

PHYSICIANS AND SURGEONS IN THE EARLY DECADES OF THE NINETEENTH CENTURY IN BRAZIL¹

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ABSTRACT

The Fiscatura-mor (1808-1828) was the government body responsible for regulating the healing arts and licensing practitioners in early nineteenth-century Brazil. An analysis of its case files sheds light on the medical practice and profiles of physicians and surgeons in Rio de Janeiro and other cities where the Fiscatura-mor maintained a presence. Based primarily on these records, the article explores such matters as relations between surgeons authorized to practice internal medicine and physicians, the knowledge required to obtain a license, appointments to offices within the Fiscatura-mor, practitioners' geographic mobility, and how they charged and collected for services rendered.

KEYWORDS

healing arts – physicians – surgeons – Fiscatura-mor – 19th century.

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MÉDICOS E CIRURGIÕES, NAS PRIMEIRAS DÉCADAS DO SÉCULO XIX NO BRASIL

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RESUMO

Nesse artigo pretende-se analisar a medicina praticada por médicos e cirurgiões, contribuir para a identificação de práticas e do perfil desses terapeutas nas primeiras décadas do século XIX na corte, bem como em outros centros populacionais nos quais havia fiscalização do exercício das artes de curar. Aprofunda-se, ainda, a análise dos processos da Fiscatura-mor (1808-1828) a partir de casos em que é possível identificar partes de trajetórias de médicos e cirurgiões. Este órgão era responsável por regulamentar e fiscalizar todos os assuntos relacionados aos ofícios de cura e por conceder autorização àqueles que praticavam artes de curar. Por meio, sobretudo, dessa documentação, são abordadas questões como a relação entre médicos e cirurgiões que curavam de medicina prática, o conhecimento exigido para serem autorizados a exercer suas atividades, a nomeação desses indivíduos para cargos da própria Fiscatura-mor, sua mobilidade geográfica, a cobrança e o pagamento por seus serviços.

PALAVRAS-CHAVE

Artes de curar – médicos – cirurgiões – Fiscatura-mor – século XIX.

The nineteenth century brought major transformations to the healing arts in Brazil, especially in the capital. When the Portuguese Court moved to Rio de Janeiro in 1808, it replaced the Junta do Protomedicato with the Fiscatura-mor as the government body responsible for regulating and overseeing matters related to the healing arts.⁴ That same year also brought the founding of the Bahia School of Surgery (Escola de Cirurgia da Bahia) and the Rio de Janeiro School of Anatomy, Surgery, and Medicine (Escola Anatômica, Cirúrgica e Médica do Rio de Janeiro).⁵ In 1813, an official Course Plan was implemented at the Rio de Janeiro institute,⁶ which then took the name Medical and Surgical Academy (Academia Médica-Cirúrgica).⁷ In 1832, based on a proposal by the Medical Society of Rio de Janeiro (Sociedade de Medicina do Rio de Janeiro),⁸ the academies became the Faculty of Medicine of Rio de Janeiro (Faculdade de Medicina do Rio de Janeiro) and Faculty of Medicine of Bahia (Faculdade de Medicina da Bahia).⁹

The medical profession was clearly in the process of organizing itself, and the number of providers was growing as faculties opened their doors.¹⁰ Yet demand had to be created for these practitioners'

4 Until 1822, those who wanted to practice a healing art anywhere in the Kingdom of Portugal and its Dominions had to obtain authorization from the Fiscatura-mor. After Brazil's independence, authorization was required to practice anywhere within the Brazilian territory, until the body was closed.

5 Lycurgo Santos Filho argues that the appointment of the surgeon Joaquim da Rocha Mazarém to the chair of anatomy marks the creation of the School of Anatomy, Surgery, and Medicine in Rio de Janeiro. There is no doubt about the date that the Bahia School of Surgery was created, as it is cited in an order issued by the Prince Regent on February 18, 1808. SANTOS FILHO, Lycurgo. *História Geral da Medicina Brasileira*. São Paulo: Hucitec/Edusp, 1991.

6 COLLECÇÃO das Leis do Brazil. Decreto de 1 de abril de 1813.

7 The City of Bahia received the Course Plan through a Carta Régia dated December 29, 1815; it followed Rio de Janeiro's plan.

8 The Medical Society of Rio de Janeiro was founded in 1829.

9 COLEÇÃO de Leis do Brasil. Lei de 3 de outubro de 1832.

10 DANTAS, Rodrigo. *As transformações no ofício médico no Rio de Janeiro: um estudo através dos médicos ordinários (1840-1889)*. 2017. 221 pp. Doctoral dissertation in history. Casa de Oswaldo Cruz,

services, since academic medicine was neither the only nor the most sought-after healing art for the public at large. Gradually, and not without conflict, the physicians who had ties to these medical institutions endeavored to curb and disqualify the work of folk practitioners while simultaneously advocating the superiority and legitimacy of academically trained physicians.¹¹

Until the *Fisicatura-mor* was abolished in 1828, oversight of the practice of the healing arts followed the model used in the seat of the Portuguese Empire. It was not at all unusual for the *Fisicatura-mor*'s case files (*processos*), especially from its earliest years, to make reference to the statutes of 1521, 1631, and 1742.¹² Anyone engaged in an activity related to the healing arts had to apply for authorization to practice his trade—from physician to folk healer to healer of wounds or of the vice of drunkenness. These application processes, including written records of tests and licenses, form the main source for the present study. But not everyone actually applied to the *Fisicatura-mor*. Physicians, surgeons, and apothecaries were more likely to seek official authorization to practice their trade than were blood-letters, midwives, and folk healers, no doubt because the former group was more subject to oversight and their work was more visible to the *Fisicatura-mor*. Furthermore, more members of this group sought

Fundação Oswaldo Cruz, Rio de Janeiro, 2017.

11 On relations among the various categories of healing agents and between them and these institutions, see, among others: FIGUEIREDO, Betânia. *A arte de curar — cirurgiões, médicos, boticários e curandeiros no século XIX em Minas Gerais*. Rio de Janeiro, Vício de Leitura, 2002. PIMENTA, Tânia. Barbeiros-sangradores e curandeiros no Brasil (1808-28). *História, Ciências, Saúde – Manguinhos* (Rio de Janeiro), v. 5, no. 2, pp. 349-374, 1998. _____. Transformações no exercício das artes de curar no Rio de Janeiro durante a primeira metade do Oitocentos. *História, Ciências, Saúde – Manguinhos* (Rio de Janeiro), v. 11, suppl. 1, pp. 67-92, 2004. SAMPAIO, Gabriela. *Juca Rosa, um pai de santo na Corte imperial*. Rio de Janeiro: Arquivo Nacional, 2009. XAVIER, Regina. *Religiosidade e escravidão, século XIX: mestre Tito*. Porto Alegre: Editora da UFRGS, 2008.

