

reseña, miembro del Grupo de Investigación de Historia de la Ciencia de la Universidad de Granada, aportó una comunicación acerca de la organización de los servicios antivenéreos en la España del primer tercio del siglo XX y la infrautilización de dispensarios por parte de la población como consecuencia de las imágenes sociales asociadas a estas enfermedades. Finalmente, la comunicación de Bertrand Taithe, del Departamento de Historia de la Universidad de Huddersfield (Reino Unido) ahondó, a través del debate sobre la sífilis, en las razones que hicieron inaceptable una teoría médica en el contexto político de la Francia del Segundo Imperio.

En general, y a tenor de lo que llevamos dicho, podemos ver que se alcanzó el objetivo de los organizadores de generar un debate interdisciplinar en torno a la historia de las enfermedades de transmisión sexual. Aportaciones desde diferentes disciplinas (sociología, historia, antropología, historia de la medicina, demografía histórica) y desde diferentes ámbitos geográficos y étnicos propiciaron un encuentro estimulante y fructífero.

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CONFERENCE ON «HEALTH CARE AND POOR RELIEF IN COUNTER-REFORMATION EUROPE, 1540-1700» (Barcelona, 27 to 29 June 1996)

The *Conference on Health Care and Poor Relief in Counter-Reformation Europe* took place in June 1996 at the *Institut d'Estudis Catalans*, Barcelona, by courtesy of the *Societat Catalana d'Història de la Ciència i de la Tècnica*. The organizers of the Conference, the Cambridge Wellcome Unit for the History of Medicine and the History of Science Department at the CSIC (Barcelona), invited a select group of international speakers. The Conference was sponsored by the Wellcome Trust, the DGICYT (Spanish Ministry of Education and Culture) and the CSIC.

PROGRAM

GENERAL INTRODUCTION:

1. The social and economic context of welfare provision in Counter-Reformation Europe: *Jonathan Israel* (London Univ.)
2. The Counter-Reformation, medical care and poor relief: *Brian Pullan* (Manchester Univ.)

SPAIN AND PORTUGAL:

3. Crown of Castile and welfare provision: *Jon Arrizabalaga* (CSIC, Barcelona)
4. Crown of Aragon and welfare provision: *M^a Luz López Terrada* (CSIC - Valencia Univ.)
5. Welfare provision in Portugal: *Isabel Mendes Drummond Braga* (Lisbon Univ.)

FRANCE:

6. Welfare provision in northern France (Paris): *Colin Jones* (Warwick Univ.)
7. Welfare provision in southern France: *Martin Dinges* (Stuttgart Univ.)

GERMANY:

8. Health care and poor relief in German towns: *Annemarie Kinzelbach* (Heidelberg Univ.)
9. Welfare provision in Catholic Germany: *Bernd Roeck* (Augsburg Univ.)

ITALY:

10. Welfare provision in Venice: *Richard Palmer* (Lambeth Palace Library, London)
11. Welfare provision in Rome: *Silvia de Renzi* (Cambridge Wellcome Unit)
12. Welfare provision in Tuscany: *John Henderson* (Cambridge Wellcome Unit)
13. Welfare provision in Naples: *David Gentilcore* (Leicester Univ.).

Each speaker gave an interesting paper about the principal results of their research on poor relief and health care in Counter-Reformation Europe. It will be of no surprise that the contents and conclusions were very diverse. The Christian ethics praise poverty as a virtue but this does not necessarily imply that the poor have always and everywhere been taken care of. Poor relief was liable to be pushed aside when disapproval and fear became more prominent. Throughout the Modern Age poverty was increasingly considered to be a factor of social destabilization and a source of delinquency.

The aim of the conference was to find out to what extent the Counter-Reformation in Europe had an influence on charity and on the general opinion about the poor and the ill. One has a tendency to think that the Counter-Reformation had positive repercussions, because the giving of alms was an inherent part of the Catholic belief in salvation. However, the speakers came to different conclusions, which caused interesting discussions among them. Obviously, the geographical demarcation of each investigation field would show to be the main reason for this diversity in the final conclusions. As the Counter-Reformation did not quite manifest itself to the same extent in every part of Europe, different initiatives were established in different cities.

In order to put forward a general starting point, two covering lectures were held by Jonathan Israel and Brian Pullan. Israel gave a clear introduction on the social and economic context of welfare provision in Counter-Reformation Europe. He emphasized the shifting of power from the South to the North in the turbulent sixteenth and seventeenth centuries. It is generally known that Italy and Spain had been completely marginalized by the end of the seventeenth century. However, this does not mean that both regions lost all their significance. In spite of the fact that in the South, the budgets for art and periodical publishing went down as a consequence of the social and economic recession, there were certainly no signs of intellectual isolation. In Italy international discussions were still being held. In Spain the influence of Enlightenment and the philosophies of the North manifested themselves somewhat later. This general discourse by Israel on the social-economic climate proved to be an essential introduction to the conference. All speakers agreed on the fact that health care and poor relief must not be reduced to merely religious motives.

