



Transformations in healing practices in Rio de Janeiro during the first half of the nineteenth century

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The article analyzes changes in healing practices between 1828 and 1855, mainly in Rio de Janeiro. This period saw academic physicians organizing themselves around the faculty of medicine, the imperial academy of medicine, and specialized periodicals, while popular practitioners were simultaneously losing ground in the legalization of their activities. The text compares changes in laws and the tasks undertaken by oversight agencies with the activities of unofficial practitioners and the population's reliance on their services. What stands out are the conflicts stemming from academic medicine's attempt to gain ascendancy over other healing arts, which shows how hard it was for the former to achieve a monopoly of therapeutic activities.

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The first half of the 1800s witnessed significant changes to medical treatment. The end of the 1820s and beginning of the 1830s saw a series of milestones in the process of medical institutionalization, with the creation of the Sociedade de Medicina do Rio de Janeiro [Medical Society of Rio de Janeiro], the Faculdade de Medicina do Rio de Janeiro [Medical Faculty of Rio de Janeiro] and many specialized journals. It was also a period during which changes were made to the definitions of which treatments were considered legal.

The regulatory changes are clear. In 1828 the government body responsible for inspecting and regulating all practices concerning the healing arts, called the Fiscatura-mor, was closed down. Folk healers (*curandeiros*) and bloodletters were barred from receiving licenses to operate and struck off the list of legally accepted activities. Midwives were demoted to an inferior position and their work was taken over by others, which helped expand the market for physicians.

The picture set out above might suggest that the hegemony achieved by physicians came about peaceably. Such a conclusion, however, would be the result of an analysis made predominantly of the actions taken by this group. Indeed, this was a group that was not entirely homogeneous, as can be seen in their internal conflicts and the different kinds of relationships they had with unlicensed therapists.

With the aim of contributing to the understanding of this process of change in the practice of the healing arts, this article seeks to highlight the stance taken by both official and unofficial therapists concerning the new rules and regulations and how they adapted to the new context.¹

In a previous study we saw that between 1808 and 1828 (when the Fiscatura-mor existed, based in Rio de Janeiro),² those practices that were associated with the lower strata of society were part of the official world of the healing arts (Pimenta, 1997). Licenses were granted not only for physicians, surgeons and apothecaries, but also for midwives, bloodletters and folk healers. The inspecting body saw each practice corresponding to clearly defined activities, to which their respective practitioners should be bound. There was also a hierarchy amongst these categories, with physicians taking the most prestigious places, while midwives and bloodletters, for instance, were relegated to the nether regions.

The official apparatus put in place never had enough resources either to officially recognize all those whose work was in compliance with legal definitions of legitimate practices or to curb those activities considered illegal. This is a conclusion that has been drawn in different studies of healing practices in different contexts, especially in the 18th and early 19th centuries (Lanning, 1985; Sáenz, 1997; Léonard, 1981; Crespo, 1990). Popular therapists,³ an umbrella term that contained a wide variety of practices, was the largest category and such practitioners were accepted and sought out by the general public.

Official discourse had it that the only reason for consulting an unlicensed therapist was when there were not enough physicians or surgeons and because they charged more. Unlicensed therapists were, then, 'tolerated' by officials. Nonetheless, we have seen that there was a parity between the treatments that unlicensed therapists offered and the needs of those who sought them out, which hampered any effort to crack down on their activities.

Another point that should be considered while browsing the official paperwork is the meaning of each category used. The Fiscatura-mor considered folk healers (*curandeiros*) to be people who had knowledge of native medicinal plants and who used them to treat typical ailments in specific regions. The records produced by this body always used this definition for folk therapists. Even so, there were actually many types of folk healer, including those who considered the 'diabolic arts' capable of causing illness (Pimenta, 1997, p. 132). The Fiscatura-mor's licensing processes also give one an idea of the esteem in which some popular therapists were held. As a rule, anybody who wanted to heal had to present letters of recommendation attesting to their competence and the need for their presence in the place where they lived. Yet these references explicitly undermined the rationale of physicians, proving the greater efficiency of folk healers who managed to cure patients let down by qualified practitioners (Pimenta, 1998).

Apart from the distinctions drawn between licensed doctors and unlicensed therapists, the very term 'popular therapists' contained a huge diversity of practices, as did the terms used for different activities — midwives, bloodletters, folk healers, healers (*curadores*). These were imprecise categories that included all manner of activities. When people at the time referred to folk healers, or even when one spoke in general about popular therapists, this could equally refer to people whose treatment was based on religious belief, on academic knowledge acquired through literature like leaflets, books and periodicals, on experience using medicinal herbs, or on a mixture of all the above.

There also existed differences as to the extent to which therapists were dedicated to their practice: if they worked exclusively in this field or if they did it in their free time; if they earned their living thus or practiced the art just to top up their income, or for charity (Ramsey, 1988; Sáenz, *op. cit.*). One must likewise consider the people that were involved in manufacturing and purveying remedies. They often had no license and may only have had an eye on potential profits.

The end of the Fiscatura-mor heralded in a period of new relationships between the government, qualified physicians and popular therapists. One might argue that when popular therapists ceased to be recognized officially, this marked the decline of the official space given over to folk healers and other popular therapists and the recognition their practices received. Yet in any study of 19th century healthcare, one cannot ignore the fact that qualified medical

practice was just one of a whole host of treatments to which the public, or part of it, had access. And it was not even the most popular, as many recent studies have shown (Figueiredo, 2002; Sampaio, 2001; Soares, 1999). It had neither the legal power nor the muscle to restrict other practitioners or monopolize the healing arts.

What we plan to do in this article is to look in greater depth into the legislative changes affecting therapeutic activities, setting these off against the living conditions in Rio de Janeiro, especially between 1828 and 1855. We shall then analyze the stance taken by medical authorities, politicians and therapists in general in response to the new rules, and the strategies adopted by therapists to win over potential customers in this new context by making use of the press.

Changes to legislation

On August 30, 1828 the positions of *provedor-mor* [chief health inspector at the ports], *físico-mor* [chief physician] and *cirurgião-mor* [chief surgeon] of the Empire were eliminated, which meant that the responsibility for public health inspection was handed down to local authorities, while the regular courts of law were to deal with past and ongoing processes that had until then been the responsibility of the Fisicatura-mor's tribunal. Shortly afterwards, on November 14, 1828, the Ministério do Império [Translator's note: literally, the "Imperial Ministry", which was responsible for health, education, culture and welfare, among other areas], gave clearer descriptions of the new tasks to be carried out by local authorities: public health inspection, including tests and visits to shops selling victuals, apothecaries, and druggists. At this point, the licensing and inspecting of medical activities actually had no specific authority for taking official decisions.

