DOI: 10.1590/1413-81232022279.02672022EN

Health as a battlefield: diseases and the healing arts in Brazil, 1750-1822

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Abstract *This article explores how diseases were contemplated and faced in Portuguese America in the early 1820s, shortly before the consolidation of the political rupture with Portugal that made Brazil an independent country. It analyzes who the individuals called to treat the diseases of the suffering population were, along with their knowledge and their therapies. To achieve this, we must begin by taking a step back in time, emphasizing the influences of the reforms of the Portuguese Empire on medical knowledge in the second half of the eighteenth century. The first section of the article is dedicated to exploring the complex and multifaceted healing practices in Portuguese America, resulting from the mixtures between traditional concepts about the body and the diseases that were part of the cultural references of the local population. The article then moves on to analyze some of the institutional and political conflicts involved in the consolidation of scientific medicine in Brazil, especially after the transfer of the Portuguese Court to Rio de Janeiro. Despite the political prestige of academic doctors, practitioners of the healing arts had broad support from the population, in addition to finding social mobility in the breaches of clientelistic relationships that marked the political culture of the period.*

Key words *Traditional medicine*, *History of public health, Brazil*

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One of the first and foremost challenges in an attempt to interpret the illnesses and interventions on the bodies, at times different from our own, is the need to understand the different concepts of health and disease that guided the people in the old days. That need translates into the need to study the history of such diseases and the therapeutics applied. In that sense, there is a considerable amount of literature concerning the problem of diagnoses, the descriptions of diseases, and their possible historical interpretations. It is important to underline our theoretical-methodological approach, with remarks from such authors as Rosenberg[1] and Cunningham[2], among others, who considered, in broad terms, the need to acknowledge the illnesses beyond their mere biological manifestations, since they are also social phenomena, and they warn us about the analytical risks of the attractive possibilities of retroactive diagnostic interpretations, which ultimately may result in anachronism. In other words, one cannot lose sight of the fact that illnesses are indissociable products of the mental universe of the authors and those who live with the diseases and experience them in the most distinctive manners in a given temporal context.

The first factor to be taken into consideration, with the use of some historical imagination – for lack of a better term – is the challenge and the need for adaptations, (re)significations, and learnings from the contact with the flora and fauna, climate and nosological framework of people, which is quite different from what was learned in the hospitals, academies, and with the sick in the Old World. It is important to mention, as Buarque de Holanda[3] has shown us, for a more general thematic of invention/representation and construction of concepts and preconcepts regarding the Americas, the actors who participated in the colonial experiences had to face – and to produce knowledge about – different aspects of the alterity, a reality which would also clearly encompass the diseases and the possibilities of curing them. In other words, the specificity of the Portuguese colonial experience in their part of the Americas determined the contact with and the transformation of several traditions of knowledge about the body and the diseases, be they American, European, or African.

As it is understood, for the context of colonial Portuguese America and the European context, in general terms, we must face the nearly omnipresent influence of the hippocratic-galenic "humoral theory" for the definition of different illnesses. With these long-lasting concepts of healthy bodies, diseases, and therapeutic actions, defined here in general terms, the human body was perceived as a microcosm in terms of diagnosis and of the therapies to be applied. The regulation of the three main organs – liver, heart, and brain – depended on the balance between four primary humors, or bodily fluids – blood, phlegm, choler (yellow bile), and melancholy (black bile), the most enigmatic of all humors. The qualities of those humors are structured by opposition pairs (dry/humid, cold/warm, thin/thick, sweet/bitter) and determined by their interconnection with different organs.

Still according to ancient medical tradition, the "physical and moral" diseases were caused by a complex interaction between the imbalance of an organism's humors and the external influences that it received, based on the relationship between a microcosm and a macrocosm. One can notice a close relationship between the concepts of dietary habits and climate. The notion of climate for the hippocratic tradition was quite broad, having as its primordial aspects the qualitative observation of the temperature (it is worth mentioning that thermometers would only be invented much later) and the topographic aspects of the areas where the doctors worked. However, with the passing of time, other intellectual traditions were amalgamated into the climatological arsenal of a hippocratic basis, such as the observation of the movements of the stars, comets, and planets; the types of vegetation; among other variables[4]. As we shall demonstrate later in this text, such a relationship between diseases and the environment will be used and redesigned in the context of medicine during the Enlightenment, particularly through a philosophical movement known as Neo-Hippocratism.

