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The *domus infirmorum* of the monastery of Santa Cruz de Coimbra and the charity of the São Nicolau Hospital (Portugal, 12th-13th Centuries)

A *domus infirmorum* do mosteiro de Santa Cruz de Coimbra e o acolhimento no hospital São Nicolau (Portugal, séculos XII-XIII)

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To care for the sick, whether it be the convalescentor those who, although free of fever, suffer from an enfermity, brothers who can obtain from the pantry what is necessary for each one, shall be assigned.
(*Regra de Santo Agostinho*, 37)

Abstract: This article represents the initial results of a micro-history survey of two health spaces and *medical practice* locations at the Augustinian Monastery of Santa Cruz de Coimbra, namely, the infirmary, or *domus infirmorum* and the São Nicolau Hospital. The first, built in the 12th century, was built within the area of the monastery, intended for the care of sick monks, and was defined in the regulations of the foundation and then through the subsequent Customary practices or *Liber ordinis*. The second, São Nicolau Hospital, was also founded sometime during mid 12th century, and operated like the other medieval charitable hospitals, i.e. it provided shelter for pilgrims, took in the poor, and treated the sick and infirm. These two spaces favored medical studies, as evidenced by the titles in the library; at the same time, they were places of experimentation into preventive measures and therapeutic practices.

Keywords: monastic medicine; Monastery of Santa Cruz de Coimbra; Middle Ages; São Nicolau Hospital.

Resumo: Este artigo configura os primeiros resultados de uma pesquisa de micro-história sobre dois espaços de saúde e *practica medica* no Mosteiro agostiniano de Santa Cruz de Coimbra, a saber, a enfermaria ou *domus infirmorum* e o Hospital São Nicolau. O primeiro, construído no século XII, constituiu-se na área do mosteiro crúzio destinada ao cuidado com os monges doentes, definido primeiro nas regras de fundação e depois presente nos Costumeiros ou *Liber ordinis* posteriores. O Hospital São Nicolau foi igualmente fundado em meados do século XII e funcionou como os outros hospitais de caridade medieval, ou seja, hospedava peregrinos, albergava pobres,

tratava dos doentes e acolhia desvalidos. Esses dois espaços favoreceram os estudos médicos, como atestam os títulos da biblioteca, ao mesmo tempo foram lócus de experimentação das medidas preventivas e de práticas terapêuticas.

Palavras-chave: medicina monástica; Mosteiro de Santa Cruz de Coimbra; Idade Média; Hospital São Nicolau.

With regard to the foundation and history of the Monastery of Santa Cruz de Coimbra (12th to 18th centuries), one of the most influential religious orders of the regular canons of Saint Augustine, in the Portuguese kingdom of the Middle Ages, we find an extensive Portuguese historiographic production. The medievalists Antonio Cruz, Armando Martins, Maria Helena da Cruz Coelho, and Saul Antonio Gomes stand out, among others, as do Aires Nascimento and Francisco Meirinhos. Much of the monastery's archive was taken to the Public Library of the city of Porto by Alexandre Herculano, in the 19th century, when the policy of dismantling the Portuguese monastic communities and incorporating their goods into the National Exchequer, by decree of May 30, 1834 was implemented. Another part of the archive belongs to the National Archive of Torre do Tombo, and the Archive of the University of Coimbra.

While traversing the field of the social history of medicine, alongside my studies on the medical work of Pedro Hispano (?1220-1277), also known as Pope John the 21st, an interest in medieval monastic medicine emerged. After investigating the state of the art, it was noticed that this path of historical research on the spaces of welfare and medical practices at the Coimbra monastery in question had been poorly explored. Thus, in a micro-history experiment in the style of Carlo Ginzburg, the tracing of the disperse and fragmentary clues of the medical knowledge produced and practiced by monks in some Portuguese Benedictine houses and in particular, in the Canonica of the Monastery of Santa Cruz de Coimbra.

In the first two centuries of its existence, the interest of the regular canons of Saint Augustine in medical knowledge and its practice was well known. The monastery became the locus of the *studium* of higher education among the members of the community, with some even traveling to study at the *Studium* in Paris. Besides being the headquarters of the famous and active *scriptorium* and depositary of the Royal Chancellery,¹ the *armarium* or library included in its archive, in addition to theological and regulatory volumes, titles of works on ancient medicine and medieval Islamic Galenism. Thus, before the foundation of the *Studium generale* (1290) by D. Dinis (1279-1325), a decisive moment in the structuring of academic teaching in the kingdom, canonical medicine was practiced outside the walls of the communities. Thus, there were medical canons from the various holy Sees or houses of the kingdom, in the royal courts, designated by titles of masters. First, in the group of six physicians of the court of D. Afonso II (1211-1223), known as

“the leper”, in which two canon masters from the See of Lamego, called Mendo worked. The other members of this medical body were Master Martinho, D. Amberto, Master Salvador, and Master Roberto. Second, at the court of D. Afonso III (1248-1279), the office was held by Master Pedro, Canon of Évora, and Master Bartolomeu, Bishop of Silves. Finally, at the dionysian court, Master Martinho, canon of Braga, and Master Pedro, Canon of Lisbon and Master Tomé, Canon of Santa Maria de Alcaçova de Santarem held office (in addition to D. Martin II, Bishop of Guarda). This presence of canons that were physicians and other clerics in the royal courts were signs of recognition of their medical knowledge in the 12th and 13th centuries.²