It was only in 1830 that this topic came up again, along with other public health issues concerning cemeteries, burials, the sale of victuals and medicines, hospitals and health clinics, and contagious ailments. Three months after the publication of the Rio de Janeiro city authority's ruling, "no practitioner, apothecary, midwife, or bloodletter may heal and exercise their art within the bounds of the city without having presented their letters [of reference] to the authority, where they shall be registered [...]: offenders shall be fined," (law 49-3-8, *AGCRJ*).⁴

Thus, everybody who had a letter had to go to the local authority to register it and anybody who did not do so would be breaking the law. However, folk healers were not even mentioned, which meant that after 1828 they were not even contemplated by the law. Unlike what happened during the period of the *físico-mor*, knowledge about native medicinal plants and the most commonplace ailments in given regions was no longer any guarantee of legality for their practices.

If truth be known, very few folk healers were actually interested in legalizing their services even when this was an option. Other groups, however, were rather more concerned with this, either to stand out from the competition by using official titles or because they had learnt their art with a licensed teacher and believed they should follow suit. The bloodletters and midwives who went to the city hall to register received replies such as ‘there is no room here’ and ‘apply to the relevant authority’. The problem was that between 1828 and 1832, there was no authority in charge of this. The local authority assumed that the Sociedade de Medicina do Rio de Janeiro [Medical Society of Rio de Janeiro], founded in 1829, should examine therapists, although this was beyond its scope, maybe because it did not want to be encumbered with the same tasks as the much criticized Fisicatura-mor. In 1831, the members of this society argued that issues concerning the teaching and practice of medicine were beyond “the sphere that is marked out by its By-laws” (code 47-1-48, July 8, 1831).

Even if the Sociedade de Medicina kept its distance, some of its members who lectured at the Academia Médico-Cirúrgica [Academy of Medicine and Surgery] did get involved. In 1831 a discussion was underway about plans to turn the academy into a Faculdade de Medicina [Faculty of Medicine] in October 1832 (Santos Filho, 1991, p. 88-9). From this moment on, the degree issued would be a physician’s certificate and no longer one for a surgeon. Surgeons started to be included in the category of physicians, and over the years a series of mechanisms were created to bring them in line (CLB, decrees of September 30, 1837 and July 15, 1848).

A law passed in 1832 marked the beginning of physicians’ legal monopoly of the healing arts. Attempts were made to find new ways of dealing with popular therapists quite unlike those used at the time of the Fisicatura-mor. Some categories were struck off the list and considered unfit for licensing, while others started to depend on the Faculdade de Medicina.

The students at the Academia Médico-Cirúrgica and foreign surgeons and physicians were the only ones unaffected by the changes to the regulation of therapeutic activities, thanks to their autonomy from the Fisicatura-mor since 1826. The fact that a significant portion of medical practitioners had not been hampered by the sudden impossibility to legalize themselves must have contributed to the delay in deciding upon how to license and inspect healing practitioners. Further, the absence of any regulation for certain practices seems to tally with the medical elite’s keenness to keep them on the periphery of official recognition.

The old distinction between the liberal arts and the mechanical arts, the former of which boasting primacy over the latter, was another argument used to shun other kinds of therapeutic activity. Academic medical science, which defined itself as a liberal and scientific art,

sought inclusion in a different field of knowledge and practice concerning disease and healing, separating itself from the field of other practitioners (Lebrun, no date; Marques, 1999, pp. 281-4).⁵

The prevailing climate of political instability and the constant provincial conflicts throughout the period also contributed to the lack of attention paid to the healing arts. Problems such as regional uprisings, fears of slave revolts, political disgruntlement with the potential return of the Portuguese, clashes between the executive and legislative powers, all must have played their part in the scant attention given to the regulation of medical practices.

In 1832 it was the turn of bloodletters to be overlooked by lawmakers. A bill passed on October 3, 1832, turned the academies of medicine and surgery in Rio de Janeiro and Bahia into faculties, which would grant certificates for doctors, pharmacists and midwives. Nobody without this qualification could “heal, have an apothecary’s shop or deliver babies,” except for “physicians, surgeons, apothecaries and midwives legally licensed under the previous law.” From here on in, bloodletter was no longer a qualification that could be granted (CLB, October 3, 1832).

The law enforcement agencies responded in a variety of ways to the absence of legislation concerning therapeutic activities. Even though folk healers received no mention in the local authority legislation in 1830, and the legal monopoly of qualified physicians to diagnose and prescribe treatments was left in no doubt in 1832, unlicensed therapists were not generally the target of any systematic official crackdown.

Taking a similar rationale to the *Fiscatura-mor*, according to which unqualified therapists could even receive official recognition wherever qualified doctors and surgeons did not exist in sufficient number, the Rio de Janeiro city hall granted licenses to some unqualified practitioners. One beneficiary was João Nicolau d’Oliveira, who “for many years, and with his curatives, [has] medicated great ailments, in many households and slave dwellings in this parish, having as a result their desired improvement.” According to the inspector in the parish of Guaratiba, where d’Oliveira lived, if he were to be banned from working this would cause suffering to many sick people since the few surgeons who existed in the area lived too far away to provide prompt attendance should the need arise. A petition headed by the community’s apothecary confirmed the veracity of this state of affairs. In view of this, the local authority issued a one-year license for d’Oliveira in October 1832 (code 46-2-39).

In 1831 the city hall had already reached the conclusion that it should renew the license that José Custódio Teixeira de Magalhães had been receiving from the *Fiscatura-mor* since 1826 to sell his remedy for curing the “vice of drunkenness”. Magalhães submitted a list containing the names of 75 slaves and their respective owners, as

well as eight freedmen, from among whom, according to the applicant, only one slave had not been cured (Pimenta, 1997, p. 16; code 50-4-26).

Such cases of license extensions for unqualified therapists or the sale of medications with no academic backing or qualification form a minority of the records. Even so, their existence shows that there was a degree of flexibility concerning healing activities, which was actually the case in all areas of this paternalistic society. Above all, they show that not even officially did qualified medical practitioners boast a monopoly.

Admittedly, the Ministério do Império periodically sent the Rio de Janeiro authorities reminders to clamp down on unqualified healing activities. In a communiqué of September 1834, the minister wrote to the city's councilors that "people with such keen interests, as well as a lack of conscience, without the required knowledge" worked as physicians, surgeons, apothecaries and midwives. Concerned with this "malpractice that gullibility has fed and impunity has made widespread," the minister requested that the council take the necessary steps to crack down on the problem (September 5, 1834, code 46-2-38).

