

Assistance to the Poor on a Royal Model: The Example of the Misericórdias in the Portuguese Empire from the Sixteenth to the Eighteenth Century

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Recent historiography has emphasized the transitions in the institutional organization of charity from the Late Middle Ages to the sixteenth and seventeenth centuries. Previously, the classical statement was that the Church lost the monopoly on charity to the institutions of the emerging State. From the 1990s on, this picture has become increasingly less vague and we have gained better insights into what did change in those crucial years from 1460 to the Council of Trent (or, as far as Protestant areas are concerned, to the emergence of the Protestant churches).

Nicholas Terpstra has argued that between the 1490s and the 1530s in Bologna there was a shift from confraternal charity to municipal poor relief; Sandra Cavallo has demonstrated that in Turin in the Late Middle Ages the Church did not have institutional control over charity.¹ In Portugal this is certainly true for the second half of the fifteenth century, when most local charitable institutions were held by the *câmaras* – the town councils that managed small hospitals, almshouses and leper houses, and catered for foundlings. Nevertheless, we do not know when this municipalization of charity took place in Portugal and whether the *câmaras* took over these institutions from either the confraternities or the Church.² Both Cavallo and Terpstra base their analysis on case-studies from that part of Europe that remained Catholic after the Reformation, an area we keep calling Southern Europe. In this brief article I will try to point out the evolution of institutional charity in Portugal, a kingdom that in this same period of time underwent the most extensive territorial expansion in its history and also saw (largely as a consequence of that expansion) the affirmation of the Crown. I will try to demonstrate the role of the royal family and their “associates” in expanding a language of charity that included as its main vocabulary the practice of the fourteen works of mercy. I shall argue that in Portugal by the time the last

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- 1 Terpstra, Nicholas, ‘Apprenticeship in Social Welfare: From Confraternal Charity to Municipal Poor Relief in Early Modern Italy’, *Sixteenth Century Journal*, 25:1 (1994), pp. 101–120; Cavallo, Sandra, *Charity and Power in Early Modern Italy. Benefactors and their motives in Turin, 1541–1789*, Cambridge: Cambridge University Press, 1995.
 - 2 Sá, Isabel dos Guimarães, ‘A assistência em Portugal no século XV’, *Congresso O Mundo do Infante D. Henrique*, Angra do Heroísmo, 5–9 June 1995; *Quando o rico se faz pobre: Misericórdias, caridade e poder no império português, 1500–1800*, Lisbon: Comissão Nacional para as Comemorações dos Descobrimentos Portugueses, 1997.

session of the Council of Trent came to its conclusion (1562–63) little remained to be reformed, for here changes had been underway for the previous hundred years. Rather than inspire change, here Trent was used as a device to legitimize and consolidate lay control over charity. I will analyze two processes that developed independently but converged during and shortly after the end of the Council of Trent. The first corresponds to the creation of the “early modern hospital” as it has been defined by Katharine Park and John Henderson,³ here epitomized in the Hospital de Todos-os-Santos of Lisbon (“All Saints Hospital”, founded 1492). The second deals with the foundation and expansion of the *Misericórdias*, a new set of confraternities first created in 1498.

The appearance of these new institutions revolves around three major individuals: King João II, the founder of the Hospital de Todos-os-Santos; his wife Leonor, who outlived him by thirty years, founder of the *Misericórdias*; and King Manuel I, her brother. In the creation of both institutions kings and queens played a decisive role. João II obtained from Rome authorization to reunite the more than forty old medieval hospitals in Lisbon into a single structure known as the Hospital de Todos-os-Santos. This was to be Portugal's first “royal hospital” and, as we shall see later on this article, the example for the reform of hospitals in the entire kingdom. King João II's wife, D. Leonor, created a sanatorium built around a spring of waters with curative properties in her domains (1485) and kept her influence in the kingdom even after her husband's death (1495). Not only was her patrimony the second largest after that of the king, but her brother Manuel became João II's successor. While the new king was away in Spain she founded the *Misericórdia* of Lisbon (1498). After his return, *Misericórdias* were created in almost every town and city in the kingdom and even overseas. This time, it was the king himself who patronized the new foundations, which developed mainly because of his initiative. They spring up nearly at the same time in Porto, Évora, and even in the Azores, Madeira, and North Africa; during the 1510s they appear in the Indian territories and later in Macao, following the chronology of the establishment of Portuguese populations in Brazil, Africa, and Asia.

