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The Culture of Afro-Brazilian Care: Barber-Bleeder of Imperial Brazil and the Legacy for the Nursing Profession

Cultura dos Cuidados Afro-Brasileiros: Barbeiro-Sangrador do Brasil Imperial e Legado para Enfermagem

Cultura de los Cuidados Afrobrasileña: Barbero Sangrador del Brasil Imperial y el Legado para la Enfermería

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ABSTRACT

Objective: The study's goal has been to analytically describe the barber-bleeder care practices over the Brazilian imperial diaspora period, and also to provide insight about the topic aiming to produce elements for the knowledge building process in the health field. **Methods**: It is a research on the cultural history approach and the trajectory of black people. The description and analysis were made in the book *"Historia Geral da Medicina Brasileira"* (Brazilian Medicine General History) by relating it to Debret's work on the care done by the black people. **Results**: Descriptions of the barber-bleeder work have been found when reported in the care execution, plus the used tools and what was its position before the society. By Debret, three aquarelles were located about the barber-bleeders practices. **Conclusion**: It was revealed the existence of an African descendant cultural legacy in the care scope, even in the face of the quarrel of popular and scientific knowledge. Nonetheless, popular knowledge has been present, and still does, in the modern care practice.

Descriptors: Culture, History, Care.

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RESUMO

Objetivo: Descrever, analiticamente, e comentar as práticas de cuidado do barbeiro-sangrador, na diáspora Brasil imperial, como elementos para a construção dos saberes no campo da saúde. **Método:** Pesquisa na abordagem da história cultural com ênfase na trajetória dos povos negros. Descrição e análise realizaram-se no livro "História Geral da Medicina Brasileira", relacionando-o com as obras de Debret, sobre os cuidados exercidos por negros. **Resultados:** Foram encontradas descrições do ofício do barbeiro-sangrador, quando relatado na execução do cuidado, mais o instrumental que utilizava e qual era sua posição diante da sociedade. Por Debret localizaram-se três aquarelas de práticas dos barbeiro-sangradores. **Conclusão:** Revelou-se a existência de um legado cultural afrodescendente no âmbito do cuidado, mesmo diante da querela do saber popular e científico. Porém, o saber popular esteve e está presente na prática e quiçá nas dobras dos cuidados prestados atualmente.

Descritores: Cultura, História, Cuidado.

RESUMEN

Objetivo: Describir analíticamente y hacer comentarios sobre las prácticas de atención barbero-sangrador en Brasil en la diáspora imperial, como elementos para la construcción del conocimiento en el campo de la salud. Método: Investigación con el enfoque en la historia cultural y la historia de la población negra. La descripción y análisis del libro "Historia General de Medicina de Brasil", relacionándola con las obras de Debret, en el cuidado ejercido por los negros. Resultados: Se encontraron las descripciones de artesanía del barbeiro, cuando se dio la implementación de la atención, más el instrumental que utilizaba y cuál era su posición en la sociedad. Además las acuarelas de Debret. Conclusión: Se demostró la ascendencia africana de la existencia del legado cultural en el cuidado, incluso en el conocimiento popular y científico. Sin embargo, el conocimiento popular en la práctica, están tal vez en los pliegues del cuidado actual.

Descriptores: Cultura, Historia, Cuidado.

INTRODUCTION

The object of this study is to know the popular practices of caring for the black barber-bleeders, in the field of health, in the diaspora of Brazil. Delimited in the middle of the nineteenth century, in the period of Brazilian historiography known as Imperial Brazil and space delimitation in Rio de Janeiro, due to the presence of the Royal Family until the end of the imperial period.

The contribution of African culture in Brazil permeates various sectors of the life of our population. The health-disease process in the tradition of the African peoples is situated in the field of holistic vision, realized by the curative and curative practice based on a cosmic and religious vision. However, devalued by scientific knowledge to the detriment of popular knowledge of African origin, then giving invisibility to its contribution in the field of health.¹

In the nineteenth century, through medical schools (*Bahia* and *Rio de Janeiro*), medical graduates dominated the medical sciences from Europe, through the theses of psychic degeneration, hygiene and eugenics, in order to hierarchize the human species, when blacks were said to

be of inferior race, and also for enabling control in the workplace and on the streets.²

The sense of devaluation must be understood because of the size and lack of concern for the biological reproduction of blacks, with Brazil being the largest importer of slaves in the Americas. A study³ estimated in almost 10 million blacks captured and brought into the new world, between the fifteenth and nineteenth centuries. They were part of diverse nations of distinct cultures and, consequently, as diverse languages.

