

S. Jacinto Ward and the assistance to tuberculosis patients by the Third Venerable Order of St. Francis' Penance of Coimbra (1908–1944)

A enfermaria de S. Jacinto e o auxílio aos doentes com tuberculose pela Venerável Ordem Terceira da Penitência de S. Francisco de Coimbra (1908-1944)



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Abstract The Third Order of Coimbra, founded on January 5, 1659, promoted spiritual and material assistance to its members since early times. The foundation of the hospital (1851) and asylum (1884) guaranteed the assistance to sick and old people. The aim of this paper is to present the ward of the hospital in charge of treating Brothers suffering from tuberculosis. Built under the patronage of sister Maria José Augusta Barata da Silva, the S. Jacinto ward, in memory of her son Jacinto Adelino Barata da Silva, a victim of tuberculosis, was inaugurated on the 2nd January, 1909. In the institution's archive, can be found the *Hospital admission applications* (1857–1949), the *Records of admissions and discharges* (1852–1977), and the *Patient records* (1857–1950), enabling the identification of 23 tuberculosis patients (60.9% men and 39.1% women). With ages ranging from 23 to 74 years old (mean age=48 years),

Resumo A Ordem Terceira de Coimbra, fundada a 5 de janeiro de 1659, desde cedo promoveu a assistência espiritual e material aos seus membros. A fundação do hospital (1851) e asilo (1884) garantiu o socorro na doença e na velhice aos seus irmãos. O objetivo deste trabalho é apresentar a enfermaria destinada a tratar irmãos doentes de tuberculose. Construída com o patrocínio da irmã benfeitora D. Maria José Augusta Barata da Silva, a enfermaria de S. Jacinto foi inaugurada a 2 de janeiro de 1909, em memória do seu filho Jacinto Adelino Barata da Silva, vítima da tuberculose. A partir dos *Pedidos de admissão no hospital* (1857–1949), dos *Registos de entradas e saídas*, (1852–1977) e das *Papeletas* (1857–1950) dos doentes, existentes no arquivo da instituição, foi possível identificar 23 doentes com tuberculose (60,9% homens e 39,1% mulheres). Com ida-

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patients were hospitalized between 10 days and 16 years. Men were mostly artisans, and women were predominantly housewives. The data of these patients as well as the hospital diets and applied therapies will be discussed. Detailed information about these patients will be useful in the knowledge of tuberculosis in pre-antibiotic times.

Keywords: Secular Franciscan Order; hospital; asylum; phthisis; diets; therapeutics.

Introduction

Hospital assistance has changed in time from charitable institutions attending those that could not be treated at home to medical assistance companies in the 21st century. Hospitals played a key role in the modern welfare system (Carasa Soto, 1991: 29), bringing together physical and spiritual assistance (Sá, 1996; Silva, 2016a) along with the distribution of alms (Silva, 2015; Silva and Marques, 2018a).

In Portugal, until the creation of the National Health Service, in 1979, medical assistance was provided at home (a privileged resource for those who could afford it), and in hospital interment for the poor. Most institutions were integrated

des à data do internamento entre os 23 e os 74 anos (idade média=48 anos), os doentes ficaram hospitalizados entre 10 dias e 16 anos. Os homens eram maioritariamente artesãos e nas mulheres predominavam as domésticas. Os dados destes indivíduos bem como as dietas hospitalares e as terapêuticas aplicadas serão alvo de discussão. A informação detalhada existente acerca destes pacientes auxiliará o conhecimento sobre a tuberculose na era pré-antibióticos.

Palavras-chave: Ordem Franciscana Secular; hospital; asilo; tísica; dietas; terapêutica.

in *Misericórdias* or brotherhoods, fraternities and Third Orders¹. The last three were (almost) exclusive for their members. In the general framework of hospital assistance in Portugal, the Lisbon Central Hospitals, under public administration from 1834, Hospitals of the University of Coimbra, the Hospitals of Caldas da Rainha and of S. João, in Porto, already in the 20th century, were exceptions to it (Lopes, 2010; Silva, 2015).

¹ The secular Third Orders were very spread and developed, especially in the 17th and 18th centuries. The spiritual and material assistance provided to their members were important incentives and attractions for aged people. Confraternities and other orders “in the field of social protection” had a minor role, since they were generally reserved to the members themselves. Their function can be considered negligible, given the proliferation of these institutes in the Portuguese territory” (Lopes, 2010: 7).

Another relevant fact is that, in Portugal, during the Modern Period and the beginnings of the Contemporary Era, and contrary to what happened in other Catholic nations, assistance provided by the Church in health care was lacking (Lopes, 2010): the *Misericórdias* originated in a royal foundation, the city hospitals that emerged in the Modern Period were of royal, noble, civil or corporate institutions (Silva, 2008). At the same time, there were also brotherhoods, fraternities and Third Orders that proliferated throughout the country. In the 19th century, the typically liberal institutions: asylums, nurseries, dispensaries, nursing homes, and night shelters emerged (Lopes, 2011) within the activities of public entities such as the central government, county and city councils.

