



LA CASA

ESPACIOS DOMÉSTICOS
MODOS DE HABITAR

ABADA EDITORES

LA CASA

ESPACIOS DOMÉSTICOS MODOS DE HABITAR

II CONGRESO INTERNACIONAL CULTURA Y CIUDAD
GRANADA, 23-25 ENERO 2019



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La Casa. Espacios domésticos, modos de habitar
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Presentación	XIX
Juan Calatrava	

BLOQUE TEMÁTICO 1

Arquitecturas de la casa: el espacio doméstico a través de la historia

Lo público y lo privado en la forma urbis de Santiago 1910. El espacio doméstico en el Canon Republicano	22
Josep Parcerisa Bundó, José Rosas Vera	
La Alhambra habitada. Experiencias del paisaje desde el espacio arquitectónico..	37
Marta Rodríguez Iturriaga	
Housing and Children: Architectural Models from the Modern Movement	48
Alexandra Alegre	
Högná Sigurðardóttir. La misteriosa marca indeleble del origen	59
Julio Barreno Gutiérrez	
Las casillas de peones camineros y su implantación en la costa del sudeste de España	73
Antonio Burgos Núñez, Juan Carlos Olmo García, Francisco José García Castillo	
El <i>palazzo all'italiana</i>, de la casa del príncipe al principio urbano	82
Michele Giovanni Caja, Maria Pompeiana Iarossi	
The City and the House: Going Back to the Future	95
Antonio Alberto Clemente	
Traditional Urban Housing at Alentejo's "Marble Area"	104
Ana Costa Rosado	
La consolidación del cuarto de baño en las viviendas de la ciudad de São Paulo, Brasil	117
Clarissa de Almeida Paulillo, Tatiana Sakurai	
La cama <i>amueblada</i>: del objeto a la estancia	126
María de Miguel Pastor, Carla Sentieri Omarrementería	

The Spaces, the People and the Ways of Being at Home in the North of Portugal in the 19th Century	136
Alexandra Esteves	
Casa de John Soane en Londres (1792-1827). Luz, iluminación y patrimonio	143
Rosalía Fenutría Aumesquet, José Joaquín Parra Bañón	
Rita Fernández Queimadelos. Los proyectos de viviendas realizados en la DGRD (1943-1946)	154
Paula M. Fernández-Gago Longueira, Eduardo A. Caridad Yáñez	
Arqueología urbana en Barcelona: aproximación a los espacios domésticos entre los siglos IV-VI	167
Francesc Xavier Florensa Puchol	
Memoria e identidad: el espacio de almacenaje en el imaginario doméstico	178
Marta García Carbonero	
Between Doorkeeper Apartments and Housemaid Rooms: Ways of Living in a Changing Lisbon	188
María Assunção Gato, Filipa Ramalhete	
La casa popular de zaguán, patio y corral. Habitabilidad y protección para el siglo XXI	196
Vidal Gómez Martínez, Blanca del Espino Hidalgo, María Teresa Pérez Cano	
Casa en transformación: cocina y tecnología en el siglo XX en Cuenca (Ecuador)	206
María Augusta Hermida, María José Cañar, Guillermo Mauricio Torres	
Granada: la arquitectura doméstica de la ciudad cristiana	218
Carlos Jerez Mir	
Consideraciones históricas sobre la casa tradicional gallega y otras construcciones adjetivas	230
Francisco Xabier Louzao Martínez	
Modern, Rationalist and Mediterranean: Residential Architecture during the Italian Colonization in Libya	236
Andrea Maglio	
El confort en la vivienda canaria: de la arquitectura tradicional a los EECN	250
Eduardo Martín del Toro	
Instalaciones de la casa: el espacio doméstico en el siglo XX en España a través de la tecnología	261
César Martín-Gómez, José Manuel Pozo Municio	
El diedro casa ciudad en la arquitectura nobiliaria de Sevilla: la plaza del Duque	272
Pedro Mena Vega	
Un primer acercamiento a la <i>Quinta Nova da Assunção</i> en Sintra	282
Iván Moure Pazos	

The Construction of “Minho’s” Domestic Space in Portugal’s 18th Century.....	294
Flávia Oliveira	
Arquitectura moderna en la ciudad histórica. Adalberto Libera y la casa Nicoletti (Roma 1932).....	302
Carlos Plaza	
Casa Bellia en Turín: nuevos espacios para la burguesía.....	315
Alice Pozzati	
Live-Work Architecture. Learning from Peripheral Neighborhoods of Rio de Janeiro.....	327
Ana Slade	
The Relationship Between Inhabitants and Vegetation in the Houses of Maceió in the 19th.....	339
Tharcila Maria Soares Leão, Josemary Omena Passos Ferrare, Veronica Robalinho Cavalcanti	
The Home and the World: Domestic Dynamics of the Postwar American Suburban House.....	350
Luísa Sol	
El hogar de Telva. Miradas femeninas al interior doméstico español 1963-1975.....	360
Jorge Tárrago Mingo, Cristina Sunga Zamora	
La casa jesuita en Granada: el Colegio de San Pablo.....	371
María del Carmen Vílchez Lara, Jorge Gabriel Molinero Sánchez	
La habitación en la arquitectura agraria granadina.....	381
Eduardo Zurita Povedano	