12 Regimento do Fysico Mor de 25/02/1521; Regimentos do Cirurgião Mor do Reino December 12, 1631 and August 20, 1740; Regimento que devem observar os comissários delegados do Físico mór do Reino no Estado do Brasil May 16, 1742.

licensing since it endowed them with greater rights and privileges, given the hierarchical structure within the healing arts.

A number of studies have detected a trend during this period: the medical profession and medical institutions were growing more organized, more laws were being enacted on public health and medicine, and physicians were striving to expand and enforce their legal prerogatives.¹³ But what was daily practice like for these physicians and surgeons? What knowledge was demanded of them? What restrictions did they have to conform to? How were they paid for their services? What diseases were they asked to treat? Of course, these practitioners served only a small slice of the public but, in addition to caring for the elites, they also attended individuals who were protected or enslaved by the elites, as well as poor people who often turned to charity hospitals as they neared death. The answers to these questions may lend us a better understanding of this society, especially the sector that relied on the form of medicine officially recognized by the State. This article takes a deeper look at how physicians and surgeons exercised their professions in Brazil in the early decades of the nineteenth century and seeks to identify their specific practices and profiles. It focuses especially on more heavily populated regions of the country, like Rio de Janeiro, where the Portuguese Court was based, but it also looks at other cities where these men moved about and settled.

Diseases and their treatment are an unavoidable part of people's lives; the way that suffering is experienced and people's quests to find relief intersect with matters of social position and with cultural concepts surrounding health and sickness. In order to analyze these issues further, I will examine some facets of medical practice by physicians and by surgeons who were authorized to treat internal pro-

13 See especially FERREIRA, Luiz Otávio. *O nascimento de uma instituição científica: o periódico médico brasileiro da primeira metade do século XIX*. 1996. Doctoral dissertation in social history. Faculdade de Filosofia, Letras e Ciências Humanas, Universidade de São Paulo, São Paulo, 1996. EDLER, Flávio. *Ensino e profissão médica na Corte de Pedro II*. Santo André: Editora da Universidade Federal do ABC, 2014.

blems and prescribe internal remedies (*curar de medicina*), in Rio de Janeiro during the early decades of the nineteenth century. This will include an exploration of aspects of a few physicians' and authorized surgeons' backgrounds, as part of a more general analysis of the Fisiatura-mor's case files in Brazil.

Licensed physicians and surgeons

Education per se was neither the main concern nor the direct role of the Fisiatura-mor, but when the body assessed a candidate's ability to practice a given "art," it based its evaluation on the minimum content that the practitioner was expected to have mastered. Some candidates failed, but not many. Exams were administered by two testers, in addition to a judge, who was either the Physician-Major (*Físico-mor*) or Surgeon-Major (*Cirurgião-mor*) in the Court or the delegate who represented him outside Rio de Janeiro. Candidates had to pay to take the test. Under the 1810 regulation, this fee was divided as follows: 9\$120 réis to the Physician-Major, 2\$400 réis to the judge (unless the latter two were one and the same), 960 réis to each tester, 480 réis to the clerk, and 700 réis to the bailiff and his clerk.¹⁴ Physicians and surgeons were considered to practice distinct arts and had to be tested before receiving authorization to practice.

Physicians were required to present their diploma before undergoing evaluation. Prior to 1832, when Rio de Janeiro and Bahia inaugurated their faculties of medicine, all doctors had trained at schools abroad. This included schools in Coimbra, where representatives of the Physician-Major were supposed to study, and in Paris, Montpellier, Edinburgh, Bologna, Turin, Naples, and Pisa. Physicians were expected to display the knowledge needed to diagnose and treat internal maladies and they enjoyed greater rights and privileges than the practitioners of any other healing art.

¹⁴ These statutes applied to the delegates of the Physician-General. My analysis of case files for this study suggests that the same procedures were followed in the sphere of the Surgeon-General.

There were relatively few physicians in this group. Out of the 2,126 applications for letters of approval or licenses that were submitted to the Fiscatura-mor from 1808 to 1828, 59 came from physicians. Of these, 41 originated in Brazil, 25 of which in Rio de Janeiro; the other 16 Brazilian applications came from physicians who preferred to practice where they had lived before studying abroad, including Bahia, Maranhão, Minas Gerais, and Rio Grande do Sul.

The Fiscatura-mor licensed more surgeons than physicians: 1,070 of 2,126 of the case files referred to surgeons, that is, over fifty percent. Of these, 735 indicated the origin of the application; 398 originated in Brazil, 248 of which in Rio de Janeiro. Surgeons had to restrict their practice to diagnosing and treating external illnesses. They could train by working under a more experienced, licensed surgeon, who had to sign an affidavit declaring that his student had practiced for at least four years. Starting in 1808, surgeons could also train at the School of Surgery.

The Course Plan for the field of surgery, published in 1813, stipulated that the course should last five years; students who finished it would receive a “letter of approval in surgery.” Furthermore, any student who received a full pass each year could then repeat the fourth and fifth years of study, and those who were approved with distinction would be granted the classification of “graduate in surgery.” Among other rights and privileges, these graduates could “heal all illnesses, where there were no physicians” and, if they displayed the ability, could take the test to receive the title of doctor of medicine.¹⁵

Whether a surgeon had trained with an approved master or had graduated from the School of Surgery, he had to be evaluated by representatives of the Surgeon-Major or Physician-Major. This pathway to licensing remained in place until 1826, when a new law recognized that a graduate who had received a “letter of approval” issued by a School of Surgery was qualified to practice. However, it

15 COLLEÇÃO das Leis do Brazil. Decreto de 1 de abril de 1813. Rio de Janeiro: Imprensa Nacional, 1890. p.8.

was stressed that this surgeon was only qualified to practice surgery, while a surgeon who held a letter of approval that classified him as a “graduate in surgery” was eligible to practice both surgery and medicine.¹⁶ In both cases, the letters of approval were valid throughout the Empire, once they had been presented to the local authority. Accordingly, from 1826 through 1828, only those surgeons who had trained with masters were still required to undergo an examination through the *Fisicatura-mor*.

The law of 1826 sapped the *Fisicatura-mor* of some of its powers and evinced its conflicts with the Academy. Enactment of the law also coincided with a discussion in the Chamber of Deputies about complaints against the *Fisicatura-mor* and its officials. During the August 17, 1826, session of the lower house, the public health committee examined “the many petitions lodged by Brazilian citizens, in which they complain about the aggravations, arbitrariness, and extortion practiced by judges of the Public Health Authority-Major (*Provedoria-mor de Saúde*) and the *Fisicatura-mor* of the Empire.” The committee submitted a draft law that would abolish the judges of both bodies. Two years later, on August 30, 1828, the posts of Physician-Major and Surgeon-Major were eliminated.

