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The limits of healthcare assistance in the nineteenth century: the urban case of Juiz de Fora (Minas Gerais state)

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Abstract

The objective of this article is to discuss the mechanisms of healthcare organization in the city of Juiz de Fora (Minas Gerais state), in the second half of the nineteenth century. We investigated the arrangements organized to provide care for the sick and how this structure adapted to the demands of the socio-political and economic scenario. It is noticeable that, while the slave system lasted, the Charity Hospital in Juiz de Fora was irrelevant, since the coffee plantations had facilities capable of caring for the sick. The founding of the healthcare facility fulfilled the function of catapulting the plantation owner José Antonio da Silva Pinto into the Brazilian nobility, becoming the baron de Bertioga, and of accommodating the requirements of imperial legislation through personalist arrangements.

Keywords: history; assistance; healthcare; Juiz de Fora (MG); nineteenth century.

Assistance for dealing with social issues in nineteenth century Juiz de Fora, namely healthcare and the poor, was provided through three channels: the first combined elements of philanthropy from the elites and the actions of the municipality; the second occurred in the private domain, linked to slaveholding; and the last – charity – was long-term, part of what we could call “the salvation economy” (Castel, 1998; Geremek, 1986). Although the third form of assistance is not defined as the focus of this article, we will address it because we feel that it is an interesting component of the trio of forms of assistance in the state of Minas Gerais in the nineteenth century.

The principal sources upon which these reflections were based included documents from the Juiz de Fora City Council, probate inventories, local newspapers and the Senhor dos Passos Brotherhood Charter. This study focuses on the second half of the nineteenth century, a time of accommodation and crisis in the Brazilian imperial political system, debates over the slave labor regime and a gradual change in the urban context, marked by the growth of cities, with displacement of the population due to the end of slavery and due to the arrival of immigrants. Capital from agriculture also financed the development of industry and the growth of services, significantly altering the urban landscape and the rearranging power, prestige and healthcare at the end of the nineteenth century and the early twentieth.

In order to understand healthcare in the nineteenth century based on the establishment and maintenance of hospital facilities – small hospitals or infirmaries – we must ask: who received the medical, surgical and/or pharmaceutical care? Who paid for this care? What was the relationship between the hospital and the flow of people? Who organized care? How did the long period of slavery affect the arrangements for helping the sick in Brazil? Is the experience in the Zona da Mata in the state of Minas Gerais, Brazil, discussed in this article, a potential laboratory for uncovering the different facets of the Brazilian experience, since this agricultural region was involved in coffee production and relied extensively on slave labor?

Both private and public

Studying the history of healthcare obliges us to investigate both private, philanthropic efforts, and private institutions being built to benefit the public, given the strong connections between the public and private spheres (Lindemann, 1999). Based on this premise, the subject of healthcare in Minas Gerais in the nineteenth century leads us to José Antonio da Silva Pinto (1785-1870), the baron of Bertioga. Born in June 1785 in the Lage parish, now the Resende Costa municipality, in Minas Gerais state, he was one of 13 children. There are records of his presence in the main church in Simão Pereira, where he lived, as early as 1820. The owner of Soledade Plantation, he was one of the pioneer coffee farmers in the region, and his fortune appears to have arisen from this (Travassos, 1993). Around 1830, he moved to the village of Santo Antônio do Paraibuna, now the city of Juiz de Fora.

José Antonio da Silva Pinto was one of the principal philanthropists in Paraibuna, involved in all of the movements related to city development, and recognized for using his economic

and political capital to protect the poor (Travassos, 1993). Throughout his life, he accumulated titles and participated in various brotherhoods. He was commander of the *Ordem da Rosa* and of the *Imperial Ordem de Cristo*, and a member of the brotherhoods *Ordem Terceira do Carmo* of Rio de Janeiro, *Ordem São Francisco de Paula* of Rio de Janeiro, *Santa Casa da Misericórdia* of Rio de Janeiro, *Santíssimo Sacramento* of the Santa Rita Parish, *Nossa Senhora dos Homens de Barbacena* of Caraça, and *Senhor Bom Jesus de Matosinhos* of Congonhas, in addition to establishing and acting as lifetime superintendent of the *Nosso Senhor dos Passos* Brotherhood of Santo Antônio do Paraibuna (Azzi, 2000). Despite his involvement with these institutions, which involved regular monetary contributions, he also made significant donations to help the poor during epidemics, in addition to contributing to establishing a public cemetery and purchasing the building that would house the City Council, of which he was a member (Travassos, 1993; Oliveira, 2016).