Likewise, the notion of diet, in a hippocratic sense, is another important element to explain illnesses, which also appeared in the designing of treatments for the recovery of the ill. Beyond what was directly ingested (foods and beverages), the different kinds of work and physical exercises were also included in a general context (including coitus and the morality involved in it), baths, rest and idleness, among other elements[5].

From this point of view, as we can see in the different medical studies produced during that period, written by doctors with degrees from European universities – most notably from Coimbra – as well as by surgeons, and to a lesser extent by apothecaries, considered mechanic performers in the acquisition of knowledge and in the exercise of official medicine, the role of the cosmos and of

Ciência & Saúde Coletiva, 27(9):3379-3387, 2022

nature in the variations of human bodily fluids, supposedly provoking illnesses, was considered to be a determining factor for a long time[6,7]. For example, doctor João Ferreira da Rosa[8], considered the air to be the cause of the pest which ravaged Recife in 1685. Making use of his own words for explaining the "pest": "the contagious quality of the stars, the solar or the lunar eclipse, or other diverse aspects of stars and planets; as Galeno and Hippocrates taught"[8] (p. 243).

Upon going through the published medical studies, especially by surgeons who narrate their experiences of cure in Portuguese America, what can be observed is the influence of the humoral theories in the naming, description, and treatment of illnesses. Thus, diseases as a "suppuration of the lungs", "asthmatic deflux", "obstruction", "standing"[9-12], names that may seem strange to the current reader, but that reveal the belief in the balance and/or "corruption" – another concept shared by the healers of the day – of the fluids and humors which composed the ailing bodies, and often highlighted the decisive role played by the "locations/environment", putrid emanations, and celestial bodies that affected the healthy individuals, making them ill.

In the concept of the time, in official medicine, as well as in the people's beliefs, diseases were equally explained by the work of what we could name as "supernatural". The very definition of the term disease, at that time, present in the dictionary by Raphael Bluteau, indicates the association between factors of a natural order and of a "theological" order. Diseases were seen as "unnatural indisposition, change in mood, which immediately offends some part of the body", and at the same time, as "daughters of sin, and mothers of death"[13] (p. 146).

As Márcia Moisés Ribeiro[7] showed in a pioneer study on the specificity of what the author considered as medical art in colonial Brazil, the fields of religion and magic were intertwined with medicine in an almost indissociable manner, especially up to the second half of the seventeenth century in both the Old World and in the New Word. Much like clergy, the representatives of official medicine, such as doctors or surgeons, also prescribed prayer – which, it is important to remember, also worked as a way to count and standardize the time regarding certain treatments, such as exorcism. These representatives also applied specific therapies that blurred the boundaries between the natural and the supernatural. At the same time, the Church and official medicine sought to curb the actions of the individuals who were not invested in the proper authority and permission to perform the healing procedures (p. 89-108)[7].

As examples of that kind of view, in the *Erário mineral,* written by the Portuguese surgeon Gomes Ferreira[9], who worked for nearly 25 years in several locations in Portuguese America, especially in Minas Gerais, comments can be found claiming that supposed witches were responsible for causing the most diverse harms. In that sense, by Gomes Ferreira's understanding, the "witchcraft diseases" should be diagnosed and understood in their signs/symptoms, as well as the other harms which doctors were supposed to remediate. In the words of the surgeon:

[...] *by understanding that some woman may be fooled by the devil or by the witches who are his ministers, had advised him that in order to keep a friendship with a man, blood should be donated monthly, and since that blood has no virtue, and is instead so perverse and poisonous that it causes not only the so-called effects of madness, furies, taciturnity, and another thousand symptoms which are as horrendous as regretful [...]* (p. 422)[9].