In the second half of the 19th century, at the time of the foundation of the hospital (1851) and asylum (1884) of the Third Order of Coimbra (TOC)² in Coimbra, the *Santa Casa da Misericórdia* provided

² TOC was founded on January 5, 1659 as a canonically erected moral person and at present time is a non-profit entity, a social solidarity private institution with several social assistance services, namely a Residential Structure for the Elderly (Nursing Home) and a Shelter Centre for Homeless People (Casa Abrigo Padre Américo) (Silva and Marques, 2018b). After the extinction of male religious orders in 1834, the TOC's Council obtained through royal decree the Carmo Church, located on Sofia Street, in 1837 (Figure 1), and the remaining building of the extinct College of *Carmelitas Calçados* in 1841 to build its hospital, being still today the head office of the institution (Silva, 2015; Silva 2016b; Silva and Marques, 2018a). About

assistance since 1500, the *Hospitais da Universidade de Coimbra* since 1772, resulting from the merger of older and smaller hospitals: the Royal Hospital, the Hospital for Convalescents, and the St. Lazarus Hospital. Also, the *Hospício dos Abandonados*, the *Asilo da Infância Desvalida* and the *Asilo da Mendicidade* already were liberal institutions of the 19th century (Lopes, 2011; Silva, 2015).

The extinction of the religious orders in 1832 and 1834 caused great constraints in the regular government of the various Third Orders, having just survived those that provided useful assistance to their members, such as nursing home/ asylum, hospital, kindergarten, primary schools or private cemeteries, such as the TOC, which had a hospital and an asylum (Silva, 2015; Silva and Marques, 2018b).

The TOC Hospital and Asylum, founded respectively in 1851 and 1884, are the greatest proof of the assistance provided to members, ensuring help in disease and old age to the Franciscan secular Brothers and Sisters (Silva 2015; Silva 2016b; Silva and Marques, 2018a).

With the Republican regime, implanted on October 5, 1910, TOC assumed its beneficent purpose, emphasizing the works of assistance and charitable character of the institution, particularly with the hospital and asylum, the medical and pharmaceutical assistance, the

the Third Order of Coimbra, cf. Barrico (1895), Silva (2013) and Silva and Marques (2018b).



Figure 1. Façade of the building of the extinct Carmo College, located in Sofia street, number 114, Coimbra.

distribution of alms provided to the poor brothers, thus, relegating to the background the former religious feature of the Order. Thus, TOC intended to adapt to the new Law, maintaining its survival (Silva, 2015; Silva and Marques, 2018a).

This multi-secular institution has preserved its memory over centuries. The proof lies in its archive, providing rich source for studies in several areas of knowledge. Although multiple vicissitudes have led this institution to move between different places of Coimbra, the documents evidencing its existence, history and mission were preserved (Silva, 2013).

In the archive of the Third Order of Coimbra, there are several documentary sources that keep live memory of the welfare action of this institution. Regarding the hospital information, the *Internal Regulations* (1851, 1890, 1897), the *Applications for admission to the hospital* (1857–1949, 676 documents); the *Records of patients' admission and discharge* (1852–1977, three books); the *Records of the sick brothers' assets* (1897–1973, two books); the *Patient files of the sick brothers* (1857–1950, 694 cases); and the *Income and Expenditure Accounts* (1878–1879 to 1951, 16 books and one box) are fundamental sources. In the *Minutes*, written

between 1908 and 1944 (seven books), there is countless information about the management of the Hospital, as well as the behaviour of its employees and the assisted people (Silva, 2013).

Knowing how to preserve its Archive, the TOC provides valuable material for study to researchers from different areas, such as Religious History, Social and Economic History, Art History, Family History, History of Medicine, Anthropology, among others. For instance, “The combination of data from the archives and documents with information provided by the study of skeletons may be very useful in the study of paleopathology of tuberculosis” (Santos, 2015: S111).

Among these documents, there is information on the circumstances that led to the founding of the S. Jacinto ward within the hospital of the Third Order of Coimbra, in 1908. The creation of this ward for TB patients is an exceptional accomplishment. It followed the first sanatoriums created in Portugal³. In Coimbra, the Dispensary of the University Hospital

and the Dispensary of Pátio da Inquisição were a consequence of the reorganisation of the sanitary services in 1928 and 1929 (Santos, 2000: 53), twenty years after the inauguration of Saint Jacinto ward in TOC Hospital.