Silva Pinto's participation in various brotherhoods reveals the growing economic and social prestige of this coffee baron at the time, and corroborates the studies that indicate the existence of philanthropists in various social contexts, in addition to politics (Franco, 2015; Tomaschewski, 2015; Barreto, 2005; Boschi, 1986; Russel-Wood, 1981; Carvalho, 2018). Financial contributions, political support for the Emperor, and philanthropic work were part of the etiquette required of wealthy men who wished to obtain noble titles in Brazil (Holanda, 2010; Faoro, 2001; Barman, 1988).

In 1854-1855, during a cholera epidemic that affected the Empire and arrived in the village of Santo Antônio do Paraibuna in the mid nineteenth century, José Antonio da Silva Pinto was responsible for founding a Charity House under the *Senhor dos Passos* Brotherhood charter and supported by it. Of all his initiatives, this work was described as his most important contribution to the city (Travassos, 1993). Recognition of his important work for the city of Juiz de Fora was demonstrated in the session of the City Council held on April 25, 1866, when city councilman doctor Avelino Milagres nominated the baron of Bertioiga for special recognition for the *Casa de Misericórdia* [House of Mercy], and it was approved unanimously (Esteves, 1915).

In addition to José Antonio da Silva Pinto and his wife, members of the *Nosso Senhor dos Passos* Brotherhood included the illustrious families of the municipality, based on the accounting records. They included the Halfeld family, specifically Commander Henrique and his wife Candida, the Tostes family, specifically Rita de Cássia, the Lage family, specifically Domingos Antonio Barbosa Lage, the Valle Amado family, specifically Domingos do Valle Amado, and the Horta family, namely Antonio Caetano Oliveira Horta. These families were an important part of the landholding elite that owned slaves and held government posts in the municipality. One particularly important individual was the influential politician João Nogueira Penido (father), deputy general of the Empire and federal representative of the Republic, from 1894 to 1899.

The efforts of José Antônio da Silva Pinto, when proposing the foundation of the Charity Hospital, led to him being honored with the title baron of Bertioiga, granted by Emperor Pedro II when the latter visited the city for the inauguration of the Union and Industry Highway on May 13, 1861 (Stehling, 1965). The noble title gave Silva Pinto social and political prominence, in addition to expressing the public recognition of the Emperor.

As mentioned by Eul-Soo Pang (1988), in order to receive a title, millions of réis was not enough. Good politics was also necessary. And, in the case study presented here, the good works consisted of providing the city with resources that should have been provided, *a priori*, by the government, such as healthcare for the sick.

It is worth remembering that the imperial law of October 1828 established that City Councils were to provide villages and cities with establishments (charity houses) to cure “poor, sick people,” providing municipal physicians or surgeons.¹ In addition to healthcare, the charity houses were to take care of abandoned children and provide vaccinations.

When the baron founded a charity house to aid the sick, we see an overlap of the private and public since Silva Pinto takes upon himself the role of benefactor, whose “good” works will be recognized by the Emperor through a noble title, thus constituting a connection between the baron and the monarch, conferring distinction on Silva Pinto compared to the other landholders.

We can conclude that the baron’s initiative to found a Charity House in Juiz de Fora through the Senhor dos Passos Brotherhood was an attempt to accommodate the recently established municipality to the provisions of imperial and provincial laws. As the lifelong superintendent of the Brotherhood and a member of the City Council, he took on the role of intermediary between private and public interests in rural, slaveholding Brazil. The other members of the City Council, belonging to the agricultural slave-holding elite, remained subordinate to the noble José Antonio da Silva Pinto, baron of Bertioga, and healthcare in the city was organized on a utilitarian foundation,² balanced on the pillars of philanthropy, social virtue and political capital. Mary Lindemann (1999), when analyzing modern medicine and society, especially the establishment of hospitals, points out the need to take into account the complex social, economic and cultural forces that converged in the creation and administration of these healthcare facilities.

Slavery and rural healthcare

The historiography on healthcare in the eighteenth and nineteenth centuries has shown the importance of the establishment of hospitals to aid the poor, soldiers, local workers and the migrant population. For the Portuguese empire and its colonies, the establishment of the brotherhoods was the alternative way to promote healthcare, with the Misericórdia brotherhood the most prestigious (Abreu, 2001; Barreto, 2005; Franco, 2011, 2014; Sá, 1997; Lopes, 2012; Boschi, 1996; Gandelman, 2005; Araújo, 2009). Some brotherhoods served only their members, while others operated more broadly, including the poor, workers, orphans, widows, soldiers, prisoners, foreigners and the enslaved (Soares, 2002; Karasch, 2012). The Misericórdia Brotherhood, in particular, was an institution that united the interests of the State, the local elite, the Church and the city councils.