The Portuguese doctor Brás Luís de Abreu[14], who also acted as a participant in the Holy Inquisition, in a medical treaty published in 1726, likewise considered the existence of witchcraft in the list of ailments to be cured by the representatives of official medicine. In his rhetoric, Dr. Abreu placed the 'witchdoctors" and the supposed witches side by side with the individuals who ventured into healing without a license, basing his medical considerations on the writings about witch hunts circulating around Europe at the time:

Those lost souls quickly try to be doctors from the University of Hell; and their trade is solely to kill and destroy, by any means, mankind. And in order to go off on that journey which the common enemy propels them to, they search and procure with bitter hatred breastfeeding boys; and cause the most terrible harm [...] as claimed by Martim Del Rio (p. 623)[14].

Another facet of the perception that illnesses were caused by witches and witchcraft, which we believe to be easy to be imagined in the colonial scenario, was a view of suspicion and despite – which today we could call Eurocentrism and prejudice – regarding the cultural practices, including the therapeutic knowledge, of the indigenous people and of the Africans and their descendants.

Hence, according to Vera Marques[15], that knowledge, often coming from unlicensed Afri-

can, Mestizo, and especially Amerindian healers, was discredited and "erased" in face of the European scientific paradigms and protocols of the day. The author calls attention to the ambiguous attitude present in the reports of the writers, doctors, and clerics from the period referring to native herbal knowledge: sometimes they defended the "good level of knowledge about the Brazilian flora accumulated by indigenous people", and sometimes they acted as critics and detractors, saying that the "cures provided by plants are pure witchcraft" (p. 66-70)[15]. That kind of attitude of detraction and suspicion was also common among the Jesuit priests, who demonized the therapeutic knowledge of the *pajés* (indigenous healers), often mentioned in Jesuit documents as "sorcerers". Likewise, when Africans and their descendants executed therapies as unlicensed healers, they were often mentioned in accusations at the ecclesiastical tribunals, (dis)qualified as "sorcerers and healers", an accusation which was not used against, for example, white unlicensed healers[16].

In general terms, the belief that people can manipulate evil forces to provoke diseases by means of spells was shared by the most diverse social strata from Europe, Africa, and Brazil in the context presented herein. Likewise, treating people as if they were under a spell was not a privilege of such doctors as Brás de Abreu and of licensed surgeons like Gomes Ferreira. There was a considerable number of unlicensed healers – who were labeled and persecuted as illegal, and who were often Africans and Mestizos – in the most distant corners of Portuguese America, who were respected and solicited as true experts to remedy the feared and always present "witchcraft diseases"[16]. In the realm of therapeutic practices, one of the most enduring legacies of the belief that sane and sick bodies are the repository of humors and fluids, were the excreting actions performed to "purge" and rebalance such humors. Bloodletting stood out as one of the main therapeutic procedures, a resource that was commonly used by official European medicine in the Ancien Régime.

In fact, the licensed professionals who performed phlebotomy, known as barbers and bleeders, were placed at the lowest level in the medical hierarchy, as they performed mere "mechanical crafts" or because they handled the degrading bodily excretions. Besides bloodletting, they were also responsible for the application of suction cups, of leeches, and by scarring (superficial scratching of the skin to expel a smaller amount of blood, usually followed by the application of suction cups). In Portuguese America, most of the bloodletters were Africans or their descendants, which contributed even further to the previously mentioned approximation and amalgamation of different traditions and concepts about the body and the diseases that ravaged it[17]. In the early decades of the nineteenth century, such a reality was often mentioned by travelers from Europe, supposedly civilized, who wandered about the colonial towns describing and portraying African barbers armed with their lancets and animal horns as they performed bloodlettings on the streets.

Another aspect which deserves a more careful interpretation is the fact that, behind those therapies, at first sight quite similar to each other, there were clearly different explanations and meanings for the diseases and the possibilities of treatment. Among the Central-Africans, such as the "Congos" and the "Angolas", as they were widely referred to in colonial Brazil, for instance, we found the belief that the blood (*menga*) was the vehicle which conducted the soul. According to that concept, bloodlettings were an important treatment to expel diseases. Some African healers who used bloodletting also claimed that the treatment was effective in "casting away" spells[16] (p. 238-247). Those explanations, as we can see, were quite different from respected medicine, based on the theory of humors.

