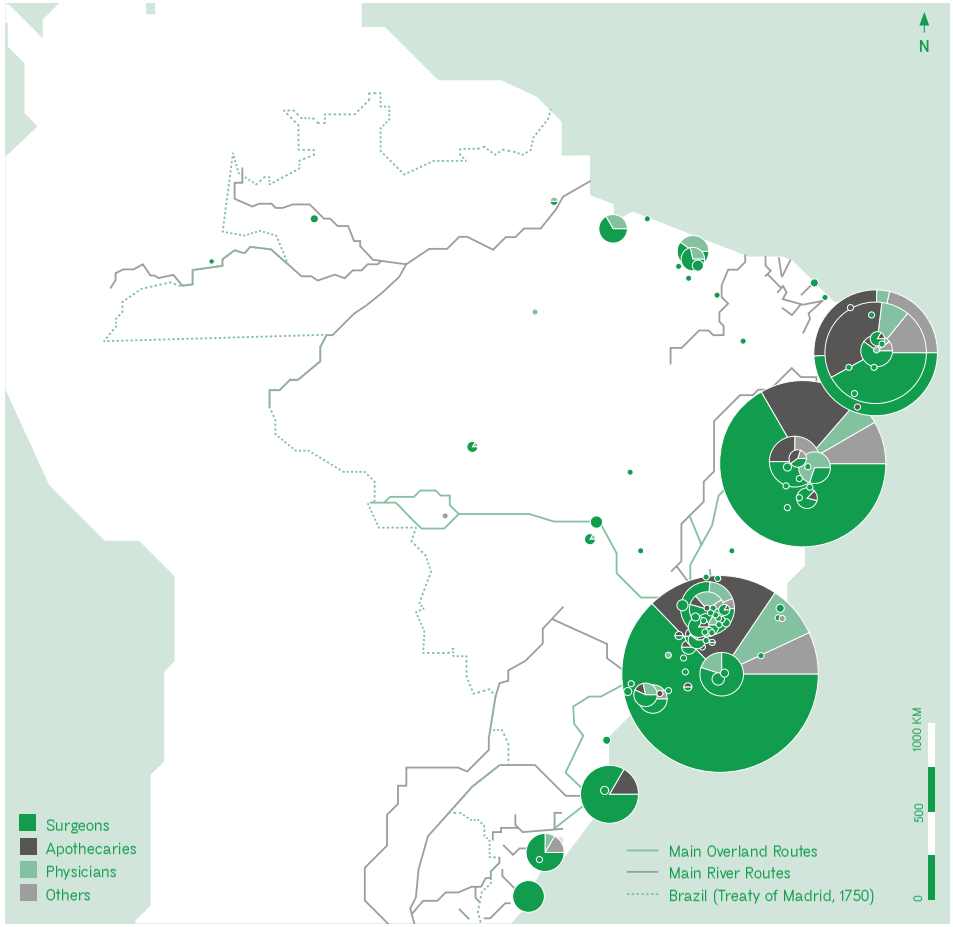
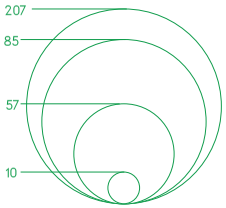


Figure 4
Distribution of healthcare professionals in Brazil, 1751–1808
Source: *Medical Professions Database, 1430–1826*



subsidies' – had been taken by the royal exchequer to pay for Dona Catarina de Bragança's dowry, the council begged the Crown to help it pay for one doctor;[84] following São Paulo's lead, it suggested that it could be sent one of the doctors who were studying at Coimbra 'with the obligation to go wherever they were needed'.[85] In 1733 the council was authorised to establish a position for a physician on condition that it was for the infantry regiment – in other words the doctor would be shared by the soldiers and the civilian population – but it was only in 1739 that the council managed to find someone to fill the post.[86] José Bonifácio de Andrade, a Coimbra graduate who had been born in Brazil, demanded double the salary set by the Crown and threatened to leave when King João V ordered the council to annul the agreement it had made with him.[87] He not only won this battle, but also boosted his income with the salary of garrison doctor and visitor of ships.[88]

Municipal healthcare posts in Brazil seem to have been highly inconstant, unlike the people's concerns, which continued to bombard the Overseas Council. Admittedly, several towns were still able to use the services of certain hospitals, sometimes even breaching regulations to do so, as in the case of the Royal Military Hospital in Goiás[89]. This assistance should not be overestimated, however, because most military hospitals were small and often temporary facilities; the one in Goiás had only nine beds in the late 1740s, for example. Larger hospitals had 20–30 beds, as in Rio de Janeiro in 1752 and Pernambuco in 1724, respectively. In the Rio de Janeiro hospital in the mid-18th century and in the Vila Rica hospital, founded in 1771, the doctor and surgeon only put in an appearance in the direst circumstances. How much the hospitals in Pará (under construction in 1754), Cachoeira (1757) and Paraíba (1765) contributed to health care in the colony is not known but, as Renato Franco[90] has pointed out, they were not just few and far between but they were also poor, not unlike hospitals in Portugal itself.