In this diaspora, Brazil was a depositary nation of the inheritance of enslaved African people who composed one of the largest contingents, who came to Rio de Janeiro and brought with them religious culture, food and the practices of taking care of themselves.⁴ Among them, we can name the following as the principal: blacks from Guinea and Sudan, North of the Equator, Congo and Angola, in Central and Southwest Africa, from the Mozambican region, on the Eastern coast. Of the first two came the afantis, axantis, jejes, peuls, hauçás (Muslims, called malês in Bahia) and the nagôs or iorubás. The latter had influence on politics, culture and religion in the Sudanese area. They were of Bantu culture, so the Negroes came from the Congo and Angola - the cabindas, caçanjes, muxicongos, monjolos, rebolos, as well as those from Mozambique.⁵ In order to do so, we present quantitative synthesis in the table below.

Table 1 - Sampling of records of the black peoplecoming from the African continent to Brazil, especiallyRio de Janeiro (1795 - 1849)

AFRICAN	BRAZIL				RIO DE JANEIRO		
REGIONS							
	1795-	1817-	1821-	1825	1830	1832	1833-1849
	1811	1843	1822	-	. .		
				1830	1852		
OCCIDENTAL	1.2	0.8			1.5	6.59	6.34
AFRICA							
AFRICAN	96.2	71.1	72.93	73.1	79.7	66.59	68.3
MIDWEST							
NORTH CONGO	0.6	25.4	23.17	28.1	32.2	26.37	30.4
ANGOLA	95.6	45.7	49.76	45.0	45.9	38.68	36.37
UNKNOWN,	-	-			1.6	1.54	1.56
UNCERTAIN							
OCCIDENTAL	2.3	24.5	26.31	26.8	17.9	26.37	16.83
AFRICA				6			
UNKNOWN	0.4	3.7	0.76		0.9	0.44	8.53

Source: Adaptado⁶

As can be seen from Table 1, the African Midwest was considered to be the largest supplier of imported slaves in the first half of the nineteenth century, followed by East Africa. This source of slaves grew from 1815 onwards, in view of the improvements in the ships, which were faster and as the British pressure for the end of the slave trade in West Africa increased.⁶

Furthermore, Mozambique has emerged as one of the main ports of the slave trade. In 1830, the nation of Mozambique became one of the largest suppliers of slaves to Rio de Janeiro. West Africa accounted for less than 7 percent of African slaves.⁶

In summary, these data show the quantity of the black population coming from the African continent and the prominent regions. Likewise, the table shows the number of blacks coming to *Rio de Janeiro*, which leads to an increase in population on land with the presence of the Royal Family that served as labor, but also, insertion of the culture in its various aspects, that we will give relief to the care with the body as a sign of enculturation.

It should be noted that in the nineteenth century there were twelve trained physicians in Brazil, which led the population to resort to popular knowledge through the mixture of beliefs, superstitions and knowledge passed down from generation to generation. Thus, considering the number of blacks present in the country, the African matrix was inserted in the cultural practice of caring for the population, which in the course of time competed with medical knowledge. Cultural practices, especially in rural areas, were healers, prayers, and midwives who met the demands of caring for and treating those in need in the nineteenth century.⁷

Even with the progressive affirmation of medicine, cultural practices of care were not without cultural importance, since they continued to be used, not only for those who did not have the financial conditions to pay for medical consultations, but for the distrust of maintaining life and reduction of suffering.⁸

The Afro-Brazilian culture was thus formed by miscegenation with other matrices, in particular, Lusitanian and indigenous in the formation of the Brazilian people. Even so, the black cultural resistance that shaped its structure significantly demarcated Brazilian culture. This implied in caring practices absorbed in the habits and customs of the population coming from the African continent and consolidated in Brazil.^{8,9}

We emphasize that among the practices of care, religiosity in some moments served as a cultural base in the formation of the culture known as Afro-Brazilian by the adaptation suffered in Brazilian lands. At various times it served as a welcome, a new meaning for life, care and healing in order to restore health through the specific spaces known as small Africa - the houses of the saint.