BLOQUE TEMÁTICO 2

El proyecto doméstico como núcleo de la modernidad: casa singular y vivienda colectiva, del Movimiento Moderno al siglo XXI

Habitar el arte: la casa del coleccionista como modelo experimental de espacio doméstico.....	394
Ángeles Layuno	
Domesticidad Mediterránea vs. Modernidad americana de Posguerra. Sert y Rudofsky.....	411
Mar Loren-Méndez	
Tradiciones en las políticas de vivienda pública.....	422
Josep Maria Montaner Martorell	

De la Weissenhoff a Oporto, un camino de servicio	430
José Manuel Pozo Municio	
Le Corbusier's <i>Immeuble-villas</i> and an After Lunch Remembrance	441
Marta Sequeira	
Le Corbusier. <i>Une science de logis</i>	454
Jorge Torres Cueco	
La casa productiva. Propuestas para la autosuficiencia alimentaria durante la República de Weimar	470
David Arredondo Garrido	
<i>Modernità y mediterraneità: sincretismo habitacional de Luigi Figini y Gino Pollini</i>	482
Emilio Cachorro Fernández, Cristina Medina Valverde	
El <i>piano Fanfani</i> en Roma: la torre de viviendas y la casa patio	496
Ana del Cid Mendoza	
Feet on the Sand: Living Spaces in Apartment Buildings by the Sea in Maceió, Brazil	510
Camila Antunes de Carvalho Casado, Maria Angélica da Silva	
Atomic-age Housing. The Fallout Shelter in Cold War America	521
Chiara Baglione	
De la manzana a la supermanzana. Recuperación e innovación en la cultura urbanística	531
Raimundo Bambó Naya, Javier Monclús Fraga	
La ventana y el balcón sobre avenida Providencia (1931/1981): evolución y permanencia de la arquitectura doméstica	544
Pedro Bannen Lanata	
Towards the Modern Block: Evolution of an Urban Type in Kay Fisker's Prewar Architecture	554
Guia Baratelli	
La casa en Isle of Wight (1955-1956) de James Gowan, austeridad en la modernidad británica	566
Alicia Cantabella Gallego	
<i>Villeggiatura</i> urbana: una residencia secundaria en el núcleo urbano de São Paulo	576
Sara Caon	
Otredades en la habitabilidad de un Monterrey moderno: primeros edificios de departamentos como alternativa a la vivienda unifamiliar	586
María de los Ángeles Castillo Soriano, Alberto Canavati Espinosa	
Brutalismo doméstico. Un espacio para la contemplación	597
Rubens Cortés Cano	

La Casa Barata dos Santos como experimento, por Nuno Portas y Nuno Teotónio (1958-1962)	608
Mª Ángeles Domínguez Durán	
Exploraciones cartográficas comparadas de paisajes residenciales: polígonos vs periferias ordinarias	620
Isabel Ezquerro, Carmen Díez-Medina	
The House as Experiment: House in Sesimbra (1960-64) by Portas and Teotónio Pereira	634
Hugo L. Farias	
La piedra en la casa moderna	645
María Ana Ferré Aydos	
Las casas unifamiliares no construidas del programa <i>Case Study Houses</i>	657
Pauline Fonini Felin	
Modern Housing and Duplex Apartments: Study of Discourses and Practices of a Typology	670
Sabrina Fontenele	
Polígonos de vivienda. Relevancia del diagnóstico en la regeneración urbana de espacios libres	681
Sergio García-Pérez, Javier Monclús, Carmen Díez Medina	
A City of Order: on Piccinato's Ataköy	692
Esen Gökçe Özdamar	
Paisaje y ciudad en las viviendas de la Universidad Laboral de Almería	702
José Ramón González González	
La imagen de arquitectura en la construcción del subconsciente colectivo	713
Carlos Gor Gómez	
Prácticas Concretas	725
Pablo Jesús Gutiérrez Calderón	
Tropical and Colonial: Single Houses as a Modern Lab in Angola and Mozambique (1950-1970)	737
Ana Magalhães	
Casa y Monumento: Roma habitada	748
Sergio Martín Blas, Milena Farina	
Las viviendas para empleados realizadas por las grandes empresas en la España de la posguerra	760
Miriam Martín Díaz, Enrique Castaño Perea	
Lecciones de Louis Kahn: la sala y la casa en Rogelio Salmons y Livio Vacchini ...	771
Clara E. Mejía Vallejo, Ricardo Merí de la Maza	

Interior Biopolitics—Domesticity as Mass Media in the Making of Swedish Social Democracy	783
Carlota Mir	
El arte de lo doméstico. Las casas de Alison y Peter Smithson	795
Carmen Moreno Álvarez, Juan Domingo Santos	
La vivienda colectiva como reactivador de hechos de vida urbana	806
Sebastián Navarrete Michelini	
The Façade as an Interface in the Housing Architecture of Rio de Janeiro: Design Repertoire	819
Mara Oliveira Eskinazi, Pedro Engel Penter	
Manuel Gomes da Costa. La casa algarvia del arquitecto	831
José Joaquín Parra Bañón	
A Wealth of Typological Solutions from the Twenties: Vienna and Frankfurt	842
Alessandro Porotto	
Un pueblo entre los muros de un cortijo	856
Ana Isabel Rodríguez Aguilera	
This House Is Not a Home	872
Ugo Rossi	
Los dibujos de Rafael Leoz sobre vivienda social	883
Jose Antonio Ruiz Suaña, Jesús López Díaz	
La calle sube al edificio. Vivienda en galería en Madrid, 1949-1956	897
María del Pilar Salazar Lozano	
Casas como células. La metáfora biológica y los nuevos hábitats plásticos, 1955-73	908
Massimiliano Savorra	
El hogar que envejece	918
Marta Silveira Peixoto	
Repetition and Geometry: The House of the Painter Zigaina Designed by Giancarlo De Carlo	928
Luisa Smeragliuolo Perrotta	
Plinio Marconi's Public Housing Projects between Innovation and Historical Continuity	938
Simona Talenti, Annarita Teodosio	
Casas patio y bloques: las formas de la vivienda para la ciudad moderna, Arica 1953-73	949
Horacio Enrique Torrent Schneider	