In Juiz de Fora – then Vila de Santo Antonio do Paraibuna –, in the Senhor dos Passos Chapel, the Nosso Senhor Brotherhood was founded in 1854-1855, as an initiative of José Antonio da Silva Pinto, baron of Bertioga, with the intention of holding religious masses and aiding the poor. Spiritual support was provided by the Chapel, and the sick were aided by the House of Charity, also known as the House of Mercy, which had an infirmary.

During the second half of the nineteenth century, this hospital was not a significant in terms of providing healthcare, nor did it aid the poor. After the death of the baron of Bertioiga (1870), and with the onward march of the abolitionist movement, the equilibrium of the agreements entered into two decades earlier shattered. A few months after the death of the baron, the City Council established a commission to inspect the condition of the “jail, House of Mercy, and the slaughterhouse” (Câmara Municipal, 18--). The commission consisted of an engineer, a judge, an attorney and two physicians. In this report, the commission highlighted the inadequacy and precariousness of the building, which was in an advanced state of ruin.

The report listed the assets of the Brotherhood, including buildings, slaves, credits, cash and imperial donation, totaling more than 115 million réis. According to the commission, the House of Charity was “built improperly,” “ruined,” but was the only option for treating the “numerous poor” in the municipality (Câmara Municipal, 18--). As a solution, the signers of the document proposed calling on the members of the *Nosso Senhor dos Passos* Brotherhood to carry out the necessary repairs and ask the Provincial Assembly to hold some lotteries, as was done with other “*Misericórdias*”³ in the Empire, or “any other provincial favor.”

The council sent a letter to the secretary of the Brotherhood of *Nosso Senhor dos Passos* on June 2, 1870, calling for a meeting of the members of the brotherhood as soon as possible in order to elect a new superintendent to succeed the baron of Bertioiga. Note that he died on May 6, 1870, and his testament was read and officially recognized in the month of his death. In his testament, the baron appointed his nephew, Elias Antonio Monteiro da Silva, superintendent of the brotherhood, a fact ignored by the city council members. This episode allows us to infer that the successor did not have sufficient political clout, nor leadership, nor social capital to take the place of his uncle. Or that the baron – lifetime superintendent of the Brotherhood – tried a last maneuver, believing that he could interfere in the future course of the brotherhood through his testament.

The baron’s political power and his intention to perpetuate his influence in the brotherhood were explicit in the charter of the organization:

Section 9

The founding member, Commander José Antonio da Silva Pinto, of his own volition, is the lifetime Superintendent of the Brotherhood and its Benefactor, and during his lifetime no election shall be held to fill that position (Compromisso..., 6 ago. 1854).

Six years later, in 1876, establishment of the hospital with the resources donated by the baron had not yet occurred. When consulting the brotherhood’s register of revenues and expenses, we note an inconsistency in the accounting. In addition to not occurring annually, no review of accounts was carried out from 1865 to 1873, and in 1873 a single accounting was provided for the entire period. Note that, even after the death of the founder of the brotherhood, in 1870, no accounting was provided at the end of his term as superintendent. In later years, they were irregular again until 1886, when they became annual. In the accounting records, revenues are predominantly from annual fees, alms, rent, donations, credits and testaments. Expenses, however, are mainly payments to priests

and churchwardens, communion wafers and procession ornaments, and in a few rare cases nominal payments, without a description of the nature of the expense. Only for the years 1887-1888 were there revenues and expenses specifically related to the House of Charity.

It is clear that, during the reign of Emperor Dom Pedro II, the hospital of the Senhor dos Passos Brotherhood was not involved in a significant way in aiding the sick of the city of Juiz de Fora. Founded through a private initiative, linked to a brotherhood, associated with the government since it released the City Council from its obligation to provide assistance for the poor, its role was minimal. Why? In order to understand this dynamic, we need to understand the composition of the social segment that needed care. For the study in question, the main group to be aided was the enslaved population, and they did not reside in the city, but rather in the countryside.

Historiography on modern hospitals has associated their existence with population mobility. Cities with an intense flow of people, whether due to a port, agriculture or a concentration of workers, tend to establish hospitals with the capacity to aid those who are in transit and beyond their family and regional social networks (Lopes, 2017; Barreto, 2005, 2011; Correa, 2018).