Through the introduction, we delimit in the care practices of the black barber-bleeder, based on the indications pointed out in the work, entitled "Historia Geral da Medicina Brasileira" (Brazilian Medicine General History) in the sense of: how were they performed?¹

The justification of the present study is based on a practice of care on a cultural basis, but in what we had

the opportunity to see, at first by the curiosity of the marks in the body of the American narrator, at the 2016 Olympics, Michael Phelps. The rounded marks on his back aroused interest in the media, when the technique of Chinese origin was conveyed.

The fact contributed to the motivation for the construction of the study, in particular, through the result of the discussion reached, when the technique was taught for nurse training and in current times, the media present as an activity performed by physiotherapy professionals.

By thinking of this perspective is to invest in the historical approach to understand the path of care and with it critical reflections of what we do and what we do, when the old for some is "new" for others.

In order to do so, this study aims to analytically describe the popular care practices carried out by black barber-bleeders in the diaspora of Imperial Brazil and to comment on African practices as elements for the construction of knowledge in the field of nursing.

METHODS

It is a research in the approach of cultural history, with emphasis in the domain of the history of the black towns. The choice for the historical source of the work entitled "Historia Geral da Medicina Brasileira" (Brazilian Medicine General History)¹ is due to the fact that it presents in its content aspects of the care practices practiced by the black barber-bleeder.

The indications of the cultural care practice of the black barber-bleeder pointed out in the study introduction were articulated the iconographies of Jean-Baptiste Debret, when he was in Rio de Janeiro and recorded in aquarelles various aspects of daily life, among them, the practices of care performed by the black people.

In this perspective, we triangulate the historical sources by the clues, the iconographies and the literature of adhesion, by means of the historiographical operation for the construction of the narrative of the care of the black barber-bleeder.¹⁰

The triangulation resulted in the advancement of time, in the second decade of the twentieth century, when the legacy left by the black culture in nursing was identified, in the understanding that the historical time delimited, it is a goal and not a trapping of temporality, since the past Is organized in a static way, but by the movement of its folds and redoubled. This was what enabled the identification of the African legacy presented in the result of the proposed narrative.

RESULTS

Lycurgo Santos Filho was born on June 10th, 1910, a Brazilian physician and medical historian. He was considered the greatest specialist in Brazilian medical history and was one of the founders and honorary president of the Brazilian Society of Medical History (1997). He graduated in medicine in 1934, in the now denominated Faculty of Medicine at Universidade Federal do Rio de Janeiro. He specialized in the history of Brazilian medicine, having published since 1940, on this and other topics. Lycurgo Santos Filho died on September 23th, 1998 and became one of the most renowned historians of Brazilian medicine, which ratifies the option of the historical source for the work entitled "Historia Geral da Medicina Brasileira" (Brazilian Medicine General History), which remained the most well documented exhibition of the Medicine in Brazil, from the sixteenth to the twentieth centuries.¹¹

In the delimitation of the cultural practice of care, we find in the work under consideration the subtitle "Black Medicine", with indications of the care practiced by the Africans in the nineteenth century, and especially the black-blooded barber who, for the less favored population, were considered the surgeons of the people, who played the role of bleeding, with another understanding by medicine.

In other words, the conception of disease and healing had no separation of tasks and understanding between internal and external illnesses to the body, as the Physicians National Academy stated should be done. As a result, these bleeders were often not only able to bleed and twist, but to diagnose, intervene, and prescribe conducts of ingestion of various substances, which was in accordance with the Portuguese medical principles.