In its replies, the local authority explained that it did whatever it could, and that it would depend upon the help of justices of the peace and their local inspectors if it was to broaden its scope. In 1837 the councilors decided both to admit and to draw the government's attention to the hurdles they faced in dealing with every aspect of public health. The local authority's legislation states that its responsibilities included inspecting taverns, apothecaries, grocer's, and other shops selling food and drink, and the practice of the healing arts. However, as a rule, the city's traders turned a blind eye to the legislation, and, argued the councilors, the situation was such that no inspectors or measures taken by law enforcement agencies would resolve it. Instead, they recommended that a special body and legislation be established for dealing with public health (code 16-4-30, May 1837).

The city authority was indeed encumbered with a vast number of issues concerning the city's daily running, and to judge from the inspectors' reports, medical practices received scant attention. The subjects that most received the attention of civil servants included the leveling and standardization of sidewalks, roads, buildings, the cleaning of public areas and the circulation of animals.

In 1841, the local authority managed to make some progress in its crackdown on medical practices. On its request, the inspectors from each parish, the justices of the peace and their local inspectors sent in lists containing the names of therapists, their craft (dentist, bloodletter, pharmacist, physician, surgeon, midwife) and address (codes 46-2-40 and 46-2-41). Taking this information and the records of certificates for physicians, surgeons, bloodletters, apothecaries and midwives, they drew up a general list of 230 names (code 46-2-43). This made it

much easier for unlicensed therapists to be identified. Even so, the measures taken by the inspectors were motivated not so much by their periodic rounds as by the blatant advertisements to be found on the pages of the city's newspapers.

Physicians were far from being able to wield enough power to impose a monopoly on healing practices, though this did not stop them from trying. They demanded that the authorities enforce the laws that restricted medical practices, while the medical elite applied pressure through associations, the faculty and specialized journals. Another way this group expressed its opinion was through legislative injunctions, as Roberto Machado has already pointed out (Machado *et al.*, 1978).⁶ This way, councilors could influence the inspectors' work curbing unlicensed activities.

Let us take as an example remedies to treat the 'vice of drunkenness'. Even after the *Fisicatura-mor* was made extinct, a license was still issued to heal people that suffered from this malady. Indeed, during much of the period under study, the supply and demand of such medications is plain to see in advertisements posted in the *Jornal do Commercio (JC)* newspaper.

In 1840, the same advertisement was published from January to December, reading, "Elias Coelho Martins: author of the miraculous discovery to cure drunkards, makes known to the respectable public that he continues to make curatives for both spirits and wine [...]" (*JC*, June 25, 1840).

A few years later, in 1845, Martins said that he had obtained a license from the "President of the School of Medicine" for his "secret cure for drunkards", and submitted this to the local authority with a view to receiving a license to administer it. However, the councilor and physician responsible for the report, Torres Homem⁷, was well aware of the prerogative of qualified practitioners. Even while admitting that the medication may be "harmless in certain cases", he did not consider it "prudent to be administered by people unfamiliar with the art of healing," (code 46-2-42).

Just over a month later, Martins appealed against the decision, referring "to the testament of one thousand or so people that have taken the remedy, without this having worsened the health of those that have taken it." He added that it was his family's only means of support. Yet his appeal fell on the deaf ears of Dr. Homem, who upheld his original decision.

This case indicates the differences that existed among qualified medical practitioners as to the criteria for licensing therapeutic activities. While the director of the Faculdade de Medicina, José Martins da Cruz Jobim, considered Martins's remedy harmless, Torres Homem, who lectured at the same institution, thought it a potential danger to public health. Therefore, apart from the diversity of medical systems adopted by university-trained physicians, as has been highlighted in recent

historical studies (Ferreira, 1996; Edler, 1992), which contradicts the idea of a cohesive, powerful group, there are also signs of conflicting stances within the medical elite regarding a crucial issue for the profession, and one which made up part of their daily life.

If one compares the outcomes of the applications made by Magalhães and Martins, it would appear that a positive or negative response to a healer depended more upon the councilor in charge of the case than on strict guidelines on the subject. It would seem that when Torres Homem was on the case, applicants would have less chance of receiving an official license.

In mid 1846, the Rio de Janeiro police chief sent a letter to the city hall asking for information on their enforcement of municipal legislation, especially that which prohibited the sale of medicines by apothecaries without a prescription issued by an approved physician or surgeon, except if they were of an “entirely harmless nature.” As every day the secretary saw “advertisements in different newspapers for different particular or secret remedies,” he suspected that the situation on the ground was at variance with the city’s rules and regulations (code 46-2-42).

Speaking out in favor of the prohibition of such advertisements, Torres Homem again set out his arguments in defense of the ‘indubitable’ need for medicine to be prescribed by qualified physicians (code 46-2-42). Yet what seemed so obvious to Torres Homem was a far cry from common practice. The councilors themselves admitted that the situation was out of control, in that “putrid victuals [and] adulterated remedies,” were sold, and there was the “open sale of poisonous drugs, and their delivery to any person who requested them,” as well as the existence of “healers without legitimate qualifications.” As these local representatives saw it, the low value of the fines and short length of time in prison to which lawbreakers were subject were not enough to serve as a deterrent (code 16-4-30, May 1837).

Further, the city hall had trouble getting apothecaries and physicians or surgeons to take part in the committee that visited commercial establishments. Some claimed they had too many patients to treat while others said they were suffering from bad health, all of which further hampered the already inadequate inspection of such trade (code 40-2-49).

An analysis of the by-laws of the Sociedade de Medicina do Rio de Janeiro (passed in a decree of January 15, 1830) and the Academia Imperial de Medicina [Imperial Academy of Medicine] (decree dated May 8, 1835) shows a discrepancy between the priorities of the medical elite and those of general therapists, including apothecaries from both groups. While those who could would get out of taking part in inspecting the trade of remedies and medicinal drugs, the founding text of the Sociedade de Medicina, later to be the Academia Imperial, bears witness to its members’ concern regarding this matter.

The academy's by-laws, for instance, stated that new and secret remedies could not be displayed to the public without either its prior examination and approval or that of the Faculdade de Medicina.

In 1835, Dr. Sigaud, a leading physician at the time, founder of the Sociedade de Medicina and editor of specialized periodicals, drew attention to the fact that neither apothecaries shops nor the sale of medications and drugs in Rio de Janeiro were the subject of inspection. The August 1828 bill that “suppressed the supreme dictatorship of the *físico-mor* of the empire” had handed back these responsibilities to local authorities. However, these duties were given scant attention, while, as Sigaud denounced, the number of apothecaries grew steadily, and the stocks of simple and compound medications multiplied (*Diário de Saúde*, May 9, 1835).

At the end of the following decade, the absence of any control of the sale of medicines was still a concern. An article published in 1848 in *Arquivo Médico Brasileiro* complained that the Imperial capital city and provinces were “infected by purveyors of secret remedies.” It then stated categorically that the 1832 bill that prohibited “those who possess no legal title from exercising the art of healing” was “*a dead letter in most of the provinces*” (*Arquivo Médico Brasileiro*, August 1848, italics added).