Doméstico y prefabricado: vivienda unifamiliar en Collado Mediano de Alejandro de la Sota	961
Miguel Varela de Ugarte	
Modern Living: Particularities in Rio de Janeiro	971
Denise Vianna Nunes	
Equipando la casa moderna. España, 1927-1936	982
María Villanueva Fernández, Héctor García-Diego Villarías	

BLOQUE TEMÁTICO 3

La vivienda contemporánea desde el punto de vista patrimonial

Un carmen en el barrio del Realejo de Granada	997
Ricardo Hernández Soriano	
T y Block House, dos viviendas en Nueva York	1007
Antonio Álvarez Gil	
Experimentos de casas en el paisaje. Lo cotidiano y lo sublime	1020
Rafael de Lacour	
Cooperativas vecinales para la recuperación patrimonial de barriadas. Sixto (Málaga)	1031
Alberto E. García-Moreno, María José Márquez-Ballesteros, Manuel García-López	
Domesticidades del proyecto social del Régimen a través de los poblados de Bárcena (León)	1043
Jorge Magaz Molina	
La casa como memoria viva: injertos domésticos en ruinas vernáculas	1055
David Ordóñez Castañón, Jesús de los Ojos Moral	
PAX – Patios de la Axerquía. Rehabilitación urbana y de casas-patio con procesos cooperativos	1068
Gaia Redaelli	
La casa contemporánea en el cine: estrategia de difusión y promoción del patrimonio cultural	1080
Iván Rincón Borrego, Eusebio Alonso García	
Rehabitar después de Habitar	1092
Conceição Trigueiros, Mario Saleiro Filho	

BLOQUE TEMÁTICO 4
La casa: mitos, arquetipos, modos de habitar

Notas sobre la casa como jardín.....	1104
Xavier Monteys	
Interiores de exteriores. La otra raíz del habitar.....	1116
José Morales Sánchez	
Género y modos de habitar en la Andalucía del siglo XIX.....	1127
Juan Manuel Barrios Rozúa	
La casa veneciana, desde fuera.....	1139
Francisco A. García Pérez	
Muerte de la ciudad y desintegración de lo urbano. La casa como refugio.....	1151
Juan Carlos Reina Fernández	
The Home and Its Transformations in the Daily Life of a Brazilian Social Housing Complex.....	1164
Fernanda Andrade dos Santos, Eda Maria Góes	
El jardín secreto de Luis Barragán.....	1177
Paloma Baquero Masats, Juan Antonio Serrano García	
A «Part of Sky and a Part of Sea, Even Alone»: Luigi Moretti Villas.....	1189
Gemma Belli	
La cocina como principal motor de cambio en la vivienda moderna y contemporánea.....	1199
Juan Bravo Bravo	
Casa contra arquitectura, Bernard Rudofsky y el “arte de habitar”.....	1212
Alejandro Campos Uribe, Paula Lacomba Montes	
El espacio doméstico en las exposiciones: nuevos conceptos durante la 2ª mitad del s. XX.....	1224
Manuel Carmona García	
La cocina-moderna en la vivienda colectiva española de la primera mitad del siglo XX.....	1236
María Carreiro Otero, Cándido López González	
Espacios de sombra y aire, transiciones en la arquitectura mediterránea.....	1248
Antonio Cayuelas Porras	

Habitar los hospitales: el bienestar más allá del confort	1259
Pilar Chías Navarro, Tomás Abad Balboa	
La cocina genérica: del marco físico a la atmósfera esencial	1272
José Antonio Costela Mellado, Luis Eduardo Iáñez García	
The House of Silence: The Franciscan Dwellings in the Colonial Convents of the North-East of Brazil	1282
Maria Angélica da Silva	
Arquitectura y jardín en la vivienda doméstica española del movimiento moderno	1294
Manuel de Lara Ruiz, Carlos Pesqueira Calvo	
The Italian House vs The American House. Decoration and Life-Style in the 50's...	1309
Elena Dellapiana	
Casas de vidrio – 1950: análisis de cuatro ejemplos coetáneos	1321
Ana Esteban Maluenda, Héctor Navarro Martínez	
Microarquitecturas a medida. Experiencia de arquitectura social	1330
Antonella Falzetti	
The Made-to-Measure House: From an Ideal Home to a Palace Between the 19th and 21st Centuries	1341
Maria Teresa Feraboli	
Holiday Houses in Italy in the 1930s	1351
Adele Fiadino	
Habitar la materia: apilar Cerdeña. Casa de vacaciones en Arzachena, Marco Zanuso	1361
Mario Galiana Liras, Miguel A. Alonso del Val	
1978. La Gran Casa, o sobre el interior en la obra de Enric Miralles	1372
Carolina B. García Estévez	
Donde termina la casa y empieza el cielo	1384
Ubaldo García Torrente	
Green Housing Dream. From Welfare Equality to Deregulation and Desire: Understeshöjden, 1989	1397
Andrea Gimeno Sánchez	
The “Medieval House” of Coimbra: Archeology of Architecture in the Demystification of Archetypes	1407
António Ginja	
La casa de luz tenue. A propósito de Alvar Aalto, Luis Barragán y Antonio Jiménez Torrecillas	1418
José Miguel Gómez Acosta	