Brazil's adoption of the Portuguese system of hiring healthcare professionals raised the hopes of physicians and surgeons, but they were soon dashed. The idea of a stable central or local government position seldom materialised. These difficulties seem to have affected physicians more than surgeons, and not just in terms of their career prospects. Just how little value was placed on physicians is revealed in correspondence from 1748–49 between the commissioner and the *provedor* of the royal exchequer in Rio de Janeiro on the relevance of building a military hospital in the city. Among the cost-cutting measures proposed was the suggestion that physicians should only be hired for occasional work, since 'there will be no lack of doctors who will agree in exchange for meagre pay'.[91]

The fierce competition for these positions is a clear sign that very few jobs were available, and this is backed up by the fact that many people worked for free while they waited for the incumbent in the coveted position to leave or die. While this often happened in Portugal as well, a feature that appears to be specific to Brazil was for professionals to accept a municipal healthcare post on condition that they 'did not request payment without His Majesty's approval'. The sergeant-major Manuel Ferraz de Abreu agreed to this when he took the post of surgeon of Vila do Carmo on 29 December 1736. When he asked for his salary arrears to be paid, he was reminded in May 1741 of the terms of his contract: without royal approval there could be no payment, and the approval was delayed.[92] Such issues need to be borne in mind when analysing some of the battles waged by physicians against surgeons, bloodletters and other potential rivals, as happened in Rio de Janeiro in 1753.[93] That is not to say that physicians thought scientific and professional matters were unimportant, but they were not the only issues that aroused their ire against their competitors. A good example is the fight they put up in Rio de Janeiro in 1789 against a German colleague, Joseph

Struks, because he had begun to practise medicine almost as soon as he had arrived in the city with a view to settling there.[94] Yet just four years previously the city council had been complaining of the lack of doctors.

Although surgeons were being hired for council *partidos* in ever greater numbers and they were also being granted more powers, they had their difficulties as well. That was not just because they too faced competition – as shown by the appeal made in 1787 by the governor of Salvador, Rodrigo Menezes, on behalf of landowners and sugar mill proprietors to allow unlicensed individuals to practise as if they were licensed[95] – but also because some of them even had to pay to work, covering their patients' expenses and waiting to be reimbursed by their employers, as apparently happened in the Military Hospital of Minas and the municipal surgeon's post in Vila Rica in 1760 and 1777.[96]

The combination of being overworked and underpaid, or often not paid at all, is repeatedly mentioned and seems to have prompted many healthcare professionals to move on in search of better working conditions. Salaries in arrears are one of the most common topics documented in the archives. In certain circumstances the Crown might be responsible for paying part of the salary, particularly in the case of military professionals who additionally cared for local civilians, but usually, as mentioned above, salaries were paid out of municipal revenues or, where these were insufficient or non-existent, from *fintas*, extraordinary taxes imposed on the poorest sections of the population, who were precisely the ones who could not afford private doctors.

While the exact terms on which these contributions were distributed are not known, there was a move in the late 18th century to seek alternative solutions, such as the 'literary subsidy' – a tax on wine, spirits and vinegar introduced by the Marquis of Pombal to fund the reform of public education, although in 1803 merchants in Santos complained that it placed an 'unfair' burden on traders.[97] A different solution was found for Paraíba. When the city council protested about the *fintas*, the Crown sent a letter on 2 June 1799 ordering the doctor's salary to be cut from 200,000 to 150,000 réis, with 100,000 réis coming from the council's assets and the other 50,000 from the royal exchequer. Even though his salary had been cut, the doctor's duties still included caring for the city's infantry garrison.[98]

Regardless of how their salaries were made up, physicians, some apothecaries[99] and surgeons all suffered from non-payment. Local councils, hospitals, the army and ships – in relation to ships' surgeons, posts that the surgeons of Bahia, supported by the city's commissioner physician, tried to make compulsory in 1750[100] – often ran up arrears, sometimes over several years. There were constant complaints about non-payment during the period in question, increasing significantly after 1760. Breach of contract

by the employer occurred as much in large cities like Bahia or Rio de Janeiro as in smaller towns and affected both civilian and military healthcare personnel. The latter were also paid differently depending on where they practised: surgeons in Colônia do Sacramento earned less than those in the 'Terços do Brasil' (1722); infantry surgeons in Recife less than those in Bahia (1724); Pará practitioners less than those in Maranhão (1733); and the ones in Paraíba less than those in Olinda and Recife (in 1740 and 1798).[101]