For Matos and Santos

[a]rchival studies aiming to compare the outcomes of pulmonary tuberculosis (TB) in patients interned before and after the medical use of antibiotics are virtually non-existent. Therefore, these sources can undoubtedly contribute to better understand the past history of these conditions. (Matos and Santos, 2015: S101)

The S. Jacinto ward and the assistance to tuberculosis patients

The desire to build a hospital for the treatment of the poor and sick Brothers and Sisters in Coimbra dates back to 1831. However, the extinct College of Carmo, in the Sofia Street, was only donated by the decree of April 23, 1845, so that TOC could establish its hospital.

Although the bad preservation of the Carmo college building (Silva, 2015), the Hospital was inaugurated on the 14th May, 1852, and received the name “Hospital de Nossa Senhora da Conceição” (Barrico 1895: 158), similar to the name the University Hospitals of Coimbra had after the Pombaline Reform of the University in the late 18th century

³ Earlier hospitals for tuberculosis patients were built in Madeira Island, in 1862, by the Empress D. Amélia in memory of her daughter, actually the first Portuguese sanatorium for tuberculosis patients (Santos 2000: 39). And also, the first dispensary in Lisbon, dated from 1901 (Santos, 2000: 53). Also, a mention to the *Sanatório Carlos Vasconcelos Porto*, located at São Brás de Alportel, “a place recognized for its excellent climatic conditions to treat pulmonary TB”, was inaugurated in 8th September 1918, and it was active for 73 years (Matos and Santos, 2015: S101). For more information on the emergence of sanatoria cf., see, Matos and Santos, 2013.

(Lopes, 2000). Between July of 1877 and the economic year 1882–1883, the works to adapt the Carmo's building were carried out for proper accommodation of the hospital and the asylum. Simões Barrico, a contemporary who accompanied the work, states that the Brothers and Sisters' wards were similar as for construction and furniture to the wards rebuilt in the University Hospitals, under the direction of Doctor Costa Simões⁴ (Barrico, 1895).

The 1890 *Regulation* stipulated that the hospital should have two patient infirmaries one for each sex, "a few more rooms with the decency and comfort that is possible, for the treatment of the Brothers who want self-cure separately" (article 128), two more infirmaries for the invalid Brothers, separating men from women (article 129), a medical office (article 130), and a house for the deposit of the personal belongings of the sick and invalid Brothers and Sisters (article 131) (Silva, 2015: 41).

Contagious, incurable and chronic diseases were obviously to be avoided within hospital buildings, but the men-

tality regarding the task of the hospital assistance was changing. When, in 1898, Brother P. I. died a few days after being denied hospitalization "for suffering from pulmonary tuberculosis", the TOC's deputy minister expressed his concern in these terms: "The regulation did not allow the admission of patients suffering from tuberculosis, I think the arrangement of a special infirmary for these diseases and for smallpox should be arranged" (*Actas*, 1898: 22v).

This disease had great incidence in the 17th and 18th centuries, and was widely spread in the 19th century with a high mortality rate: in Portugal between 1902 and 1910 the average annual deaths were 6533, victimizing many children and young adults. Therefore, it was known as "White Plague" (Ferreira, 2005; Santos, 2000; Vieira, 2011; 2012).

The desire for a special ward for tuberculosis patients would become real in the early 20th century. On the 9th July, 1908, it was recorded in the files that meritorious Sister Maria José Augusta Barata da Silva (Figure 2) provided the TOC Hospital with an infirmary to treat sick brothers and sisters with TB, requesting permission for it at her own expenses, in the "house of the library" (Figure 3) (former library of the Carmelite brothers) (Silva, 2015).

The construction of a TB ward was authorized by the TOC council, which determined that the ward would be called "San Jacinto", in memory of Jacinto

⁴ António Augusto da Costa Simões was born on the 23rd August, 1819, in the parish of Vacariça, municipality of Mealhada, where he died on the 26th November, 1906. He graduated from the Faculty of Medicine of the University of Coimbra in 1848, and retired as a Professor at the same University in 1882. Among the various positions he held were: mayor of Coimbra, 1856–1857, administrator of the University Hospitals (1870, 1882–1883), and dean of the University of Coimbra (27-9-1892 to 17-2-1898) (Rodrigues, 1992: 237; Silva, 2008: 51–56).

Adelino Barata da Silva (Figure 4), son of the patroness, who had died of tuberculosis (*Minutes and Elections*, 1908). The work was done promptly and the inauguration of the San Jacinto ward was held on August the 2nd, 1909 (*Actas*, 1909). One month later, in a session of the 9th September, the TOC's president welcomed the fact that the Brothers and Sisters' tuberculosis patients could be hospitalized, because previously they could not enjoy the benefit of hospital assistance (*Actas*, 1909).



Figure 2. Portrait of Maria José Augusta Barata da Silva.