In sum, it is possible to notice the existence of "various medicines" coexisting together and often confronting each other in Portuguese America between the sixteenth and the nineteenth centuries. Beyond the representatives of official medicine (doctors, surgeons and apothecaries), there were countless "healing negroes", natives and mulattos who remedied themselves, their families and their enslaved counterparts. It was a *mestiça* (half-breed) medicine, as defined by such authors as Maria Cristina Wissenbach[18], Timothy Walker[19], Júnia Furtado[20], among others[21,22], and it had fundamental nuances depending on the location, whether in the "countryside" or on the "coast", and of the period chosen as the object of study.

The healing market as a battlefield: the medical-scientific knowledge and the regulation of healing practices

In the early decades of the nineteenth century, including the years following Independence, little had changed in that scenario. The universe

of healing practices was still intertwined with diverse therapeutic traditions, and university level medicine was far from dominating the preferences of the population. For the general public, much more inclined to follow the traditional healing practices long rooted in popular culture, the doctors who graduated in European universities caused strong mistrust. Although their therapy also blended natural/supernatural aspects, many of their methods were considered unorthodox and the results questionable. Moreover, they often followed a therapeutic logic in dissonance with their beliefs about the bodily functions. It is also important to highlight that the mistrust was not restricted to the poorer classes. Sectors of the colonial elite also trusted the alternative healing universe rather than the academic one, and even though they had the resources to have access to appointments with educated doctors, especially in urban areas, they often sought the aid of healers and blessers when faced with more complex and difficult to solve ailments[23-25]. Such a scenario made the legitimation of medical-scientific knowledge an arduous task. It was about imposing cultural authority and establishing clear differences between knowledge and popular beliefs[26]. In this sense, the increasing proximity of academic medicine and State power was a determining factor.

From the second half of the eighteenth century on, several European states were facing the task of managing increasingly numerous and socially complex urban populations, especially in a context in which the wealth of the nations was progressively more connected to the capability of their populations in order to be a productive force[27]. The occupation and use of urban spaces, as well as the fight against the dissemination of diseases and the medical care provided to the needy were some of the challenges imposed on the bourgeois nation-states[28,29].

From the sanitation point of view, such a scenario required that the governments moved away from their traditional standpoint, which consisted of adopting a more effective attitude only when epidemics occurred, instead of pursuing a preventive model. In that sense, the medical-academic knowledge presented itself as an instance which was apt to establish administrative-sanitation guidelines which could aid the government in that enterprise. Legitimized by the state, medical-scientific knowledge sought to interfere in the sanitary order of the urban centers, condemning spaces that were considered unhealthy, interfering in the organization of markets and food commerce, regulating harbor activities, prohibiting burials inside churches, and moving cemeteries to places outside the cities[30-32]. Likewise, it also endeavored into producing systematic knowledge about the territory, its climate, and diseases, which could aid in the application of coordinated sanitation measures, a model which the French *Société Royale de Médecine* was one of the main advocates. However, it is important to bear in mind that the process of the affirmation of knowledge and practices concerning academic medicine, commonly supported and recognized by the government and its bureaucracy, was far from being a peaceful process, but rather was marked by resistance, with the maintenance of beliefs and therapies (and its therapists) more directly connected to the poorer classes.

To understand the format of that process in Portuguese America at the dawn of the 1800's, it is important to remember the relationships established between the Portuguese State and academic medicine, approximately half a century before. Among the reforms implemented in the Empire from 1750 on, the reformulation of the statutes of the University of Coimbra was of utmost importance. From that landmark, the education offered in the traditional Portuguese institution became progressively more in tune with the government's reformist project, which meant the education of professionals capable of working in the Portuguese territories overseas[33]. In the case of the course in medicine, one can notice not only a progressive involvement of the doctors with degrees from that university in the study of the climatological and nosological characteristics of the Portuguese domains, but also in an extensive production of manuals geared toward the population that was not familiar with the details of medical-scientific knowledge. Such works, which circulated around the kingdom and the colonial territories, sought to spread knowledge about the body, diseases, and hygiene recognized by reformed Portuguese medicine in places where doctors themselves seldom visited.