The first protests that have come to light were in fact from military surgeons, and they also had the longest periods in arrears. In 1726, for example, Cosme Gomes Pereira complained that he had never received any salary in the 30 years he had worked as a surgeon in Fortaleza do Ceará.[102] At the close of the century, regimental chief surgeons and their assistants were also to lose their 'bread pay' (*vencimento do pão*), a salary bonus that they had apparently been receiving unduly; by royal order of 13 January 1799 it once more became payable only 'during a campaign or march of the regiment'.[103]

While it was common practice in *ancien régime* Portugal for people to petition the Crown to become a member of a military order or an acting public official, and although it is not always possible to link such requests directly with the debts of healthcare professionals, the fact is that some documents explicitly make this association and more such entreaties were indeed made by doctors and surgeons in Brazil than in other parts of the empire or even Portugal itself. More than a score of references to habits of the military orders of Christ, awarded especially to physicians, and Santiago, mostly to surgeons, have been found, beginning with the chief surgeons of Colônia de Sacramento at the turn of the 18th century.

In addition to land grants, made to military chief surgeons especially from the latter half of the 18th century onwards, royal favours of making an applicant an acting public official or even an actual office holder – almost always as a scrivener – became more common in the early 19th century, either alone or in combination with membership of a military order. Some of the examples found were scriveners attached to the court that administered missing persons' property in the district of Vila do Príncipe, the board of magistrates and ecclesiastical council of the bishopric of Minas Gerais, the court of litigation and probate of the bishopric of Rio de Janeiro, the chamber of orphans of the town of Santo Amaro, and the court of appeal of Rio de Janeiro.

Final considerations on an expanding field of study

The precise number of officially recognised physicians, surgeons and apothecaries that worked in Brazil before 1808 is unlikely ever to be known. There are several reasons for this, most notably the vicissitudes associated with the registration of licences to practice and appointments to central or local government posts. The fact that university degrees did not need to be recorded in a chancellery means that medical graduates are even more poorly represented in the documents. In addition, it is almost impossible to trace all those who went to Brazil and practised there privately in the towns or on sugar plantations; only local histories would be able to reveal who these virtually anonymous people were. The absence of references to the well-known surgeons Luís Gomes Ferreira and José António Mendes[104] gives an idea of the gaps in the sources consulted here.

What the documents do reveal unequivocally is the predominance of surgeons, which in itself is nothing new either in Brazil or anywhere in Europe in the early-modern period. The difference lies partly in their hugely disproportionate numbers, but there is another factor. After 1782, during the time of the *Protomedicato*, surgeons spread to areas where they had not been found before, especially along the north and north-east coasts. [Figures 5 and 6]

The actual number of medical graduates produced by Coimbra University before 1800 is not yet known for certain, but the available data suggest that it was less than ten per year for long periods in the 16th–18th centuries. Ongoing research has so far found that between 1495 and 1801 the chief physician recognised 659 physicians trained in foreign universities, especially Salamanca. The number of surgeons is known with more certainty: 12,177 were awarded qualifications by the chief surgeon or, in exceptional circumstances, the chief physician between 1495 and 1826. Surgeons were preferred by the people, given that they were socially closer to their patients, charged lower fees and often provided the same kind of service as physicians. As the surgeon José da Silva Fernandes asserted in Lisbon in 1729, 'it is a fact that people are in the habit of calling for a surgeon rather than for a doctor.'[105]

Decades later in Paris, the physician António Ribeiro Sanches made the same kind of remark, which Pina Manique, the intendant-general of police, was to repeat at the end of the century when he decided to invest in training and specialisations for surgeons. It should not be forgotten that at the time there was a growing demand for physicians in Portugal for both official *partidos* and private practice, including positions left vacant after the various purges of New Christians. It is unlikely, however, that people in Portugal were aware of the difficulties that doctors had to cope with in Brazil. Even those (few) native-born Brazilians that studied