While its 1810 statute was in effect, the *Fisicatura-mor* required that larger cities and towns have a certain number of approved surgeons who could treat “those suffering from internal illnesses who could not be attended by physicians, since these were few in number.” The surgeons had to pass exams covering the prognosis, treatment, and cure of acute and chronic maladies, as well as the prescription of appropriate medications. It was recommended that when testers

¹⁶ Without the caveat, which existed in the 1813 Course Plan for surgery, that those holding a “letter of approval in surgery” could practice medicine only in locations where there were no doctors. *COLLECÇÃO das Leis do Brazil*, Lei de 9 de setembro de 1826. Rio de Janeiro: Typographia Nacional, 1880, p.5.

posed their questions, they take into account “the limited knowledge that the surgeons might have.”¹⁷

This signaled an effort to make physicians and surgeons officially equivalent, despite the clear differentiation between their practices. There was thus some flexibility in allowing surgeons to act as physicians; this has been pointed out in studies that have found that surgeons had greater chances of attaining a higher social status in Portuguese America than elsewhere in the Empire.¹⁸ The case files from the first three decades of the nineteenth century analyzed for the purpose of this study leave this evident as well: twenty percent of the surgeons who registered with the *Fiscatura-mor* in Rio de Janeiro applied to practice internal medicine,¹⁹ a figure that undoubtedly does not reflect the entire universe of applicants, since applications often did not reach the Court, especially when they originated in distant cities.

It would be reasonable to conclude that the number of practicing physicians and surgeons was somewhat larger than detected by this study.²⁰ While a similar discrepancy was probably fairly substantial in the case of folk healers, midwives, and blood-letters,²¹ it was unli-

17 COLLEÇÃO das Leis do Brazil, Alvará de 22 de janeiro de 1810. Rio de Janeiro: Imprensa Nacional, 1891. p.7.

18 See RIBEIRO, Márcia Moisés. *Nem nobre, nem mecânico – a trajetória social de um cirurgião na América portuguesa do século XVIII. Almanack Braziliense*, São Paulo, n. 2, pp. 64-75, 2005.

19 Out of 1,070 surgeons, 210 applied for authorization to practice internal medicine. PIMENTA, Tânia. *Artes de curar – um estudo a partir dos documentos da Fiscatura-mor no Brasil do começo do século XIX*. 1997. Master’s thesis in history. Instituto de Filosofia e Ciências Humanas, Universidade Estadual de Campinas, Campinas, 1997.

20 We must bear in mind that some practitioners were not registered with the *Fiscatura-mor* in Rio de Janeiro. This included those who received a license prior to 1808, those who practiced far from Rio de Janeiro and were either unaware or failed to understand the need to obtain authorization to practice, and those whose case file was opened in the region where they practiced and for some reason was never registered with the *Fiscatura-mor* in Rio de Janeiro. In the case of surgeons, the law of 1826 sheds further light on why the *Fiscatura-mor* case files did not represent all of those who practiced surgery.

21 PIMENTA, Tânia. *Barbeiros-sangradores...* Op. cit.

kely to be very large for physicians and surgeons, since the latter did not have a rancorous relationship with the *Fiscatura-mor*. After all, the body defended the prerogatives of this group, whose benchmark was the academic medicine then holding sway at universities and in medical manuals.²² Furthermore, the posts of delegate, sub-delegate, and tester were held by physicians, surgeons, and apothecaries, which no doubt strengthened ties within a network of favors and duties. Consequently, I would suggest that the number of case files for the city of Rio, especially until 1826, was roughly equivalent to the actual number of physicians and surgeons practicing there.

What physicians should know

The main part of the case files consisted of written records of the exams, in the form of summaries that included neither the specific questions asked nor the candidate's answers, although some listed the points that were supposed to be covered. When a candidate did not pass, the record states only that his answers did not display the "required intelligence." In some physician files, however, I located the logs where candidates had recorded their notes about patients at Rio de Janeiro's Santa Casa da Misericórdia hospital. *Fiscatura-mor* testers would generally select three or four hospitalized patients and ask the physician candidate to take notes on their cases, covering diagnosis, progress, and treatment of the disease. In the next stage of the evaluation, the candidate was asked "practically and theoretically about how to recognize and classify illnesses, how to recommend and prescribe, and other things associated with the Medical Art." To better understand what was expected of a graduate of medicine, let us look at some of these tests.

22 RIBEIRO, Márcia Moisés. Op. cit.. FURTADO, Júnia. Barbeiros, cirurgiões e médicos na Minas colonial. *Revista do Arquivo Público Mineiro*, Belo Horizonte, v. 41, pp. 88-105, 2005. WISSENBA-CH, Maria Cristina. Cirurgiões e mercadores nas dinâmicas do comércio atlântico de escravos (séculos XVIII e XIX). In: SOUZA, Laura; FURTADO, Júnia; BICALHO, Maria Fernanda (eds.). *O governo dos povos*. São Paulo: Alameda, 2009, pp. 281-300.

On September 4, 1816, Jose Maria Bomtempo, delegate to the Physician-Major, along with Vicente Navarro de Andrade and Jose Francisco de Paula, all of whom were physicians with the Municipal Chamber, gathered at Santa Casa in Rio de Janeiro to submit Antonio Jose de Lima Leitão to his medical evaluation. Leitão spent three days observing and analyzing four patients, “examining the nature of the illness presented by each patient...and offering his prognosis and prescribing the most appropriate medicine befitting said illnesses.”

At Santa Casa’s São João de Deus infirmary, Leitão diagnosed a 34-year-old man as suffering from “hydrothorax”²³ and listed the attendant signs, causes, prognosis, and treatment. According to the physician, “the individuals assailed by this disease almost always die.” The recommended treatment was “infusions of bitter barks with some mucilage,” together with “a permanent vesicant.” The next day, Leitão wrote that the patient had “worsened considerably” and death appeared to be close at hand.

In another bed in this same ward, Leitão treated a 23-year-old man whom he diagnosed as having “pleurodine,”²⁴ a disease that was:

...typical of uncertain seasons, like the present. The atmospheric cold surrounding the body suddenly robs it of some of its caloric, which struggles to maintain equilibrium. In other words, the caloric, issuing out so quickly, provokes the stimulus that produces the inflammation, which may increase with the delay until a certain point.²⁵

23 According to Chernoviz, hydrothorax, hydrops, or water on the lungs occurred when there was an “accumulation of serosity in the membrane surrounding the lungs.” He also explained that it was often a result of pleurisy, but that other cases could be caused by measles, scarlet fever, or a prolonged intermittent fever. CHERNOVIZ, Pedro. *Diccionario de Medicina Popular e das Sciencias Accessorias para uso das familias*. Paris: A. Roger & F. Chernoviz, 1890. The first edition is from 1842.

24 According to Chernoviz, pleurodine, or false pleurisy, was “pain in the chest muscles: it is rheumatismal in nature, but at times has been mistaken for true pleurisy. The pain often moves about, increasing upon compression, respiration, or coughing, and especially upon body movement; however, it is more superficial than pleurisy and is not accompanied by fever.” Cf. CHERNOVIZ, Pedro. Op. cit.

