

# RIASE

REVISTA IBERO-AMERICANA DE SAÚDE E ENVELHECIMENTO  
REVISTA IBERO-AMERICANA DE SALUD Y ENVEJECIMIENTO

**THE GREAT HOSPITAL  
OF OUR LADY OF MERCY IN BEJA  
FROM ITS ORIGINS TO THE ANALYSIS OF ITS REGIMENT**

Ana Maria Barros Pires – Doctorate in Nursing, Associate professor, Researcher integrated in the NURSE'IN Nursing Research Unit of the South and Islands, Department of Nursing - School of Health of the Polytechnic Institute of Beja

## ABSTRACT

---

The interest in local history arises from the relationship of the individual with the living space that surrounds him. Belonging to a community is an experience rooted in daily life but also in the knowledge of how this community was born, evolved and became the place we inhabit. Community consciousness needs of testimonies that constitute a common heritage and thereby sustain the idea of community. In this article we will examine the regiment of the Great Hospital of Our Lady of Mercy, of Beja, dating from 1511, comparing with the regiment of the Hospital of All Saints of Lisbon of 1504. These two documents constitute the primary documentary sources for analysis. The reading of these documents show concerns that are still current: budgetary rigour, well-being and patient comfort, and also allow tracing the personal profiles necessary for the exercise of several existing functions. We emphasize that of "espiritaleiro" reinforcing our belief that there are personal qualities that have been and are foundations for the construction of the concept of Nurse. The knowledge of this kind of documents can contribute to the understanding of the deep roots of our profession and, thus, create a sense of identity and professional pride.

**Keywords:** History of nursing; internal rules; nurse.

## INTRODUCTION

---

Interest in local history arises from the individual's relation to the inhabited space that surrounds them. Belonging to a community is an experience based on our daily lives, but also derives from the knowledge of its specific identity, the way in which this community was born, how it has evolved, how it became the place where we live. This community awareness leads us to a feeling of belonging that gains strength when we discover the way of life of the people who once inhabited the same place as us<sup>(1)</sup>.

Local history is a field of history sometimes looked at with suspicion: usually performed by those who are curious, it is also not economically profitable because it interests only a small audience. But history is about Man. And the life of each man develops in small spaces, where he/she is integrated and takes place, which is why local history can be a part of someone's identity and build community awareness. This community awareness needs *traits*, or rather, testimonies, memories that constitute a common heritage that inserts individuals into an "identity affiliation"<sup>(2, p.23)</sup>, thus sustaining the idea of community.

Included in these memories are monuments (generally works of architecture or sculpture) and documents (written or not) integrating into this concept "everything that, belonging to man, depends on Man, serves Man, expresses Man, demonstrates the presence, activity, tastes, and way of being of Man"<sup>(3, p.98)</sup>.

The Great Hospital of our Lady of Mercy, classified as a monument today, was built in Beja in 1490 (two years before the foundation stone of the Lisbon Hospital of All Saints was laid) by the then Duke of Beja, Dom Manuel, future king. It was not only proof of the economic power of the duchy of Beja, but also of the artistic taste and culture that existed in the city, being part of an architectural complex created in the second half of the fifteenth century, which shows the presence of an elite of noblemen and clerics that made the city a centre of artistic attraction and knowledge<sup>(4)</sup>. It is considered one of the first manifestations of Manueline style. It is still integrated into the architectural network of the city, in its historic centre with its original layout, and there is still a living building, which today is a professional school.

The regiments of the Renaissance hospitals, as written documents, are the expression of the will of the political power to intervene in the administration of the care, demonstrating the authority of the king and making the role of the Church secondary in this assistance. They are documents that allow us to have a perspective of the organisation and operation of hospitals, describing in detail the duties of each position that existed.

In this article we propose to analyse the Regiment of the Great Hospital of our Lady of Mercy in Beja, dated 1511, also making a comparison with the regiment of the Lisbon Hospital of All Saints administered in 1504 by the same King. These two documents are the primary documentary sources for analysis. Reading these documents, beyond highlighting concerns that still exist today, such as budgetary rigour, well-being and the comfort of patients, also allows us to find out the personal profiles necessary for the exercise of various functions inherent to this type of institution, of which we highlight the "hospitaleiro" ("host"), thus reinforcing our belief that there are personal qualities which were and are foundations for the construction of the essence of being a nurse. The knowledge of this kind of document can thus contribute to the understanding of the depth of the roots of our profession, and thus create a sense of identity and professional pride.