In the beginning of the 20th century, the TOC Hospital had an infirmary of general patients (called S. Jerónimo), an infirmary for the elderly (called S. Francisco) and an infirmary for tuberculosis patients of both sexes (or infirmary of S. Jacinto).



Figure 3. S. Jacinto ward (former library).

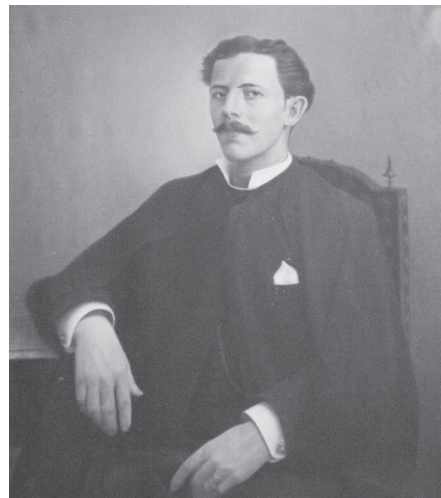


Figure 4. Portrait of Jacinto Adelino Barata da Silva.

Results and discussion

Even if hospitals did not admit incurable patients and sent them to be treated at home, it is not uncommon to find TB patients in hospitals (Santos,

2000; Silva, 2015). Proof of that are the six tuberculous patients (all men) admitted to TOC Hospital between 1885 and 1904, despite the regulations, and years before the inauguration of the ward specialized for this kind of disease. In fact, although TOC Hospital regulations strongly forbade the admission of chronicle or incurable patients, they represented 10.05% in women and 7.14% in men in the overall admissions, according to patient files (Figure 5) (Silva, 2015).

IRA DA PENITENCIA DE S. FRANCISCO

de 1911 com dias de molestia

Complicação *nenhuma*

Periodo da molestia quando entrou na enfermaria

Marcha *regafar*

Molestias intercorrentes e consecutivas

Tempo de convalescença

Resultado *melhorado*

Sahido *em 27-8-1911, por ter perdido licença para ir passar algum tempo em Alameda de Serra.*

Município de S. Jacinto em 1885

Figure 5. File of the 1st patient admitted to S. Jacinto ward.

In the late 19th and early 20th century, tuberculosis stood out among the great epidemics: “Evil, terrible and hateful, the disease was associated with a very strong contagion that frightened

all” (Araújo, 2010: 172). In Portugal, tuberculosis became a significant health problem later than in most European countries (Santos, 2000: 39). With the outbreaks of tuberculosis, sanatoria were established throughout the country, and agencies were established in the district capitals for the study of the treatment of patients (Ferreira, 2005; Araújo, 2010; Matos and Santos, 2013; 2015).

The name of Robert Koch has been associated with tuberculosis since 1882, when he identified the micro-organism *M. tuberculosis* responsible for the disease, later named after him. As one can read in the observations that Doctor Freitas Costa did in the patient file of A. S., shoemaker, single, aged 34, sick with pulmonary tuberculosis, the analysis of sputum revealed Koch bacillus in great quantity, dying one month and a half later (1912). In the patient file of another patient, F. V. (Figure 6), the attached document of the Laboratory of Microbiology and Biological Chemistry of the University of Coimbra (1914) indicates the presence of “many” Koch bacilli.

The discovery of Koch’s bacillus brought a new conception of tuberculosis, seen so far as “a disease that comes from the other, from unruly and amoral behaviour, impure air, crowded and unhygienic, from what is laid out and that it infects; of accelerated and unstructured growth” (Gonçalves, 2000), mistakenly considered as “a disease of poverty and depravity of customs, symbolized by lean

bodies, poor housing, inadequate food and poor hygiene” (Vieira, 2012: 210). This misconception is still not outdated in the early 1920’s since the pointed cause for the pulmonary TB of F. V., 47-year-old tinker, was “alcoholism and syphilis” (1914). However, facts show that TB is a democratic disease, striking the poor and the rich, men and women, children and adults. From the patients admitted to TOC Hospital, 87% had pulmonary TB, one of them with renal TB, one with chronic bronchitis, and another with pneumonia.

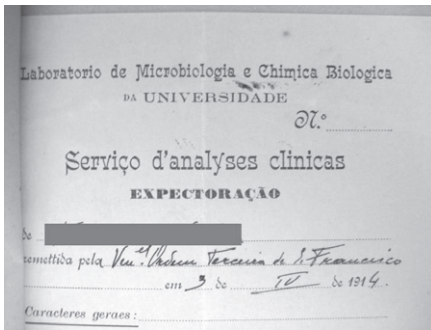


Figure 6. F. V. patient file.