25 Fiscatura-mor. Caixa 471-3. Arquivo Nacional.

According to Leitão, the prognosis was death within a few hours if the patient were not attended to, since the inflammation in the muscles could move to the pleura and from there to the bronchial tubes. As to treatment, Leitão wrote that “care should involve establishing different points of moderate irritation far from the affected part.” Furthermore, “the evolution of the disease would guide the physician judiciously.” The next day, he wrote that “the pain had receded during the night; nearly all the phlogistic signs disappeared.” In closing, he wrote: “Is this a true improvement or a false one? I dare not say.” Given his uncertainty, he thought it would be better to continue the treatment as prescribed the previous day.²⁶

Leitão diagnosed a 20-year-old female in bed number 13 of the women’s ward as suffering from venereal asthenia,²⁷ caused by “the life of extreme debauchery that the patient has led.” In his prognosis, Leitão stated that, “given the patient’s young age, there may be some hope for improvement, although the disease is advanced in its degree. The latter, in and of itself, does not bode at all well.” His prescribed treatment entailed “mixed and simultaneous [application of] over-oxygenated muriate of mercury, starting with an extremely small dose, and cold infusions of quinine.” He also suspected a “scirrhus”²⁸ in the uterus, which would greatly complicate the patient’s condition.²⁹

Leitão observed a 60-year-old man in the Santo Antonio infirmary who had a “sanguine temperament [and] had suffered from a venereal malady thrice. Ten days of illness.” He diagnosed the disease as rheumatism, since the main signs were a swollen knee and goose-flesh every day, followed by a short-lasting warmth. The patient had

26 Ibidem.

27 “Asthenia” meant weakness. Cf. CHERNOVIZ, Pedro. Op. cit.

28 “Scirrhus” referred to scirrhous carcinoma. “A tumor of firm and even very hard consistency, from the size of a hazelnut to a small apple.” Ibidem.

29 Fiscatura-mor. Caixa 471-3. Arquivo Nacional.

vomited occasionally and also had diarrhea. Leitão cited among possible causes:

It might be the intense cold coming at a time when the body was warm. There may be syphilitic complications; however, to reach a conclusion, further study of the illness would be needed. Lastly, rheumatism might be produced by anything that is an irritant to the muscle system or serous membranes.³⁰

As to prognosis, Leitão wrote: “This current peak in the disease, the individual’s age, his state of weakness, and the suspected venereal complication do not bode well in terms of the disease, or at least prompts me to believe that it will be long.” In regard to treatment, he argued that:

All remedies that leave the patient debilitated will be harmful, even if there is muscular irritation. . . .Some benefit should be expected from infusions of bitter bark, especially cold infusions in which very small doses of a purgative salt, such as sodium sulfate, are dissolved. . . .Given the venereal complication, his lymphatic system should also be stimulated moderately.³¹

Leitão reversed his opinion the next day, rejecting a diagnosis of rheumatism. The patient had been weakened by age, fatigue, and venereal and other diseases and was in a state of “incurable asthenia, with death very near.”

Leitão, Doctor of Medicine with a degree from Paris, was quite pessimistic about these patients’ chances of recovery. Even when a patient seemed to be improving, he thought it might be false improvement. But perhaps Leitão’s pessimism about potential outcomes was not idiosyncratic. The testers passed him, “having verified his fine status, both Practically and Theoretically.” In addition to the fact

³⁰ Ibidem.

³¹ Ibidem.

that academic medicine faced challenges when it came to treating some illnesses, we must bear in mind that, in the early decades of the nineteenth century, many of these patients had ended up in Santa Casa more because they lacked a support network and less in search of treatment; in fact, they often arrived when there was no longer any hope of a cure.³² It should further be noted that a number of medical theories were often brought into play during these years. It is apparent that Leitão relied on Hippocratic arguments (temperament, diet, climate) in his discourse, while also expressing blatant cynicism about treatment.

In 1824, after passing exams similar to those taken by Antonio Leitão, Antonio Torquato Pires de Figueiredo, Doctor of Medicine from the Université de Montpellier, was also approved by the Fisi-catura-mor. Torquato was not as pessimistic about the recovery of the patients he observed, but he was much more impetuous about treatment, showing a preference for bleeding and evacuants. In the case of João Nogueira, a 60-year-old man diagnosed with intermittent tertian fever and torpor of the liver, he recommended cathartic evacuants; he also prescribed calomel, jalap, and rhubarb, which, when mixed with Hesperia soap, would form a kind of pill, two of which should be taken in the morning. The patient was also supposed to drink a chalice of quinine wine every two hours and consume a bland diet of rice, white meat, bread, and roasted fruit. According to Torquato, another patient, João Antonio, a 25-year-old man with a nervous temperament, suffered from active hemoptysis.³³ The doctor's prognosis was progression to pulmonary consumption; he recommended the ingestion of acrid and astringent beverages, along with bleeding of the arm. The third patient was "so disturbed in the

32 The hospital had attempted to enforce norms that would only permit the admission of patients considered curable. See PIMENTA, Tânia. *O exercício das artes de curar no Rio de Janeiro (1828 a 1855)*. 2003. Doctoral dissertation in history. Instituto de Filosofia e Ciências Humanas, Universidade Estadual de Campinas, Campinas, 2003.

33 Hemoptysis was "bloody sputum," according to CHERNOVIZ, Pedro. Op. cit.

head” that Torquato could not take his medical history. Diagnosis: “uncertain.”³⁴

These two doctors can be taken as examples of how physicians did not constitute a homogenous group when it came to their ideas about theory and treatment. The latter half of the eighteenth century brought a resurgence of Hippocratic notions about “the centrality of the role of climate in understanding living beings.”³⁵ In the early decades of the nineteenth century, this prompted a quest in Brazil to identify local determinant causes, as recommended by Hippocrates.³⁶ Moreover, from the late eighteenth through early nineteenth centuries, diverging ideas about the theoretical foundations of medicine (such as iatrophysics, iatrochemistry, vitalism, and organic excitability) co-existed and competed at European faculties.³⁷ In the 1820s, the main theoretical clash that influenced physicians in Rio de Janeiro was the battle between Broussais, who argued that the problem was irritation and not disease per se, and the heterogeneous group of eclectic medicine associated with medical skepticism about the possibility of cure and with the valorization of experience.³⁸

Positions and mobility

As we follow the tracks of physicians and surgeons through the records of the *Fiscatura-mor*, it becomes evident that it would be to their advantage to obtain official authorization to practice, since the-

34 *Fiscatura-mor*. Caixa 475-2. Arquivo Nacional.

35 KURY, Lorelai. Descrever a pátria, difundir o saber. In: _____ (ed.) *Iluminismo e Império no Brasil*. O Patriota (1813-1814). Rio de Janeiro: Editora Fiocruz, 2007, p. 159.

36 *Ibidem*, p. 161; ABREU, Jean. *Nos domínios do corpo – o saber médico luso-brasileiro no século XVIII*. Rio de Janeiro. Editora Fiocruz, 2011. Ch. 3.