Because of the royal family's importance in these new organizations, I have tried, albeit tentatively, to determine the intellectual and devotional atmosphere at the court in those years. It is more correct, however, to speak not of court, but of royal family; in fact, from 1488–89 Leonor lived on her own. She fits the image of a devout princess of the Late Middle Ages: she was the first queen to have a private chapel and to order the printing of several books (in Portugal printing began in the late 1480s).⁴ Lisbon

3 Park, Katharine, ‘Healing the Poor: Hospitals and Medical Assistance in Renaissance Florence’, in *Medicine and Charity before the Welfare State*, eds. Jonathan Barry and Colin Jones, London: Routledge, 1991, pp. 26–45; Henderson, John, “‘The First Hospital among Christians’: The Ospedale di Santa Maria Nuova in Early Sixteenth Century Florence”, *Medical History*, 35 (1991), pp. 164–188.

4 Sousa, Ivo Carneiro, *A Rainha da Misericórdia na história da espiritualidade em Portugal na época do Renascimento*, Doctoral thesis, University of Porto, 1992; Anselmo, Artur,

was gaining increasing importance, mainly because of its port and its overseas trade. The king and the dowager queen both traveled in central and southern Portugal, participating directly in the establishment of the Misericórdias. In Évora, for example, they both took part in the ceremony founding the new Misericórdia (1499) and were the first to enrol in it.⁵ In the other areas, the king is known to have sent letters and agents to encourage the foundation of Misericórdias. In some other cases, the establishment of new misericórdias was encouraged by courtiers dislocated to areas where they held either ecclesiastical or lay posts.⁶ The queens continued founding misericórdias in their domains, as is the case with Catarina de Austria, wife of João III, in the “vila” of Sintra (1545).⁷

In this context, the importance of Lisbon lay in its being the city where these innovations originated, especially with respect to the new Royal Hospital. This was much more than a new charitable institution: it was the pretext for a larger reform of chantries, as it aggregated more than forty older hospitals. These incorporations led to the joint management of their mass patrimonies, thus avoiding misappropriation by private administrators. Chaplains were ordered to swear they had actually carried out religious services, hospital property was rented out officially under the supervision of the authorities of the Hospital de Todos-os-Santo, and, above all, the inventorying of the properties of the dead was encouraged. This proved to be of fundamental importance, since their patrimony was closely linked with resources for the poor. The hospital extended its administration of chantries to cover not only those that belonged to its patrimony, but also to those in the entire city of Lisbon and its hinterland. A major regulation of chantries appeared in 1504; in 1514 a similar document, albeit more extensive – it included both hospitals and confraternities – was enforced for the entire kingdom.

The concerns of the hospital of Todos-os-Santos were far more extensive than the proper care of the souls of the dead through the recitation of masses. In fact, the king made several efforts to enlarge its economic resources. A wide range of court penalties reverted to the hospital; sugar and spices from the overseas trade were allocated, and the hospital was later to distribute them among other areas; above all, it was supposed to incorporate the properties confiscated from the Jews who fled the country after 1496. We do not know what exactly was the share of each of these resources in the hospital's budget. Nevertheless, the symbolic importance of the appropriation of the patrimony of the Jewish community is relevant when we think that the Monti di Pietà, created to lend money to the poor and thus “charitable”

Origens da Imprensa em Portugal, Lisbon: Imprensa Nacional – Casa da Moeda, 1981.

5 Gusmão, Armando, *Subsídios para a história da Santa Casa da Misericórdia de Évora*, part. 1, Évora: Santa Casa da Misericórdia de Évora, 1958, pp. 124–125.

6 This is the case of the Misericórdias of Porto and Braga, encouraged by their bishop and archbishop D. Diogo de Sousa.

7 Miguéns, Maria Isabel N., *O Tombo do Hospital e Gafaria do Espírito Santo (Sintra): funcionalidade e intencionalidade*, Lisbon, University of Lisbon, MA thesis, 1995, pp. 3 and 14.

institutions, were created mainly as a device to end Jewish money lending at high interest rates.⁸ All these gifts to the hospital implied a ceaseless production of royal decrees that testify to a very close, even personal, relationship between king and hospital. Before his death in 1521, Manuel I left in his will all his shirts, mattresses and bed clothing to the hospital, while masses for the souls of deceased kings were held in the hospital church.⁹

The Hospital de Todos-os-Santos was thus to be the model for other hospitals in the kingdom, although adapted to their smaller size in the administrative as well as in the charitable sense. Hospitals would be under the supervision of royal officers, the *contadores das capelas* (supervisors of chantries, hospitals and confraternities), a post next to the *corregedores*, similar to their Castillian counterparts. In this picture, the local church authorities (understood as bishoprics) would have the right to inspect only the altars and religious instruments of such hospitals, leaving the care of sick and the management of hospital resources to lay authorities.