The naivety of the general public was what assured the continuation of this “speculative trade”; on this the physicians agreed. They identified gullibility, ignorance, poverty and the dearth of alternatives as the reasons for the popularity of unlicensed practitioners. When the matter was the provision of medical care for people living far from the towns and cities, where there were no licensed therapists, the tone was quite different. It was admitted that individuals “gifted with some intelligence” and willing to treat their peers in “remote provinces” served some purpose.

As qualified physicians saw it, the problem was that unlicensed practitioners did not restrict their activities to distant places, where physicians or surgeons could not reach or rarely did so. Nor was their clientele limited to poor people without the means to pay a doctor. In actual fact, these therapists were working nearby and offering their services on a daily basis in the city's newspapers.

Although people could not legally recommend, administer or sell medicine without a license, throughout the period under study the general public did not associate skill with an official certificate. While the *Fiscatura-mor* existed, people who sought out healthcare did not care whether the therapist had a license from the authorities. Likewise, in the 1880s such information does not seem to have been decisive in people's choice .

And at the end of the day, it was the people who sought out one kind of treatment or another that were the crux of the matter (Digby, 1994; Fissel, 1991; Porter, 1985 and 1992). Thanks to the preference of

much of the population, unlicensed popular therapists continued to do business, despite their illegal status.

Changes to daily life

We should not only consider the changes made to the legal status of therapists known as folk healers, but also the changes that occurred in their daily routines. Previously, most of them did not apply for licenses, probably because they did not feel impelled to do so and because they did not need official approval to be recognized by the community in which they worked. As the city underwent rapid expansion with the influx of migrants from other parts of the country and abroad,⁸ the relationship between many therapists and the general public changed. Some of the recent arrivals sought to assure a place for themselves in their new city of residence, while others found their prestige and fame being diluted in the growing urban mass.⁹

As an increasing number of newspapers started to be published in the city, many such therapists saw advertising as a way to boost trade and get themselves known. The section of ‘private notices’ in *Jornal do Commercio* provides us with many examples of a similar nature in that they all claim to provide cures for one or more ailments without going into any detail on the remedy or type of healing to be used:

Cure for pain, buzzing and longstanding deafness of the ears, even of the elderly, as well as asthma, asthmatic catarrh, tapeworm, hemorrhoids, erysipelas and slaves addicted to eating clay or earth, even should they be choked; and drunkards: if you should wish to make use of the above services, go to Rua do Parto, 93 [...]. (*JC*, January 29, 1840)

Some offers, like the one above, may lead one to believe that official control was not particularly strict, since the advertisers provided their addresses for all to see. However, contact was sometimes made with potential users of such services by a more circuitous route. The healer would announce his/her services and request that anybody interested should themselves place an advert for them to be contacted. The vehicle used was not always the same newspaper: it was not uncommon for a first advert to come out in *Diário do Rio de Janeiro*, with the reply being posted in *Jornal do Commercio*, for instance.

In the mid 1850s, many unlicensed therapists were more wary and were not so readily identified. While they advertised their services, they attempted to keep their identities under wraps: “CURE FOR rheumatism with highly effective remedies in a short time; leave your address in a sealed letter at this address with the initials M.P” (*JC*, July 4, 1855). This was probably a direct result of the efforts made by the Junta de Higiene [Board of Hygiene] to enforce the legal monopoly of medical practices¹⁰.

At the height of the 1855 cholera epidemic, however, unlicensed healers and remedy purveyors abandoned this more convoluted means of contacting potential clients. The problems that the epidemic brought with it certainly distracted the attention of the Junta de Higiene, which had taken over the work previously done by local authorities to ensure “public salubrityness”.

Neither in the by-laws of the Academia Imperial de Medicina or the Faculdade de Medicina nor in the Junta’s regulations did there appear any guidelines as to how an official medical practitioner might advertise their services. Some announcements were quite elaborate (referring to academic qualifications and relationships with celebrities), while others were simpler (just bearing the therapist’s name and address), and yet others had a more direct appeal (promising miraculous cures).

One way to stand out among the dozens of adverts was to advertise free healthcare for the poor, as this was a way of building up a good public image. Yet there were other ways to draw in potential trade. The artifices encountered include: a cash-back guarantee should the promised cure not be achieved; an assurance of total secrecy (appreciated by people suffering from socially frowned upon ailments like alcoholism and venereal disease); and the warning that the person would be in the city for a short while, for which reason interested parties should make haste to contact them. This is what we found in an advertisement placed by someone who claimed that their remedy had been examined by the Academia de Medicina:

Owner of the *miraculous discovery* to cure drunkards, makes it known, to this Court, and *intends to remain as long as is required to attend to his business*: it is therefore proposed that these curatives shall be procured, being [the patient] a slave, for 8\$ rs. in bank-notes, and with the *condition of reimbursement of this same sum should the remedy not produce the desired effect*, this being done by a receipt, and being the person free, they shall exercise their free will on recognition [of its efficacy], and *this will be done with total secrecy and care in his house*,” (JC, January 7, 1837, italics added).

These are some of the characteristics of advertisements posted by quacks, according to the definition given by Roy Porter. This author considers that whether they were honest and/or skillful or not, what marked them out was that they “practised principally in the open market, treating an anonymous clientele of patients by the sale of nostrums, and making themselves, their services and their medicines known through publicity,” (Porter, 1997, p. 90).

Despite all Porter’s arguments, the use of the term quack as an analytical category fails to shed light on certain issues, such as the similarities and differences between many licensed physicians and unlicensed therapists; and, equally importantly, the heterogeneity among

physicians themselves and among popular therapists. Therefore, we consider quackery to be no more than a term adopted by some contemporary qualified physicians to denigrate the image of their competitors. The marked pejorative connotation of the word also prevents its being used more widely.

Though the data are scant and cover only those therapists who advertised, these adverts do show the different types of therapists. Some advertised the cure for a given ailment, while others listed a number of infirmities that they could cure. The responses to the adverts show the public's interest in unlicensed practitioners. They also indicate that the people who sought out such services had a minimum of means at their disposal or they would not have had access to the information contained in the newspapers.¹¹

Many were not just receptive to such treatment but actually sought it out. At that time, newspapers were not only a means for therapists to publicize their supply of services, but were also used by sick people who provided a corresponding demand: "Anybody who knows how to cure people bitten by a mad dog, please make your way, posthaste, to rua do Catete n.108" (*JC*, September 25, 1832).