Thus, to bring the point to the Monastery of Santa Cruz de Coimbra is justified, first and foremost, by the efforts of the priors and the canons to create two separate spaces for the practice of monastic medicine, namely, the *domus infirmorum* and the São Nicolau Hospital. However, this was not the order’s main mission, although it was related to the *cura animarum*, its main objective. The tradition of studies ended up focusing on medical knowledge, in order to apply it to the routine of the two institutions mentioned above.

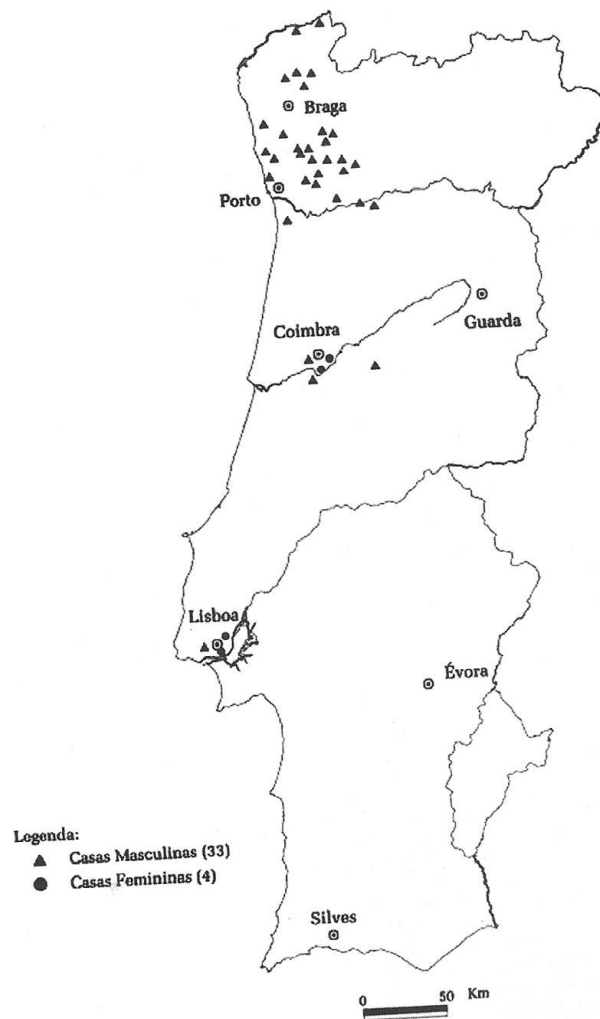


Fig. 1 – Map of the monasteries of Santa Cruz in Portugal in the 12th century
SOUZA, 2005, p. 178.

Since its foundation, the community of Santa Cruz has been structured in two houses, one for men, and the other for women. This is a rare case (see Fig. 1), in the 12th century, since among the 33 male houses, only four had female communities: two in Coimbra and two in Lisbon. The other community in Coimbra was the monastery of Santa Ana de Coimbra, which was initially dependent on the monastery of São Jorge de Coimbra, and then appears to have enjoyed a certain autonomy. In Lisbon, a female monastery was created in São Miguel, next to the corresponding male monastery of São Vicente de Fora. To the north of the kingdom, in the region above the Douro River, where most of the monasteries of Santa Cruz were located, there were no foundations that housed both men and women. But during the centuries that followed, this situation changed, with the institution of other female canonic foundations. In Santa Cruz, it was known as the monastery of São João das Donas, directed by a prioress subordinated to the authority of the prior of the male house, like the double monasteries of the High Middle Ages. It was much smaller in size than the adjacent building inhabited by the monks (see Fig.2) and was located between the *rivulum de Balneis* and the *via sororum*. It is believed that in the 16th century, it was located on the site of the present Town Hall. One of the explanations for its smaller size was, perhaps, the fact that some of the sisters lived in their own homes, although they took part in the daily religious activities. From an analysis of the obituaries that remain in the monastery's archives, it is apparent that there was a growth in the number of canonesses throughout the 13th century. In the Council of Aix-la-Chapelle (present day Aachen, in Germany), celebrated in 817, the regulations for the *instituzione sanctimonialium*, dedicated to the cloisters of the Augustinian canonesses, were approved in the *Regula canonicarum* or the *Regra d'Aix*. Of the 28 canons defined at that time, the last one deals with the duty of the monastery hospital to care for the poor and needy. Thus, its charitable functions were carried out in the São Nicolau Hospital itself, belonging to the monastery.

