It's getting tight around here: a military hospital necropolis and the various funeral practices in modern Lisbon

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Introduction

Burial rituals concern the dead but reflect the needs of the living. This is evident on the necropolis identified in Rua do Recolhimento 7/9, Lisbon, Portugal. Obituary records refer to two cemeteries in the Castle of São Jorge, one belonging to the Church of Santa Cruz and the other to a military hospital, which were in activity between the 16th and the 18th centuries. Data from the archaeological excavation at Rua do Recolhimento refer to the second one.

The Military Hospital

The first reference to a military hospital in the Castle of São Jorge was 1587. Due to its importance improvements and extensions were made in 1660 (Borges, 2007). Later, recommendations were made for the hospital's graveyard to be located nearby (Borges, 2017) (Figure 1). Although the hospital collapsed with the 1755 earthquake and it was not subsequently rebuilt, the obituary records continue to show the existence of an hospital and its cemetery (Gaspar and Gomes, 2005). The records give important information about the hospital-cemetery relation but also about the origin of the buried individuals (military, prisoners of the castle's prison, etc.).

The burial ground

The intervened cemetery was located right North of the main structures identify as the hospital, being delimited by three (probably four) walls (Figure 1). The date of abandonement is uncertain, but after the 1755 earthquake there was a reorganization of the city and it is possible to envision the same happening in this location (França, 2008). There was a building constructed upon the area affecting several burials, reflecting two possibilities: lack of knowledge of this space as a cemetery or disregard from this evidence. This burial ground presents an area of 107 square meters, with at least 686 burials. The majority (more than 90%) of the burials were of men aged between 14 and 50 years. No traumatic injuries at time of death were detected, excluding a relation to a war conflict. The bodies were buried in supine, ventral and lateral positions (frequently against walls, in order to maximize the space). During the course of the archaeological excavation it was possible to identify four phases of usage of this space, which also correspond to four different methods of approach to burial management.

Phase 1: It was made a deposit of rubble in the entire area to level the ground, and a deposit of soil from where the necropolis evolves. The first burials were made in multiple graves with 3-4 individuals each (39 individuals, 5.4% of the total) with ‘head to toe’ deposition and an orientation E-W and W-E. The corpses had virtually no grave goods and may have been buried naked (Figure 2). The pits were aligned and did not intercut each other, which suggests planning (Boyle, 2015; Souquet-Leroy et al., 2015).

Phase 2: It reflects the need to conciliate a great flow of deaths but also the health of the community (Souquet-Leroy, 2015). It shows the use of double graves (head to toe, lateral and right on top deposition), in apparent rows, maximizing the space (Figure 3). Due to the anatomical restraints of the skeletons and the identification of copper alloy pins it is rather safe to assume that the corpses were wrapped in a shroud (Souquet-Leroy, 2015). Once again, planning is apparent since none of them intercut each other or with the pits from Phase 1. Phases 1 and 2 show knowledge regarding where the graves are located and a concern not to disrupt the death. They could reflect two situations of death crisis of short duration (Boyle, 2015; Rodrigues, 1990; Souquet-Leroy et al., 2015; Tarlow, 2015).

Phase 3: It reflects the cultural and religious norms and practices, following the canonical deposition E-W/W-E (Souquet-Leroy, 2015). Pragmatism is reflected in the intercutting of numerous burials, probably because of the continuous usage of the area, where new graves disrupted the previous ones (Figure 4). Since the enclosed area did not permit expansion, other solutions were enforced. A ditch has been opened (affecting several burials from Phases 1 and 2) with the purpose of depositing bones coming out of the opening of new graves, resulting in an ossuary at least 100 individuals. This phase, probably the longest one, is more similar to a post-medieval parish graveyard (Boyle, 2015; Tagesson, 2015; Souquet-Leroy et al., 2015).

Phase 4: At its latest stage the memory of the graves location was faint (the military use of the burial ground may have been already abandoned). The burials were less numerous, scattered, with adults near the walls (N-orientation) and, for the first time, three infant burials were retrieved. This shows the need for sudden burials (due to temporary lack of space on the parish cemetery?) or the need to conceal/disregard some burials (the infants). The lack of concern for the canonical Christian rules is evidence of that the practical overcome the religious aspect, a trademark of the modern age community (Boyle, 2015; Tagesson, 2015; Souquet-Leroy et al., 2015; Tarlow, 2015).

In conclusion...

The necropolis of the military hospital of Castle of São Jorge presents a multitude of solutions facing the concerns of the living. The non-conformism presented points to socio-economic realities lived during the modern age. The multiple graves (quadruple, triple and double) may have been associated to crises in mortality due to epidemic outbreaks. Historical records show several of these, from the end of the 16th century until the 18th century: plague, typhoid, smallpox, associated with bad crops, shortage of food and inflation of food prices (Barbosa, 2001). The more intensive usage, with individual burials, corresponding to the third phase, shows a full function hospital, important in the care of the militaries, probably associated with the growth of this institution in late 17th century, and through out the 18th century. Even though there are evidences of the use of coffins (iron nails), most of the burials were done directly on the ground eventually with a shroud. So far it was not possible to differentiate burials of individuals from the hospital from those from the prison. Space management seems to be always present in the planning of this post-medieval cemetery. Although transmitting social, cultural and religious worries it became a public health issue due to the amount of bodies deposit in such a small space in a short time. A report from 1694 by the Health Supervisor describes diseases in the Castle probably related to the bodies already at surface level in the military hospital cemetery (Andrade, 1954).

Bibliography:

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