These black-barber-healer practices were recorded on the watercolors - paint obtained in water-diluted colors by the French painter Jean-Baptiste Debret.^{12,13}

Debret arrived in Brazil on March 26th, 1816, integrating the French Artistic Mission that founded in Rio de Janeiro the Academy of Arts and Crafts, considered one of the main narrators of daily life. His works are evaluated as one of the most important records of the experience of blacks during the Court's stay in the tropics.¹⁴

Moreover, he was member of a family of painters and his life was marked by successes in the European salons with historical paintings of neoclassical nature, products of orders that received from the Napoleonic government for celebratory works.¹⁴

Among the watercolors painted by Debret, exposed and published in the book "Travels to the South of Brazil"¹⁴ three records allow us to consider the practices of caring, as actions performed by blacks in the figure of the barber-bleeder, that from this moment, texts and iconography were articulated for the production of historical narrative.¹⁴

The barber-bleeder was an individual who, in addition to cutting hair and shaving. They practiced interventional care in the body, such as: scarification, application of suction cups and leeches, clysters, lancing of abscesses, dressings and extraction of teeth, which sometimes produced bleeding, what denominated them barber-bleeder or simply bleeder.¹ The practice of this practice was made official by means of a "letter of examination", which was an examination carried out under the supervision of surgeons, since the legislation of the time prohibited the non-habits to be performed in that practice.¹

However, many of them, mostly black and descendants, were laymen and did not have the proper authorization. Even so, they exercised the care practices directed to the less favored population, at the margin of society, but they competed with the legalized service bibs.¹

The first legalized barbers in Brazil were known as barber surgeons (Portuguese and Castilian, Christian-New or Middle-Christian) from the sixteenth and seventeenth centuries. From the mid-seventeenth century onwards, blacks and mestizos began to take care of certain practices known to medicine, such as small surgery, such as bleeding, twirling, lancing, twirling and suctioning, and extracting teeth. In addition to cutting hair and shaving men.¹

Black barbers, as slaves, worked for their masters, giving them their income, and the freedmen often possessed slave apprentices to practice the office at home, in the shop, and on the street, when the needy were of poor financial condition.

The instruments used in the practice of black-barber care included razors, combs, scissors, lancets, suction cups, soap, stones, basins, copper basins, scalpels, torqueses and leeches. Among the practices performed, we highlight two by the emphasis found1, namely: application of leeches or suction cups and bleeding.

In summary, the bugs or leeches - a hematophagous, red blooded worm with two suction cups - were preserved in glass with water and not fed (with sugar or milk) to provide the desired effect of sucking blood when they were applied to the sugar-laden skin.¹

In the nineteenth century in Brazil, there was no one more appropriate to perform the activities of twisting, bleeding, and applying leeches and suckers than slaves and liners. As the medical corporation organized itself throughout the first half of the nineteenth century, bloodletting became a delicate and complex operation for the practice of bleeding barbers - slaves and liners.²

In Figure 1 we have as one of the practices of care the application of suction cups, reproduced in an iconographic work,¹³ being a common practice originated from the legacy of Portuguese colonial slave structure, when the black, probably freed, developed his office in the search of the cure of the patients, using bleeding, via suction cups, in the quest to restore body balance.

For African people, the evils of the body were the result of spirits or sorceries, which caused the imbalance between body and soul, and blood being the transmitter of disease and bleeding was to return the balance to the body, eliminating the evil.³ Figure 1-Black surgeon putting suction cups.



Source: 14.

In Figure 1 it is possible to see a black man standing, practicing the work of barber-bleeder. He applies suction cups to the left parietal region of the black man sitting on the floor. The barber-bleeder, with his head partly covered, which may be a beret or a kind of African torso, bears a vest on his chest and crosses a bag and has what appears to be a possible apron. He wears pants that are tucked up to the ankle and is barefoot.

The man sitting on the profiled floor, shirtless, is wearing light-colored pants and is barefoot. At the bottom of the screen, a black man is identified, lying on the ground with his bare back and four suction cups on it. His hands are pulled together and stretched out, and he has his head down, he wears a belt-like prop and light-colored pants.

There is also another black man at the bottom of the screen, sitting on the floor, with two suction cups in the right and left parietal region. He has eyes closed, clothe on chest reddish, pants light and barefoot.

Another black man, to the left of the watercolor, sits on the floor, covered from head to knee by light cloth with a suction cup on his right ankle.