In the development of this article we will follow a typology proposed by Mattoso<sup>(1)</sup>, in the approach to local history based on the idea that it "results from the relation of Man to a certain space" (p.170), namely: the land and its occupation; power; documents - monuments and written documents.

## THE LAND AND ITS OCCUPATION

---

Beja was founded by Julius Caesar and has always been a region that produced grain and livestock. Archaeological findings show the importance of a city that, at the end of the Roman Empire, was essential for the supplying food to their armies.

Later, during the period of Arab domination, "Beja das Oliveiras", as it was then known, is also referred to as one of the oldest cities of Muslim Spain.

It was the birthplace of Abu Al-Walid, theologian and jurisconsult, and of Al-Mu'tamid, poet and king, among other Arab personalities considered as reference of the culture of westernmost Muslim Spain, which is why it is inferred that it played a part in the development of the legal and theological areas<sup>(5)</sup>.

Several times conquered and reconquered, devastated and rebuilt, Beja would only enter the definitive possession of the Portuguese between 1232-1234.

By granting the Foral de Beja, in 1292, Dom Afonso III enabled the development of the region, attracting people who would occupy and work the land, consolidating the conquest of the territory. The market described demonstrates the commercial activity, and the charter indicates the products that were traded there: livestock of various species, animals used in hunting, skins, dried and salted fish, vegetables, fruits, salt, honey, building materials, agricultural tools, utensils, cloths, clothing and footwear<sup>(6)</sup>.

Nevertheless, in a sparsely populated country - in the 1530s Portugal would have had about 1 million three hundred thousand inhabitants - the region "Entre Tejo e Odiana" was the most sparsely populated, with 2.4 inhabitants/km<sup>2</sup>. In the "numeramento" ("numbering") of 1527, ordered by Dom João III, the town of Beja had 1205 inhabitants<sup>(7)</sup>.

Famine, wars, and various outbreaks of plague have contributed greatly to this human desertification. The contribution of the plague in this situation is well illustrated by the reminder to the king, in the Courts of 1433, in Leiria: "*vossos regnos são muito despovoados por as pestelências contínuas que padecem*" ("your kingdoms are very unpopulated by the continuous pestilences that they suffer.") Between 1356 and 1497 there were 17 outbreaks of this disease<sup>(8)</sup>.

## POWER

---

The city's period of greatest prosperity was in the fifteenth and early sixteenth century and this is not unrelated to the creation of the duchy of Beja. Under the government of Dona Beatriz, mother of Dom Manuel I, the house of the Dukes of Beja reached a high point.

He deployed enormous wealth and constituted around him almost a second court, where there were nobles, but also wisemen and Jewish aristocrats. Dona Beatriz was a granddaughter of Dom João I and her education and personality allowed her to become a person whose prestige allowed her to influence the internal and external politics of the country. Her personal wealth and her condition of matriarch of the Duchy of Beja made the realisation of projects that will benefit the then town of Beja possible. Her actions on behalf of the people, in times of famine and plague, have made her a beloved and respected person. She saw her eldest son be killed for involvement in a conspiracy to assassinate the king (which some say was not unrelated). But she became the mother of a king, when her youngest son, Dom Manuel, rose to the throne after being appointed by Dom João II as his heir.

Dom Manuel I had the nickname "Venturoso" ("Venturous"): certainly, the education he received and the environment in which he lived influenced the way in which he knew so well how to exploit and expand the country's prosperity, resulting from the Discoveries. The Discoveries represented a geographic revolution, changing the understanding of the world, creating new markets and a movement of people, plants, animals and ideas like never before. They are therefore seen as the first phenomenon of globalization. Dom Manuel I integrated the spirit of modernity that existed in Europe and introduced our country to new ways of thinking, architecture and culture, being considered one of the protagonists of the Renaissance in Portugal.