Sexes and ages

Between 1885 and 1944, TB affected both man and woman, and 23 patients with tuberculosis (60.9% men, and 39.1% women) were admitted to TOC’s Hospital. It is a very small number, considering the “1028 confirmed or suspected tuberculous patients” in 1928 and the “929 new patient admissions” in 1930, in the first Dispensary of Coimbra, or the “1523 pa-

tients (402 men, 767 women and 364 children)” admitted to the Anti-tuberculous Dispensary of Coimbra in 1930 (Santos, 2000: 54), but at that time less than 1.5% of Brothers and Sisters were hospitalized. And we also must keep in mind that only the poor sought for medical assistance outside their homes (Silva, 2015). We may presume that the small number of hospitalizations means that a very low number of secular Franciscan Brothers and Sisters were living in poverty and disease (Silva, 2015).

At the time of the first hospitalization, the age of the admitted patients was between 23 and 74 years (average age=48 years) (Figure 7). An average age higher than that of the patients of the *Sanatório Carlos Vasconcelos Porto*, with “an overall rate of 39.28 years” (Matos and Santos, 2015: S102).

Tuberculosis disease, “[a]lthough it has reached all ages, privileged the groups between 15 and 45 years” (Ferreira, 2005: 69), but among the patients hospitalized in S. Jacinto ward ages comprised in the group of 45–49 years (17.4%) and 65–69 years old (17.4%) predominate. The youngest women were 23 when they entered, and the oldest was 74 (mean age=44 years). In the male patients, the youngest was 26 years and the oldest also 74 (average age =52.5 years). The explanation may lie on the fact that secular Franciscan Brothers and Sisters could only be admitted at the age of 16. Also, the dominant profile of the secular members

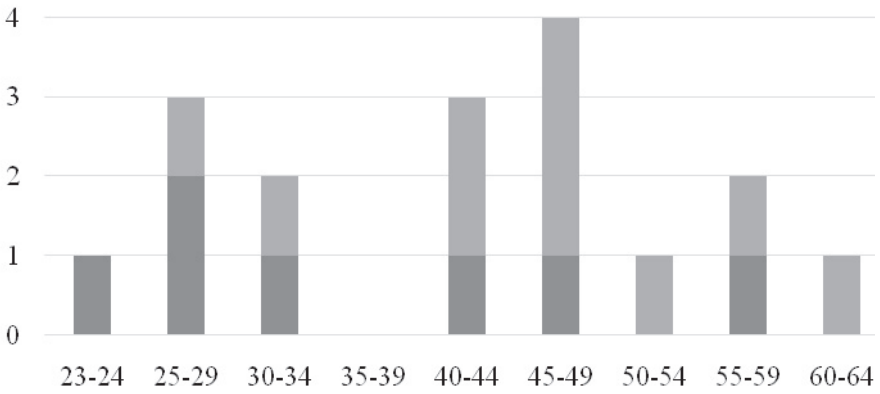


Figure 7. Distribution of TB patients by age group according to patient files.

admitted in TOC Hospital was of married man and lonely women (single or widows), both in the group age of 50–60 (Silva, 2016c).

Birthplace, residence and occupation

Most of TB patients admitted to TOC Hospital were born in Coimbra (14), two in Fundão, and the remaining in Canas de Sabugosa, Condeixa, Leiria, Lorvão and S. Martinho do Bispo, one each. Two had no indication of their birthplace. Regarding the residence, 20 patients indicated that they lived in Coimbra, two patients lived outside Coimbra (one in Figueira da Foz and another in Torre de Vilela), and there was no information on one patient. Eight patients indicate only “Coimbra” as the place of residence, while the rest specify the parishes: Santa Cruz (five residents) Sé

Velha (three), Santo António dos Olivais (two), S. Bartolomeu and Sé Nova (one each).⁵ In addition, TOC’s headquarters are located in Sofia Street, near these parishes, so it is natural that it exerted a greater attraction in its implantation area.

At the end of the 19th century and beginning of the 20th century, Coimbra continued to be marked by the duality of the “Bairro Alto” (uptown), dominated by the daily university life and students, and the “Bairro Baixo” (lower town), where

⁵ Up to 1854, “Bairro Alto” included the parishes of S. Pedro, S. João de Almedina, S. Salvador, Sé and S. Cristóvão; “Bairro Baixo” included the parishes of S. Bartolomeu, S. Tiago, S. João de Santa Cruz and Santa Justa. After the administrative district remodeling of the city of Coimbra and its suburb, in 1854, the 9 parishes were reduced to 6: Sé (also known as Sé Velha) and S. Cristóvão in the “Bairro Alto”, and Santa Cruz and S. Bartolomeu in the “Bairro Baixo”, together with the newly created parishes of Santa Clara and Santo António dos Olivais.

commercial and artisanal life pulsated, and where the working population lived (Roque, 1990). The parish of Santa Cruz emerges as the most represented and, in a way, these results agree with the assessment by Maria Antónia Lopes regarding 1750 to 1850: "Being much more frequent in the lower part of the city, the parish of Santa Cruz and, the always growing, Santa Justa concentrated a greater proportion of the poor" and that poverty "was distributed in urban mesh in a discontinuous way" (Lopes, 2003: 94).