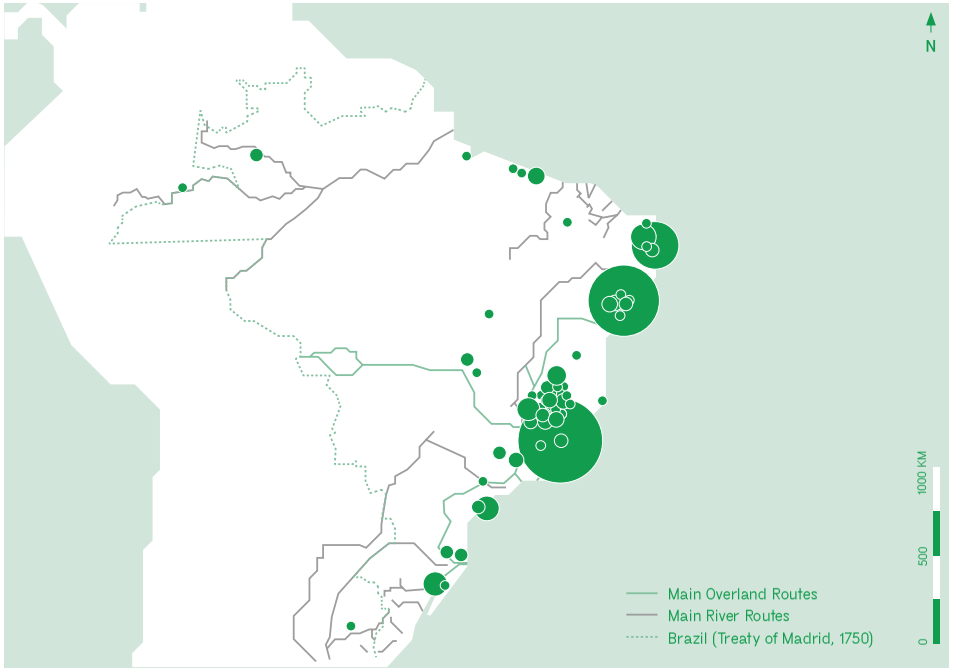
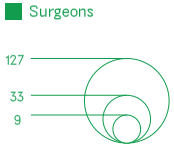


Figure 5
Distribution of surgeons in Brazil, 1751–1781
Source: *Medical Professions Database, 1430–1826*



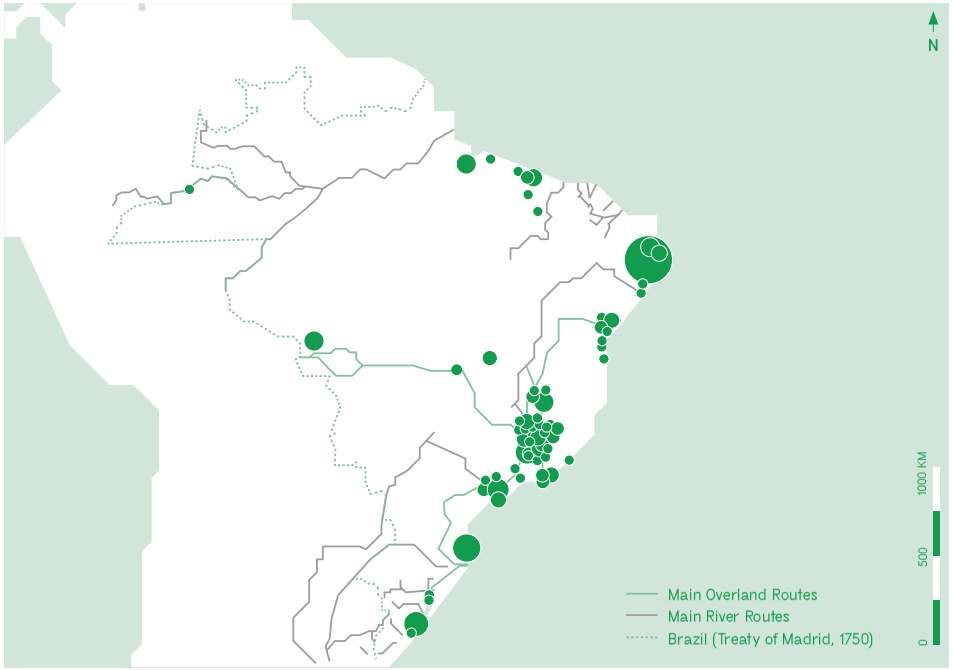
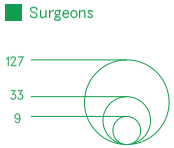


Figure 6
Distribution of surgeons in Brazil, 1782–1808
Source: *Medical Professions Database, 1430–1826*



medicine at Coimbra – around 90% chose to study law in the 17th century, rising to 94% in the 18th[106] – or abroad preferred to stay in Europe[107]. There were exceptions, of course, particularly in the last quarter of the 18th century, when the interests of the state coincided with those of the Luso-Brazilian intellectual elite in its quest to disseminate and share information on a large scale[108]. Such exceptions lie outside the scope of this study, which only seeks to identify patterns of action and general trends.