## THE GREAT HOSPITAL OF OUR LADY OF MERCY

---

From the foundation of nationality, we can go on to speak of public care, since the spirit of Christian charity gave rise to several institutions that aimed at helping individuals without the means to provide for their needs. This protection of the destitute would not be an obligation of the crown, but rather an act of private compassion which was chiefly aimed at obtaining indulgences for sins. In this way, small hospitals spread all over the country, but were ineffective in providing care for the ill because they had inadequate facilities, sometimes without medical support<sup>(9)</sup>, and existed with few means of subsistence, largely due to the lack of managers, the negligence of the providers or the non-fulfilment of the commitments or testamentary dispositions of its institutes<sup>(10)</sup>. These situations led to royal intervention in hospital administration, either by appointing the king's trusted people to the management, or by drafting regulations that sought to minimise abuse by providers and to clearly define the organisation and operation of such structures<sup>(11)</sup>. The regulations of the hospitals (along with other regulations concerning other institutions such as chapels, lodges, lazaret houses, for example) were constituted as instruments of affirmation of the royal power, following the principle that it was the king's responsibility to take care of all the subjects<sup>(12)</sup>. But the main solution to these problems was the incorporation of smaller hospitals into larger ones. This attitude, following the example of other European cities, started with Dom Afonso V, but it was with Dom João II and after Dom Manuel I that it became a policy of social intervention, in order to solve the social problems that the huge amount of poor people, sick people and abandoned children brought to the kingdom. According to Abreu<sup>(12)</sup> "it was the crown and not the municipalities, as was common, that designed the *modern hospital*, in the various aspects that the concept refers to: restructuring it physically, defining it as a place of healing and, therefore a *medical place*, limiting patients' access according to type of illness and stating medical authority" (p. 250).

If in the Middle Ages the hospital embodied public charity, in the Renaissance it was also a symbol of the power and wealth of whom had them built. It reflects the growing interest in controlling illness "isolando os doentes dos não doentes e porque os cuidados dispensados asseguram, a partir de então, a cura a uma parte dos interessados" ("by isolating the sick people from the healthy and because the care provided ensured, from then on, the curing of some of those affected")<sup>(13, p.219)</sup>.

At the start of the construction of the Great Hospital of our Lady of Mercy (1490) there were two small hospitals in the city of Beja (one of them in ruins and no longer in use) and a lazaret house. Dom Manuel, still Duke of Beja, had the hospital built using his own money. The assets and income of the old hospitals, and donations from the king, were the hospital's sources of income. The hospital is considered one of the best examples of civil Gothic-Manueline architecture.

## THE REGIMENT

---

The discipline instituted in the hospitals' regiments showed concern for the efficiency of these institutions that were there to assist the most vulnerable members of society. If the king receives from God "this infinite reward" and "many favours and benefits," he is responsible for caring for "the wretched people who in this world are helpless and wanting," thus ensuring the order and support of the people<sup>(14, p.82)</sup>.

The hospital was given regiments in 1511 and, as with other previous regiments (namely at the Lisbon Hospital of All Saints of 1504), determined the rights and duties of the provider, butler, clerk, chaplain, "hospitaleiro" (host) and other officials of the hospital as its internal regulations.

Of all the hospital officials, only the provider, the host and the chaplain had to be "daily workers". The regiment ensured that the hospital would cure the illnesses of 20 people: 14 men and 6 women, and that everything they needed would be given at the cost of the institution. The patients with syphilis or other incurable illnesses would not be treated at the hospital. As well as curing the illnesses, the hospital still functioned as a lodge for the beggars, and as a shelter for people, "religious people, respected women and foreigners", that were passing through the city, specifying which houses and goods they had the right to: bed, water and firewood, without being able to stay for more than a one day and one night. All those who unfortunately died in the hospital would also be buried at the cost of the hospital.

The regiment define the conditions of access to the hospital: the patients cannot live more than 8 leagues away; they must be poor and recognised as being without the conditions to be treated in any other way; they must not have incurable illnesses or syphilis. To guarantee these conditions, the patients must be examined by the provider and by the doctor or surgeon of the hospital. If the patient could not be transported, the provider and the doctor or surgeon would observe him "wherever the patient may be" and would send them to the hospital.

The profile and functions of the various professional categories are defined in detail. The provider, the butler and the host are respected people, and of sound conscience, good and charitable. But the host shall also “have good intentions and be gentle in order for charity to provide”<sup>(14, p.95)</sup>, highlighting an attitude of attention and delicacy with the patients.