37 FERREIRA, Luiz Otávio. A reforma do ensino médico e a institucionalização da medicina experimental na FMRJ (1854-1884). In: II SEMINÁRIO INTERNO DO DEPARTAMENTO DE PESQUISA, Casa de Oswaldo Cruz, Fundação Oswaldo Cruz, 1991, mimeo.

38 KURY, Lorelai. *O império dos miasmas*. A Academia Imperial de Medicina (1830-1850). 1990. Master's thesis in history. Universidade Federal Fluminense, Niterói, 1990, pp. 89-90.

re was a good chance they could then work for the institution itself. The farther a town lay from the Court in Rio de Janeiro, the more likely a practitioner could get an appointment as a delegate or sub-delegate for the *Fiscatura-mor*. The appointee took office after paying an admission fee and could generally renew his position every three years. Physicians would then be assured income whenever there was an official inquiry (*devassa*) or an exam for apothecary, folk healer, other physician, or surgeon who needed a license to practice internal medicine.³⁹ They could also serve as arbitrators, determining the amount owed for unpaid treatment that had been rendered by a licensed practitioner and ordering the debt to be paid. Surgeon delegates or testers could also make extra money by taking part in the evaluation of blood-letters, midwives, and other surgeons. Any request made to the Physician-Major or Surgeon-Major or their representatives, delegates, or sub-delegates required payment of an emolument or fee, divided among those holding posts with the *Fiscatura-mor*, that is, the bailiff, clerk, tester, sub-delegate, delegate, Physician-Major, or Surgeon-Major.

It is also apparent from these records that some physicians moved around a lot, in addition to their making at least one trans-Atlantic move, since we know they trained in Europe. Both Antonio Lima Leitão and Antonio Torquato are good examples of this. Leitão was born in the Algarve and then spent a brief time in Portuguese America; in 1816, the same year that he took his test in Rio de Janeiro, he was appointed Physician-Major of the Captainty of Mozambique by Dom João VI.⁴⁰ We have a clearer picture of Torquato, who graduated from Montpellier and then moved back to Brazil. Right after he was

39 Surgeons, midwives, and blood-letters were tested by representatives of the Surgeon-General, who were also surgeons.

40 Torquato returned to Rio de Janeiro in late 1818; in the middle of the following year, he was appointed Superintendent General of Agriculture and Physician-General of Goa. He went back to Lisbon in 1823 as a deputy elected to the courts by the Portuguese State of India, and in 1825 was appointed professor of medical practice at Lisbon's School of Medicine and Surgery (*Escola Médico-Cirúrgica*), part of Hospital São José. SALGADO, Abílio. *Antônio José Lima Leitão (1787-1856), médico, escritor e maçom (obra e posicionamento político)*. Estudos em homenagem a Luis Antonio de

approved by the Fisicatura-mor, Torquato applied for the position of delegate of the Physician-Major in his native province of Minas; the government issued him a license that guaranteed him the right to practice this profession for three years, starting in 1824. But we can deduce from another doctor's case file that Torquato did not serve the full three years: In January 1825, Bernardo Antonio Monteiro—Portuguese-born, a graduate of the Universidade de Coimbra, and a physician hired by Ouro Preto's Municipal Chamber—applied for and was granted an appointment “to serve in the Position of Delegate of the Physician-General of the Empire in the Province of Minas Gerais.” The job had opened up since “Antonio Torquato Pires de Figueiredo” had been “dispatched to the Position of Guardian-Major of Health for the Port of the City of Bahia under an appointment of November 8, 1824.”⁴¹

In 1825, Torquato applied for the post of local delegate in Bahia, where we can continue to follow the trail of his work for the Fisicatura-mor. In 1825 and 1826, together with two testers, he authorized three physicians to practice in the province, two of whom had graduated from Bologna and one from Coimbra. During that same period, he also approved eight apothecaries and licensed two surgeons to practice internal medicine. In 1826, Torquato was appointed professor of “Births” at the Medical and Surgical Academy of Bahia.⁴² But in late 1826, Torquato moved back to Minas Gerais to attend to his own health problems. There he licensed two apothecaries to practice internal medicine. He never recovered from his ailment, which he had cited in 1824 as his reason for asking to take the physician's exam early. He argued that he had “suffered a blood hemorrhage from his

Oliveira Ramos. Faculdade de Letras da Universidade de Porto, 2004, pp. 941-947. <http://ler.letras.up.pt/uploads/ficheiros/5026.pdf> (accessed June 25, 2018).

41 Fisicatura-mor. Caixa 475-2. Arquivo Nacional.

42 SANTOS FILHO, Lycurgo. Op. cit., p. 83.

mouth.” No reference could be found to the treatments he might have used. We only know that he died in 1829.

Treating internal maladies

One of the duties of delegates and sub-delegates of the Physician-Major was to evaluate surgeons and apothecaries who wished to practice internal medicine. Until the early nineteenth century, there were more surgeons and apothecaries than physicians in Portuguese America. Colonial officials and elites only wanted to receive care grounded in European medicine. Within this context, surgeons and apothecaries, who blended their empirically based knowledge with information acquired through books, sometimes passed themselves off as physicians, especially when treating Portuguese settlers.⁴³

Oversight intensified after the Portuguese Court moved to Brazil and established the *Fisicatura-mor* in Rio de Janeiro, and this reinforced the hierarchical relationships between practitioners of the healing arts. Surgeons and apothecaries could continue to practice internal medicine, so long as they asked the *Fisicatura-mor* for authorization and respected physicians' prerogatives.

There was no rigid process for obtaining a license to treat internal maladies. Candidates were sometimes given an exam in which they answered questions posed by the delegate judge and two physicians. The questions were both practical and theoretical and tested the candidate's knowledge of acute and chronic internal illnesses, disease classifications, the practice of internal medicine, how to prescribe and administer remedies, and how to question patients. In other ca-

⁴³ Medical treatises on diseases and their treatment in Portuguese America, based on what was available at the moment, were written by surgeons rather than physicians. See FURTADO, Júnia Ferreira. *Barbeiros, cirurgiões e medicos...* Op. cit., in which the author addresses works by the surgeons Luís Gomes Ferreira (*Erário Mieneral*, 1735), José Antonio Mendes (*Governo dos Mineiros*, 1770), and José Cardoso de Miranda (*Relação cirúrgica, e médica, na qual se trata, e declara especialmente um novo método para curar a infecção escorbútica*, 1741; *Prodigiosa Lagoa descoberta nas congonghas das minas do Sabará*, 1749). See also RIBEIRO, Márcia Moisés. Op. cit.

ses, the candidate had to demonstrate more specific knowledge of the region's routine illnesses and answer questions about the names of diseases and their divisions, differences, causes, symptoms, signs, and treatment. The exam might require a description of a patient's condition, followed by a number of questions. This was the case with João Antonio da Silva, tested in September 1812:

A 30-year-old man, strong and well built, was enjoying perfect health until suddenly, upon exposure to a draft, he suffered a fever, prolonged pulse, dryness of the tongue, excessive heat, pain on the right side of his chest, problems breathing, urine [?], and dry skin. What is the illness of said subject? What medicine should be administered?