The painting has buildings, such as landscape attributes, and contains a door, where hats are hung, inside it are two black children. In addition, in the edification, it has a man with his whole face covered, leaving only his eyes apparent, this one is in a window observing the practice of the barber.

The practice of bleeding at the same time as it was considered by medicine as a delicate operation was also a practice of indigenous culture, as well as suckers, including the Bantu culture.⁴ This implied, in the medical view of combating But the political authorities of the time were more concerned with the aspects of the streets of drinking houses.¹²

Bleeding was a follow-up to the art of surgery, which in turn was a manual activity and which dealt directly with blood, which was soon devalued in relation to medicine, since it was understood as a liberal art that exiled the doctor from touching the sick, but to check the pulse.⁴

Figure 2, walking barber people, depicts an urban scene, which combines the encounter of people, the street trade and the arrival of ships in the port of *Rio de Janeiro* when

reporting the denomination of the Court, as a place of constant negotiations with the old world and interrupted flow of values and people.¹⁵

The aquarelle evidence black barbers, caring for others of the same ethnicity. It is possible to visualize the care, as an activity applied to the residents of that place. In the practice of the barber surgeon. This was forbidden to administer medications and treat internal body ailments, except where there were no doctors. However, this prohibition was valid for the largest cities, where the few physicians existing in Portuguese America were concentrated, since in the rest of the territory there were practically no doctors, where the population used the barbers' practices.

Figure 2 - Walking barbers



Source: $^{\rm 14}$.

In Figure 2, one can identify two blacks standing barefoot, wearing light clothes, the black one on the right is wearing a "hat". One of them presents the attribute of head, being possible to identify a feather or related accessory, he cuts the hair of another black, with the aid of a basin. Gesture suggests attitude beyond aesthetics, i.e., hygiene in reducing infestation of lice and other parasites. The black on the left on the painting has his robes stained by what appears to be blood, he sports a hat. As one can identify both exercise the craft of the barber in an open place, which appears to be situated near a port.

There are two blacks on the floor, the one on the right with his hair being cut, he has a bag hanging from his lap, he is like a striped print trousers, a shirt tied around his waist, rings in his ear. The black on the left of the screen is sitting on what appears to be a stop. He has a beard to do.

The blacks depicted in the watercolor, in short, show colorful, ornate costumes that we believe have social and cultural codes, but the present investigation did not compromise on decoding.

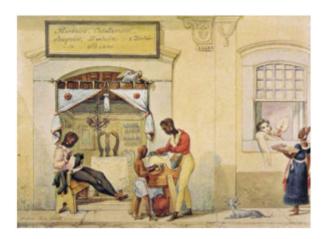
In the background one can see covered ships, a black woman with a basin on her head doing trade with another black man, court guards and white men by the evidence of common-sense dress. In addition, there is a walking barber, who attends slaves and beggars in the middle of the street. He is provided with a bundle or small chest, possibly, packing indispensable utensils such as razor, comb, scissors, lancet, suction cup, soap and basin.

The iconographies evidenced were retractions in public environments, from now on the scene will evidence more structured environment, the store. Figure 3, identified as Barber Shop, supposedly painted years before, in 1821. It portrays caretakers, in the city of Rio de Janeiro, in directly opposite situations.

In Figure 3, the painter broadens the considerations about the organization and division of health services for the poor and rich, as it presents a public, commercial establishment, designed for the care of sick people.

The establishment depicted shows a clean, organized place, fitted with cutting tools and utensils used in the preparation of various substances when intervening in the body.

Figure 3- Boutique of barbier.



Source: ¹⁴.

In Figure 3, in the right corner, it portrays a black woman doing commerce. She wears a blue-tongued dress, has a headstock, which appears to be a turban and is barefoot.

In the figure there is a background building, when you can identify a white woman in the window with a fan in the hands and with the countenance of tired, looking at what the black woman is commercializing.

At the top of the screen is a sign of the establishment with the words: "Barber, hairdresser, bleeder, dentist, and barberbleeder practice", in the door is adorned with curtains in blue tone and a bird in the support of the curtains.