Comparing this regiment with the Lisbon Hospital of All Saints<sup>(a)</sup> (conferred by the same king) we see that the positions of host and chief nurse are distinguished, whereas in the Beja hospital, only the role of host appears. The following functions are assigned to them: washing and repairing all hospital clothes; cleaning, not only of the wards, but also in the houses of the beggars, and deodorising them when necessary; making beds, cleaning and feeding patients; accompanying them in admission and ordering the beds; providing enough heat, light and water. He also had to maintain peace in the beggars’ house and throw out any troublemakers. The host had to be married and his wife was entrusted with making bread for the patients. In the case that the provider could not do so, the host would accompany the doctor in the exam for admission of patients. Of these duties, the hygiene of the patients and the wards, the feeding and changing of beds, are those that, in the regiment of Lisbon, are allocated to the nurse, while the others can overlap in both regiments. The comparison of the two regiments shows that, in the case of the regulations of the Hospital of All Saints there is an exhaustive description of the functions of the host and the chief nurse, perhaps because of the size of the hospital: it accommodated 100 patients, 100 other people (beggars, pilgrims, homeless children, etc.) and 48 employees. From this description we can establish that it is the host’s duty to take care of clothes (distributing it, mending and cleaning); to take care of the hygiene of all areas of the hospital; to monitor the state of the beds; to monitor the work of the nurses. They were also responsible for everything to do with the beggars’ house. As for the nurses (4 chief, 7 staff and 1 nurse for women) the description indicates: to be present in the medical visit; to keep records (“taboa”) of all patients; to care for the diet that the doctor orders for the patient; to make the beds and keep the patients clean; to keep the wards clean; to care for the patients in need at night; to care for the dead and accompany their burial; to give the medicines that the doctor orders; to allow for good relationships among the sick; to be present during bleeding and provide the necessary care after bleeding. The difference in detail is notable. In a smaller hospital, would these two professional categories be necessary? Was it because it was difficult to recruit nurses in more isolated areas of the country? Or because of “cost control”? Or lack of awareness of the writer of the regiment of the hospital of Beja for the necessity of the two professional categories? Perhaps the comparison of this with the regiments of other similar hospitals could give us the answer.

---

(a) Regiments of the Hospital of All Saints. Lisbon: Hospitais Civis de Lisboa; 1984.



But other than the functional description of each professional category, we can identify, across all the regiments, aspects that we associate with care and that we continue to associate with the well-being and comfort of the patients and, as such, are fundamental for their recovery. Thus:

- **Hygiene:** of the wards, of the patients and the clothes. We saw previously that the host has the duty of washing the patients clothes, changing the beds (they would have clean sheets every 8 days) and keeping the wards clean and without any bad smells “porque isto é couza q. não aproveita para a soude dos dittos enfermos e mandarà prefumar o ditto Esprital cõ bons cheiros para consolação dos dittos enfermos” (“because this is not good for the health of the sick and the host shall perfume the ward with pleasant smells to console the sick patients”)<sup>(14, p.85)</sup>. The hospital would have two slaves to help with these tasks.
- **Feeding:** the patients should be well-fed. The provider should check the quality of the food purchased, its preparation and “se sahe tudo para as enfermarias” (“that it all goes to the wards”). The hospital should have a cook to prepare the patients’ food. It is written that there should be bread, wine, meat, fish, poultry and all of good quality. The feeding of the patients was a duty of the host.
- **Physical comfort:** we can imagine what it would be like for the most vulnerable members of society to sleep on a woollen mattress, between linen sheets, with covers and a pillow! Furthermore, the host had to provide firewood so that the wards were always warm.
- **Spiritual comfort:** other than the daily officials, the chaplain would visit the sick and console them with encouraging words so that they are patient with their illnesses.

For the patients’ recovery it would also be necessary to administer “mezinhas” (“remedies”). In this regiment, the duties of the pharmacist are not described. What is described is that Infanta Dona Beatriz’s (mother of Dom Manuel) pharmacist and entrusted nun were transferred from the Conceição convent (where Dona Beatriz would later die) to the hospital. The nun was given a room at the hospital.

The nun must have been truly knowledgeable in her art, since that in the regiment of the Royal Hospital of All Saints the duties of the pharmacist are described, and it is stated that the pharmacist should always be a man.

Due to insufficient funds and the consequent difficulty in sustaining the patients, in 1564, by the order of Dom João III (successor of Dom Manuel), the hospital is attached to Misericórdia. The hospital continued to function until 1970. It was a place of shelter for people returning from ex-colonies, the Open University existed there and nowadays on the first floor there is the Bento de Jesus Caraça graduate school.

Once again in the possession of Misericórdia, it has been carrying out restoration works of various areas of the hospital on the ground floor, looking to restore the building's former beauty and dignity. The area where the men's ward is located, with its dome of war-heads and where different designs of dome closures are visible, that of the pharmacy, with an arch of ornamental elements characteristic of the Manueline style, and the inner courtyard with the cistern, have now all been restored. The most difficult to restore is the chapel, not only because of its wealth of gilded wood but also because of the overlapping of architectonic elements from different eras.