In Juiz de Fora, the most prominent flow of people was that of the enslaved. The increase of slave labor was related to the expansion of coffee farming. In the last decades of the eighteenth century and the first decades of the nineteenth, the first signs of an increase in coffee production in the South of the province, the future Minas Gerais Zona da Mata, became noticeable (Carneiro, 2008). During this period, coffee production grew in the provinces of Rio de Janeiro, São Paulo and Minas Gerais, along with the concentration of slaves in the region of the Paraíba valley, the midwest of São Paulo state, and the Minas Gerais Zona da Mata.

From 1830 to 1850, there was considerable expansion in coffee production in the Paraíba valley, reaching large-scale production levels. Starting as no more than rustic muleteer supply stops in the eighteenth century, the region underwent significant transformation, becoming the main producer and exporter of coffee in the province. Note that the Zona da Mata was the source of almost all coffee produced in Minas Gerais (Machado, 2002; Freire, 2011).

The growth of the free and enslaved populations in the city of Juiz de Fora reflects the increase in importance of the production and outflow of coffee in the region. In 1833, the Paraíba district had the third largest population in the province (15.2%), and the largest population of slaves (19.2%). Vittoretto (2012) estimated the quantity of the enslaved population in the Juiz de Fora region, where 30.49% of landholders had more than 20 slaves, by consulting 118 probate inventories from 1830 through 1854. This group had 1,648 slaves, of a total of 2,131, corresponding to 77.32% (Vittoretto, 2012).

From 1855 to 1870, there was an expansion in the concentration of enslaved labor on the plantations in comparison to the prior period. There were 47 landholders with 20 to 50 slaves, corresponding to 16.04% of the probate inventories, and 19.01% of all slaves. Forty-five landholders had more than 50 slaves, therefore 15.37% of the total. This group had 4,475 slaves, corresponding to 61.15% of the total. Grouping the mid-sized and large landholders (from 20 to over 150 slaves), there was a 77.32% increase in individuals enslaved

by this group during the earlier period (1830-1854), and an increase of 80.16% during the later period (1855-1870) (Vittoretto, 2012).

Table 1: Structure of slaveholding in Juiz de Fora, 1855-1870

| SLAVES | NO. OWNERS | % | TOTAL SLAVES | % | AVERAGE |
|---------|------------|-------|--------------|-------|---------|
| 1-5 | 92 | 31.39 | 252 | 3.44 | 2.73 |
| 6-10 | 62 | 21.16 | 475 | 6.49 | 7.66 |
| 11-19 | 47 | 16.04 | 716 | 9.8 | 15.23 |
| 20-50 | 47 | 16.04 | 1,397 | 19.1 | 29.72 |
| 51-100 | 29 | 9.9 | 1,934 | 26.44 | 66.68 |
| 101-150 | 10 | 3.41 | 1,168 | 15.96 | 11.68 |
| + 150 | 6 | 2.06 | 1,372 | 18.75 | 228 |
| TOTAL | 293 | 100 | 7,314 | 100 | 24.96 |

Source: Vittoretto (2012).

During the period studied, the ill were treated in the home, where the sick individual was cared for by family members, relatives and friends. Slaves were definitively outside this support network, given the specific characteristics of this diaspora population, especially in the rural environment. Thus, since the enslaved were the main group of workers distanced from family environments providing protection and solidarity, where were they treated? In rural hospitals and infirmaries.

Recent historiographic research reveals that, in Brazil, the large and mid-sized plantations had hospitals and infirmaries. Keith Barbosa (2014b) also studied this issue, discussing the reality of the enslaved with respect to health and disease in the Cantagalo region, an important coffee producer in the second half of the nineteenth century in the Paraíba valley in the province of Rio de Janeiro. Using primary sources such as probate inventories, periodicals, medical reports, judicial collection of medical fees, in addition to medical manuals and theses published during the period, he portrayed the experiences of the ill and the actions of the plantation owners to prevent illness and treat illnesses. The relationship between healthcare and economic prosperity is clear in the editorial published in the *Gazeta da Bahia* newspaper on August 25, 1866, when the author urged landholders to protect all the lives needed for the prosperity of the country (Editais, 25 ago. 1866).

Rosilene Mariosa (2006) worked with the family archives of commander Manoel Antonio Esteves, owner of the Santo Antônio do Paiol plantation, located in the Rio de Janeiro Paraíba valley region, in the municipality of Valença, state of Rio de Janeiro. When studying the diseases and treatments of slaves on the Paiol plantation – which had 320 slaves – she shows that there was a hospital there, built on the highest point on the land, near the plantation house. The slaves were taken care of by the physician Ernesto Frederico da Cunha, and by pharmacists, pharmaceutical assistants and trained, enslaved assistants.