In fact, studies about Third Order Hospitals revealed that poor secular members were those who needed hospital assistance; in this case, we recognize the difficulty in defining the concept of "poor" (Lopes, 2000; 2010) since the secular brothers and sisters had to be able to fulfil the annual payment obligation. Still, situations of deprivation in terms of food, clothing and housing, especially caused by the impossibility of working, encouraged the secular brothers to resort to hospital assistance guaranteed by the institutions of which they were members (Silva, 2015).

It is important to know the place where tuberculosis patients lived because poor housing conditions, poor diet and inadequate workplaces were considered important factors for exposure to Koch's bacillus and increasing of the disease in the population (Gonçalves, 2000).

As for the professional occupation, men were mostly artisans (71.4%) such as tinker, potter and cobbler (two of

each), mattress maker, commerce employee, yellow tinker, shepherd, mason, painter of crockery and typographer (one of each). Women were housewives (six), a seamstress and a maid.

Diets

The diets of the patients in the S. Jacinto ward, as well as the rest of the patients in TOC Hospital, were prescribed in the individual sheets of each patient by physicians and surgeons, who "determined the quantity and composition of the patients' meals, since it was supposed that 'food becomes medicine in the disease'" (Araújo, 2012: 114). The feeding of the sick was an important part of the healing process, "along with the medication prescribed, since it was not random and corresponding to the characteristics of each patient and disease, it was also a means to achieve cure" (Fernandes, 2015: 78). TB patients were recommended for "feeding therapy", "abundant and good feeding" (Gonçalves, 2000; Santos, 2000).

The regulated hospital diets of TOC's patients show that they were mainly composed of broths, rice, bread and meat, and the food of the elderly, although regulated, was more varied than the daily diet of the sick brothers (Silva, 2015: 69–72).

For 11 tuberculosis patients, the "diet of the house" was prescribed, and the "food of the elderly"⁶ to another one,

⁶ On the diets of patients and elderly of the Hospital and Asylum of the Third Order of Coimbra, cf. Silva (2015: 210–211), where the "Table of Diets for

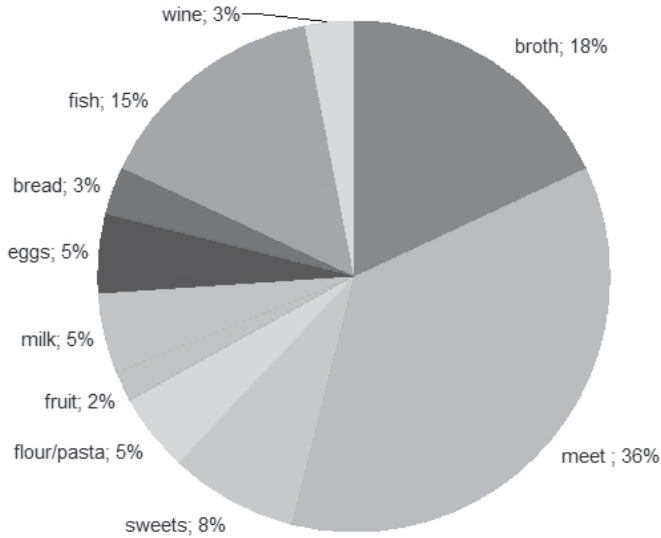


Figure 8. Food groups present in hospital diets of TB patients prescribed in patient's files.

but there was always a concern to “adjust the food service to the condition of the patient” (Araújo, 2012: 115), as did the Hospitals of the University of Coimbra, that provided different diets for different types of illness (Santos, 2000).

Regarding Brothers and Sisters suffering from tuberculosis, meat (steak, mutton, chicken, and cow) was mostly prescribed (Figure 8). It could be given in broth, roasted or cooked. The meat was a reinforcement of iron and proteins. Broths and fish (cod — well sweetened — or generically “fish”, fried or fresh), were often featured. Sweets (cookies and marmalade) and the pampering

“that the poor health demanded” or “because of lack of appetite” also appear in the diets, side by side with rich and varied desserts of fruit and sweets. Wine was considered as having therapeutic virtues, it was a “provider of energy, it was the chosen liquid, and water was thought dangerous because of its coldness and humidity” (Fernandes, 2015: 91).