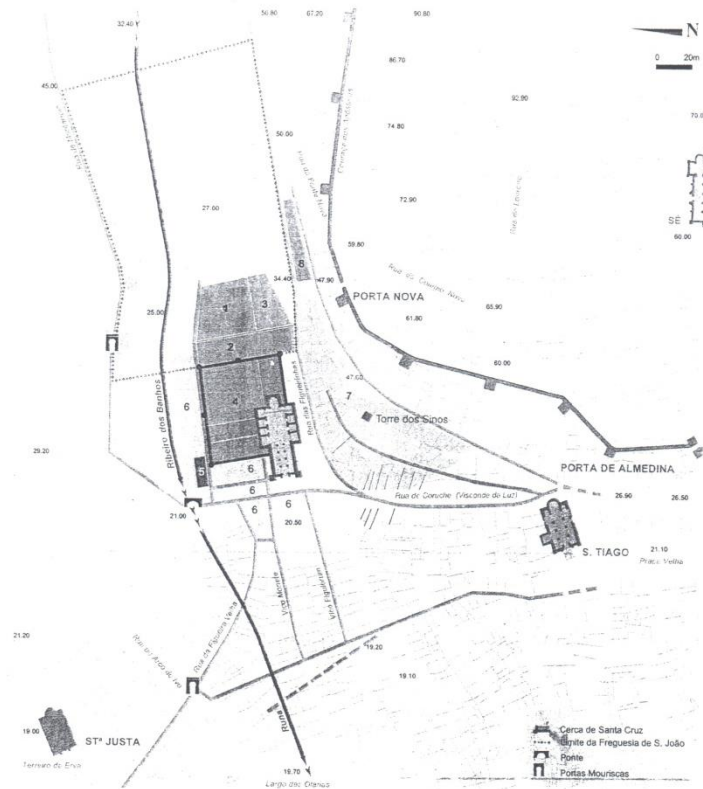


Fig. 2 – Planimetric reconstitution of the area of Santa Cruz in medieval Coimbra.

1 and 2. Almuinhas³ of the king; 3. Almuinha de Salvador Soleimás; 4. **Monastery of Santa Cruz**; 5. **Monastery of São João das Donas**; 6. Houses acquired by the Crosiers in the decades of 1160 and 1170; 7. Judiaria; 8. Almocávar. ALARCÃO, 2008, p.154.

Children and young people of high lineages spent time at this monastery. There were four types of canonesses in Coimbra, partly mirroring the male structure of the order, who professed vows of obedience and chastity. The first group consisted of *inclusae* canons (of the cloister or choir), who followed the precepts of the canonical rule. The second included the so-called *sorores* (sisters), who lived separately, in their own houses, supporting themselves with their own assets. Any assets remaining after their death were donated to the monastery. This group of canonesses made a commitment and took the vow of obedience to the *prior-mor*, just like the first group. The third group included the so-called third canons, i.e. married or widowed women (*donas*), who established spiritual family ties with the male house. These ties guaranteed them the benefit of *ad succurrendum*, i.e. protection in case of need, sickness, old age, or in the event of death, burial in the cloister cemetery, with or without the habit of the order. The fourth group was composed of converts (perhaps laywomen?) who were apparently dedicated to more domestic activities, and to daily service at the hospital. In exchange, they received clothing, food and accommodation. There was also a prohibition on their leaving the cloister without permission (ALARCÃO, 2008, p. 167; GOMES, 2007, p. 85; MARTINS, 2003, p. 990).

The regulations established in the first Rules for the organization of the monastic communities in Europe, both Benedictine and Augustinian, included a canon to oversee health care and sickness among the monks, including the indication of a specific place for such activity in the architectural plan of the monastery, the *domus infirmorum*. This canon favored the creation of this space, as well as interest in reading the texts of the ancient medical authorities, and consequently, the exercise of medical practices, for the benefit of these religious communities.

In the remaining architectural plans of the High Middle Age European monasteries, there was a concern with the construction of a specific space for the sick monks, the *domus infirmorum*, following the requirements of the first monastic rules. The ideal model for the floor plan was approved at the Council of Aix-la-Chapelle of 817, in the Carolingian/Frankish era, in the reign of Louis the Pious (814-840). This model resulted in the design of the building of the Benedictine monastery of St. Gall, in present-day Switzerland (see Fig. 3), created by Abbot Reichenau, in 830.

In this project, there was the area devoted to the care of the sick, which included the infirmary, the therapeutic bathhouse, the bloodletting room, and the physician's house, which led to the apothecary and the room where the more severely sick patients were housed. This layout was evidently adapted for other monastic houses, as the need arose in other regions. The dimensions of this health care providing area were structured differently from one monastery to another, but they were generally located on the ground floor, in a separate building in the eastern part of the cloister, in accordance with the Hippocratic requirements, and linked to the main building by a covered walkway. This enabled sick monks to be isolated from the other healthy clerics, and from the day-to-day activities. The body of medical monks and/or nurses, and their convert auxiliaries varied from monastery to monastery, depending on the conditions and numerical dimension of the members of each community.