The evolution of the Misericórdias is remarkable for its rapid expansion and the absence of resistance from local elites and populations. There are several reasons for this success: although the crown set the tone, proposing the Lisbon statutes to new Misericórdias and encouraging their creation throughout Portuguese dominions, local elites were free to take political control over them, and in practice royal patronage meant almost exclusively the mediation of conflicts. This meant that the Misericórdia of Lisbon acted simply as a role model for institutional and religious behavior towards the poor. In this sense the Misericórdia was not an arch confraternity, because no branch took any sort of control over the others. They only answered to the king, either directly or to his officers. As such, the local elites, formed mainly by the nobility and craft leaders, in close cooperation with the main local administrative institutions, were able to keep control over the management of charity. The king, on his side, took those benefits that were feasible in the context of a state that was not consolidated: with a small or negligible financial investment, he appeared as the patron father of the poor, creating a device for visibility across metropolitan and imperial Portugal.

Another success factor, besides balancing the interests of the local nobilities with the emerging state, must have been the use of a language of charity that was or became familiar to the elites during those years. I am referring to the fourteen works of mercy, known to have spread in the West during the second half of the twelfth century.¹⁰ I will try to trace their increasing popularity in court culture from the fifteenth century onwards. Duarte I, king between 1433 and 1438, refers to them in his private memoirs, affirming that the smallest work of mercy had higher value than the money spent on

8 Menning, Carol Bresnahan, "The Monte's 'Monte': The Early Supporters of Florence's Monte di Pietà", *Sixteenth Century Journal*, vol. 23, no. 4, 1992, pp. 661–676.

9 Sá, Isabel dos Guimarães, "Os hospitais portugueses entre a assistência medieval e a intensificação dos cuidados médicos no período moderno", *Congresso Comemorativo do V Centenário do Hospital do Espírito Santo. Actas*, Évora: Hospital do Espírito Santo, 1996, pp. 87–103.

10 Mollat, Michel, *Les pauvres au Moyen Age*, Paris: Hachette, 1978, pp. 118–121.

indulgences the pope gave on account of making wars against the infidels.¹¹ This argument was put forward in a period when the legitimacy of the wars in North Africa was a controversial subject in court circles. In his major written work, *Leal Conselheiro*, the king was to state that almsgiving drowned sins just like water erased fire. In this book, he also wrote a full definition of the fourteen works of mercy.¹² His successor Afonso V, who was to fight the Arabs in North Africa during most of his lifetime, issued a law on the captives of war in 1454–55 that reveals a great deal about attitudes towards charity. It refers to the ransom of prisoners as the ultimate charitable act, as it included all seven works of mercy, without whose practice salvation was impossible.¹³ This evaluation was due mainly to the fact that these prisoners were in contact with the infidels, and their souls were thus endangered by loss of Christian faith.

Some authors have suggested that the Portuguese Misericórdias followed their Tuscan counterparts closely.¹⁴ Nevertheless, there is a difference in definition. In the Italian case, misericórdia is understood as compassion for someone who is likely to die physically and spiritually; that was why the confraternity, created during the times of pestilence, specialised in the *pronto soccorso* of the sick and injured on the streets. The Portuguese Misericórdias, on the other hand, used the formulation of the fourteen works of mercy to cover all the needs of the suffering poor, understood under the typology of the late medieval poor (i.e. the sick and disabled, prisoners, the shame-faced, orphan girls, foundlings). The formulation of the fourteen works of mercy appeared right from the first governing texts of the Lisbon Misericórdia in manuscript form and was included in the first page of the 1516 version of the *Compromisso* of the Misericórdia, the first printed edition. Only in the 1577 revision was this enunciation suppressed. During the crucial years of the reform of charity (1490–1510), the role of the crown's primary representative in Rome, the influential Cardinal of Portugal, D. Jorge da Costa, known as “Cardeal Alpedrinha”, remains largely imprecise, in spite of recent interest in this historic figure.¹⁵ The Italian influence, although adapted to meet the Portuguese situation, can be tracked in his correspondence with D. Leonor, although his long presence in Rome, where he

11 *Livro dos Conselhos de El-Rei D. Duarte* [1423–38], Lisbon: Estampa, 1982, p. 44.