Un análisis de la casa excavada-subterránea basado en la Sintaxis Espacial.....	1428
Antonio J. Gómez-Blanco Pontes	
King's Foundation: House, Power and Modernity in King Manuel I's inventory (1522-25).....	1440
Luís Gonçalves Ferreira	
“Raumplan-dwellings”: domesticidad y espacio en proyectos de Sejima-SANAA..	1449
Aida González Llavona	
La casa moderna en Cereté, una lección patrimonial.....	1461
Massimo Leserrí, Merwan Chaverra Suárez	
When a Big House Opens Its Doors: The São Marcos Hospital in Braga (17th-18thCenturies).....	1471
Maria Marta Lobo de Araújo	
El mito de la casa pompeyana entre los siglos XIX y XX.....	1478
Fabio Mangone, Raffaella Russo Spina	
Tiendas de campaña en Marte.....	1493
Josemaría Manzano-Jurado, Santiago Porras Álvarez, Rafael García Quesada	
La casa patio tradicional de la medina marroquí.....	1506
Miguel Martínez-Monedero, Jaime Vergara-Muñoz	
La forma tectónica de la casa: lo ontológico frente a lo representacional.....	1518
Alejandro Muñoz Miranda	
Habitar el cerro: la casa del arquitecto Bruno Violi en Bogotá.....	1530
Serena Orlandi	
Comida a domicilio.....	1541
Nuria Ortigosa Duarte	
Domestic Topographies: The House of Lino Gaspar, Caxias, 1953-1955.....	1551
Maria Rita Pais	
La ritualidad higiénica como domesticación espacial en el arte contemporáneo....	1563
José Luis Panea Fernández	
The Housing General Histories and Classes in Literature.....	1572
Fabrizio Paone	
“Paraísos” en el armario: homosexualidad y negociación doméstica en la California prebélica.....	1587
José Parra-Martínez, María-Elia Gutiérrez-Mozo, Ana-Covadonga Gilsanz-Díaz	

Profundidad espacial. Abriendo el muro. De la habitación sin nombre al jardín de invierno.....	1599
Marta Pérez Rodríguez	
Rooms. Aldo Rossi and the House in Ghiffa: Symbol, Dust and Desire.....	1609
Michelangelo Pivetta, Vincenzo Moschetti	
La colina habitada: características morfológicas y modos de habitar el campo.....	1620
Luigi Ramazzotti	
El <i>studiolo</i> como teatro de la mente.....	1632
Jaime Ramos Alderete, Ana Isabel Santolaria Castellanos	
Modos de habitar en contexto de montaña: la región oriental del Atlas en Marruecos.....	1641
Miguel Reimão Costa, Desidério Batista	
La casa en Santiago de Chile a fines del siglo XVIII: valores materiales y simbólicos.....	1652
Marisol Richter Scheuch	
Hombres de condición inquieta y despegada: el fascinante espectáculo de la precariedad.....	1660
Carmen Rodríguez Pedret	
Maid Rooms and Laundry Sinks Matter: Modern Houses in a Non-modern Context.....	1671
Silvana Rubino	
Inquietante domesticidad.....	1679
Alberto Rubio Garrido	
Houses for Whom? Between the Habitat and the Inhabiting, on Henri Lefebvre's Quest.....	1688
Teresa V. Sá	
Una casa es una «machine de l'émotion».....	1698
Javier Sáez Gastearena	
Espacio doméstico e higiene. Políticas del habitar en Sevilla entre los siglos XIX y XX.....	1710
Victoriano Sainz Gutiérrez	
La vivienda de los fareros, entre la casa y la máquina.....	1720
Santiago Sánchez Beitía, Fernando Acale Sánchez	
Naturalezas en la intimidad; acerca del jardín en los espacios domésticos contemporáneos.....	1732
Juana Sánchez Gómez, Diego Jiménez López, Isabel Jiménez López	
Cármenes, pequeñas historias domésticas.....	1743
Juan Antonio Sánchez Muñoz, Vincent Morales Garoffolo	

Algunas casas modernas: de la caverna al hogar	1755
Rafael Sánchez Sánchez	
Recuerdos de una escalera. Experiencias domésticas desplazadas en la obra de Siza	1764
Juan Antonio Serrano García	
¿No habitar es modo de habitar? Siglos de permanencia de mitos y criminalización	1778
Sonia María Taddei Ferraz, Evelyn Garcia da Cruz, Paula Andréa Santos da Silva	
Tres modos de habitar la casa popular: cereal, vid y olivar	1787
Salvador Ubago Palma	
La expresividad de la racionalidad: La casa estudio para Diego Rivera y Frida Kahlo	1800
Luis Villarreal Ugarte	
Habitar en Iberoamérica	1811
Graciela María Viñuales	