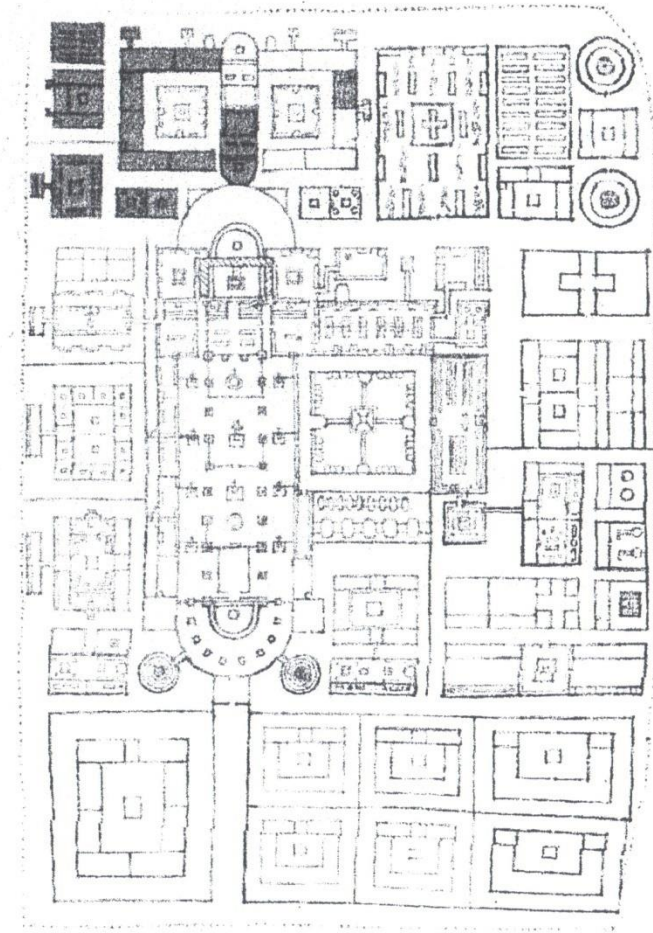


Fig. 3 – Floor Plan of the Monastery of St. Gall (present-day Switzerland), emphasizing the *domus infirmorum* (9th century)
WALLIS, 2010, p. 94.

The domus infirmorum of Santa Cruz

The infirmary of Santa Cruz was defined in the statutes of foundation and subsequent customs based on the model of the Augustinian monastery of Saint Rufus of Avignon,⁴ in the south of France. Its construction dates back to the 7th century. It comprised a bloodletting room, two baths, and a vegetable garden, where medicinal plants were grown. This outdoor area was also used for patient recovery and the convalescent elderly or *neutralitas* phase, separating them from the day-to-day activities and providing a favorable environment for their mental health. Examining the current floor plan of the monastery (see Fig. 4) it is hypothesized that this area was located in the upper right corner, as this is the most isolated section, drawing a comparison with the model of the Benedictine monastery of St. Gall (see Fig. 3).

Its management and its principal officer in charge, the *infirmarius*, appeared in all subsequent *Libri ordinis*. Its maintenance, as well as that of the vestiary, sacristy and wine cellar, was generally made using the income (*ovença*) from land lots, whose administration and tax

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collection were carried out by the *ovençais* monks (*obedientiales*) (MATTOSO, 1985, p. 268). The *armarium* had, above all, titles of works on medical practices, fragments of which still remain in the archives of the Santa Cruz, in the Municipal Public Library of Porto. Among others, there is a manual on the pharmacy of ancient Greece (VI-IV BC), *Alphabetum ad Paternum*, traditionally attributed to Pseudo Galen or Oribásio. There have been various titles over time, but this fragment goes back to the Latin version from the 9th or 10th centuries. There are surviving manuscripts of Latin versions in Europe, between the 7th and 13th centuries, in various monastic apothecaries. Their content includes descriptions of plants, animals and stones with their medicinal properties, as well as some medical prescriptions (EVERETT, 2012, p. 3-4).