Answer: This is a case of pleurisy. The arm on the same side as the pain should be bled, and after the needed blood-lettings, a vesicant should be placed on the same part, and the patient should be instructed to use an anti-pleurisy infusion and, should this not be available, can be treated using anti-phlogistic purgatives. . . . As long as there is fever, diet must be restricted to a cup of chicken broth every two hours, and anti-pleuritic infusions twice a day.⁴⁴

João da Silva's answer did not convince the delegate of the Physician-Major "whatsoever"; the candidate was told he had failed and could retest in one year. When da Silva first applied, he argued that he lived in Maricá, where there was no one who could administer "medicine to the people." But this was not a good enough reason for licensing him to treat internal problems. When he presented himself to the Fisicatura-mor two years later, he claimed he had fallen into "utmost poverty" and therefore could not take the surgery exam prior to the medical exam. In this second application, he explained that he was aware of the protocols of the Fisicatura-mor—that is, that licenses in internal medicine were granted to surgeons and apothecaries—but he could not afford to take the exam at that moment. Da Silva also attached affidavits certifying that he had practiced at Santa Casa for ten months and had also worked for five years alongside

44 Fisicatura-mor. Caixa 479-2. Arquivo Nacional.

a surgeon approved in medicine, the sub-delegate of the Physician-Major in Maricá. This got him a temporary license; some months later, he took the surgery exam. According to the case file, his license to treat internal maladies was regularly renewed until 1824. Once he had passed the surgery exam, he applied for and was appointed to the office of sub-delegate of the Physician-Major in the towns of Maricá and Macaé and the city of Cabo Frio and vicinity.

Da Silva, who had been born in Maricá and was a “legitimate child,” was thirty-one years old in 1812 when his first application to the *Fiscatura-mor* for a license to practice internal medicine was rejected. Married and the father of two, da Silva had practiced the healing arts for some years, according to the affidavit presented later. It would not be surprising that he had practiced medicine even before he began shadowing the authorized surgeon and had been one of “many people of both genders who had engaged in the Healing Arts without undergoing testing or being authorized to do so” in the region where he lived.⁴⁵ This was probably common, and practitioners most likely took certain considerations into account when deciding to apply for authorization to practice, such as the risk of being denounced and the cost of licensing. Licenses generally had to be renewed every one, two, or three years; practitioners often requested longer renewal periods, alleging the hardship of traveling great distances to Rio de Janeiro. Furthermore, whenever a license was renewed, a fee had to be paid for the acquisition of “new rights.”

Representatives of the *Fiscatura-mor* had an interest in performing oversight duties, conducting official inquiries, levying fines, and testing practitioners since this generated income for everyone, from the clerk to the Physician-Major. Another concern was in establishing and overseeing the hierarchical structure of the healing arts by ensuring that practitioners had licenses and that each trade kept to its own sphere of practice, something that bolstered the represen-

⁴⁵ *Ibidem*. This was da Silva’s justification for applying for the office of sub-delegate in Maricá and regions nearby.

tatives' own authority. This meant that surgeons who practiced internal medicine would enjoy some level of equivalence to physicians if they followed the rules of the *Fisicatura-mor*, rules that strengthened physicians' rights and privileges.

There were numerous reports of improper conduct. The sub-delegate to the Physician-Major in Paraty, in the province of Rio de Janeiro, for example, accused the surgeon José Xavier Balieiro of treating internal maladies without a license. In February 1825, the official interrogated nine witnesses, all of whom stated that Balieiro treated every form of illness, both internal and external; that he used both surgery and medicine to treat everyone who came to him; and that this was public knowledge. In his defense, the accused presented five witnesses, who stated, among other things, that not a single physician in their town practiced internal medicine, "the sole surgeon with a license being José Peixoto Lopes, who, owing to his habitual maladies, lives withdrawn from the town." Furthermore, they said that because there were no physicians or other doctors, the petitioner had been "summoned by some ailing people to treat their internal maladies." He had then done so "promptly, assisting as the needs of the public so demanded, applying his remedies with great technique and skill."

The petitioner and his witnesses explained that the petitioner, always faithful and obedient to the law, had applied for and been granted authorization to treat internal maladies until such time as he could take and pass the appropriate exam. But soon after Balieiro received this authorization, he suffered an attack of hemoptysis and spewed a large amount of blood from his mouth. Since then, he had been experiencing intermittent, bilious fevers every year; as this prevented him from any overexertion, he had been unable to travel to Rio de Janeiro and take his exam. In an attachment to the record, he argued that "from the isolated view of the Law, which the petitioner respects, he fears he will be found guilty, yet he is convinced that if attention is given to his alleged reasons, while his behavior may not be commendable, he nevertheless does not deserve to be punished, as he did not abandon an ailing humanity to lie suffering without the

aid of the Art.” The Physician-Major, Francisco de Paula, decided to suspend the case against the petitioner and granted him a deadline of four months to take the exam.⁴⁶

While we find indications that the statute of the *Fisicatura-mor* reinforced the hierarchical structure of the healing arts (for example, by establishing a physician’s prerogatives), the case files themselves suggest that things were actually a bit more complicated in practice. Although the possibility that they might be subject to an official inquiry put pressure on practitioners to seek a license, the experience they acquired while working extra-officially was nonetheless valued and even factored in when the *Fisicatura-mor* granted a license or agreed to test someone. José Theodoro de Serpa, an approved surgeon who practiced internal medicine in Pernambuco, was accused of doing so without a license. Serpa responded by presenting affidavits and arguing that he had exercised “the Art of healing for nearly thirty years.” He further stated that he had taken the exam, received a license in the name of the queen in 1789, and renewed it every three years, through 1806. When Serpa filed for his license after that, the delegate said he no longer needed to renew it. Furthermore, Serpa posed the following question in 1813: If “called to extract a child or an afterbirth or in other cases where one might encounter loss of blood, hysterics, syncopes, fainting and many other symptoms that require more rapid assistance, shall it be necessary to summon the professor of medicine, while the patient is left vulnerable to a menacing danger?”⁴⁷

At the country’s other extreme, in the town of Rio Grande de São Pedro do Sul, the sub-delegate Luis Petazzi faced a challenge to his authority in 1824. The problem was with two councilmen, who were allegedly protecting two surgeons who practiced internal medicine. In his complaints to the Physician-Major, Petazzi wrote that:

46 *Fisicatura-mor*. Caixa 466-1. Arquivo Nacional.

47 *Fisicatura-mor*. Caixa 478-2. Arquivo Nacional.