BLOQUE TEMÁTICO 5

Miradas externas: la casa en la pintura, el cine y la literatura

Habitar la aventura: casas de Jules Verne	1824
Juan Calatrava Escobar	
Casas vacías, olvidadas y recordadas: arte, literatura y memoria	1836
Marta Llorente Díaz	
La villa Arpel: machine à habiter, “donde todo se comunica...” (Mon Oncle, J. Tati, 1958)	1850
Antonio Pizza de Nanno	
El relato doméstico desde una estrategia vertical	1855
Agustín Gor Gómez	
Fondos de escena en el cine de Ozu	1868
Carlos Barberá Pastor	
Habitar tras la Transición: los hogares cinematográficos de P. Almodóvar y A. Gómez	1879
Ruth Barranco Raimundo	
Espacios domésticos en transición y la ciudad moderna en Ohayo (1959) de Yasujiro Ozu	1888
Bernardita M. Cubillos Muñoz	

La casa Stahl, una vida de ficción	1898
Daniel Díez Martínez	
Habitaciones para la escritura: el autor y su espacio de trabajo	1909
Tomás García Píriz, F. Javier Castellano Pulido	
Ámbitos privados de la residencia colectiva en el imaginario cinematográfico español	1920
Josefina González Cubero, Alba Zarza Arribas	
Los registros de la luz. Vermeer y Hopper	1929
Luis Eduardo Jáñez García	
Allí reside el tiempo, mi infancia. La cabaña telúrica de Andréi Tarkovski	1940
Alejandro Infantes Pérez, Javier Muñoz Godino	
La casa, la calle y el territorio. Narraciones fotográficas de Guido Guidi	1951
Marco Lecis	
Entre la literatura y el cine. La casa de Sokúrov en <i>El segundo círculo</i>	1961
Pablo López Santana	
Habitar un espacio, contemplar un paisaje: mujer, jardín y arquitectura doméstica en China (desde el siglo X hasta el XVIII)	1972
Antonio Mezcu López	
Registro de una mirada, Cape Cod House	1981
Jorge Gabriel Molinero Sánchez, María del Carmen Vílchez Lara	
La casa como metáfora del viaje. Fotógrafos y arquitectos en Mallorca	1993
Maria Josep Mulet Gutiérrez, Joan Carles Oliver Torelló, María Sebastián Sebastián	
La mirada indiscreta: la ventana en el cine como generador de emociones	2004
Patricia Pozo Alemán	
El telar es el cuerpo, el cuerpo es la casa	2016
Anita Puig Gómez	
El espacio doméstico en el cine de Jacques Tati: del bloque tradicional a la vivienda sobre ruedas	2024
Helia de San Nicolás Juárez	
Fisonomías arquitectónicas. La mediatización de casas de personalidades en Galicia	2034
Jesús Ángel Sánchez-García	
Mujeres y jardines en la China clásica: espacios domésticos en <i>Sueño en el Pabellón Rojo</i>	2046
Beatriz Valverde Vázquez	
Notas autobiográficas de los autores	2054

Cuando se abran las puertas de una gran casa: el hospital de Braga (siglos XVII-XVIII)

When a Big House Opens Its Doors: The São Marcos Hospital in Braga (17th-18th Centuries)

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Resumen

En este trabajo pretendemos analizar el interior del hospital de San Marcos durante la Edad Moderna y dar a conocer no solo sus diferentes espacios, sino también los objetos en ellos existentes, que servían para el servicio cotidiano.

Así, analizaremos las enfermerías y en particular muebles, ropas, camas e, igualmente, la casa de los peregrinos, la cocina, la botica, el claustro, las "casas" del capellán y del proveedor. Procuraremos reflejar la distribución de estos espacios, analizando a la vez los programas de reforma a los que estuvieron sujetos a lo largo de estos dos siglos, así mismo, estaremos igualmente atentos a las diversas funcionalidades, poniendo especial atención en los que residían, pero también en los que estaba de paso. Tendremos también, la oportunidad de asociar la sociabilidad generada entre los diferentes ocupantes del hospital. Por último, daremos relieve a la otra función que el hospital cumplía: salvar el alma.

Palabras clave: hospital, Braga, espacios, modos de habitar

Bloque temático: La casa: mitos, arquetipos, modos de habitar

Abstract

This paper seeks to analyse the inside of the São Marcos hospital during the Modern Age and to introduce not only its different spaces but also all the objects used on a daily basis.

So, we shall analyse the infirmaries particularly the furniture, clothes, beds, as well as the pilgrims quarters, the kitchen, the pharmacy, the cloister, and both the chaplain and the provider's 'houses'. We shall try to share a thought on the distribution of these spaces by analysing simultaneously the renovation programs they have been submitted to throughout the past two centuries. We shall also pay attention to their different functionalities, more precisely as regards the residents and the travellers. We shall also have the chance to connect the degree of sociability between hospital users. Finally, we shall stress the hospital's other function: the salvation of the soul.

Keywords: hospital, Braga, spaces, ways of living

Topic: The house: myths, archetypes, forms of inhabitation

1. Functioning and spaces of a big house

To open the doors of a big house is a metaphorical expression that intends to lead the readers to its inner spaces, letting them know the everyday life of a Modern Age big hospital, where a lot of people in different situations and with different goals crossed paths.