Júlio César Pereira (2009, 2011) provides details of the Santa Cruz Imperial Plantation (Rio de Janeiro) during the second half of the nineteenth century. The plantation had had a hospital since 1700, built by the Jesuits to care for sick slaves. In 1820, the hospital

consisted of one two-story building, where the ill were separated based on sex and age. The hospital also treated travelers and free men. There was an apothecary on the ground floor, and the clinical staff also included slaves skilled in the art of bleeding.

It is important to note that the existence of hospitals to care for the enslaved was a recurring practice in other geographic regions with slave plantations, such as the Caribbean and the USA. Richard B. Sheridan (1985) analyzed slave medicine and the demographic experience of captives based on birth and mortality rates, longevity, slave diseases, and other aspects, and described the operation of Caribbean plantation hospitals. Plantation owners generally built hospitals that combined characteristics of infirmaries and prisons. The staff working in them varied according to the number of slaves on the plantation, the size of the hospital, and the owner's willingness to train and employ slaves and freedmen in hospital service. On a large plantation, the hospital was staffed by a black man or woman skilled in the art of healing, an assistant, several nurses – usually sick women – cooks, a midwife, and nurses to work in the delivery room. There was also a specific slave to take care of the ward where the yaws victims were located. This ward was far away from the hospital (Sheridan, 1985).

Todd L. Savitt (1978) studied the relationship between landholders, slaves, and physicians as a component of the history of medicine in the South of the USA. According to the author, slaveholders dictated the living and working conditions of the captives, safeguarding or destroying the health of the enslaved population. Therefore, health, illness, and medical care helped shape the slave experience.

More dated interpretations tended to describe the landholding elite as accustomed to easy “replacement” of slaves due to the continuing supply from human trafficking. Because of this, blacks suffered a routine of extreme violence, hard work and little or no concern for their health. Under these conditions, the sick slave tended to be seen as a hindrance, a burden to his owner, who was unwilling to invest in the resources that would aid his recovery. Recent studies, such as those by Almeida (2012), Loner et al. (2012), Pereira (2011) and Barbosa (2014a), in addition to those already mentioned, raise new questions by demonstrating that plantation owners established infrastructure for the care and preservation of their slaves' health in various regions of Brazil and elsewhere.

The agricultural manuals published beginning in the 1830s, in some cases with political support from the Brazilian government, sought to offer a solution to the dilemmas of large landholders – the target audience of these texts – regarding the management of their plantations (Marquese, 2001; Porto, 2008). They reflected on various issues such as healthcare, work, rest, housing, food, clothing, punishment, religiosity and family formation within the enslaved population (Oliveira, 2016).

The agricultural handbooks reveal a scenario in which slaves' precarious living conditions ultimately resulted in a high mortality rate. There were many factors triggering this scenario: food, inadequate housing, excessive work, insufficient rest, sexual excesses, excessive consumption of alcohol and the violence of captivity. They proposed detailed actions aimed at maintaining the slave system, but also promoting the expansion of its productive potential, by incorporating improvements related to healthcare, clothing, food, discipline, religion, housing, work, rest and family relationships among the enslaved into the routine of the plantations (Taunay, 1839; Imbert, 1834).

The change in the behavior of the large landholders and slaveholders regarding the treatment of their workers is seen as necessary and indispensable by the authors, as it was crucial for the survival of the system of slavery itself. To convince them of the need to incorporate new practices in the treatment of slaves, they argued that there was no other way to relate to slavery, that only through healthcare and maintenance could economic interests be ensured, combining them with the exaltation of benevolence toward other human beings. "If their own interests did not dictate this obligation, humanity would impose this duty on them" (Imbert, 1834). Taunay (1838, p.63) uses a very similar definition, attributing caring for sick slaves to interests and to humanity. Similarly, the physician David Jardim (1847, p.15) argues that "not only humanity, but also interests, guided the [slaveholders] to pay" greater attention to the treatment of ill slaves.

In the discourse of these authors, we observed a common focus on the need for plantations to have facilities that were properly built and specifically designed for treating sick slaves. There are several references to the presence of infirmaries and/or hospitals as part of the fundamental infrastructure of large plantations.

Keith Barbosa (2014b) described a landholding elite committed to expanding their infrastructure investments aimed at helping sick slaves. This infrastructure included infirmaries and hospitals, but also the hiring of apothecaries, municipal physicians, and surgeons, and the presence of slaves working as nurses and barbers, a strategy employed by the landholders to ensure the health of the breeding stock and avoid interrupting the profitability of the coffee plantation.