## CONCLUSION

---

In the hustle and bustle of the day-to-day, those who pass the "old hospital" door probably do not know that they are passing through a building that, in its time, was a symbol of the power and wealth of those who ordered it to be built: the Duke of Beja and later King Dom Manuel I. They probably do not know that, together with the convent of Our Lady of Conceição (which is much more visible in the city) and the palace of the Dukes (destroyed in the nineteenth century), it integrated an important set of buildings that demonstrated the wealth and the artistic taste of the duchy of Beja. As we said previously, the hospital is considered one of the best examples of civil Gothic-Manueline architecture.

If the building reflects power and wealth, its regiment reflects the need for the king to control an activity that until then was in the hands of the Church, and to ensure the effectiveness of these institutions through the detailed definition of the duties and the profile of each one of the professionals who work there. It also reflects the growing need to control disease, isolating the sick from the healthy.

The recommendations that we read in the regiment show that certain care is considered fundamental for the recovery of the patients: hygiene, good nutrition and comfort, both physical and spiritual. They also show that in order to care for others it is necessary to have a defined profile: be charitable, honourable, of sound conscience, zealous, patient.

Learning about the Great Hospital of our Lady of Mercy, integrating it in the social, cultural and political context of the era, highlights a period of history of the city of Beja of great economic and cultural prosperity, and can be considered a favourable aspect of the sense of belonging to the community. And even more so when, more than 500 years later, it continues to serve that same community.

A careful reading of its regiment gives us, as nurses, a sense of continuity; it shows us how there has always been a place for nursing and it emphasises the personality profiles that we always associate with the character of a nurse. The knowledge of the deep roots of our profession allows us to create a sense of identity and professional pride.

Memory is an essential element of what is called identity<sup>(3)</sup> and local history allows us to highlight aspects that do not have “space” in narratives of national character. A country is not an abstract entity. It is in fact a whole, made up of parts that altogether give meaning to its entirety, which is why knowledge of local history contributes to the construction of national history.

## BIBLIOGRAPHICAL REFERENCES

---

1. Mattoso, José. A escrita da história: teoria e métodos. Lisboa: Estampa; 1997.
2. Catroga, Fernando. Os passos do homem como restolho do tempo. Lisboa: Almedina; 2011.
3. Le Goff, Jacques. As doenças têm história. 2.<sup>a</sup> ed. Lisboa: Terramar; 1997.
4. Monteiro, Florival Baiôa. A azulejaria do convento de Nossa Senhora da Conceição de Beja. Beja: Região de Turismo da Planície Dourada; 2001.
5. Góis, Manuel Lourenço Casteleiro. Beja: XX séculos de história numa cidade. Beja: Câmara Municipal; 1988.
6. Saraiva, José Hermano. História concisa de Portugal. 24.<sup>a</sup> ed. Lisboa: Publicações Europa-América; 2007.
7. Rodrigues, Teresa Ferreira. As estruturas populacionais. In História de Portugal (dir. José Mattoso). vol. III. Lisboa: Estampa; 1993. p.197-241.
8. Sousa, Armindo de. 1325-1480. In História de Portugal (dir. José Mattoso). vol. II. Lisboa: Círculo de Leitores; 1993. p.311-389.

9. Ferreira, F. A. Gonçalves. História da saúde e dos serviços de saúde em Portugal. Lisboa: Fundação Calouste Gulbenkian; 1990.
10. Dias, João José Alves. A população. In Nova História de Portugal (dir. Joel Serrão e A.H. Oliveira Marques). Vol.V. Lisboa: Presença; 1998. p. 11-52.
11. Braga, Isabel M. R. Mendes Drumond; Oliveira, João Carlos. A saúde. In Nova História de Portugal (dir. Joel Serrão e A.H. Oliveira Marques). Vol.V. Lisboa: Presença; 1998. p. 644-657.
12. Abreu, Laurinda. Misericórdias, Estado Moderno e Império. In Portugaliae Monumenta Misericordiarum. Vol. 10. Centro de Estudos de História Religiosa - Universidade Católica Portuguesa. Lisboa: União das Misericórdias Portuguesas; 2017.
13. Le Goff, Jacques. Documento/monumento. In Enciclopédia Einaudi, Vol. I.). Lisboa: Imprensa Nacional - Casa da Moeda; 1984. p. 95-106.
14. MESTRE, Joaquim Figueira - Proposta de classificação do hospital da Misericórdia como monumento nacional. Beja: Câmara Municipal; 1992.

Correspondence: ana.pires@ipbeja.pt