The São Marcos hospital was founded in 1508 by the archbishop of Braga D. Diogo de Sousa (1505-1532) who, in order to accomplish this, had to close two friaries, a leprosarium and a hospice for pilgrims, having also added to these the rents of two more churches.¹ In other words, the archbishop created the right economic conditions for the new institution to operate.

To manage it, the prelate chose the Municipality, probably because there was no Misericórdia in town, which may have been created in 1513, because it started operating the following year.

This initiative by D. Diogo de Sousa was included in a broader reform strategy of assistance services in Portugal and by and large across Europe. The increase on the number of poor people and the inability of the existent structures to respond to new needs forced the reform and the surge of new institutions with bigger and new resources.

New general hospitals were built, with a separation between the poor, pilgrims and travellers, and equipped with their own clinical staff. This shift caused a change in hospital spaces, but also in their functioning. Apart from infirmaries, created to take in patients, there were also new spaces meant only for travellers, which provided different services for these two distinct groups of people.²

From 1559 on, and thanks to archbishop D. Frei Bartolomeu dos Mártires,³ the hospital's management was brought under the umbrella of the Misericórdia of Braga, becoming, thus, one of its most important services.

In the XVI century, the institution was small, had a kitchen where the meals for the sick were cooked and where “quality” travellers could also eat, it also had infirmaries for the sick, the chaplain's house and a room where pilgrims and travellers were welcomed.

There was a main door, placed in the east, called “the carriage door”, because it was the door used by carriages to transport patients, wood or other products, such as thatch for the inpatients beds, inside the house. It also granted access to the Remédios field. There were several inner doors which granted access to the cloister, the church and even upstairs.

All the rooms on the ground floor of the hospital were accessed through this main door.

However, the need to expand and remodel the building in order to respond to an increasing demand was soon noted. Once a small hospital, it did not take long until it grew, becoming the only hospital north from Porto, and in all of Minho region, that offered people treatment for syphilis. There was both an increasing number of patients and of people infected with syphilis that resorted to the hospital. The hospital took in this kind of patients from all of the diocese, twice a year, spring and autumn, accommodating them in two infirmaries. The infirmaries were on the ground floor, relatively near to one of the hospital doors and apart from the other

¹ The mentioned closed institutions were practically de-activated or had no longer friars and had low income.

² Travellers were just passing through and would only stay for a given period of time. At São Marcos they were allowed to stay for three days maximum.

³ The archbishops of Braga had jurisdiction over both the temporal and the spiritual worlds.

inpatient facilities, because neither patients, nor clothes could mix due to the high chance of contagion. Syphilis was easily disseminated.

In what concerns the healing of the body, São Marcos hospital allocated both the ground and the first floors, set out around the cloister, also mentioned in 17th century sources as a yard.⁴ The circulation inside was done through the cloister's galleries and several doors, and later on through a granite flight of stairs which led to the upper floor. In the 17th century, the columns that supported it were made of wood, but in the 1800's, and because they seemed on the brink of collapsing, they were substituted for granite, similarly to what happened to the whole building during the renovation work in the first decades. In the 18th century, the pilgrims' house, which consisted of two rooms, one for men and another one for women, the infirmaries for syphilis and the infirmaries for recovering patients, built in the mid-17th century,⁵ were all at the ground floor. Still at the ground floor, there were the houses or places for storing wood, straw and cereal with which they used to bake the bread that fed the sick and the poor.⁶

Despite the hospital's expansion in the 17th century, the sources mention just one infirmary for people with "fevers" and "wounds", that is to say, for medicine and surgery, which would be described by a physician as something bad because it increased the chances of contagion among the patients. This situation was not exclusive to São Marcos, it happened in many other national hospital centres.⁷ São Marcos also lacked ventilation systems. This was detrimental for sick people's health and was consequence of the fact that infirmaries were permanently packed, that is, the building lacked changes that could potentiate the inpatients' health. However, by the middle of the 17th century, the situation of the hospital was very serious and included the lack of money for big renovations.

There were areas inside the hospital where it used to rain, there were not enough clothes for the infirmaries, not even straw and light at the "pilgrims' house". The clothes which were not used at the first floor infirmaries were sent to the ground floor to be used by syphilitic patients, since the reverse could never happen in order to prevent the spreading of the disease.

In the second half of the 17th century there was a pharmacy on the ground floor whose door led to the Remédios field. It served both inpatients and outpatients and the connection to the street allowed for the outpatients to gain access to the pharmacy without going inside the hospital.

Between the church and the hospital there was an inner passageway that allowed the chaplain to access the tabernacle in order to bring the Holy Communion to the dying patients without having to leave the building. This passageway, a small staircase, also allowed recovering patients to go to church or access the inner balcony created by the end of the 18th century, and attend mass.

Due to all the expansion, in the first decades of the 17th century, and the existence of more legacies, the hospital improved greatly. The old building was changing once again and turning into an even bigger House.

⁴ Maria de Fátima Castro, *A Misericórdia de Braga. O hospital de São Marcos*, vol. IV (Braga: Santa Casa da Misericórdia de Braga and the Author, 2008), 54-58.