The baron of Bertioga's will records the granting of freedom to some of his slaves, provided that Manuel, a tailor, and his wife, Julia, worked for a period of six years in the Soledade plantation infirmary owned by the baron (Travassos, 1993).

Six years was a long time considering the average life of a slave. In the case of Manuel and Julia, it is inferred that they could take care of the clothes used in the plantation infirmary, or perhaps clean, cook and serve the sick slaves. The fact is that, for this slave family, the road to freedom lay in services rendered for more than half a decade in an infirmary. It is noteworthy that, by conditioning the granting of liberty on a period of work in the infirmary, the baron revealed the importance to him of this establishment and the deep need that the services provided there should not be interrupted. Thus, this need outweighed the benefit of freedom.

Local newspapers also provided evidence of the existence of hospitals/infirmaries in the region by announcing property auction announcements, a doctor's visit report, a slave escape, a medical services announcement, and an abolitionist article that, in different ways, mentioned the existence of infirmaries on plantations in the region. Given the importance of this information on the dynamics of organization of healthcare for the enslaved, please excuse our detailed description.

In March 1876, the periodical *Pharol* published a letter from doctor Luiz de Mello Brandão addressing the influence of corn on the yellow fever epidemic, at the request of the Viscount of Prados. In his reports, he highlights his visit to take care of sick slaves in the plantation infirmary of Mr. Marcelino de Brito Pereira Andrade (Brandão, 12 mar. 1876).

In 1884, the same newspaper contained the announcement of a pharmacist offering his services to landholders in the region, proclaiming himself skilled in bleeding and working in infirmaries (Aos Srs. Fazendeiros..., 15 abr. 1884). It is not explicit in the text that it is a slave infirmary, but since the announcement, in its title, is addressed to landholders in a slaveholding region, we believe this is not an unreasonable deduction. This same ad was published in some later editions. The emphasis on nursing-related skills indicates that this is a significant demand in the region, and hence highlighted in the text of the announcement.

In 1888, *Pharol* reprinted an article originally published in Taubaté, upstate São Paulo, in favor of free labor. Among the various abolitionist arguments given in the article, it is worth noting the section in which the author points out: “Free labor, thus paid, does not require [the landholder] to keep guards, pay expenses related to escapes, an infirmary, a doctor, a pharmacist and other things. The difference is in favor of free labor” (Transformação..., 5 abr. 1888, p.1). Note that the writer sees an infirmary, a doctor and a pharmacy as essential, routine elements on plantations, highlighting their contribution to the costs of these plantations.

In 1883, *Pharol* published a City Council notice announcing the auctioning of the property used as a guarantee by José Bernardo da Silva Moreira, being foreclosed on by Commander José Pereira Darigue Faro and his wife. In the description and appraisal of the property, one notes the existence on his plantation of a “windowed, wooden-floored, pine-walled house with five rooms and two halls used as an infirmary” valued at 1:000\$000 (one million réis) (Editais, 28 jun. 1883).

In 1884, *Pharol* announced the auction of property pledged as a guarantee by José Rodrigues Goulart and his wife, foreclosed on by Forquim Jappers & Co. and Araújo Ferraz & Co., which lists a “13.2m infirmary with a tile roof and wooden floors” (Juízo Municipal, 12 jun. 1884, p.2). These announcements are important because they state the appraisal amount of the infirmary: as it was a first auction, the figure was five hundred thousand réis (500\$000), falling to four hundred thousand réis (400\$000) on the second call. Although they are the only ads indicating the specific value of an infirmary, they portray the average value attributed to these establishments in the Minas Gerais Zona da Mata region in the second half of the nineteenth century.

The *Pharol* announced the auction of the pledged assets of Commander Antonio Lopes Coelho and his wife in a lawsuit brought by Banco do Brasil. Amongst the goods was a “series of houses 44m wide and 6.6m deep with a tile roof, with some wooden floors, serving as an infirmary and storeroom” valued at 1:400\$000 (one million four hundred thousand réis), (Editais, 2 set. 1882).

In the June 13, 1885 edition, *Pharol* announced the auction of Manoel Ribeiro Ferreira’s estate, in a lawsuit brought by doctor Antero José Lage Barbosa. Also in this case, among the listed goods was a “house with a width of 52.8m and depth of 5.5m serving as a slave cabin and infirmary” valued at 1:000\$ (one million réis) (Editais, 13 jun. 1885).