On the other hand, it is possible to see that one of the results of this convergence of agendas is the progressive creation of legislative and inspection instruments which, at the same time, intended to regulate the healing market in the kingdom and overseas, as well as guarantee the hierarchical prestige of the practitioners of medicine with academic backgrounds as compared to surgeons, apothecaries, and, primarily, the practitioners of traditional medicine. As far as the latter were concerned, there were often situations in

which the legislative work took on the air of persecution. Among the most emblematic cases was the use of an inquisitorial apparatus to persecute healers accused of witchcraft[34], which resulted in considerable activity of the Holy Tribunal in Portugal at the height of the 18th century, a period in which their work harkened back to other European spaces in which this type of apparatus was traditionally present, as in the example of Spain.

However, it is important to bear in mind that those legislative and persecution efforts always had a much more limited reach than intended. In practical terms, they were hampered by the scarcity of available doctors or of people interested in the positions offered, particularly, overseas. The resistance of the local population was another barrier, as we have already indicated, as were the administrative and clientelist conflicts that affected the flow of healers from Europe to the Portuguese territories overseas[35].

In the specific case of Portuguese America, a recent study by Laurinda Abreu[35] showed that imperial administration's sending of healers only became relevant from the second half of the seventeenth century onwards. Still, a large portion of the surgeons, apothecaries and, in smaller numbers, doctors who arrived in the colony were motivated by personal initiatives or served the Crown in military missions. That does not mean, however, that their presence had become expressive. To have an idea, the city of Rio de Janeiro had only four doctors in 1671. Even considering that the city had not become the administrative center of the colony until then, the number of doctors was clearly insufficient, as noted by the authorities at the time[35]. Often, the constant requests by municipal assemblies asking for more health professionals were precariously fulfilled merely by giving more work to the professionals who were already in the colony. In this sense, the cases of military surgeons, often ordered to take care of the local population as well as the troops under their responsibility, were quite emblematic[35].

After becoming the administrative center of Portuguese America in 1763, the city of Rio de Janeiro became a destination sought more often by healing professionals, although still few in numbers. At the end of the century, however, a significant part of the licenses granted were for resident professionals and doctors born in the city[35]. Until 1782, the permits were given by the *cirurgião-mor* (chief surgeon) and the *físico-mor* (chief physician), positions given to highly competent surgeons and doctors – and/or those inserted in the social power circles – who became responsible for applying exams and for inspecting local healing activities, as well as the production and commerce of medication at the apothecaries. However, in practical terms, the people chosen for those lifelong positions ended up using them for their personal advantage, regulating the local healing trade according to private and socio-professional interests. That practice was particularly common in places far away from the central administration[36]. In the face of the debility of the regulatory model, the positions of *cirurgião-mor* (chief surgeon) and the *físico-mor* (chief physician) were substituted by the "*Junta do Protomedicato*" in 1782, comprised of five doctors and two surgeons from the kingdom. In Portuguese America, its presence was defined by responsible commissioners who inspected health throughout the various provinces. The new organ, however, would succumb to corruption and private interests much like its predecessor, and ended up being short lived, extinguished by the Prince Regent D. João in 1808, shortly after his arrival in Brazil.

As we know, the transfer of the Court to Rio de Janeiro meant a fundamental boost in the political trajectory of the colony. For the first, and probably the only time, a European monarch crossed the Atlantic to establish the center of the Empire's power in one of his colonies. The city was promoted from the administrative center of Portuguese America to the administrative center of a multi-continental monarchy[37]. The new statute originated a broad program of reforms in the city to meet the symbolic and practical needs of the new capital. At the symbolic level, it was a matter of presenting Rio de Janeiro as a kind of tropical Lisbon, a place from where the Portuguese monarchy could recover its prestige, damaged by the decadence of the Empire – a process that had been ongoing for some centuries – and by the humiliation of being forced to abandon the old capital dominated by Napoleon's troops[38]. In practical terms, the enterprise required the transformation of the urban space, with the opening of new and wider streets, the building of sumptuous palaces with European architecture, and of course, the adoption of measures which provided a new order for urban activities. At that point, the medical discourse became, once more, the chosen instance to aid political power. The climate and diseases became a privileged object of study, through the monarchy's initiative, which began to finance and encourage studies that offered solutions to the sanitation problems of the capital, and by private initiatives of educated doctors with degrees from Coimbra who

arrived in the city in search of a position in the Court[39]. Some of the work produced at that time received some historiographic recognition, like the *Reflections on some of the means proposed as more adequate to improve the weather in the city of Rio de Janeiro*, written by Manuel Vieira da Silva and *Memoirs of the general draining of this city of Rio de Janeiro*, written by José Joaquim de Santa Anna, published in 1815.