Doctors from TOC Hospital also follow the “super diet” used in other hospitals with TB patients, very similar to the one provided at Coimbra University Hospital (Santos, 2000: 68–69). TOC Hospital regulation determined that doctors and surgeons would be nominated by the council, chosen among those of best reputation in town. Those who were invited to work in TOC Hospital should have a de-

the use of brothers”, the “Table of Diets and Rations of the sick brothers” and the “Table of the genera for daily ration of each invalid” are transcribed.

gree from the Faculty of Medicine of the University of Coimbra. Secular Franciscan members were preferred (Silva, 2015: 57). Some TOC doctors also worked in the Hospitals of the University of Coimbra. So, the prescribed diets would be very similar in both hospitals.

Fac secundum artem: the prescribed therapeutic applications

“The 20th century came and brought new therapies, some of which have actually provided a cure for tuberculosis” (Gill, 2012: 266), but until 1945, when Waskman discovered streptomycin, there was no specific medicine for healing or an effective medicine against tuberculosis. Climatic therapies and absolute rest were the most used means to relieve the symptoms (Gonçalves, 2000; Santos, 2000).

The drugs documented on the patient files of the TOC Hospital (Figure 9) show the deficiencies of medical art in the first half of the 20th century⁷, when tuberculosis had no effective treatment to prevent the ruthless march of “phthisis”, which victimized the rich and the poor, the last additionally weakened by

hunger. Nonetheless, and although secular Franciscan members could not be considered to be “poor”⁸, rest and good nutrition helped in the recovery.

The image shows a handwritten medical prescription table. The table has two main columns: 'Aplicações terapêuticas' and 'OBSERVAÇÃO:'. The text is written in cursive and includes several entries with dosages and frequencies.

Aplicações terapêuticas	OBSERVAÇÃO:
20g Turfusa de cada lado direito do Thorax.	
gotas amargas de Baumé	
tres pilulas de Sespinal.	
1.º Cayopierima - vinte centigramas	
em uma hostia - tres por dia	
2.º Almidão de gumeira - vinte centigramas	
em uma hostia - 3 por dia	
15g Campolob de Lymanol	
2 em uma por dia	
25g Vinho quinquina	

Figure 9. Example of recommended therapeutics in a TB patient file.

The substances prescribed as therapeutic application written on the patient files were mere palliatives used in herbal remedies, patches, traditional herbs, pills, ointments, oils and syrups. Comparatively,

⁷ Santos (2000) refers to some medical treatments used during the 16th and 18th centuries, among which were the use of herbs, herbal syrups, tea and coffee. She adds that in Portugal “chicken broth with barley, pickled flowers, sugar, santal, heated wheat gum, ground-up mother-of-pearl, crab eyes and ‘powder viper’ were included in the tubercular diet” (Santos, 2000: 34–35).

⁸ To become a secular Franciscan member, people must have a job, rent or means to live by and TOC inquired of the honesty and social criteria of the proponents. People should not be jobless, should have a known and fixed address, and should not be broke. TOC assured that proponents were not living in poverty, although situations of incapacity, such as disease, could led them to that (Silva, 2015: 107).

“As far as substances, instruments and medicines are concerned, there was a very close relationship between what was used in Brazil and Italy, such as gold salt, creosote, phosphorus, calcium, iodine, cod, as well as blue light for the case of bone tuberculosis. The major linkage was in turn, from the use of sera and artificial pneumothorax, methods used respectively by Edoardo Maragliano and Carlo Forlanini, who gave recognition to their proponents.” (Gill, 2012: 281)

With the prescribed therapies (Table 1) — anti-anaemic, anti-diarrheal, anti-fever, anti-haemorrhagic, anti-inflammatory, anti-infectious, expelling, disinfectant, re-calcifying, laxative, purging, cardiac tonics — doctors sought to improve the symptoms and cure the patients.

Before antibiotics, weather therapy was prescribed frequently, meaning “changes of air” as a supportive treatment. However, in patient files of the Brothers and Sisters suffering from tuberculosis, this treatment was not prescribed. Only one of the 23 patients, a 47-year-old man, left TOC and went to the mountains for some time, but at his own request, as mentioned in Figure 5 above (he left on August 27, 1911).

If open area (fresh air and sunbathing), rest and proper nutrition were “the hygienic triad” (Santos, 2000; Matos and Santos, 2015) in supporting tuberculosis patients, the introduction of effective an-

tibiotics in the market provided an irreversible change in the medical and social context of tuberculosis.

Time of hospitalization and prognosis of the disease

Tuberculosis patients were hospitalized between 10 days and 7300 days (20 years) (average of 716.26 days). This compares to 1 to 2509 days (approximately seven years) at the *Sanatório Carlos Vasconcelos Porto* (Matos and Santos, 2015: S102). For “Paolo Zerri (1929: 14) the disease, after the forthcoming of the first symptoms, would have an average duration of 10 years, leading to death if no effective treatment was carried out” (Gill, 2012: 270).