⁵ Maria Marta Lobo de Araújo, *Memória e quotidiano: as visitas e as devassas ao hospital de S. Marcos de Braga na Idade Moderna* (Braga: Santa Casa da Misericórdia de Braga, 2014), 38-43.

⁶ The Santa Casa used to distribute bread amongst the poor on a weekly and monthly basis.

⁷ Augusto Carvalho, *Crónica do hospital de Todos os Santos* (Lisboa: s. n., 1949).

At the time it was unanimous that the hospital was a “grandiose”, “opulent” work, adjectives which praised the action of the people that were in charge of the institution during the baroque era. Under the supervision of the archbishop D. Rodrigo de Moura Teles, the hospital underwent a great expansion by way of the renovation works in the following decades.

Nonetheless, the expenses grew in the same proportion as food and treatment for the sick, which were very significant, and also the expenses with the pharmacy and pharmacist, nurses and orderlies, maids and servants, physicians, surgeons and apprentices, and from 1682 on, six chaplains. In short, the bigger was the House, the greater were the expenses!

Resulting from the construction works in the three first decades of the 18th century, the hospital’s ability to welcome people changed deeply. The changes were evident in the cloister, the spaces’ “distributor”, which became monumental and was given wider lateral corridors, in the pilgrims’ house which consisted, now, of two rooms, one for each gender, in the chaplain’s residence, which won new spaces, and in the construction of a water point, which played a significant role in the hospital’s provision.

Water and providing for it was, actually, one of the burning issues of the moment, because, apart from being essential, in a century that claimed more hygiene of both body and spaces, owning it also meant being independent. The main changes were on the first floor where more hospitalisation areas were created, as well as convalescence rooms, wider and separated by gender. The kitchen, which was also made bigger, was in the upper floor, besides chambers for nurses, orderlies and maids, who, like the chaplain, had to reside in the hospital.

The infirmaries did not have much furniture when compared to the items in the church and vestry. They only had beds for the patients, a table for eating and a cupboard for storing some of the inpatients belongings or linen. Since linen were expensive, namely sheets, headscarves, shirts and blankets, they were used a lot and were described as “old” or “ragged”. The brand new items were kept in boxes and were to be worn only when the old ones were completely frayed. The hospital did not have enough bed linen. In winter the laundresses were accused of not having it on time for the necessary changes.

Another current expense was the food. They had to buy food to strengthen the sick. The hospital had a chicken house, but used to buy other meat at the city’s butchers’. The vegetables and all the other products were bought at different stores in Braga. The bread was homemade but did not always please the patients. The milk, the wine, the olive oil, other fats and fruit had also to be bought.

They paid much attention to nutrition and cleanliness at a time the hospital was dedicated mainly to feed undernourished bodies.⁸

In a big house like this, task division was imperative to better assist the patients: the nurses were in charge of delivering the medicine from the pharmacy and of providing the infirmaries with scented herbs in order to avoid “the disgusting smell they can have”,⁹ the orderlies looked after the tableware and hygiene of the patients, served meals, brought the firewood to the kitchen and infirmaries, and washed and dressed the dead. They also had to sweep the cloisters and the balconies, areas that had undoubtedly to be clean.

⁸ On food conditions of the disadvantaged groups see Juan Ignacio Carmona, *Crónica urbana del malvivir (s. XIV – XVII). Insalubridad, desamparo y amber en Sevilla* (Sevilla: Universidad de Sevilla, 2000), 187-199.

⁹ Archive of the District of Braga (ADB), Pasta I, Separate document, not numbered.

Along with the hospital's expansion came the problems. Firstly, there was the number of patients and the expenses they implied; the amount of health professionals and other employees; and finally the safety of the building and the doors that stubbornly were kept open when they should be closed. The inquests in the 17th and 18th centuries showed that the everyday life at the hospital was very distinct from what was agreed upon. On one hand, the orderlies behaviour and the lack of moral reservation, with men and women keeping each other company without being married and even consorting with the cook; on the other hand, some male nurse that would sneak in the female nurses' infirmary and cause a scandal, which did not benefit the institution's good name. To put an end to this situation, which "greatly offended the Lord", mostly because of what happened in the infirmary for syphilitic female patients which, in 1769 it was determined that the provider would allow for them to be taken care of only by other women and never by men.¹⁰

These non-allowed social interactions resulted from the closeness between people and spaces. Because they spent a big part of the day together, patients and staff, travellers and pilgrims were quite close and their interaction was intense and not always rule-abiding.

But that was not all: there were orderlies that used to go out during daytime to work on their trades, others who used the hospital facilities to carry out their own businesses, female orderlies who rented the hospital's linen for their own profit, and who sold products to pilgrims, which was forbidden.¹¹ In short, complete chaos.

Surgery and bloodletting apprentices would get in without their teachers and meet female patients without permission. There were late gatherings for feasting and other pleasures sponsored by some male nurse, which was also seen as shameful.

The employees misbehaved, but some of the chaplains certainly did not set an example either. In the mid-17th century, the chaplain got involved in an argument with the mother of one of the women patients, having insulted and hit her.¹² This priest in particular, as well as his brother, displayed a very poor behaviour and used to sneak women into their quarters at night. These licentious women insulted the maids and contributed to an unedifying environment. The priest was also admonished for climbing the cloister's pillars with a guitar, to get to the first floor and to the female patients beds, which was considered quite scandalous.