From the institutional and legislative point of view, the healing practices went through significant transformations. The foundation of the medical-surgical schools of Bahia (1808) and Rio de Janeiro (1808) were relevant measures to kickstart college education in Portuguese America, making it less dependent on healers educated in Europe. In regulatory terms, the extinction of the *Protomedicato* was followed by the creation of the *Fisicatura* in 1808. The new department brought back the positions of *cirurgião-mor* (chief surgeon) and the *físico-mor* (chief physician), which, now based in the new capital, were again responsible for regulating the healing practices in the empire through their emissaries.

As shown by Pimenta[40], however, the new configuration brought few changes to the chaotic scenario left by previous institutions, which contributed to the closing of the agency in 1828, an even more short-lived trajectory then that of the *Protomedicato*. Much like its predecessors, the *Fisicatura* was unable to impose a regulation from the top down of the complex and multifaceted environment of the healing arts in Brazil. On the other hand, if the institution was not capable of guaranteeing the supremacy of medical-scientific knowledge in the market of healing, it did act to preserve the hierarchies among the different healing professionals. At the top of the chain, there were the doctors, responsible for examining, diagnosing, and prescribing treatments for their patients; then the surgeons – also with college educations – who were theoretically responsible for the execution of treatments prescribed by the doctors; and third were the apothecaries, responsible for the production and sale of medication. As we mentioned in the first part of this study, the base of the pyramid was composed of a great diversity of traditional categories, including midwives, witchdoctors, bloodletters, and barbers, usually from less privileged social classes.

If at first sight that pyramid organizational structure already seemed to arrange the healing arts through the force of tradition, in practical terms, it was dramatically fluid. Although in terms of college background, medicine and surgery were merging throughout the eighteenth century, especially through the introduction of chairs of anatomy and surgery in the medical curriculum[41], the traditional judicial disputes between the two categories was never resolved. In the context of the court in the first half of the nineteenth century, denunciations and power struggles between the two areas also reached the apothecaries, often accused of prescribing and applying medication, and of course, the traditional healers. Those healers, if on one hand they represented the weakest link in the field of professional disputes, on the other hand, they had a very strong presence in the healing market, thanks to the broad adherence of the population to their methods[17]. Actually, the overwhelming majority of them performed their trade directly under the eyes of the inspectors, and only sought to regularize their activities if they felt at risk of being punished. The concession of licenses, however, was far from corresponding strictly to medical criteria, and tended to reflect the extraordinary role performed by the clientelistic networks in the political-administrative area, in the Portuguese Empire, and in the context of the independent Brazilian Empire. In that setting, it was common for the success of a healer or surgeon in obtaining a license to depend less on his professional competence than on the strength of his personal connections.

Final considerations

As we have shown, the chapter on healing practices in the history of Brazilian health in the first decades of the nineteenth century was far from being defined by the predominance of knowledge of university origin. However, the process of institutionalization of medical-scientific knowledge achieved important landmarks in the years following Independence. The foundation of the Medical Society of Rio de Janeiro (1829), as well as its transformation into the Imperial Academy of Medicine (1835), and the upgrading of the medical surgical school of Rio de Janeiro to a Medical College in 1832 allowed for fundamental progress in terms of the education of professionals and the creation of a sanitation agenda for the country. However, if in the institutional sphere the doctors gained more and more space, in the streets and in private life they still shared space with healers, barbers, midwives, and blessers, along with their knowledge that was heavily rooted in tradition and orality.

Collaborations

Both authors participated equally in the article's production.

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Article submitted 14/02/2022
Approved 25/04/2022
Final version submitted 27/04/2022

Chief editors: Romeu Gomes, Antônio Augusto Moura da Silva