The choice of a healer was made based on a number of factors, such as the price charged, the degree of urgency, and references (whether the testimony of neighbors, thanks published in a newspaper, or academic and official titles). The type of ailment to be treated also seems to have counted. Popular therapists advertised cures for many problems, including swollen legs, canker, carbuncles, ailments affecting the eyes, deafness, scrofula, and they also made hair grow. Yet it would appear that certain ailments were more likely to be treated by such practitioners. 'Drunkenness' (alcoholism), for instance, was one such illness, as we saw earlier in the cases of d'Oliveira and Martins.

An article from 1848 in the periodical *Arquivo Médico Brasileiro* recognized that in Rio de Janeiro, "folk healers have a monopoly over the cure for drunkenness." The author of the article knew some of these and in his medical capacity had tried to identify the ingredients in the remedies used. The "old woman from Castelo" administered a "certain mixture of cat urine and giantfennel." Another, who lived at Prainha, prescribed "an infusion of *fedorenta* for the black men given to the vice of spirits, and purged them violently afterwards with aloes" (highlighting reproduced). There was also a "black man from Angola" who could be found at rua dos Ciganos street, "right in the heart of the capital of the Empire," who had brought a root from Minas Gerais, which he used to cure blacks of drunkenness (*Arquivo Médico Brasileiro*, April 1848).

Apart from interest in popular treatments, the remedies for which should be identified and studied in the light of university medicine, the article notes that black people, slaves or freedmen were the

group hardest hit by this sickness. In this case – and, one must assume, in many others – there was a social and ethnic identification between therapist and patient, who would be of a like mind when it came to disease and cure, thereby making the treatment process more reassuring and effective.¹²

Another ailment much cited in association with popular treatments was morphea (which included many diseases according to current classifications).¹³ Noting this link, the authorities explained away the situation and belittled the work of unlicensed therapists, as we can see in the report written by Pereira Rego on this topic:

It is indeed a fact, good sir, that is recognized by all practitioners familiar with clinical observation, that morphea is one of those infirmities that is best suited to the speculation and deceit of these impostors who claim to cure it, because of the ease with which its symptoms improve almost without fail at the beginning of any treatment, however simple it may be [...]. (code 8-2-12, July 4, 1854)

Once again, advertisements indicate the predominance of unqualified therapists in treating certain diseases. At the end of 1849, a veritable dispute broke out between two therapists who claimed to have a remedy for morphea. It does not appear that they had a license to administer or sell the medication, but this does not seem to have been a deterrent: not only did they publish their addresses, but also their names, as one of their advertisements shows:

ATTENTION CURE FOR MORPHEA. Dona Maria Luiza de Brito Sanches, having cured the sick from this city and from other parts in a short time, [...] and with the purpose of bringing this to the knowledge of the sick and that there be no mistake in the cure, makes the following announcement. Rua do Areal n. 23. Available at any hour of the day. (*JC*, December 13, 1849).

Five years later, advertisements for morphea treatments were still to be found. However, now that the Junta de Higiene existed, they were less blatant. They requested that interested parties post advertisements themselves or that they leave letters at the newspaper's address (*JC*, August 15, 1855). There were even those who warned that "they did not take care of a patient without the assistance of a physician"! At first sight, this sentence would appear to make no sense, since it is completely out of character with the contents of the advertisements. There are, however, at least two ways to explain it. It could be a ruse to use official language and admit, at least in lip service, the folk healer's inferior position so as not to attract the attention of inspectors, or it could be an example of associations between popular therapists and their knowledge and qualified physicians and their academic knowledge. It would appear, then,

that not only was there a cross-over of knowledge, but also the chance that they would work together (Xavier, 2003), as was often the case between physicians and midwives (*JC*, September 2, 1855).

In our investigation of the advertisements section of newspapers, we identified another way that non-official therapists placed themselves on the market, in view of the changes that were taking place in the city and the pertinent legislation. Many must have started spending more time preparing and selling remedies. Much of the advertisement section was taken up with advertisements for remedies, which gave people with no license the chance to draw in trade without attracting much attention of the inspectors. Indeed, they might get the chance to obtain official approval to sell their product.

At that time, medications were prepared based on the Hippocratic-Galenic tradition, whose aim was to maintain or restore the balance of an organism's humors — a concept that encouraged the production of many panaceas and tonics, such as 'anti-bile powder and purgatives', which were intended to "regulate the digestive functions, and rid the body of noxious humors, whose development is helped by the heat of the climate." Aside from the adverts we could classify as having a 'broad purpose', there were many for specific medications, such as "anti-scurvy tonic", "dental drops" for toothache, "powder for worms (white children and slaves)" and "anti-yaws powder", "for the swift cure of people with yaws". While some went to some lengths to explain a given sickness and how to administer the remedy, others put the most detailed information about its application, how to use it and diets to be adopted in a free leaflet that accompanied the remedy.

These instructions did not prevent self-medication, another subject that attracted the attention of physicians. In 1835, the Sociedade de Medicina announced that the agenda for a meeting would include "the vomitory and drastic purge called Leroy", and "the favorable opinion" that "commoners" had of it. Naturally, this discussion would be permeated by the attempt to warn the public about how this type of medication could be harmful when administered by "people unfamiliar with medical practice," (*JC*, March 21, 1835).

This warning was unlikely to be given much credit in view of the dozens of advertisements for remedies published daily in the city's papers, which give us some idea of the extent of this trade. Throughout the first half of the 19th century, these advertisements grew in number and size (some taking up an entire page) and they started to be illustrated. Many expressed confidence in the popularity of this type of remedy, which had been widely used since the previous century, contrasting it with traditional medications prepared on demand for specific disorders by given people (magistral), and even with more general remedies based on the pharmacopeia adopted (officinal) (Marques, *op. cit.*, chaps. 3 and 4; Ramsey, *op. cit.*). Thus, it was often the case that only those that were available in their storehouses

were listed, stressing that they were “registered, those which were assured of being true” or legitimate (*JC*, May 27, 1836).

With so many advertisements vying for the readers’ attention, advertisers needed something to convince potential consumers of the reliability of their products, and there were two main ways of doing so. The first and most popular consisted of publishing the thanks or depositions of people who had been cured:

I, the undersigned, resident of Jurujuba, do declare that, having suffered for more than seven years of erysipelas on the leg, which were often recurrent, I sought many methods to heal myself, but all to no avail. They taught me about a herb bath and a divine ointment which is sold at travessa do Guindaste, in a new house with no number, and with this bath and ointment I became well and perfectly healed [...]. (*JC*, November 26, 1849).

There was no effective control for such tactics, so nothing to stop somebody from making up testimony, or to prevent a commotion from occurring, as was commonplace when a patient sought the help of more than one doctor and afterwards they could not decide who had cured or killed them.