12 D. Duarte, *Leal Conselheiro* [1437–38], Lisbon: Imprensa Nacional – Casa da Moeda, 1982, pp. 206 and 212–213.

13 Biblioteca Nacional de Lisbon, ‘Regimento da rendiçam dos cativos cristãos’, caixa 203, doc. 19.

14 Basto, A. de Magalhães, *História da Santa Casa da Misericórdia do Porto*, vol. 1, Porto, 1934, pp. 114–127; Sousa, Ivo Carneiro, *Da descoberta da Misericórdia à fundação das Misericórdias (1498–1525)*, Porto: Granito Editores e Livradores, 1999, pp. 156–164. See also Sá, Isabel Guimarães, *As Misericórdias Portuguesas de D. Manuel I a Pombal*, Lisbon: Livros Horizonte 2001, chapter 1.

15 See Grilo, Maria João Baptista Bonina, *A Capela Sepulcral do Cardeal D. Jorge da Costa*, Lisbon, master's thesis, University of Lisbon, 1994; Mendonça, Manuela, *D. Jorge da Costa “Cardeal de Alpedrinha”*, Lisbon: Colibri, 1991.

arrived in 1479 and died in 1508, precluded a close relationship with the court. He was obviously the court's main diplomat in Rome, but his actions seem to have been concerned with many other important issues rather than charity.¹⁶ We are better informed about D. Leonor's contacts with the city of Florence, where she engaged in an ongoing relationship with the order of the Clarisses of the Annunziata, having founded a monastery of the same order in Lisbon where she chose to spend long periods of time in residence. Nevertheless, we do not know exactly what information she or her brother possessed about the Italian misericórdias. In any case, the Portuguese Misericórdias were certainly not intended to be faithful copies of anything Italian.

If the influence of Italian confraternities over the Portuguese Misericórdias is less relevant than what could be expected, the role of Florentine hospitals as models for the Hospital de Todos-os-Santos is more evident. I am referring to one hospital in particular, the Ospedale di Santa Maria Nuova, one of the first "modern" hospitals in Europe, known to have influenced Henry VII of England, and praised by Luther, a man not normally sympathetic to Italian institutions, who visited it in 1510–11 on his journey to Rome.¹⁷ The dissemination of its statutes is well known and seems to have been a factor in the foundation of the Hospital de Todos-os-Santos of Lisbon. Its founder, D. João II, gave concise instructions in his will that its statutes should be modeled after the hospitals of Siena and Florence.¹⁸ Nevertheless, the role of these statutes in the foundation and in the political rationale of the hospital was limited. In Tuscany, the grand-dukes did not centralize their poor relief facilities until the middle of the sixteenth century.¹⁹ No hospital was used as a pretext for taking control of the resources meant to care for the souls of the dead, as happened in Lisbon.

As elsewhere, charity in Portugal in this period cannot be understood without investigating the relationship between the living and the dead. In court culture, it is significant that the *Auto do Purgatório* by Gil Vicente, the best-known Portuguese playwright, was staged for the first time in the church of the Hospital de Todos-os-Santos on Christmas morning 1518, in the presence of the Dowager Queen D. Leonor.²⁰ It is one of the first references to the emergence of the idea of Purgatory

16 Only his involvement in the writing of the statutes of the Sanatorium of Caldas da Rainha is documented, in a letter that Leonor addressed him. See Sousa, Ivo Carneiro de, "O Cardeal D. Jorge da Costa e a reforma da assistência em Portugal", *IX Centenário da Dedicção da Sé de Braga. Congresso Internacional, Actas*, vol. II / 1, Braga: Universidade Católica Portuguesa, Faculdade de Teologia – Cabido Metropolitano e Primacial de Braga, 1990, pp. 647–660.

17 Park, Katharine; Henderson, John, "The First Hospital among Christians", p. 164.

18 Sousa, D. António Caetano de, *Provas da História Genealógica da Casa Real Portuguesa*, t. II, 1ª parte, Coimbra, 1947, p. 206 [1495.09.29].

19 Henderson, John, 'The hospitals of late-medieval and Renaissance Florence: a preliminary survey', in Lindsay Granshaw and Roy Porter (eds), *The Hospital in History*, London: Routledge, 1989, p. 84.