From the total of hospitalized TB patients (n=23), 69.6% (n=16) died, while hospitalized, one day to 20 years after admission, in an average of 931,75 days of hospitalization. This number comes down to 126,28 when excluding the two TB patients that lived in S. Jacinto ward for 16 and 20 years. The percentage of patients that left in the same condition was 13% (n=3) (among them a single woman, a seamstress, 26 years old, who entered on May 2, 1932, and left “in the same condition” on October 7, 1932, to the Celas sanatorium⁹), 13% (n=3) were “improved”, and a man, a widow, a mason, aged 43, came out “worsen” (peio-

⁹ The Sanatorium-Hospital of Celas (1930-1970) was for women and had 100 beds (Santos, 2000: 57).

Table 1. Substances prescribed in the therapies according TB patients files.

Antipyrine (or phenazone)	Curia water	Potassium iodide
Atropine sulfate	Diabelhas baking (cozimento de diabelhas)	Quinine hydrochloride
Belladonna tincture	Digitalis infusion	Quinined wine
Bicarbonate solute	Dynamol	Sodium benzoate
Bismuth carbonate	Ergotine	Sodium borate
Bismuth hydrochloride	Febrifuge, analgesic and antispasmodic	Sodium cacodylate
Boric acid	Infusion of ... (?)	Sodium phosphate
Bourget solute	Iron perchlorate lemonade	Sodium sulfate
Cacodylate	Lime water	Solute of corrosive sublimate (mercury bichloride)
Camphorated oil	Lobelia alkaloid	Strychnine
Castor oil	Lobelina	Syrup (probably expectorant)
Chloroform water	Magnesia	Terpina
Citrocidin	Morrhuel	Terpinol
Citro-magnesium orangeade	Naphtha wafers	Tincture of iodine
Clisteres with castor oil	Neutrolan Schering	Tolu
Clisteres with vinegar	Nitric lemonade	Tricalcium phosphate
Cod liver oil	Pine sap syrup	Urotropine
Creosote	Pion of ... (?)	Van Swieten liqueur
Cryogenin	Potassium chlorate	Vesicatory
		Yellow ointment for the vesicle of the thorax

rado) but with no explanation for the reason on his patient file.

Finally, a 46-year-old man, widow, potter, came out “much improved”, the doctor justifies:

“Warned today to visit this patient, on whose entrance I was not asked for the information that the regulation requires, and having found the patient not in the common ward but in a room of isolation, I ordered that the expectoration of the patient to be sent to the office of bacteriology of the Faculty of Medicine in order to verify if there is Koch’s bacillus. Sousa Refoios¹⁰ [signature]. Result of bacteriological analysis of sputum “does not have Koch bacilli: there are some staphylococci and some pneumobacilli of Friendlander”. Sousa Refoios [signature]. 25-10-[19]12. Must pass to the general ward. 25-10-[19]12 Sousa Refoios [signature].”

Santos states that “despite the reasonable medical knowledge of TB diagnosis and medical assistance in Coimbra at the beginning of the 20th century, the

¹⁰ Joaquim Augusto Sousa Refoios was born in April 11, 1853 in Miranda do Corvo and died in Coimbra in December 4, 1905. With a PhD in Medicine by the University of Coimbra in 1879, he was professor at the Faculty of Medicine in UC (1883-1905), acting director of the Museum of Normal Anatomy (1883); secretary of the Faculty of Medicine (1883-1884); acting director of Normal Anatomy Cabinet (1889-1892); and scrivener of the Santa Casa da Misericórdia of Coimbra (1883-84) (Silva, 2015: 57).

hypothesis of mis- or incomplete diagnosis for these individuals could not be completely discarded” (Santos, 2000: xix). And if initially hospitals rejected the admission of incurable or contagious patients, a reason that, among others, helps to explain the low mortality rates, the advances of medicine in the late 19th century (Pereira and Pita, 1994) contributed to the progressive increase and specialization of medical care.

Final considerations

Founded in the second half of the 19th century, the TOC Hospital and Asylum were the greatest proof of the material assistance provided to its members, guaranteeing the help in sickness and old age to the Franciscan secular members.

The opening of a TB ward when in Coimbra there were no other commodities for this kind of patients, and the ward for infectious patients in the Hospital do Castelo had poor conditions, is something worth noting. Furthermore, it is important to highlight the role of the benefactor Maria José Augusta Barata da Silva, who sought to ensure, at least, bed, food and rest to TB patients.

Patients treatment, diets, rest and therapeutics of that time guaranteed a longer survival to TB patients in S. Jacinto ward, where pulmonary TB was more frequent.

This paper shows the importance of historical documents preservation, not

only for the history of the institutions but also as complementary source for other studies, such as paleoepidemiology and social history of tuberculosis.

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