Another way of drawing in the public was to assure credibility by associating the product to the name of a doctor or a renowned medical establishment. This was the technique used by people who sold “Sands’s salsaparrilla”, adding a statement by Dr. Paula Cândido to the advertisement. In his testimony dated November 1848, the professor from the Faculdade de Medicina and future chairman of the Junta de Higiene confirmed that the use of the medication in his clinic was proving “very advantageous for cases of rheumatism and syphilis,” (*JC*, January 1, 1849).

The Junta de Higiene and control of the healing arts

When the market for medicines was first regulated and inspected by the Junta de Higiene, all those with an ‘unknown’ composition had to be analyzed by its members. Therefore, in theory, all such medications being advertised and marketed must have been approved by the competent authorities. However, as such trade often went on beyond the reach of any official influence, the Junta’s approval could be used by some people to enhance the value of their product. It could even be overstated, thereby compromising the agency’s reputation.

This was Dr. Pereira Rego’s fear when he saw a whole-page advertisement for an “infallible ointment for wounds” and “Arrault’s syrup of health”, which, it was claimed, had been approved by the Junta de Higiene and licensed for sale by the government (*JC*, April 22, 1855). As a secret remedy (the names and adverts made no mention

of its ingredients) new on the market and with the approval of the Junta, this would indicate that not only was it effective, but that it differed in some way from the rest. This was what helped draw in trade.

As Bernardino de Souza Pinto saw it, his medications were indeed secret remedies, since he had paid a good sum of money to buy the formula from the French chemist Arrault and have the exclusive right to sell it in Brazil. The list of ailments which the syrup could be used for makes it sound something like a panacea: venereal ailments, scurvy, rheumatism, scrofula, yaws, mumps, leukorrhea, suppression of menstruation, gout, scabies, elephantiasis of the lower limbs.

Dr. Pereira Rego, however, did not see how either the syrup or the ointment could be considered a 'secret remedy'. The reason was simple. Both products:

[...] will lengthen still further the already not inconsiderable list of those people upon whom quackery speculates constantly to the detriment and harm of those who use it. The ointment contains nothing new in its composition: it is just a concentrated suspension in alcohol of *different resinous materials that are well-known even to the commoner as being helpful in treating wounds*.¹⁴ [...] The same thing I would say of this syrup of health. [italics added]

The doctor opined that the remedies might even be sold provided that their formulas were published. This led to a stalemate. Pinto was not willing to throw away his investment and, despite the decisions reached by both the Junta de Higiene and the Ministério do Império, he continued to advertise his syrup and ointment without revealing their composition.

Problems of this kind were not to be cleared up overnight. At least one and a half years passed during which time the Junta issued its opinions, the ministry gave warnings and Pinto continued to make applications, all of which sorely tested the agency's image, for at the end of the day, it failed to enforce its decision (Pimenta, 2003).

The case of the 'syrup of health' and the 'infallible ointment' are of interest primarily as they show the difficulties the public health authorities faced when trying to enforce their regulations, which lost strength as they wended their way through the routes of bureaucracy. This suggests that these authorities were not fully recognized even by those sectors of society that supported legalization. As we follow through the upshot of this process, we can see that there were differences of opinion between its members that also put the brakes on its effectiveness. The final reports bearing the signatures of all its members give a misleading idea of consensus and differ greatly from the minutes, which show the conflicts between the doctors as new situations came up, such as the epidemics of yellow fever and cholera.

If we analyze the issue from within the Junta de Higiene, what we see is the chairman, Dr. Paula Cândido, corresponding individually with the Ministério do Império and giving an opinion which went counter to that of other members (code 8-2-13, June 20, 1855). Meanwhile, Dr. Reis, the inspector general of the Instituto Vacínico [Vaccine Institute], disagreed with Dr. Pereira Rego and was forever requesting postponements for the votes on his reports. The records themselves do not show very clearly the position taken by the members at each session. What we do know, however, is that Dr. Reis defended the argument that if an individual had discovered and/or “invested capital” in a formula that was beneficial to humanity and was forced to publish it, they would be “precisely the one who [would glean] the least benefit.” Even more so when they were not an apothecary, as they would be at a disadvantage to those who belonged to this category. He then managed to convince the others to grant a period for the commercial exploitation of the product (code 8-2-13, June 20, 1855).

This did not convince Dr. Pereira Rego, who was keen to have a report published about medications to try and recover the Junta’s public image. He warned that:

The state that things have reached, the credit of the Junta de Higiene is greatly compromised before the public and men of science, which could lead to future complications of a more serious nature, thereby weakening its moral strength. (code 8-2-13, July 11, 1855)

Once again, the discussion of Pereira Rego’s opinion was put off on the request of Reis, and the Junta de Higiene has no record of further discussions on the matter until March 1856, at least.

In the case of Pinto, we saw that the members of the Junta de Higiene acknowledged the right of unqualified people to carry on making and selling medications, according to the intervention made by Dr. Reis. This being the case, some people who at the time of the *Fisicatura-mor* were classified as folk healers or healers of specific ailments probably took advantage of this loophole to operate legally selling the remedies that they used in their practices. And even if they did not manage to get round the authorities, undeterred, they still published their advertisements anyway.

Many of the medicines that should have been submitted for the analysis of physicians came from France, such as the “Rob de Laffecteur” for treating syphilis and Leroy’s purge and vomit-purge. The French medical authorities had great trouble controlling the sale and advertisement of remedies during the 18th and 19th centuries (Ramsey, 1994). In Brazil, the situation was also worrying, from the point of view of the physicians, and it was only as of the mid 19th century, with the inception of the Junta de Higiene, that inspection was carried out with greater alacrity. The Academia and the medical

faculty took a merely consultative role, and the local authority, which was in charge of inspection and penalties, had dozens of other concerns. The Junta, however, was solely responsible for evaluation and authorization and also had much more direct contact with the local authority's inspectors, who had to accompany its employees on inspections with the police, who punished transgressors, and with the Ministério do Império, to which it was directly answerable.

The board comprised a chairman, who was appointed by the government; the port health inspector; the inspector from the Instituto Vacínico, and the army and navy's respective *cirurgião-mors*. Their functions included "medical policing on visits to vessels thus far carried out by the Inspeção da Saúde do Porto [Port Health Inspection authority], and on those to be made to apothecary's shops, dispensaries, markets, storehouses, and generally in all places, establishments and houses from whence damage to public health may derive."¹⁵

The Junta de Higiene's minutes bear witness to the hard, ongoing, organized work it undertook (at least during the first five years of its existence). There was a division of labor between the members that made it more responsive, each person being put in charge of sanitation visits to different parishes and drafting some reports, which would be approved or modified by the rest (code 8-2-12, August 6, 1852).