In March 1888, *Pharol* published a notice of the foreclosure by Banco do Brasil against the heirs of the baroness of São Mateus. Among the assets pledged and subject to auction was a “tile-roofed villa with wood floors and finished walls, divided into many rooms ... with 23

front windows and two doors, with attached infirmary and quarters for servants” valued at 7:000\$000 (seven million réis). All assets belonged to the Boa Esperança plantation, in the parish of Vargem Grande, municipality of Juiz de Fora (Editais, 13 mar. 1888).

Of all the examples described, only one of the ads did not include a slave auction. In cases where slaves were among the pledged assets, the numbers were considerable, ranging from 50 to 100 auctioned slaves (Editais, 5 jul. 1884; Editais, 24 jun. 1884). Following the model proposed by Rômulo Andrade (1991), relating land ownership to the number of captives, all reported cases probably involved large landholders. Thus, the existence of slave infirmaries was part of the infrastructure of the slave-based coffee plantations in the Minas Gerais Zona da Mata region in the second half of the nineteenth century.

Another interesting analysis is the way in which these infirmaries were described. In four of the five examples, characteristics such as flooring, wall-covering and roof tiles are mentioned. In none of these cases were these buildings described as being in poor condition (as occurred for other types of buildings). Given their estimated price, they were considered important facilities and their presence contributed to raising the price of the properties in auctions.

What these ads show is the undeniable existence of healthcare facilities for the enslaved population, organized in a manner very different from that of the Juiz de Fora Charity House. In rural areas there were apothecaries, physicians, nurses and infirmaries/hospitals. The large population flow of potential users of hospital care – due to harsh working conditions, the absence of a protective social fabric (even though new relationships and survival strategies were invented in captivity) and the commercial importance of an enslaved woman or man – was from the African diaspora to the countryside.

We conclude that the urban groups in Juiz de Fora did not mobilize to maintain the urban hospital, since the wealthy families were rural landholders and the plantations had municipal doctors, hospitals and infirmaries. These healthcare facilities were part of the slave plantation infrastructure, as can also be seen in the Southern United States and Jamaica (Savitt, 1978; Sheridan, 1985). Therefore, in Juiz de Fora, slaves and household members were cared for by municipal doctors in rural infirmaries/hospitals, and the urban poor were supported through other means: alms.

Alms

The urban charitable institutions in Juiz de Fora during the imperial period did not maintain infirmaries or hospitals that could assist patients excluded from the family and friend solidarity network. We defend the hypothesis that the plantations, with their hospitals and infirmaries, formed a *sui generis* model of healthcare for populations affected by the experience of enslavement. In the context of this investigation, we did not have access to quantitative data on those cared for, but we would not be surprised if household members – free, poor men and women – also received care in rural hospitals.

However, it is in the urban context that the problem of poverty becomes most visible, and given the weaknesses of organized assistance, the poor availed themselves of informal aid and attitudes marked by Christian piety, such as almsgiving.

Begging in Juiz de Fora became so intense that it was questioned on the pages of the *Pharol* newspaper in 1885, in the article entitled “Begging:”

We have already had occasion to refer, more than once in the columns of this newspaper, to the great number of individuals of both sexes who walk the streets of this city begging for public charity, with nothing to commend them to receive the compassion of their fellow men. These observations, which we have already made in the past, have been raised again by the huge number of beggars who appear on Saturdays, a day for almost everyone to hand out alms, and we wondered if there was a way to stop this speculation on the part of some, and the display of sores and illness on the part of others? (A mendicidade, 18 jan. 1885).

The *Correio de Juiz de Fora* newspaper, in January 1886, also complained about the “inconvenience” of tolerating the “abuse” of the “deluge of beggars.” The writer promptly related begging “to the torrential source of criminal speculation based on the generosity and philanthropy of the people” (A mendicidade, 31 jan. 1886).

Even with these questions, which reflected society’s criticism of this practice, it still persisted, fueled by the search for an objective logic to providing anonymous, silent charity, despite progressive attempts at control. The expression “begging” represents diverse actions that ranged from alms collectors authorized to request charity for institutions that aided orphans and abandoned children, to the immediate support for the afflicted that circulated on the streets. Despite the express prohibition of begging imposed on loafers and beggars and the defense of the deserving poor, widespread begging took root in Juiz de Fora society. Even with various control measures, confusion between authorized and illicit begging was constant. It was common for alms to be given without any evidence of real need for the assisted.