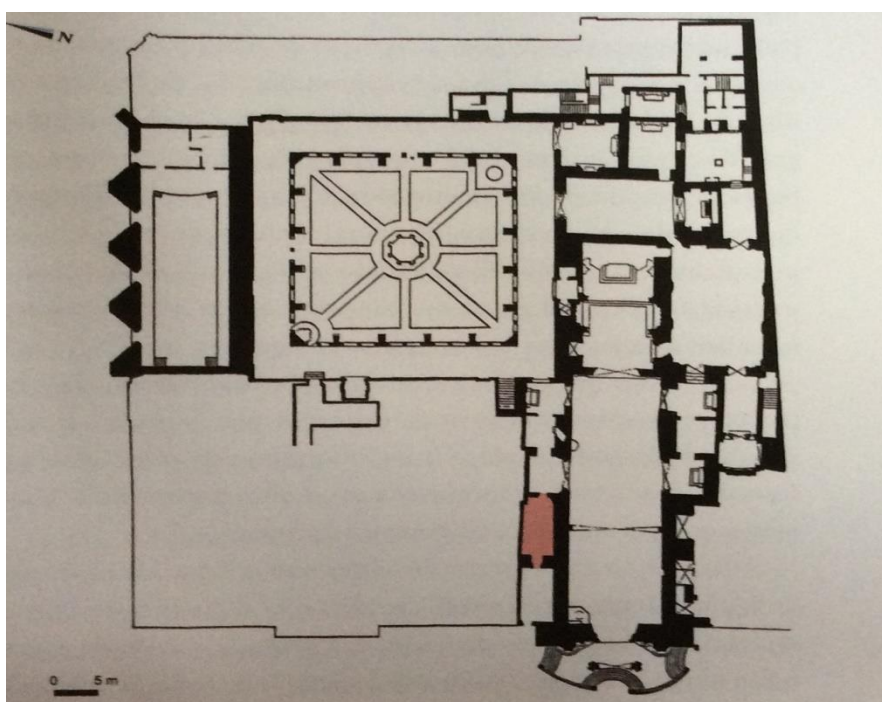


Fig. 4 – Floor Plan of the current Monastery of Santa Cruz in Coimbra, executed by the General Directorate of National Buildings and monuments. ALARCÃO, 2008, p.164.

Concerning the apothecary of the period under review, we did not find any more concrete data, but we did find a complex recipe in Italian against plague (*contra pestem*) in the archives, probably from the 15th century. It was generally a place for observation and ongoing experimentation, as the preparation of remedies followed rules and procedures that had existed for hundreds, or even thousands of years, and were then administered to the patients. In Portugal, these monastic apothecaries were references until the end of the Middle Ages and beyond, in the preparation of simple and compound remedies in the form of drinks, such as plant waters, elixirs, infusions, milk and honey preparations, or poultices, ointments, powders, pills, antidotes such as theriac (or theriaca) etc., prescribed by doctors. For example, Jose Marques (2008, p. 25-26)

examined the inventory of the rich collection of implements, products and simple, manipulated drugs, and the library of the apothecary of another canonical house, the monastery of Santa Maria de Landim, in the diocese of Porto, in the 18th century. It provided care not only for the religious community itself, but also for people living in the vicinity of the monastery. These convent apothecaries helped consolidate the pharmaceutical art. The royal regulations regarding the title of apothecary and product price controls date back to the end of the 15th century, when the health of the kingdom became an integral part of the royal policies of the Avis dynasty. At that time, trade with the new worlds of spices and other commodities had considerably expanded the pharmacopoeia known thus far. In the century that followed, pharmaceutical training was integrated in a definite manner as a specific area of knowledge in the university (MARTINS, 2003, p. 18-19; PITA, 1997, p. 875).

One of the significant branches of medieval medicine was the preservation of health, understood as the balance between the bodily humors. Arabic Galenism publicized the theory of six natural things and six non-natural things, which was essential for the maintenance of general health. The first involved the internal elements of the human body, and were necessary for its functioning: the four elements that make up the universe; the temperaments; the humors; the solid parts of the human body; the operations (functions of the solid parts of the body) and the faculties (large biological functions). But what is of interest here are the six non-natural things, which are external to the nature of the human body, but essential for its operation: the air and the environment; food and beverages; retention and expulsion; exercise and rest; sleep and wakefulness; and the passions of the soul. In this line of thinking, the diet, the second non-natural thing, played an important role in the prevention and treatment of sick canons. The famous 11th century *Regimento da Escola de Medicina de Salerno* [Rules of the Salerno School of Medicine] is emblematic, when it states that: “If there are no physicians, three should be the doctor for thee: a joyful mind, rest, and a moderate diet”. Thus, the *celeireiro* (*cellerarius*) mor, keeper of the granary, aided by his assistants (*cellerarii minores* and *homines cellerarii*) was a central character in the day-to-day functions of the community. He not only looked after the storage of cereals and distribution of food, but also the patients’ diets. A balanced diet, based on the Aristotelian-Galenic principle of moderation, was one of the best essential practices for health and cures of the period. The consumption of meat was limited to certain festivals of the annual calendar, as the frugal diet of the canons consisted mainly of fish, chickpeas and eggs. But goatmeat, hare and chicken was also used, as strengthening food in the diets of the sick, the elderly, and those canons who underwent the prophylactic practice of bloodletting, called the bloody ones. Also, the *mixtum*, i.e. bread and the wine was added, and special small allowances (*pitanças*).

Bloodletting (*minuti sanguinem*) or phlebotomy is one of the most documented preventative health practices of monastic medicine, because it incorporated the annual routine health practices of the communities, and is recorded in the customs and expense books of various medieval religious orders, both male and female. Although practiced since Antiquity for prophylactic and therapeutic purposes, its prescription in religious communities, three to five times a year, with variations in dates, was a phenomenon of the medieval period (YEARL, 2007, p. 177). Its implementation was regulated by procedures encoded in specific medical literature, consisting of short texts or letters on phlebotomy. It answered practical and theoretical questions posed by physicians and surgeons and barbers in the exercise of their profession. It consisted of the correct surgical incision of certain pulsing veins in the arm, and the consequent outpouring of blood, which contained a mixture of the four humors. Bloodletting was adopted with two main purposes: to maintain health (as *prophylaxis*) and as a healing element. It helped eliminate or evacuate the build-up of pathologically altered material, in order to correct the excesses of the blood, the main humor (*phletora*), or its corruption (*cacoquimia*), and finally, the changes in humor that cause sickness. It also acted as a prophylactic measure for the maintenance of sexual continence through the restoration of the natural state of humoral balance, because in classical medieval medicine, the male semen was a substance originating in the blood and prepared in the testicles. Its retention, a result both of monastic sexual abstinence and the sin of gluttony, was considered bad to the health of the male body. The medicine of the time, however, believed that retention could make a person lazy, depressed and prone to the cardinal sin of acedia i.e. apathy, or sloth, and its physical manifestation, i.e. a quantitative and proportional increase of the humors in the body (MONTFORD, 2004, p. 232-235; SOTRES, 1986, p. 8-9).