20 *Copilaçam de Todas as Obras de Gil Vicente*, vol. 1, Lisbon: Impr. Nacional – Casa da Moeda, 1983 [1562], p. 229.

in Portugal, known to have spread at a popular level only after Trent.²¹ This play forms part of a devotional set dedicated to the geography of the afterlife (*Auto da Barca do Inferno* [1517], *Auto da Barca do Purgatório* [1518], *Auto da Barca da Glória* [1519]).²² D. Leonor also commissioned the *Auto de S. Martinho* – based on an episode from the life of St. Martin of Tours in which he divided his cloak to clothe a beggar – which was staged in the church of the Caldas da Rainha sanatorium during the Corpus Christi procession of 1504.²³ The contents of such plays, staged on meaningful dates in the liturgical calendar, help to give an impression of the devotional ambience of the court during those years, as well as give information about the court rituals going on at the time. The fact that some of them were staged in hospital churches accounts for their importance as devotional texts that could have had an influence in the practice of charity. The beggar's speech in the *Auto de S. Martinho* is revealing: he presents himself as a traveler suffering from wounds and states he wants to die because he deserves death more than those who die precociously (young female children and young women). He compares himself to Christ, poor and wounded for the redemption of men, addressing himself to the rich as treasurers and keepers (butlers) of earthly possessions that they must use devoutly in order to get richer (presumably in the spiritual sense). At the end the saint divides his cloak, asks the beggar to pray for him and states that glory awaits him after death on account of his earthly sufferings. The whole play addresses the idea that the physical body is a prison that only death can set free. As depicted in these works, charity towards the poor was mainly concerned in this period with the souls of the dead and of the living, where the poor (as well as idiots)²⁴ were still viewed as the living image of Christ. Earthly goods, on the other hand, could either be represented as a heavy burden that retards the journey of the soul to salvation, or could be used for the acquisition of

21 The existing evidence for Portugal contradicts the chronology suggested by Jacques Le Goff, who affirmed that Purgatory did not exist before 1170 (*O nascimento do Purgatório*, Lisboa: Estampa, 1993 [1981], p. 165. Mattoso has shown that, at a popular level, the spread of the “third place” occurred only after Trent. From the thirteenth to the fifteenth centuries, popular beliefs held that souls wandered among the living. See Mattoso, José, “A utilização dos diálogos de Gregório Magno pelo Libro de los Exemplos”, in Mattoso, José (dir.), *O Reino dos Mortos na Idade Média Peninsular*, Lisboa: Sá da Costa, 1995, pp. 233–238. See also by the same author, “O imaginário além-túmulo nos exempla peninsulares da Idade Média”, in Mattoso, José (dir.), *O Reino dos Mortos na Idade Média Peninsular*, Lisboa: Sá da Costa, 1995, pp. 217–232.

22 On the devotional sources and religious concepts in Gil Vicente's work see the excellent study by Luciana Stegagno Picchio, “O Purgatório de Gil Vicente: estado ou lugar?” in *Temas Vicentinos. Actas do Colóquio em torno da obra de Gil Vicente*, Lisbon: Instituto de Cultura e Língua Portuguesa, Ministério da Educação, 1992, pp. 159–173, or “Per una semiologia dell'aldilà: l'idea di Purgatorio in Gil Vicente”, in *Homenaje a Eugenio Asensio*, Madrid: Gredos, 1988, pp. 447–458.

23 *Copilaçam de Todalas Obras de Gil Vicente*, vol. 1, p. 349.

24 Depicted in Gil Vicente as a being without malice and deserving glory after death (*Auto da Barca do Inferno*, in *Copilaçam de Todalas Obras de Gil Vicente*, vol. 1, p. 211).

spiritual riches.²⁵ I think this hesitation is meaningful in itself, representing the ambiguous nature of the relationship with earthly possessions in Christian culture. In any case, in none of the Portuguese writings that I have come across can we read a mistrust of the virtues of almsgiving or any intention of disciplining them, as was occurring in other parts of Europe in the same years.²⁶

We shall probably never know whether or not Gil Vicente is representative of the general opinion of courtiers; nevertheless, the evolution of the two main institutions created in the last decade of the fifteenth century, the Hospital de Todos-os-Santos and the Misericórdias, did not contradict his main lines of thought. As I have written elsewhere, there was no “renfermement” in Portugal, and repression of vagrants was aimed at transforming them into sailors and soldiers in the Overseas Empire.²⁷ I shall now try to uncover the evolution of these two institutions and see how they merged together shortly after the closing of the Council of Trent.