Outside the establishment, there are two blacks. To his right, he cleans and sharpens the utensils, wipes a cloth covering his chest and light-colored pants, being aided by a black child wearing only short-legged trousers, both barefoot. The black man on the left of the painting is seated on a wooden bench and appears to be cleaning up utensils on the premises, wearing a cloth covering his chest in a light tone and dark pants.

Inside the shop there is a chandelier in the center, mirror on the wall, lamp, utensils on the wall and a table in the center. At the bottom of the screen, there is a dog, noticing what the blacks do.

In summary, the painting portrayed habits and customs of the time, with peculiar characteristics, but the emphasis is on the practice of barbers. This implies that the craft did not only occur in a sparse structure, but in a structured space.

Until the early days of the empire, the black barber-bleeder ran concurrently with pharmacies in the drug trade. They sold medicines, applied, leased or sold leeches and had drug manipulation, through what was understood as recipes at the time.¹⁶

DISCUSSION

Based on the practices of the barber-bleeder based on historical sources, the care provided in accomplishing the first objective was described analytically. For the present moment, the articulation with the care was sought, which resulted in records for the training of nurses at the end of the twentieth century to be discussed.

In the search for literature for the aforementioned articulation with nursing, the folds and redoubled time, in Brazilian literature, so far, only in the twentieth century was it possible to find a record of this practice. This does not imply that in international literature, location is not possible, but the proposal for the construction of this narrative is in Brazil, when it was possible to locate a work dating from 1920,¹⁶ with nurse activity, the practice of bleeding and application of suckers.

They were indicated for fevers, colds, headaches, chest affection and many other diseases and symptoms. It is noteworthy that she was considered, as capable of doing more miracles in medicine than any other remedy, in seventeenth century at Paris.¹⁸

Medical practices in former times were performed by the barber surgeon. The description of them signals some signs that come from hot cause, namely: fever, red eyes, dry tongue and color of the red urn. In this way, these signs, or most of them, were softened by bleeding. From what has been stated, we see that if bleeding had not been so abusively done in the past, it would be unlikely that blood transfusions would reach the current level.¹⁸

Although the practices of sangria were described in a work written by a physician, it was evidenced based on the bibliographical reports that the black barber-bleeder performed them.

The suction cup technique, described in 1920, consisted of a glass bell, 4 to 5 cm in diameter. It was closed or opened by a certain lateral tubular orifice. In this model, the vacuum of the suction cup, before being compressed onto the skin, is achieved by aspirating a rubber attached to the side tube. Another way was to put some cotton or alcohol, ignite and apply to the suction cup. The effect was the pressure exerted on the skin, as the aspiration of the tissues occurred and the atmospheric pressure fixed it.¹⁷ This implies that the care taken on the streets by the black barber-bleeder, over the years, has become a practice performed by nurses in health institutions, as one of the legacies derived from the participation of black culture.

According to the evidence articulated and triangulated by historical sources, they were revealed as one of the Afro-descendant cultural legacies, in the scope of care. The watercolors not only emphasized blacks in caring and healing practices, but they pointed to the fabrication of networks of complex and differentiated sociability, translated by anthropology of care, through culture, as one of the ways of caring before the emergence of schools and of professionalization in the field of health, and especially in the nursing field.¹⁵

CONCLUSIONS

The study was descriptive in the participation of blacks in the cultural life during the stay of the Court of Brazil. He showed that in times gone by there was a clash between popular and scientific knowledge. However, we cannot ignore the fact that popular knowledge was present in the practice of nursing care. This is explained by the register for teaching nursing in 1920.

By thinking of this evidence is to point to other indications for the practices performed by nursing, at least in the first decades of the twentieth century and that in present times others can be performed, sometimes referred to as an act of humanization, such as the practice of giving birth of squatting, known as vertical delivery or even the use of some substances in wound healing. We believe, from this perspective of cultural evidence, what kinds of approaches to study with this or similar can bring new versions and interpretations of the history of the profession, with advancement to care.

Finally, we cannot deny the gaps left in the construction of the narrative, such as the decoding of the black people clothing, among others, but we must consider that the interest in this type of narrative about the trajectory of care was still relatively new. On the other hand, it directs the look through metaphor, the tip of an iceberg that deserves intellectual investment. Nonetheless, we leave here our contribution and the motivation for the construction of other studies.

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