These reports were sometimes responses to the Ministério do Império, which requested the Junta's opinion on sanitation measures and remedies used abroad for diseases like yellow fever and cholera, as well as to the public health committees from Pará, Maranhão, Pernambuco and Rio Grande do Sul states, which were set up as of 1852. Reports were also written for analyses requested by people with or without academic qualifications who wished to sell secret remedies or new medications that were not listed in the most commonplace pharmacopeias.

Without the authorization of the Junta de Higiene, these medications, whose applicants had either invented them or had purchased their rights of sale, could neither be sold nor advertised in the city's newspapers or on bills. Non-compliance was punished with a fine and the closure of the offender's store, should there be one, for three months.

These remedies had to be submitted to the Junta de Higiene with their composition and a declaration of the ailments they could be used for. If they were approved, the Junta sent a report to the government about their use that contained a recommended period of time for which the 'an exclusive privilege of sale' should be granted. After this period expired, the composition would be 'open and published'; indeed, this could take place earlier than the stipulated period if the remedy was to be used for other diseases that were not previously mentioned.

The members of the Junta de Higiene were hard pressed to assess all the remedies they received. In this respect, at least, the legislation was enforced. What led so many people to comply with the Junta's rulings was the threat of fines, the closure of stores and imprisonment. Yet the greatest incentive was the chance to get a 'privilege' and thereby be just one step away from guaranteed profits — as was the dream of Pinto and his ointment and syrup from Arrault.

In the mid 1800s, the consumption of tonics, purgatives, sudorifics and emetics was central to the growth of trade at the time. Therefore, traders in such remedies did not so much respect physicians and the Junta's regulation as desired to make the chance 'discovery' of a product that would suit the public's taste — like a Leroy or a Sands salsaparrilla — and have for this a government assurance that they would be the only ones to make money from this.

The potential chance of getting exclusive rights caused some interested parties to seek out the Junta's approval, and this may have been one of the reasons why its members read through so many applications for secret remedies that the authorities themselves associated with quackery. Indeed, many of these remedies' compositions were no different from those used officially. The only difference was how they were presented to the general public, and this helped divulge and accustom the population to the remedies recommended by doctors.

As the Junta de Higiene's reports had no standard format, they were often stamped with the sentiment of whoever wrote them, which mostly varied between boredom, annoyance and sarcasm concerning the applications.

Reports about salsaparrillas were generally a cause for boredom. Qualified physicians accepted that this plant had properties that helped treat various syphilitic, skin, rheumatic and gouty ailments (Chernoviz, 1908). Actually, when they spoke of salsaparrilla they were normally referring to a compound in which one of the main ingredients was the root of one of the plant's species. This was where the Junta de Higiene's tedious work came in. They had to analyze different requests for 'privileges' for something that seems to have been a great business opportunity at the time — as we can see in the requests for the "concentrated essence of salsaparilla", "salsaparrilla brasiliense", "Sands salsaparrilla", "Bristol salsaparrilla" (code 8-2-13).

The Junta de Higiene had to explain that one could not simply claim ignorance of a remedy's formula for it to be 'of an unknown composition'. Some qualified physicians, with an eye to gaining financial benefit from marketing remedies themselves, sought to include under this category "the infinity of formulae that may result from the incalculable combination of the innumerable substances of which medical material is made." However, if the 'privilege' that kept many interested parties in compliance with the Junta's regulations

was to be of any value, the Junta had to suppress such ambitions. They therefore only considered worthy of some 'privilege' those remedies

[...] whose composition contains some unknown substance that is effective for certain infirmities, or those medications which, though composed of known substances, contain some novelty in their composition, this resulting in unforeseen, vigorous and safe effects against one or another ailment. (code 8-2-12, November 16, 1852)

Annoyance was also sometimes expressed. When investigating the advertisements of therapies that claimed "numerous and almost infallible virtues," the Junta opined that the "mercantile speculation in the newspapers of this capital" were to blame for the situation (code 8-2-12, January 13, 1852). They even attacked some remedies that were submitted for analysis as "inventions of sordid speculation, which quackery, under the pretext of generous sentiments, makes available and purveys in order to take advantage of public gullibility" (code 8-2-11, November 2, 1852).

Keeping up with the public health issues under discussion in Europe and the USA, they carefully observed the use of imported remedies and therapies. In response to a request from the Ministro do Império for a pronouncement on the leaflet published in the USA entitled 'Negative electric fluid, prepared by N.W.Seat', the Junta de Higiene felt more at ease making fun of a product as yet at a safe distance from the Brazilian market.

Maybe Dr. Seat's negative electric fluid, being a universal remedy for everything will make unnecessary all etiology, symptomatology, semiotics, therapy and medical matters, saving the entire human race; maybe we could close our medical schools. (AN, maço IS 4 22, January 26, 1853)

Conclusion

The establishment of a body of doctors that centralized decision making about public health and medical practice marked a new period if compared to the period starting in 1828, when these matters were some of the many tasks of the city hall, and as of 1843, of the Ministério do Império, too. Yet, despite the effort of its members to assure qualified physicians a monopoly of therapeutic activities, the Junta de Higiene was unable to control the whole range of practitioners. Many advertisements continued to be published that suggested the non-official nature of the remedy or therapist in question, and there must have been many more that operated without advertising in newspapers.

Practitioners still carried out their craft even when it was illegal. Many resorted to a new method to publicize their services: the adverts section in newspapers. In this space, their advertisements intermingled with ones posted by licensed therapists and others concerned with this growing trade with the sale of medicines. The first contact with customers was often made through newspapers. This situation may at first sight appear contradictory, since people who could not legally practice medicine or sell remedies advertised precisely these things. However, it was the medical elite's behavior that ran counter to practices concerning disease and therapies chosen by much of society. In trying to bar unqualified therapists from the official ambit of the healing arts, the physicians actually fed the custom of seeking them out.

Their popularity aside, it may be that the sheer quantity of advertisements gave each unlicensed therapist the feeling that they were not attracting much official attention to themselves. Indeed, it was clear to all how hard it was to enforce the legislation that restricted the exercise of the healing arts. In analyzing this state of affairs, we should consider not only the differences between qualified and unqualified therapists, but also the increasing similarity between the therapies that each group used. The knowledge accumulated by both groups was spread, whether it be the practice of bleeding or the use of native medicinal plants. Both the general public and also many physicians were aware that academically-acquired medical knowledge did not offer a sufficiently effective arsenal of methods to give it a reasonable edge. Non-academic healing practices were still sought out by the public, despite the efforts on the part of the physicians.