It was exercised by the canons or canonesses who had expertise in handling a scalpel and lancet. In the case of the male monastery, sometimes it was the same person who shaved the tonsure, the bald spot on the monk's heads, (*tonsor*) and the beard (*rasor*) fortnightly (depending on the seasons of the year) and performed the bloodletting (*minutor*). In the absence of this individual, the services of bloodletters or lay surgeon-barbers were hired (COELHO, 1984, p. 388). In the customs of Santa Cruz, five annual prophylactic bloodlettings are indicated (*minutio generalis*), namely, in the calends (beginning) of September, at the feast of São Martinho de Tours (11/11), at Christmas in December, Easter in the spring and, in June, around the feast of São João Baptista (06/24). It was usually held on Saturdays, and the canons who underwent bloodletting were put on a special diet and allowed to refrain from their routine activities, resting for three days, until the following Wednesday.

In addition to a special diet and bloodletting, there was also the ritual practice of sacramental or spiritual medicine⁵ in Santa Cruz. It is the longstanding ritual of *ordo ad visitandum infirmum fratrem*, performed only in the infirmary of the cloister, and not in the São Nicolau Hospital.

This liturgy consisted of six parts:

- 1) rites of entry with the song of seven Psalms, blessing of the house, and blessing and sprinkling of the sick.
- 2) the ritual of the sacrament of *unctio infirmorum*;
- 3) the kiss of peace by all canons present and administration of *Viaticum*, the sacrament of the Eucharist, followed by various prayers to ask for the patient's health.
- 4) blessing of the sick.

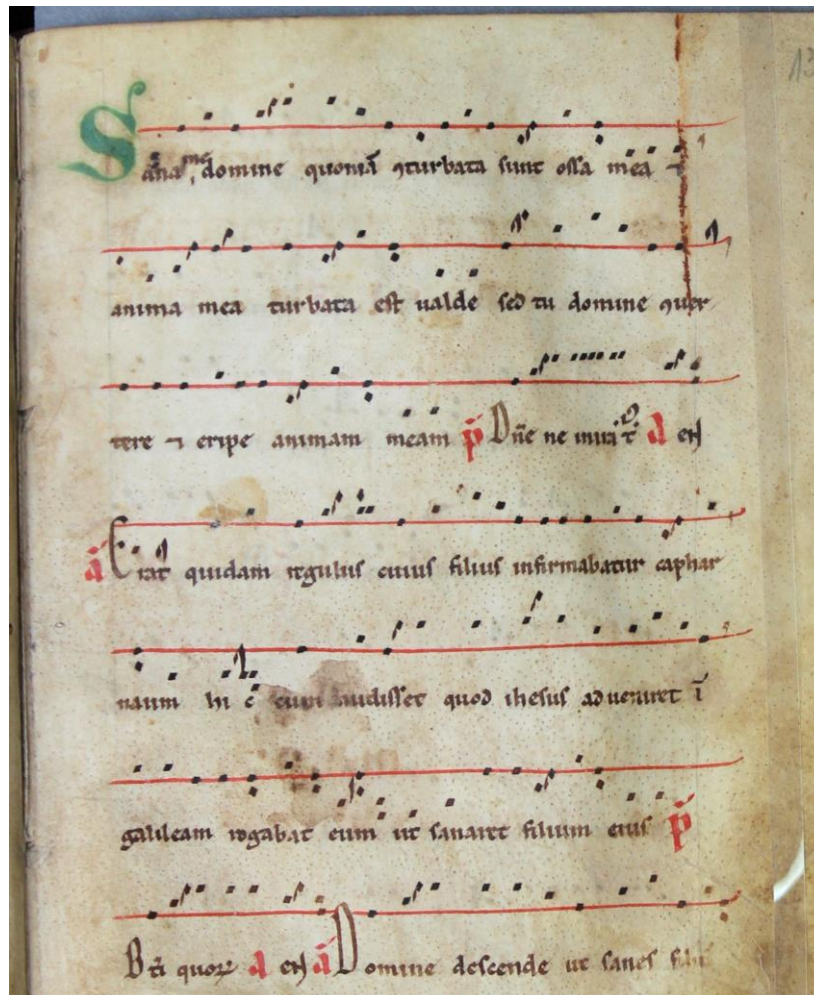


Fig. 5 – Reproduction of folio 32r of the Santa Cruz 89 codex, general n. 708. Psalm 6 with letters and musical notation of the rite of anointing of the sick of the São Vicente de Fora Monastery, in Lisbon. 13th Century. Archives of the Santa Cruz Monastery in the Municipal Public Library of Porto (digitized Copy of the author).