In addition to the infirmaries, the chaplain's house and the cloister, also the pilgrims and travellers' house was somewhat vulnerable to this reprobate behaviour. In the mid-17th century, they lacked beds and straw for people that stayed up to three days. Later on, when, in the following century, they were separated according to gender, men used to visit the women who would also be paid a visit of sexual nature by men that got in unauthorised. This would happen because the doors were not closed, both the door that led outside the building and the inside doors, even though in 1769 it had been determined that the hospital should be closed during night time after the brothers of the Table¹³ went out, and that it should open doors around 6 a.m. in the summer. That is to say, the administrators were not present enough or did not demand

¹⁰ ADB, Pasta I, Separate document, not numbered.

¹¹ *Compromisso da Misericórdia da cidade de Braga* (Braga: Francisco Fernandez de Basto, 1631), 18.

¹² Elisabeth Belmas, "Patient Care at the Hôtel Royal des Invalides, Paris, 1670-1791", in *Hospital Life. Theory and Practice from the Medieval to the Modern*, ed. by Laurinda Abreu and Sally Sheard (Bern: Peter Lang A. G, International, Academic Publishers, 2013), 139-143.

¹³ Table is a directive organism of the Misericórdia.

enough respect so that the employees, patients and pilgrims stuck to their rules.¹⁴ Despite the fact that the hospital's administration, which consisted of a provider who was assisted by a treasurer, and in the 18th century by two brothers of the Table, was independent, many of the providers, being clergymen and having a busy life, would not be assiduous visitors. At the same time, it should be noted that such a big structure was not easily managed, since there were many people passing through and many inpatients on a regular basis like, for instance, pilgrims and travellers, just to name a few. In the mid-18th century, some people even said that those rooms accommodated thieves and ill reputed people who refused to leave whenever they were asked to. That is, under the guise of poor people and travellers, other kind of people gained access to the building even though it was not supposed to happen.

Besides the healing of the body, the hospital provided some soul care. That is why from 1508 onwards there was a chaplain present to administer the sacraments and to celebrate mass in given days set out in the regulation. As Modern Age advanced there were increasingly more chaplains in the hospital, as well as different religious choices offered to patients. In 1769 it was not allowed for nurses to provide medication to patients who did not confess and attend mass before being admitted.¹⁵

In regard to the healing of the soul, the hospital had specific employees and rooms. Until 1682 there was only one chaplain, but from that year on there were six. Canon João de Meira Carrilho created a legacy by constituting a choir with six chaplains, and determined that they helped, on a rotational basis, inpatients die peacefully. These priests also had to celebrate mass on a daily basis at the altars in the infirmaries, the cloister's chapel and the church, and administer the sacraments to patients. The ones that were about to die were given some assistance by these priests who would help them accept death and beg for forgiveness, for any sins committed, and repent.

However, these were not the only spiritual remedies the hospital provided. In the mid-17th century, while a plague came upon the city, the priests of the order of Saint John Evangelist went to the hospital to preach and help them save their souls. Also, while being treated for syphilis, the patients were visited by priests who indoctrinated them and took care of their spiritual health.

Because "idle minds are the devil's workshop", and because one can sin through thought or omission, patients during Counter-Reformation should spend their free time praying out loud. Therefore, the commitment of 1769 determined that the chaplains reminded patients they should pray, which included for the souls of the founder, the benefactors and for the ones that departed while in the institution.

The ones that died were to be accompanied by the chaplains, who would intercede for their souls through a mass and bury them in the cloister or the hospital's cemetery. By using the cloisters and an extra space behind them, outside the compound, the hospital made them multifunctional and extended the services provided in an adjacent area, similarly to what happened with the São Bento chapel.

In the late 18th century, the hospital was submitted still to another renovation program. Some of the internment areas went through some changes due to hygienic concerns, some ventilation

¹⁴ Maria Marta Lobo de Araújo, *Memória e quotidiano...*, 79-112.

¹⁵ ADB, Pasta I, Separate document, not numbered.

spaces were created as well as a new façade, more monumental and grandiose. The hospital assumed the role of “unit of greatness” of the Misericórdia, like other hospitals in the country.¹⁶ Its pharmacy was extended and improved in order to provide a better service. The church was subjected to some major changes. It became more majestic, equipped with good religious adornments and cloths, similarly to the vestry. The furnishings in the religious spaces were the opposite of the spaces destined for the healing of the body, which comes to prove that the soul had become more important.

2. Final considerations

The analysis on the São Marcos hospital in the long run allows us to know its expansion and improvement in terms of spaces, but also of their diversification. The renovation works during the 17th and 18th centuries created a big house with new duties, and responded to the existing needs and mainly to body health issues. However, the hospital played two complementary roles: healer of the body and of the soul.

There was a new problem every day, but mainly in specific moments, which proved the existing lack of control and how difficult it was to abide by the home rules. Men, women, with different roles and goals, would eventually interact in a wrongful way. In spite of all the hardships, the institution managed to adjust to the needs of that particular period of time. It was subjected to architectural and other kind of transformations in order to respond to pressure from patients and medicine advances, while healing both their bodies and souls.

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¹⁶Vera L. Almeida Magalhães, *O hospital novo da Misericórdia de Viseu, Assistência, poder e imagem* (Viseu: Santa Casa de Viseu, 2011), 174-175.