Mapping the professional licences, appointments to posts, requests for military ranks and all the other acts recorded in the central archives confirms the fact that healthcare professionals preferred the coastal regions of Brazil – Bahia and Rio de Janeiro to an overwhelming extent – for reasons that are already well known. In particular, in their choice of where to settle and practice, proximity to the centres of political power as a means of career advancement is a factor that should not be underestimated.

The sources also reveal the complexity of the challenges facing both the Crown and individuals as a result of the transfer of European models to Portuguese America. A point that I believe is essential for a better understanding of the problem is that, except in specific situations, it was not Crown policy to provide the people directly with medical care and welfare resources, and this was not just a Portuguese trait. From King Manuel I onwards, the monarchs systematically regulated both fields and created an institutional framework for the organisation of locally generated resources, entrusting their administration and distribution to the municipalities and their elites. However, the system only worked and achieved some success in Portugal because it was built on a dense fabric of municipalities and *misericórdias* with established elites and/or individuals seeking social mobility who were capable of negotiating with the Crown. It was in the Crown's interests to encourage these relations as they increased its influence in the everyday life of local communities.

The situation in Brazil could not have been more different. There, the *misericórdias* arrived late and in some cases faced resistance from central government – eight were founded in the 16th century, only four in the 17th and the same again in the 18th[109]. In comparison, Portugal had around 300 by 1640, despite lingering uncertainty about some of their dates. Municipalities formed the nucleus around which Portugal organised its administration of the colony, tracking 'the expansion of the populated areas from the late 16th century onwards', as detailed by Magalhães (2011: 146–168). However, the size and geomorphology of Brazil diluted the impact that the welfare model had had in Portugal, even in areas close to the centres of power. As the surgeon Francisco António Martins de Antas, who had come from Valença do Minho in northern Portugal, wrote on 18 June 1776 in his application for the *partido* that the Santo Antônio de Sá town council wished to establish, even though

the town belonged to the district of Rio de Janeiro and lay near the coast, the 14-league journey from the capital had to be undertaken by boat 'across the bay of that city and then up the Macacu river, with evident danger'. Travelling within the municipality itself was no easier, as it was composed of 'seven vast parishes' that lay six leagues from the town.[110]

Another aspect to be borne in mind is funding. The financial difficulties faced by municipal councils in paying healthcare professionals' salaries and the obstacles that the Crown put in the way when they wanted to establish new posts have already been described. The reasons are not only the central government's greed for the income generated by local authorities, but also the fact that in Brazil the municipalities were regularly burdened with the costs of military defence. These weighed heavily in decisions made about increasing expenditure, particularly where the new expenses lacked royal authorisation, despite the local councils' 'tendency towards self-government'[111].

Notwithstanding all the obstacles confronting the University of Coimbra, which the Crown had authorised to collect the taxes to pay for the scholarships to train physicians and apothecaries – collected in what was termed the 'Doctors' and Apothecaries' Chest' (*Arca dos médicos e dos boticários*) – Portuguese municipalities were forced to contribute the amounts set by the government. From this viewpoint, hiring healthcare professionals could also be seen as a way for local councils to recover the investment they had made. Only at the end of the 18th century, in 1798, after the implementation of Pombal's reform to collect the scholarship tax evenly across the country, did the Crown attempt something similar in Brazil. The format was different, however, not least in terms of the students funded by the scholarships: the physicians remained but the apothecaries were replaced with surgeons, and four engineers – two printers and two hydraulic engineers – and one accountant were added.

In contrast to the fate of scholarship holders in Portugal, in Brazil they were all expected to return to their place of origin to work in the same field there. There are few reports on the application of these measures, and those that exist are limited in detail,[112] but it should be borne in mind that a project of this scale needed time to establish itself. The best report was produced by the governor of Minas Gerais, Bernardo José de Lorena. The information he sent to Rodrigo de Sousa Coutinho, the Minister for Overseas Domains, in July 1799 reveals among other things that the captaincy had estimated its expenditure on seven students at 2.25 million réis and proposed that the money should come from the stamped paper reintroduced two years previously to be used for all judicial acts, contracts and wills[113]. The decision was designed to protect the poorest people, 'who for that very reason have less business', and had the advantage of sparing mining, agriculture

and trade. To give the proposal greater substance, they included the amount they calculated would be collected with the new tax – 20,073,600 réis – and promised that the municipal councils would contribute from their own income if necessary.[114]