Two surgeons who have not been tested and do not hold licenses to practice internal medicine have acted deviously. In the past, those wishing to treat internal illnesses had been issued a license for the payment of two *dobras* every six months; this is the custom here in this land, and public health had been placed in the hands of such people. On the list of licenses granted by Your Honor, you will find that there are only four or five who have been licensed in this administrative region; however, there are many who are healing for the price of two *dobras*.⁴⁸

As we have seen, physicians and surgeons who practiced internal medicine sometimes viewed the *Fiscatura-mor* as part of their strategy for climbing the social ladder. In other situations, they simply ignored the body's representatives.

The authorization to practice internal medicine was tied not only to payment of a fee. The terms of a surgeon's license stipulated compliance with specific terms and conditions. In 1818, Fideles José Alves, approved surgeon, was issued a license that stated:

48 *Fiscatura-mor*. Caixa 480-4. Arquivo Nacional.

And in response to the lack of physicians here in this Court. . . I have hereby decided to grant you a license for the period of one year, unless I reverse this order before. . . so that you may practice the treatment of internal maladies under the following conditions: You shall not permit any ailing person to pass away without receiving the sacraments; You shall not accept into your care any dangerous malady without consulting with a physician, and you shall then inform him of the history of the illness and the remedies that have been applied; You may not work in the capacity of a municipal chamber physician; You shall not accept more than three hundred and thirty *réis* for a daytime visit, or six hundred *réis* for a nighttime visit, or outside the city assigned to you by the respective Delegate; while this does not prevent [patients] from offering a larger amount in gratitude, it regulates your right to demand payment; You shall be obliged to prescribe in the vernacular and clearly, intelligible to all; You shall enjoy all the rights and privileges regarding voluntary payments granted under the Permit (*Alvará*) issued January 22, 1810.⁴⁹

Physicians' prerogatives were thus protected. One of the notable rights granted under this license was the right to appeal to the *Fiscatura-mor* when payment was not received for medical care provided, a matter I address in the next section.

Clients who owed, physicians who charged

One interesting facet of these case files were *louvações*. If a licensed physician, surgeon, or apothecary had not been paid for medical or surgical care or for medicines dispensed, the aggrieved practitioner could ask the *Fiscatura-mor* to step in. Physicians and apothecaries lodged their grievances before the Physician-Major, whereas surgeons appealed to the Surgeon-Major. Two or three physicians, surgeons, or apothecaries would then be appointed to decide whether the accused individual owed a debt and how much he or she should pay.

⁴⁹ The license was signed in Rio de Janeiro by Baron de Alvaizere, the Physician-General. Alves was granted a new license in 1819, with the same terms. *Fiscatura-mor*. Caixa 464-2. Arquivo Nacional.

Nearly all the case files concerning these assessments of outstanding debts originated in Rio de Janeiro. However, we must remember that this matter was handled by delegates and sub-delegates, so some of the related documents may have remained where the complaint was filed. It is interesting to note how often the physicians who lodged requests for debt evaluations did so. For example, Amaro Baptista Pereira, a physician trained in Montpellier, filed a complaint with the *Fiscatura-mor* in 1814, claiming he had made fifty-nine visits and participated in one joint physicians' consultation, as he had deemed appropriate to the illness suffered by Jeronimo Jose de Oliveira Guimarães, "whose treatment was lengthy, and interrupted." We might add that it was also unsuccessful, since the patient died of chronic hepatitis, according to Pereira himself. The physicians who assessed the value of this treatment set each visit at 1\$600 *réis* and the joint consultation at 4\$000 *réis*.

In 1820, Pereira filed another request for a debt evaluation. The baker Luis Antonio da Silva had summoned him to care for a gentleman who was suffering from "hydrothorax, accompanied by obstruction of the mesentery and other abdominal viscera." The patient eventually died, by which time the doctor had made thirty-two house calls; one year later, he had not yet received his fee. When payment was demanded, the baker always asked for more time, frequently until the end of the month, suggesting that it was hard to make good on his debt.

Feliciano Gomes Pina, a surgeon, requested payment for ten visits he had made to treat a man suffering from chronic hepatitis; these were assessed at 12\$800 *réis* in late 1819. The next year, he petitioned the judge of the *Fiscatura-mor* for help collecting 32\$000 *réis* for sixteen visits made to treat a woman who also had chronic hepatitis; in this case, we know the debt was settled. Around the same time, Pina requested a debt evaluation for his treatment of "a negro woman" belonging to Damião Pereira, who had fallen ill with a "hec-

tic fever.”⁵⁰ It was determined that he should receive 9\$600 réis for ten visits. Since the debt had not been settled, he asked that the debtor’s assets be seized under an “executive order.”

In 1824, a piano, two small wardrobes, two round tables, and other objects (“if necessary”) belonging to Luiza Perpetua Carneiro were also seized, in this case to settle a 180\$000 réis debt owed to the physician Angelo Custodio da Silva Abiff Milliard. According to Milliard, he had provided treatment of:

...illnesses both acute and involving accidents that afflicted her family in the space of eight months...Including nighttime and daytime visits, there were more than two hundred; and I regularly treated her eldest daughter, who suffered from vigorous uterine hemorrhaging for a lengthy time, so that she was at the edge of her grave, and more recently from a complicated pulmonary disorder, with a constantly remittent nervous fever, from which she recovered entirely; likewise by order of this same said woman, I cared for two children with the pox, from another family residing outside her home; however, I believe they were people for whom she was responsible.⁵¹

As these debt assessments show, medical treatment could be prolonged and expensive. While the records contain no descriptions of the treatments employed, we have a notion of the suffering that can be caused by the illnesses mentioned. Furthermore, we can conclude—at least regarding this universe of samples from those requesting payment, which probably entailed protracted illnesses and therefore more costly medical services—that these practitioners followed the clinical evolution of their patients closely. Milliard argued that he had visited Mrs. Carneiro’s family more than two hundred times over the course of eight months (for a total of roughly 240 days). In some cases,

⁵⁰ A “hectic fever” was a consumptive, colliquative, or slow fever. “A continuous fever that accompanies the final phase of serious illnesses,” according to CHERNOVIZ, Pedro. Op. cit.

⁵¹ Físicatura-mor. Caixa 474-1. Arquivo Nacional.

we can therefore say that physicians had greater control over prescribed treatments than practitioners at the Santa Casa infirmary, for example, where there were not enough physicians or surgeons.⁵² Since physicians made house calls, it was not unusual for them to care for several members of the same family, along with dependents and slaves, increasing the amount owed. Something else we can glean from these particular debt evaluations is that physicians and surgeons in Rio de Janeiro were paid in money, or at least the value of their services was set in monetary terms.