The Misericórdia of Lisbon, as it appears in its statutes, was meant for all those who had received baptism, was devoted to the practice of the fourteen works of mercy, and took on a penitential character during Lent.²⁸ It was installed in a chapel within the city's cathedral, and the patron of the confraternity was Mary, as the symbol of compassion. The confraternal feast day was the second of July, celebrating the merciful visit of Mary to Elizabeth, who had recently given birth to St. John Baptist. The poor whom the confraternity's brothers were to help were prisoners, the shame-faced poor, the sick and the condemned to death. Nevertheless, at this stage, the confraternity did not own any hospital or any institution: it only consisted of active male members who visited prisons and hospitals. Nor did its early charitable activities include the giving of dowries. Brothers organized themselves to collect alms to perform these works of mercy. Nevertheless, in the time lag between the elaboration of the first manuscript statutes and the printed ones in 1516, a wide range of royal decrees entitled the confraternity to take the lead in charitable action, overshadowing the other confraternities in the city. For the most part, these laws took the form of privileges entitling the Misericórdia to create a monopoly concerning several charitable activities. The first series of privileges, starting as early as 1498, established that poor prisoners in jail awaiting to be sentenced were entirely within the Misericórdia's charge. After being certified as poor and enlisted in the confraternity's

25 See *Auto da Alma*, and *Auto de S. Martinho*, in *Copilaçam de Todas as Obras de Gil Vicente*, vol. 1, pp. 175–201 and pp. 349–352.

26 Jean Louis-Vivès, *De subventionem pauperum*, Bruges, 1526. On the Protestant mistrust of almsgiving see Grell, Ole Peter, “The Protestant imperative of Christian care and neighbourly love”, in Ole Peter Grell and Andrew Cunningham, *Health Care and Poor Relief in Protestant Europe 1500–1700*, London: Routledge, 1997, pp. 43–65.

27 Sá, Isabel dos Guimarães, *Quando o rico se faz pobre...*, p. 56.

28 The statutes were already circulating in the kingdom in 1500, two years after the beginning of the confraternity in Lisbon, as demonstrated by Ivo Carneiro de Sousa, ‘O Compromisso primitivo das Misericórdias portuguesas (1498–1500)’, *Revista da Faculdade de Letras*, IIª série, vol. 13, 1996, pp. 259–306.

group of protected prisoners, they were fed, treated in illness, and clothed at the confraternity's expense. Brothers also cleaned the premises of the prison, and a section of members with legal training handled the prisoners' cases in court, to ensure that prisoners did not burden the confraternity by long stays in jail. If the court sentenced the prisoner to exile, which generally meant shipping the prisoners overseas, the Misericórdia was to embark them as quickly as possible; if condemned to death, the misericórdia accompanied the execution cortège and was later to collect their bodily remains in a solemn procession in All Saints Day. The unstated subtext, of course, was that no other entity would be entitled to help prisoners in these ways, because they would lack the authorization to enter the jails, to attend trials in court, or to assist the condemned.

The main step towards diminishing the other confraternities in the city was to forbid them from begging for the benefit of the invalid, shamefaced poor and prisoners, now an exclusive privilege of the Misericórdia. The territory in which the Misericórdia of Lisbon was allowed to collect alms, defined in 1501, extended nearly 50 km up the river Tagus. This strategy of reducing the possibilities of finding resources for other confraternities prolonged itself until 1593, when they were forbidden to stage burials with their own biers. Thus the Misericórdias were to be the sole owner of such furniture (which was often rented out), a measure that certainly must have discouraged big donations to secondary confraternities and also provided the Misericórdia with additional resources. Besides ensuring that alms, important because they were tax and bureaucracy free, fled to the trunks of the Misericórdia, the receiving of donations included in wills was also significant, and laws were also passed to ensure that notaries and royal officers dealing with wills gave notice of them to the Misericórdia. Other privileges given to the Misericórdia included priority in the supply of meat in the market and receiving the allocation of specified court penalties. Another set of benefits was given to the members of the ruling elites who took part in the board of counsellors, composed of thirteen members. They were exempt from being elected to local council office and could not be forced to give hospitality to foreigners or make contributions to any extraordinary taxation.