Equally important in the documents examined is the evidence of tensions and conflicts between the various authorities with responsibilities in the health field. They were often dominated by people with interests that differed from those of the country they represented and which often changed according to the circumstances and the parties involved. One example is the *Protomedicato* Board, which in May 1789 declared that if someone should practise medicine without being a lecturer in the Faculty of Medicine or having passed its examination the effects would be 'terrible and prejudicial' – this was in reply to the queen, who had asked it to reassess the petition from Rio de Janeiro city council to revoke the order banning surgeons from practising medicine without taking the examination.[115] Some ten years later, however, its commissioners were being accused in Bahia of creating doctors out of untrained surgeons and granting them equal status to doctors who were 'graduates of and approved by the University of Coimbra'.[116]

In Bahia the lack of well-qualified professionals lowered the bar for assessment; meanwhile, in Rio de Janeiro the council had similarly argued that the city had only eight graduate doctors, two of whom were prevented from working by ailments and old age (one was 70 and the other over 80) and the others were overburdened with work,[117] but even so its surgeons were not granted medical licences more easily.

The *Protomedicato* Board had been set up to put an end to the deregulation and corruption that was rife in the world of empirics and their examiners, and to act according to rules that were intended to be transparent. The complaints about abuses of power that have been discovered for Brazil until 1782 are not very different from those found for Portugal, although none was as direct as the accusation made by João Manuel de Melo, the governor and captain-general of Goiás, in a letter sent to the secretary of state for the navy and overseas territories in February 1769, against the two commissioners who were inspecting his captaincy at that time. He called them veritable thieves, and he only refrained from having them thrown into the dungeons because 'they bore letters from their ministers confirmed by His Majesty.'[118]

In a similar vein, in June 1774, the new governor and captain-general of Goiás lodged a complaint against the chief surgeon's commissioner, the surgeon José António Mendes, for delegating his powers to whoever made it most worth his while, in this case 'a charlatan, who even in the land of ignorance could not make a figure, because even if there is not a single doctor in the whole captaincy there are many surgeons who have worked at the Royal

Hospital in Lisbon and done their examinations in anatomy who have better judgement than this man who has never left America.'[119] But creating a new governing body – the *Protomedicato* Board – was not going to restore peace; far from it.

In Portugal, the *Protomedicato* clashed with the University of Coimbra over the awarding of licences to 'treat with medicine' and the validation of degrees awarded by foreign universities; with the Church over the apothecary shops run by religious houses; and with the intendant-general of police, who accused the Board of being incompetent and ineffective. In Portuguese America, its major quarrels were with the Crown's agencies; such disputes were quite common among the various tribunals and councils[120].

The upgrading of the *Protomedicato* to a royal tribunal in 1799, shortly after Francisco Tavares and José Correia Picanço had been appointed chief physician and chief surgeon, respectively, was to hasten its disintegration. Having undergone two reforms in 1798, one administrative and the other functional, the *Protomedicato* Board Tribunal did not enjoy complete jurisdictional independence and was therefore unable to impose its will in Portugal[121].

That does not seem to have been the case in Brazil, where local political dynamics enabled the *Protomedicato* to exert its power in an authoritarian and arrogant manner. This attitude helped to inflame feelings against the institution. One example is shown by the governor of Pernambuco captaincy, Caetano Pinto de Miranda Montenegro, in June 1807 regarding a complaint made by the surgeon José da Fonseca e Silva against the *Protomedicato's* commissioner magistrate, João Lopes Cardoso Machado, who was the front man for the tribunal's encroachment on the jurisdiction of governors and captains-general. Montenegro protested that the commissioners, without any legal right, were setting themselves up as magistrates of the captaincy, holding hearings in the city council, awarding executive privileges to apothecaries and surgeons to collect debts, seizing, distraining and serving notice with violence, without accepting suspensions or any appeal 'other than to the Supreme Tribunal of the Royal *Protomedicato* Board'.[122]

Amid bitter arguments, Picanço's appointment on 6 January 1808 to the post of chief surgeon of the army, a position he held concurrently with that of chief surgeon of the kingdom, may have hastened the dismissal of Tavares as chief physician three days later and precipitated the events that followed. A royal order of 7 February expanded the titles of Chief Physician and Chief Surgeon of the Kingdom to include the 'Overseas States and Domains', with Manuel Vieira da Silva now replacing Tavares as chief physician. A decree of 23 November that year reaffirmed the legitimacy of the statutes of 1521 and 1631 regulating the activities of the chief physician and chief surgeon, respectively. In fact, neither of them had ever been repealed, but the legislation restored these office holders' exclusive jurisdiction and removed it from the *Protomedicato* Board.

In practical terms, the decree of 23 November 1808 put an end to this body created in 1782, although the act that officially killed it off was only promulgated on 7 January the following year. This was seen as a political manoeuvre to allow the chief physician and chief surgeon to shed the bad reputation attached to the *Protomedicato*, even though they had always in fact controlled the institution, if not directly then at least through their statutes.