A group of residents in the town of Paraty found a way to ensure a doctor's care while addressing the cost issue. On April 1, 1822, thirty-two individuals pledged to pay a certain sum (from 10\$000 to 40\$000 réis) to Emilio Germon so he would treat the payers and their families "annually," using "Medicine and Surgery." We do not know whether Germon managed to see other patients during the time he was committed to caring for these families, but it is certain that he guaranteed himself an annual income of 633\$600 réis, serving as both surgeon and physician.⁵³

Emilio Germon submitted an application to the Fiscatura-mor in 1819 in hopes of obtaining a license to practice internal medicine. The delegate of the Physician-Major in Minas Gerais, Luiz Joze de Godoy Torres, gave him authorization to do so. But Germon only took the exam and received his definitive letter of approval in 1823, "at the home of Dr. Francisco Manoel de Paula, Physician-Major of the Empire," in Rio de Janeiro. He answered questions about internal medicine correctly and was approved by the examiners Vicente Navarro d'Andrade and Marianno Jose do Amaral.⁵⁴

While the records of the Fiscatura-mor are somewhat piecemeal, it is clear that Germon moved around a bit. He was granted a license to practice internal medicine in Minas Gerais in 1819; he was

52 PIMENTA, Tânia. *O exercício das artes de curar...* Op. cit.

53 Fiscatura-mor. Caixa 470-3. Arquivo Nacional.

54 Ibidem.

hired by residents of Paraty, in the province of Rio de Janeiro, in 1822; and he took his exam at the Court in Rio de Janeiro in 1823, at which time he requested and was granted a license “to serve for a period of three years as a sub-delegate of the Physician-Major of the Empire on the Island of Santa Catarina and its dependencies.” Although it was not uncommon for physicians and surgeons to relocate to different cities,⁵⁵ Germon’s path is unusual because he first came from France to Brazil “in the position of Secretary to the Marquis de Saint-Hilaire, a naturalist, and for whom the petitioner served as Classifier.”⁵⁶ He had been under the protection of José Bonifácio de Andrada, minister of the Empire, and returned to France when Andrada lost his job. There he studied homeopathy with Hahnemann and was appointed member of public health commissions by the French government; in 1835, he treated people in Marseilles during the cholera epidemic.⁵⁷ In July 1838, at the age of 38, Germon returned to Brazil and became a citizen.⁵⁸ From then on, we can follow his career via announcements published in Brazilian periodicals of widespread circulation, which featured frequent advertisements about his office, his homeopathy manual, and the classes on zoology that he taught at the National Museum, along with notes of thanks from people he had cured.

During the time he served as sub-delegate in the province of Santa Catarina, Germon saw his authority challenged, much like Petazzi in Rio Grande do Sul. In 1825, he reported to the Physician-Major that two folk healers had begun:

55 For information on foreign doctors who settled in the interior of the province of Rio de Janeiro during a later period, that is, the second half of the nineteenth century, see PROENÇA, Anne Thereza. *Vida de médico no interior fluminense: a trajetória de Carlos Eboli em Cantagalo e Nova Friburgo (1860-1880)*. 2017. Master’s thesis in history. Casa de Oswaldo Cruz, Fundação Oswaldo Cruz, Rio de Janeiro, 2017.

56 Auguste de Saint-Hilaire traveled Brazil from 1816 to 1822.

57 TARCITANO FILHO, Conrado; WAISSE, Sílvia. Novas evidências documentais para a história da homeopatia na América Latina: um estudo de caso sobre os vínculos entre Rio de Janeiro e Buenos Aires. *História, Ciências, Saúde – Manguinhos* (Rio de Janeiro), v. 23, no. 3, pp. 779-798, 2016. p. 784.

58 JORNAL DO COMMERCIO. Rio de Janeiro: February 9, 1839, p. 2.

. . .disseminating circular letters about the Province, advising the general public that the office had been abolished. . .so that no one should ever obey my orders. . . .And it should be noted that this was believed by the people.⁵⁹

To judge from the testimony of representatives of the *Fisicatura-mor* in provinces lying some distance from the capital, like Santa Catarina and Rio Grande do Sul, the body did not facilitate the creation of networks between outlying regions and the Empire's central seat of power.

Final considerations

This in-depth analysis of the records of the *Fisicatura-mor* has provided information on the professional pathways of the physicians and surgeons who worked under, and at times for, the body charged with regulating and overseeing their practices. The diagnosis of internal illnesses and prescription of remedies were limited to those practicing internal medicine. According to the law, only surgeons authorized to practice internal medicine and physicians could treat hepatitis, fever, pulmonary disorders, and uterine bleeding—all maladies that required lengthy treatment at a significant cost to patients or their families and support networks. In these types of cases, some physicians, surgeons, and apothecaries petitioned the *Fisicatura-mor* to ensure payment for their services. The records also show how these physicians worked: they visited the ill, took care of families' dependents and slaves, and accompanied the evolution of patients' illnesses very closely.

Based on an analysis of some of these practitioners' profiles, many who sought a formal license saw this as part of a strategy for participating in the system of royal favors (*mercês*) by which the king

⁵⁹ *Fisicatura-mor*. Caixa 470-3. Arquivo Nacional.

granted privileges “as a reward for services rendered.”⁶⁰ With a letter of approval, a practitioner could ask for the favor of an appointment as delegate or sub-delegate of the Physician-Major or Surgeon-Major. A petitioner boosted his chances of an appointment if he lived in a region lying some distance from more populous centers or if he were willing to move there. This created ties to the authority of the king (and later to the emperor) and of the Physician-Major and Surgeon-Major. The practitioners became part of a network of favors and duties, of protection and loyalty; furthermore, they might also be able to expand this very network by testing candidates and granting authorizations to practice the healing arts.

These licensings had a direct connection to the hierarchical structure of the healing arts and the knowledge needed to practice. Exam records tell us what knowledge was expected of these practitioners, while they also suggest that there was no homogenous, consolidated knowledge of disease. Furthermore, although there was a clear intent to enforce a rigid hierarchy that valued the knowledge of physicians over that of surgeons and folk healers, these records show that the surgeons who practiced internal medicine did the same work as the physicians who had trained at universities. This was in line with the pathway then offered at medical and surgical academies, where surgeons received a kind of diploma, granting them rights and privileges equivalent to those holding a medical diploma issued by a foreign university. Shortly after the *Fisicatura-mor* was abolished, the medical and surgical academies were transformed into faculties of

60 FRAGOSO, Joao; GOUVÊA, Maria de Fátima; BICALHO, Maria Fernanda. Uma leitura do Brasil colonial: bases da materialidade e da governabilidade no Império. *Penélope*, n. 23, pp. 67-88, 2000, p. 68.

medicines,⁶¹ which issued one sole diploma, that of doctor, effectively doing away with the distinction between physician and surgeon.

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⁶¹ Clientelistic relations were prevalent during the formation of the medical elites and were characterized by favors and duties, protection and loyalty. On these relations during the period subsequent to the timeframe addressed here, see CORADINI, Odaci. Grandes famílias e elite ‘profissional’ na medicina no Brasil. *História, Ciências, Saúde – Manguinhos*, Rio de Janeiro, v. 3, n. 3, pp. 425-466, 1997. COELHO, Edmundo. *As profissões imperiais – medicina, engenharia e advocacia no Rio de Janeiro, 1822-1930*. Rio de Janeiro: Record, 1999.

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