All these privileges were accorded to Lisbon and soon expanded to other Misericórdias, either in bulk or individually; other Misericórdias, such as the one in Évora, a city where the king often held court, managed to obtain some specific privileges. This expansion of privileges prolonged itself overseas, and kings kept giving them out or confirming previously accorded ones until the eighteenth century. Nonetheless, the most precious privilege of all was the direct relationship Misericórdias kept with the monarchs: they could write directly to them, and did not owe any type of submission to the ecclesiastical authorities in matters related to finance, administrative matters or charitable action. Bishops were only entitled to visit the religious premises and liturgical equipment of the Misericórdias. The Misericórdias soon became the most elite of confraternities at the local level: laws were even passed in the seventeenth century to ensure that a *numerus clausus* would prevent it from losing that elite character. The elites were always eager to be a part of the Misericórdia, which became an important factor in the local political, symbolic and

economic arena. Politically, Misericórdias shared political power with whichever institutions were most dominant at the local level (council, bishopric, local noble houses, military or religious orders, depending on the local situation). At a symbolic level, the brothers of the Misericórdias participated in the most impressive public rituals (from processions to burials), and took control over the management of social inequality, always furthering the image of the rich man who sacrifices his time, body and material possessions for the benefit of the poor. Economically, the Misericórdias meant a powerful source of credit to the local elites – not always refunded – and privileged access to resources such as dowries for poor relatives or the rental of misericórdia property. No wonder that a sociologist was able to detect over three centuries of continuous control of one Misericórdia by a single family.²⁹

From the beginning, the Hospital of Todos-os-Santos also benefited from the issue of royal privileges. A year after its creation, the property of the Lisbon synagogues was already being given by D. João II to the Hospital, and in subsequent years, repeated 'alvarás' allocated to the hospital the property of the Jews and Moors who had escaped the kingdom without authorisation. In 1499 the first law appeared exempting the houses who paid rents to the hospital from the obligation of hospitality. Other economic benefits included the receipt of court penalties such as unfulfilled bail, money fined from those who took their ships to forbidden beaches, and the inheritances of those exiled in Western Africa and the Cabo Verde islands.³⁰ The hospital's supply purchasers were also entitled by law to priority when buying in markets and farms; the town of Tomar gave the hospital the rent from its chickens, and penalties paid by shoemakers also belonged to the hospital. In the religious sphere, the priests of the hospital were authorised to draw up patients' wills as if they were public notaries; dying patients were forced to leave a certain sum of money to the hospital. Meanwhile, the hospital was also the headquarters of a revolution taking place in the administration of chantries: their properties were inventoried and put on the market to be rented, while a general written procedure for their management was elaborated in 1504, the same year that the statutes of the hospital appeared. The activities of the hospital were thus divided into two separate sections: indoors ("portas adentro") and outdoors ("portas afora"). The first included the care of the sick, the management of properties and all the matters concerned with life inside the hospital. The second related to the management of the chantries of the whole Lisbon area: renting of their property; certification that chaplains actually did the religious services they were obliged to do; and supervision over their private administrators. These procedures concerning chantries were later to be promulgated for the whole kingdom in 1514, in the process transforming the hospital of Todos-os-Santos into a model hospital for the whole kingdom. Inventories of property were made throughout the

29 Sobral, José M., 'Religião, relações sociais e poder. A Misericórdia de F. no seu espaço social e religioso (séculos XIX–XX)', *Análise Social*, vol. 25, 1990, n. 107, pp. 351–373.

30 *Os lançados*, also known as *tangomaos*, were men literally thrown out into the African wilderness; many renounced Christian civilization.

whole kingdom, concerning leper houses (mostly ruined and deserted by 1500), almshouses and local hospitals. Later in his life, Manuel I encouraged the Misericórdias to take over the administration of several of those institutions in places such as the Azores or Porto. His successor, however, was to step back and grant the administration of several hospitals to a religious order, the priests of Saint John the Apostle, including the jewel of the crown, the Hospital de Todos-os-Santos, which passed over to them in 1530.³¹ The merging of the local hospitals with the Misericórdias would have to wait for the outcome of the council of Trent.