Although academically acquired and popular knowledge were not two mutually exclusive extremes, the medical elite still tried to curb the activities of unqualified therapists. However, while the legislation increasingly gave official physicians a legal monopoly, the mechanisms put in place to assure this monopoly seemed to be counter-productive. These issues were diluted amongst the many different functions of the local authority, which tended to tolerate unlicensed practices. The situation was so untenable that in 1849 there were those that lamented the end of the *Fiscatura-mor*:

[...] quackery has almost always confronted the authorities. [...] since the abolition of the *Fiscatura-mor*, a tribunal which, despite its faults (which could have been resolved), provided many benefits for medicine, the medical profession has remained headless, so much so that anybody may not only be a physician but may also make others so (Leite, 1849).

It was only in the second half of the 19th century, with the creation of the *Junta de Higiene*, that inspection was carried out more consistently and there was a more direct exchange of information with the authorities for executing and judging processes. Yet the much-longed-for monopoly was still far from becoming a reality.

It was exactly at this time that the most serious yellow fever epidemic broke out, setting the city's residents in action. Physicians were called on to lead the efforts to curb the disease, by the intermediation of the Comissão Central de Saúde Pública [Central Committee for Public Health], set up in February 1850 and formed of members of the Academia Imperial de Medicina and professors at the Faculdade de Medicina.

A few months later, a decree that set aside 200 *contos* for the Ministério do Império to improve the sanitary conditions in Rio de Janeiro and “other settlements of the Empire” determined the creation of the Junta de Higiene Pública.¹⁶ In order to fulfill these tasks, the Junta had its own officials, court authorities, law enforcement officers, as well as the local authority's inspectors. However, details of how it should work were only published in September 1851, at which time it was renamed Junta Central de Higiene Pública.¹⁷

At this moment, some tasks previously undertaken by the Inspeção de Saúde do Porto, as well as many others, including those under the charge of the local authorities, were all brought under the jurisdiction of the Junta, which coordinated provincial commissions from the capital of the Empire. Not only did this represent a response to the needs then being felt, but this change was also in tune with the overall process of centralization that began in the 1840s.

The succession of events impelled by the epidemic seemed to favor a consolidation of medical power. However, if one again turns one's attention away from the prevalent medical discourse to see what other social agents were saying, one can see these changes to medical practices from a broader perspective.

Shortly before the Junta de Higiene was created, there were discussions in the Senate about a resolution passed by the Chamber of Deputies that authorized the government to spend up to one hundred *contos de réis* on the “measures necessary and convenient to prevent, throughout the Empire, the propagation of the existing epidemic.”¹⁸ In the debate, some interesting observations were made, of which the comments made by Cunha Vasconcellos deserve special attention. Almost 20 years after the 1832 bill, “all written by the hand of physicians”, whose aim was “to establish a fifth power in the Empire”, the senator made no bones about his dissatisfaction, requesting:

[...] that the people have the freedom to choose who shall treat their ailments, whether offspring of the schools in Brazil or from no school. When I am taken ill I wish to have the freedom to call the people I consider able to cure me.

It would be necessary to demonstrate that those who do not study at our schools cannot heal, i.e. they always kill. One may say that some of these people who have not studied at our schools have killed many

patients; but there are also those who say that the offspring of these schools have done no different. I therefore understand, that if the government is somewhat lax in curbing the freedom of citizens in this respect, it will do a service to health.¹⁹

When Vasconcellos expressed his opinion, the Junta de Higiene had not yet been established, though physicians were already more directly involved in influencing the course of the measures taken by the public sector to fight the yellow fever epidemic in Rio de Janeiro through the Comissão Central de Saúde Pública. However, it was the same epidemic that motivated the senator's speech, showing that at least part of the ruling classes, as well as the population, did not agree with the exclusive rights physicians intended to assure themselves; and that they would therefore have great difficulty putting their resolutions into practice.

FOOTNOTES

¹ Here we use the category of 'therapist' to cover anybody that carried out any activity designed to assist physical, mental and/or spiritual health. Unlicensed or unofficial therapists are understood as being those that exercise such activities without having a government license to do so. These people did not generally have any academic qualifications. Therefore, we can refer to them as unqualified therapists. Those therapists that had undergone some kind of formal academic training were mostly authorized and licensed.

² This body existed in Portugal before 1808. Up until 1782 it was called the *Fisicatura-mor*, and then it was known as the *Junta do Protomedicato* up to 1809.

³ The 'popular therapists' category includes those who provided healthcare for people using knowledge that had not been acquired formally. They normally belonged to the lower social strata.

⁴ All the codes quoted here are to be found at *AGCRJ*.

⁵ This does not mean that no knowledge and practices were shared between academic physicians and popular therapists. These considerations merely point to the course taken at the end of the 18th century in the struggle to achieve a monopoly of healing activities, which is analyzed here between 1828 and 1855.

⁶ The actions taken by these politically-minded physicians and their influence on medical and public health policies in Brazil have yet to be studied in greater depth.

⁷ Sometimes it was only signed Torres. This was most likely Joaquim Vicente Torres Homem, who was a professor at Faculdade de Medicina do Rio de Janeiro and was a councilor at the city hall. His brother, Francisco, also had a career in politics and was a surgeon.

⁸ Number of inhabitants taken from Mary Karasch (2000, pp.109-12): 43,376 inhabitants in 1799; 86,323 in 1821; 97,162 in 1838; and 205,906 in 1849.

⁹ Edmundo Coelho (1999, p. 73) calculated there were some 15 physicians per 10,000 inhabitants between 1838 (data on the population) and 1844 (data on the physicians), this considering only urban parishes and excluding slaves. This ratio was responsible for the stiffening of the competition between physicians. Another contributory factor was the fact that not everyone was even willing to be treated by qualified physicians.

¹⁰ On February 12, 1850, in the midst of the yellow fever epidemic, the Comissão Central de Saúde Pública [Central Commission for Public Health] was set up. On September 14 of the same year, the commission was replaced by the Junta de Higiene Pública [Public Health Board] (*CLB*).

¹¹ The *Fisicatura's* documents show that it was not just the poor who sought out the services of folk healers, but also people with a more privileged position in society (Pimenta, 1997). See Sampaio (2001) for the later period, in which the elite also procured the services of folk healers.

¹² Despite the existence of different African ethnic groups, such concepts were still closer to each other than to those of qualified physicians.

¹³ Morphea is a blanket term which could also include other terms used at the time, such as elephantiasis, swellings and leprosy.

¹⁴ Here this indicates the use of substances common to both qualified and popular medical practices.

¹⁵ Decreto 598, of September 14, 1850, *CLB*.

¹⁶ Decreto 598, of September 14, 1850, *CLB*.

¹⁷ Decree 828, of September 29, 1851, *CLB*.

¹⁸ Section of April 17, 1850. *Anais do Senado do Império do Brasil*, 1850. Senado Federal, Brasília, 1978, v.2.

¹⁹ Section of April 17, 1850, *Anais do Senado do Império do Brasil — 1850*. Senado Federal, Brasília, 1978, v.2.

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