The intensity of the practice reached such a magnitude in the city that *Pharol* published, in the January 1885 edition (A mendicidade, 18 jan. 1885), a calculation of the amounts collected as alms in the municipality. Given, from reports of beggars, an average collection of 4\$000 (four thousand réis) for an estimated total of at least one hundred people begging at least on Saturdays, the newspaper concluded that, in Juiz de Fora, the monthly amount spent was 1:600\$ (one million six hundred thousand réis), that is, 19:200\$ (nineteen million two hundred thousand réis) per year. According to the newspaper, with this amount distributed with discernment, “no one would need to beg in this city.”

The wills of the baron and baroness of Bertioiga support this claim. The baroness, in addition to the 25 masses with 2\$000 (two thousand réis) given in alms, 50 masses for her soul, 25 masses for those of her parents and another 50 masses for those of her slaves, and 2:000\$000 (two million réis) for ten orphans, she also gave 500\$000 (five hundred thousand réis) for poor people at the discretion of the baron, her executor. In his will, the baron of Bertioiga arranged for 50 masses for his soul, 25 for those of his parents and 25 for his siblings, in addition to 50 for those of the slaves. Two million réis for poor, honest orphans in the municipality. Five thousand reis for every poor person at his funeral up to 2:000\$ (two million réis) (Travassos, 1993).⁴

The will of Maria José de Oliveira Coelho, published in the *Pharol* on February 13, 1881, stated that the amount of 1:000\$ (one million réis) in alms of 5\$000 (five thousand réis) would be distributed after seventh-day memorial mass for her, at the main church. In these circumstances, alms attracted the needy of all types to funerals and masses. This was a strategy of the poor and a practice of the rich, where assistance was not mediated by a charity or philanthropy. Assistance was grounded and fed on the direct relationship between those assisted and the benevolent.

Final considerations

The organization of healthcare in the Minas Gerais Zona da Mata during the reign of Dom Pedro II was organized in a disparate way in the countryside and the city. On the plantations, there were medical care facilities for the enslaved population and, most likely, for the household members and relatives who, even if not being cared for in the same physical space in the infirmaries, could be seen by the doctor on his regular visits to the plantation and benefit from the drugs prepared in the apothecary. The costs of this assistance were borne by the landholder, but some of the nursing staff were from the enslaved population.

Until slavery was abolished in Brazil, the healthcare facilities of small towns in agricultural regions – the agrarian elite had homes in the city but lived in the countryside – were of little significance. In Juiz de Fora, the creation of the House of Charity was more of a political bargaining chip than a modern hospital.

From 1889 on, during the republican period, the Santa Casa de Misericórdia hospital – as it was called despite being linked to the Senhora dos Passos Brotherhood – underwent significant changes. The new providers were linked to medicine, law, engineering, commerce, pharmacy, industry, journalism, and investments. Although some still maintained their ties to agricultural production, this was not their main source of income and prestige. It is noteworthy that plantation owners still remained in the brotherhood, but ceased to be hegemonic as had been the case during the Empire. The hospital received material and human investments: it opened new infirmaries and operating rooms with modern equipment, furnished specialized care in obstetrics and gynecology, brought in the nuns of Santa Catarina to take care of hospital administration and expanded the public served – Brazilian workers and immigrants – exponentially (Fonseca, 2018). All of these changes are related to the reconfiguration of healthcare assistance after abolition. During this period, it was the urban worker who fell into poverty due to some physical, moral, or intellectual disability or old age who needed assistance. This is the definition of the deserving poor expressed in the Juiz de Fora Health Code (1911), written by physician Eduardo de Menezes (Fonseca, 2018).

The history of the Minas Gerais Zona da Mata reveals the unique characteristics of a region where the slave-holding experience transformed and redefined the forms of healthcare organization in nineteenth century Brazil.

NOTES

¹ Given the definitions of the *Dicionário da língua portuguesa* [Dictionary of the Portuguese Language], edited by father Rafael Bluteau and revised by Antônio de Moraes Silva (1890), as well as the *Manual do Agricultor Brasileiro* [Brazilian Farmer's Manual] (Taunay, 1839), we can establish a broad interpretation of the meaning of "municipal physicians" [*médicos de partido* in Portuguese], associating the concept with those who worked for rewards or for payment, in both public and private institutions.

² It is understood that actions in the field of healthcare in this case study were intended to provide immediate answers to social questions other than that of treating the ill, namely as an element of political negotiation in relations between plantation owners and the Imperial Court. The establishment of hospitals and/or Houses of Charity was a rational form of philanthropy, much like the social, political, and religious thinking of the agrarian elite of nineteenth century Brazil.

³ We use the term Misericórdias as found in the document, but we believe that in this case it was used as a synonym for brotherhoods.

⁴ The wills of the baron and baroness of Bertioga were transcribed and published in Travassos (1993).

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