In its last session, the agents of King João III were responsible for having the Misericórdias exempted from the rules for ecclesiastical confraternities, and created a sub-set of lay brotherhoods, the confraternities under “royal protection.”³² The reception of the rules on charitable institutions established by Trent was very fast and they helped to clarify disputes between lay and ecclesiastical authorities.³³ In 1563 the Order of Saint John the Apostle abandoned the administration of several hospitals, including the Hospital of Todos-os-Santos, which was incorporated into the Misericórdia of Lisbon the next year, as would be many other hospitals in the kingdom.³⁴ No control by ecclesiastical authorities, no accounts supervised by them: hospitals were now under the administration of lay authorities. A clarification is needed at this point: ecclesiastics were always a strong presence in the Misericórdias as part of the local elites, and the charitable services the Misericórdias performed always had a very strong religious character. Nevertheless, it cannot be said that the Church held any sort of financial, political or social control over them. It had to compete with other powers for control, and from a very disadvantageous position as the Church could not use the prerogatives it enjoyed with other confraternities (e.g. inspection of accounting, or supervision over burials).

As Trent gave stability to the juridical foundations of the Misericórdias, they evolved in the seventeenth century into highly discriminatory confraternities. No women could be members (even widows and orphans to former brothers), where in the first half of the sixteenth century the presence of women had been possible in a few cases. A process was put in motion in order to progressively eliminate the

31 Sá, Isabel dos Guimarães, *Quando o rico se faz pobre....*, p. 80.

32 Paleotti, Gabriele, “Acta Concilii Tridentini, annis 1562 et 1563 originalia”, in Merkle, Sebastian (ed.), *Concilii Tridentini Diarorum. Partis tertiae, volumen prius*, Freiburg-Brisgau, 1931, p. 431; Josepho Alberigo et. al., *Concilium Oecumenicorum decreta, Concilium Tridentinum- 1545–1563*, Bologna, 1962, Sessio XXII, ‘De Reformatione’, Canon VIII, p. 716.

33 Duarte Nunes do Lião, *Leis extravagantes e repertório das Ordenações*, Lisbon, 1569, pp. 82–83. All the laws referred to in this paper form part of a major database on Portuguese laws related with charity, elaborated in the scope of a research project I coordinated from 1994 to 1996 (JNICT-IC, proj. n. PLUS/C/HIS/810/93).

34 See Abreu, Laurinda, *A Santa Casa de Misericórdia de Setúbal de 1500 a 1755: Aspectos de sociabilidade e poder*, Setúbal, 1990, pp. 30–31. The author detected more than 20 hospitals passing over to the local Misericórdias between 1562 and 1578.

presence of minorities among its members, especially New Christians. The seventeenth century was also the golden age of legacies: patrimonies swelled, and the administrators rapidly transformed houses and land into cash that could be converted to loans (in the cases where the testator allowed them to). The Misericórdias were very close to holding a monopoly on charity both at home and overseas. Only small hospitals and devotional, mostly parochial confraternities performed alternative charitable activities, and then mostly for their own members. Locally, most Misericórdias were to elaborate their own statutes, drawn up based on the model of those of Lisbon, but stressing local relevant particularities, such as the number of brothers, the institutions they administered or specific rituals.

It was only during the second half of the eighteenth century, that the emergence of the Enlightenment started to question the legitimacy of confraternities, including the Misericórdias. The Marquis of Pombal, prime minister to King José I and the kingdom's effective ruler between 1750 and 1777, complained that most land in Portugal belonged to the dead; in the same period, almsgiving was for the first time questioned as inefficient and irrational. Donations to the Misericórdias were restricted to small sums of money and the nobles had increasing difficulty in borrowing large sums, because new laws restricted access to these loans. This decline of the Misericórdias in Enlightened political circles matched their discredit among the public. The self-serving purposes they had fulfilled to the elites was now evident; this uneasiness was visible internally by the difficulty in electing *provedores* (the chief counsellor of the *mesa*) and the general knowledge that most borrowers were unable to repay their debts, and many of them were insolvent. Meanwhile, the Third Orders developed as significant self-help institutions either for the emerging rich and influential, or for an urban middle class. People who could not be admitted to a Misericórdia on account of low social status, or its *numerus clausus* that forbade admissions to many, could find in the Third Orders an institution that let them in and assisted them in sickness and death in an explicit way. More than that, the Third Orders admitted women as members, although they were not to play as important a role as men in the lives of such institutions. After the eighteenth century, the Misericórdias were to survive and keep their place in Portuguese society as fortresses of social tradition. They recovered their status as primary welfare institutions in the country only during Salazar's regime, although they now faced old and new competitors in the struggle for the control of charity. This time, it was the monopoly over lotteries and other major public games that guaranteed the Misericórdia of Lisbon prominence in Portuguese society.

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