A final point that deserves to be emphasised concerns the multiple roles that healthcare professionals working for the army performed in the social and medical construction of colonial Brazil.[123] In particular, many hundreds of surgeons practising at local and regional level interacted with, adapted to or helped change local dynamics in a country that afforded them many more opportunities than they would have had in Portugal – or than their counterparts in Portugal actually enjoyed. That was the case despite the dominant social order in Brazil, which maintained the balance of society and which the government made every effort to safeguard, as is clear from a royal order of 1745 that banned the craftsman José de São Boaventura Vieira, a municipal surgeon in the town of Nossa Senhora do Carmo, from becoming a captain-major[124]. It is highly likely that the well-known figure of José Correia Picanço, mentioned above, who was born in Goiana precisely in 1745, would have followed a very different pathway in life had he clung to his diploma in surgery, which was registered in the Chancellery of King José I in March 1765.[125]

Although the civilian authorities often stated that they wanted to bring military healthcare professionals under their control, these practitioners in fact remained governed by their own laws without the Crown showing much interest in confronting them. Its first really forceful attempt at intervening in this area was the royal decision of 26 May 1786, made at the request of the *Protomedicato*, assigning to it the 'exclusive jurisdiction that this Board (has) over military surgeons, as subjects that practise the same arts'. The old argument that 'assistants and surgeons were appointed to serve in the military corps without licences, examinations or the skill to let blood or perform surgery, let alone to "treat with medicine,"' with no kind of supervision,[126] was trotted out again, but the order had little or no effect.

The surgeon general of the army responded to the criticism by claiming that he was upholding the law, since he only accredited surgeons 'in places where (there was) no doctor within a league's distance', a criterion which it has to be said was not very difficult to meet.[127] The incorporation of the chief physician of the army, designated in 1798, into the *Protomedicato* Board and the appointment of the chief surgeon of the kingdom to the post of chief surgeon of the military ten years later represented an important step towards merging the two spheres into a single, centralised authority, but it ended up being undermined by the

vicissitudes of the political situation. Indicative of this was the argument used in his defence by Ildefonso José da Costa de Abreu, chief surgeon of the Royal Military Hospital of Rio de Janeiro since 1772, when caught by the audit carried out by the *Protomedicato* commissioner, the physician Manuel Moura de Brito, to unmask unauthorised practitioners of medicine. Abreu pointed out that he and his colleagues enjoyed military privilege, which meant that 'by the Regulation he has the right to treat with medicine' and therefore he should not be summonsed, persecuted and disturbed as was happening.[128]

In contrast to the situation in Portugal, everyday procedure in Brazil blurred the borders between the two worlds, sometimes as a result of Crown initiatives and sometimes decisions made by military healthcare professionals or local authorities. Consequently, in cases where the Crown required local councils to pay the salaries of surgeons and physicians serving the regiments stationed in their communities, the practitioners were expected, if not always contractually bound, to care for the civilian population as well. Even in other circumstances, several cases have been found where there appear to have been pre-established agreements between the parties involved, to their mutual benefit. One of many possible examples is that of António José Vieira de Carvalho, a qualified surgeon from the region of Tomar in Portugal, who at the beginning of the 19th century was appointed chief surgeon of the regular cavalry regiment of Minas Gerais Captaincy[129] and municipal surgeon for Vila Rica.[130]

Although the local councils were poor payers, some military surgeons continued to seek them out because such positions in some way legitimised the on-the-job training they acquired in the army, and it is telling that many more careers began in the army and ended in municipal *partidos* than the other way round. As Abreu, the aforementioned chief surgeon at the Rio de Janeiro military hospital, stated, such surgeons were authorised to 'treat with medicine'. Penetrating these modi operandi was not an easy task, and breaking them was more difficult still, as the *Protomedicato* Board discovered.

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19. See, for example, the case of Luís Furtado de Mendonça, in AHU, *Pará*, box 137, doc. 10415.

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31. AHU, *Rio de Janeiro*, box 12, doc. 2403.

32. AHU, *São Paulo*, box 20, doc. 1969.

33. AHU, *São Paulo*, box 18, doc. 1811.

34. *DH*, v. 27, 1934, pp. 385–388.

35. AHU, *Bahia*, box 18, Docs. 2095–2096; *DH*, v. 19, 1930, pp. 238–240. ANTT, *CHR D. Afonso VI*, book 20, fol. 83; *RGM, Mercês de D. Afonso VI*, book 12, fol. 301v.