- 5) Ritual of reconciliation with blessings and imposition of ashes in the case of the dying.
- 6) And finally, the litany of all saints and prayers in the agony of death.

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On the specific rite of anointing the sick, with the blessing of the holy oil under the invocation of the Holy Spirit and its administration to bedridden patients, there is a detailed description of two codices. The first, of Santa Cruz origin, from the 12th century (Santa Cruz 62, general no. 843) and the other, from the Augustinian Monastery of São Vicente de Fora (13th century), in Lisbon (Santa Cruz 89, general no. 708). The second manuscript also includes the letters with the green initial, the musical scores of the Psalms (see Fig. 5). There is every indication that the Song of the Psalms was included in the 11th century, as it does not appear in the previous rites. Joaquim Braganza (1972, p. 301), in his classic article on this sacrament in the Portuguese tradition, cites four manuscripts, but does not refer to this second Augustinian example from Lisbon.

This ancient Christian rite was modified during the medieval period. From the 10th century, the prescription was added that the anointing should be done with the holy oil in the five body senses, on the palms of the hands, the soles of the feet and the kidneys, the bodily region of sexual desire, according to Isidore of Seville (7th century). In the case of women, instead of the kidneys, the anointing was done on the area attributed to the female libido, the umbilicus. Thus, all the ancient imaginary meanings were reproduced on the human body. This liturgy, of French origin, of St. Rufus of Avignon, was probably brought over by D. Telo, founder of the monastery of Coimbra, when he traveled to that house in the south of France. In turn, this liturgy in Portugal influenced the liturgical traditions of Braga and Évora (FRIAS, 2001, p. CXXXVI-CXXXVIII).

The Hospital of São Nicolau

In the *Regula canonicarum or Regra d'Aix* (817), in addition to the canon that sets out the rules for the space of the *domus infirmorum*, there is another that prescribes the practice of care for the needy. These are apostolic activities of canonical spirituality, carried out by the canons since the beginning of their establishment in Coimbra. This initiative occurred not only in the kingdom of Portugal, but also in other canonical houses throughout Europe. Thus, from 1148 to 1150, this health care practice was concretized when the first prior, St. Teotónio, founded the Hospital under the invocation of St. Nicholas. His successor at the priory, D. João Teotónio, promoted its reorganization, expanding it and setting up a dedicated building. It had the characteristics of a medieval charitable hospital, as it took in pilgrims (*adventantes*), housed the poor and needy (*pauperes*), treated and cared for the sick (*infirmi*), and cared for the elderly. In the customs of Santa Cruz, it is given the title of *hospitali pauperum*. Its managing officers were: *hospitalarius*,

officialem hospitalis, capellanus hospitalis e medicum canonicarum, as well as the teaching canons and converts.

In medieval Coimbra, the hospital was located above the church of the Holy Cross, near *monte rubeo* or monte ruivo, from which it derived the current name of Montarroio. According to Jorge Alarcão (2010, p. 19), in the 14th century, it stood in what is now rua Olímpio Nicolau Rui Fernandes, where the Escola Secundária Jaime Cortesão high school is now situated. In the beginning, it was small in size, and there was a cemetery for those who died there, also called the cemetery of the poor, to distinguish it from that of the canons. We still do not know how many beds it had, but it could not have been many. From the 12th century, there is information on the operation of a charitable hospital, also run by the regular canons; St. John's Hospital in Cambridge, England, which is estimated to have had twelve beds, the number of the apostles of Christ.

This hospital space was maintained from the tithes of all the community assets and income. In this time of great dependence and papal interference in canonical affairs, the papal *bull*a of Adriano IV (1154-1159) *Ad hoc universalis*, 8 /8/1157, clarifies this issue. This Pope, an Augustinian canon from the famous monastery of St. Rufus of Avignon, in southern France, met the request of the prior congregation leader, stating: "it's possible to apply freely and without contradiction the income from the parishes (*dízimos*) in the hospital" (LIVRO SANTO, 1990, p. 96). There are also references to another form of support, i.e. donations of goods and personal objects made by those cared for and housed in the hospital, after their death (MARTINS, 2003, p. 261-267; MATTOSO, 1985, p. 104, 119; SOUSA, 2005, p. 68-69).

Another document that refers to this hospital is the *Gemma Corone Claustralium*, copied from the original, in Latin, of the Monastery of St. Rufus of Avignon, in France, by the priest Peter Solomon, between 1136 and 1139, and later translated to Portuguese, in the 14th century. This French house had a network of influences in canonical houses of the Iberian Peninsula, without any direct administrative subordination. In this regulatory text, there are other references to the holy lifestyle of the *sorores*, i.e. that they should occupy themselves with useful work in the cloister, by providing care in the hospital, and for the *donas*, the age-old women's work of spinning and weaving (GOMES, 2007, p. 46-47).

It operated until it was closed, along with the monastery of São João das Donas, in 1537, a fact that proves that the two spaces were connected from their respective foundations. In addition, in the 16th century, the hospitals of medieval charity were in a process of change, because, aside from binding themselves to the royal health policies of the kingdom of Portugal, the concern with therapeutic practices overlapped with the previous charitable practices. The thermal bath Hospital, Rainha D. Leonor (Queen Leonor Spring Water Hospital, or Thermal Hospital) of Nossa Senhora

do Pópulo, in Caldas da Rainha, created by queen D. Leonor at the end of the 15th century, exemplifies this new hospital trend. Other similar canonical institutions in the European kingdoms were either closed down, or transformed in the following century.

Peregrine Horden (2008, p.138-139), a British historian of medicine, analyzes the medieval hospital as an area in which medical practices were more focused on prevention than cure. He emphasizes that it was the era of knowledge and the domain of religious orders, and the Galenic theory of six things natural and six unnatural things, mentioned earlier. Thus, he draws attention to the *passions of the soul*, the sixth unnatural thing. This relates to the field of emotions, beneficial to health, which are unleashed in the plane of the spirit or the imagination, with immediate effects on the body, which produces a series of vital reactions. The most positive example of these emotions is joy, and among the negative ones, sadness and anxiety, which cool and dry the body and the heart. Thus, the historian argues that based on the knowledge of the above theory, the religion of the hospital favored a care and quiet joy that comforted the sick. He considers the sacraments, such as confession, penance and communion, as psychophysical measures with the potential to reanimate bedridden patients. The images of the saints, of Jesus Christ and Our Lady also had the same effect. Spiritual medicine is genuinely therapeutic, not only in theological form, but also in medical terms.

Canon 22 of the Fourth Lateran Council of 1215, headed by Pope Innocent III (1198-1216),⁶ reaffirms that the health of the soul was precondition for the recovery of the body. The hospital physicians should therefore call a priest before administering medicines to patients with severe health conditions. The total recovery of health was considered to go hand in hand with safeguarding the spiritual, and those canons who were doctors or nurses, or teaching canons and converts who dedicated themselves to the treatments were, in a certain way, mediating between these two planes; that of medicine of the body, and salvation of the soul, integrating both.

Based on the above, the role of the religious orders and the canons in hospital care was vital to its functioning, because both adopted, in addition to spiritual medicine, the practice of preventive health and healing. Rest, diet and a joyful mind, one of the three remedies prescribed by the *Regimento de Salerno*, were also factors in the rehabilitation of the sick.

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This text represents the initial results of a study of micro-history focused on the monastic medicine practiced in Santa Cruz de Coimbra from the exploration of the first signs of document of the Santa Cruz archives in the Municipal Public Library of Porto. There is still a long road ahead in

this archeology of sources with the search for new monastic experiences in health practices and therapies based on the medical theories of Arabic Galenism of the time.

For charitable reasons, and due to the practical demands of health and disease, the Priors were not indifferent to the physical well-being of their canons and the poor and sick of Coimbra. Thus, two spaces emerged, the *domus infirmorum* and the São Nicolau Hospital, each with their own management and officials. The first became a place of experimentation and application of medical practices of health and healing (the apothecary), such as the special diets and the calendar of five annual bloodlettings. On the other hand, sacramental medicine was also applied, the most notorious example of which is the ritual of the sacrament of *unctio infirmorum* which was part of the *ordo ad visitandum infirmum fratrem*.

In the Hospital of São Nicolau, as well as in other medieval charitable hospitals administered by various religious orders, there was a predominance of care of the poor, weak, sick and elderly. They demonstrated a knowledge of preventive medicine and healing available at the time (as evidenced by the manuscript fragments of medical works in cloister's library), which formed the basis of some preventive practices, such as an appropriate diet during convalescence, a welcoming atmosphere, and the ancient prophylactic medical procedure of bloodletting. In addition, both experiments the care of sick brothers in the *domus* and the care and shelter of the poor at the hospital de São Nicolau, helped to develop, in addition to the charity, the religious *medical practice*. This went even further, with the vegetable garden and the mastery of manipulation of remedies in the cloister's apothecary, for domestic use, and sometimes also caring for the surrounding community. Another distinctive feature was the intense relationship between the canons of the monastery of São João das Donas and the care provided by São Nicolau Hospital, as the charitable action was part of the duties prescribed in the Augustinian regulations. As a result of this connection, in the 16th century, the hospital was closed along with that of the female community. In fact, the change of status of the hospitals of the Modern Age, from their former predominantly charitable nature to the curative, was not exclusively Portuguese or Iberian phenomenon, because the same was occurring in other European countries.

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Notes

¹ It even became the royal pantheon – the final resting place for the first two monarchs of Portugal and their families, D. Afonso Henriques and D. Sancho I – and was raised to the status of National Pantheon in 2003.

² During the High Middle Ages, there are many records of bishops practicing medicine among their flocks.

³ Almuinha means vegetable garden.

⁴ This French house had a network of influences in Iberian canonical houses without any direct administrative subordination.

⁵ Other magical-religious practices in these therapies included the sign of the cross, prayers, kissing the relics, holy water etc.

⁶ The first Pope to create the physician's house in the papal palace in Rome.

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