36. It was forced by a royal order to re-employ him; *DH*, v. 68, 1945, pp. 69–70.

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37. *DH*, v. 68, 1945, pp. 69–70.
38. AHU, Bahia, box 25, doc. 3037.
39. *DH*, v. 29, p. 1935, pp. 445–448; v. 57, 1942, pp. 63–64; v. 4, 1928, pp. 189–190; v. 5, 1928, pp. 454–455; v. 27, pp. 229–231.
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41. ANTT, *CHR D. Afonso VI*, book 32, fol. 116.
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46. AHU, *Minas Gerais*, box 42, doc. 15; box 70, doc. 30.
47. AHU, *Minas Gerais*, box 79, doc. 42 (Mariana); AHU, *Minas Gerais*, box 79, doc. 90 (São João del-Rei).
48. AHU, *Rio de Janeiro*, box 45, Docs. 89, 86 and 90.
49. His petition was rejected: AHU, *Rio de Janeiro*, box 45, Docs. 10612–10636.
50. See AHU, *São Paulo*, box 24, doc. 52.
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55. AHU, *Pará*, box 33, doc. 3148.
56. ANTT, *CHR D. José I*, book 65, fol. 225; *RGM, Mercês de D. José I*, book 6, fol. 150; book 47, fol. 299; book 28, fol. 66; AHU, *Pará*, box 37, doc. 3451; box 38, doc. 3553; ANTT, *CHR D. João V*, book 108, fol. 314.
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68. The complex situation in Santos is reflected in AHU, *São Paulo*, box 12, doc. 1155.
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72. AHU, *Pará*, box 115, doc. 8874.
73. AHU, *Minas Gerais*, box 147, doc. 50.
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75. AHU, *Mato Grosso*, box 17, doc. 54 (Vila Bela); AHU, *Minas Gerais*, box 105, doc. 15 (Vila de São José das Minas); ANTT, *CHR D. José I*, book 5, fol. 384 (Paranaguá); AHU, *São Paulo*, box 30, doc. 2717; AHU, *Maranhão*, box 69, doc. 5983 (São Luís).
76. AHU, *Minas Gerais*, box 84, doc. 55, with thanks to Renato Franco for sharing the information.

77. AHU, *Minas Gerais*, box 107, doc. 19.
78. AHU, *Minas Gerais*, box 100, doc. 5.
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97. AHU, *São Paulo*, box 19, doc. 937.
98. AHU, *Paraíba*, box 34, doc. 2496.
99. The debts in this case were usually for the provision of medicines, as happened with the councils of Vila do Ribeirão do Carmo (1741) and Sabará (1777).
100. AHU, *Bahia*, box 112, doc. 46; box 111, doc. 4.
101. AHU, *Rio de Janeiro*, box 20, doc. 4346 (Sacramento); AHU, *Pernambuco*, box 30, doc. 2761 (Recife); AHU, *Pará*, box 15, doc. 1422 (Pará); AHU, *Paraíba*, box 33, doc. 2417 (Paraíba).
102. AHU, *Avulsos*, box 4, doc. 354; AHU, *Pernambuco*, box 30, doc. 3095; AHU, *Ceará*, box 2, doc. 89.
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113. Stamped paper was brought back into circulation in 1797 after being used briefly in 1661–68.
114. AHU, *Minas Gerais*, box 149, doc. 2.
115. AHU, *Rio de Janeiro*, box 143, doc. 61.
116. AHU, *Bahia*, box 227, doc. 39; doc. 59; box 275, doc. 129.
117. AHU, *Rio de Janeiro*, box 143, doc. 61.
118. AHU, *Goiás*, box 24, doc. 1536.
119. AHU, *Goiás*, box 27, doc. 1780.
120. Hespanha and Subtil, *op. cit.*
121. Abreu, Laurinda, *Public Health and Social Reforms in Portugal (1780–1805)*, *cit.*; pp. 232–242.
122. AHU, *Pernambuco*, box 268, doc. 17865.
123. This subject is developed in the forthcoming PhD thesis by Monique

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Palma, *Cirurgiões, práticas e saberes cirúrgicos na América portuguesa no século XVIII*.

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125. ANTT, *CHR D. José I*, book 29, fol. 251.

126. ANTT, *Ministério do Reino*, Bundle 469.

127. See *SSGL*, 1783, No XXVI, 4 July.

128. AHU, *Rio de Janeiro*, box 298, doc. 34.

129. ANTT, *CHR D. Maria I*, book 85, fols 325v-326; *RGM, Mercês de D. Maria I*, book 19, fol. 109; AHU, *Minas Gerais*, box 135, doc. 58.

130. ANTT, *CHR D. Maria I*, book 11, fol. 209; *CHR D. João VI*, book 7, fols 134–134v; AHU, *Minas Gerais*, box 154, doc. 56.