Brian Pullan is an authority in the field of poor relief and health care throughout the Modern Age. His point of view was clear from the beginning: the Counter-Reformation was not only a reaction against Protestantism; the movement also fought against ignorance, blasphemia and immoral behaviour. Poor relief became «a conquest of souls», partly inspired by the fear of diseases and epidemics. Charity became the ultimate means for the conversion of the poor, a statement which would be both confirmed and contradicted by the other guest speakers, depending on the geographical region they had studied.

Jon Arrizabalaga synthesized what is known about welfare provision in early modern Castile. He analyzed a series of features concerning poverty as a social problem (poor laws, court provisions) as well as the institutional responses (hospitals, *Casas de Misericordia*, shelters) to it. All these developments, which he framed in the process of the rising of a modern, centralized state in Castile, had been preceded and, to some extent, fuelled by the intellectual dispute on the measures against poverty that took place in the mid sixteenth century between the Dominican friar Domingo de Soto and the Benedictine Juan de Robles. After the Council of Trent and in the context of a dramatical increase of poverty in Castile there were not only new proposals for poor relief like the *Memorial* by the canon Miguel Giginta (1576) and the «general reform» (*reforma* *general*) by the Salamanca physician Cristóbal Pérez de Herrera (1598), but also new practical developments like the consolidation of the old hospitals into new greater ones (which in Castile only began in the late 1580s), and the setting of new institutions for poor relief like the «Houses of Mercy» (*Casas de Misericordia*) from the 1580s, and the shelters (*albergues*) for beggars from the late

1590s. All these features, in the establishment of which tensions between centrifugal and centripetal forces were tangible, provided us with information about the policies of poor relief in the strongest political and military power in contemporary Europe.

M^a Luz López Terrada came to the conclusion that Protestants and Catholics had totally different ideas about health care and poor relief, but the result of their efforts was generally the same. Poverty increased because of the economical crisis, but new initiatives failed to appear at the beginning of the recession. In her study, López Terrada made a distinction between hospitals for the ill and hospitals for the poor. The rather early process of hospital consolidation, carried out by the municipal authorities at the Aragon Crown, instigated the development of big general hospitals (*Hospitales Generales*) in cities like Barcelona (1401), Zaragoza (1425) and Valencia (1512). The richness of the surviving historical sources allows us to study these institutions thoroughly from very different points of view: financial structure and management; relationship with urban *élites*, Church and monarchy; staff; organization of the assistance; relationship with other less medicalized poor relief institutions like *Casas de Misericordia*, shelters, orphanages, and so on.

Isabel Mendes Drummond Braga started with the foundation in 1498 of the *Misericordia* in Lisbon. The Portuguese imperial expansion took this institution to Africa, Asia and America as a model of brotherhood (*hermandad*) which was based upon such traditional concepts like devotion, charity and mutual help. Focusing on the policies of taking in foundlings and orphans she stressed the importance of the relationship between the *Misericordias* and the municipalities traditionally in charge of these duties. From a strictly religious perspective she also emphasized that the presence in Portugal (like in other Iberian kingdoms) of people with Muslim or Jewish origins, made the Christian majority develop peculiar strategies of «conversion» and «redemption» for the members of these minorities who were taken in institutions for poor relief.

Colin Jones found that charity and poor relief in Northern France were mainly organized by the authorities. He calls it «a tendency to secularization on a local level». In the cities political oligarchies took over the tasks of the church. In the parishes, charity was concentrated as an activity of the confraternities; especially the Company of the Holy Sacrament had an exceptional influence on charity in Paris. This dynamic local strategy turned out to be quite favourable to charity. Moreover, the local authorities were supported by the State which showed special interest in the increasing devoutness. According to Colin Jones the enormous changes in charity behaviour which occurred at the end of the seventeenth century and were directed by the authorities, seem to have been

crucial. He noticed a certain amount of influence which the Council of Trent had on charity behaviour towards the ill and poor, but on both Catholic and Protestant side charity was practised. They both tried to draw the poor to their own camp. By the end of the sixteenth century, the Protestant community in the north of France had become too strong to be denied any longer. The struggle between Protestants and Catholics was positive and stimulated charity, but it was also negative, for it created a very weak political basis which would not be able to withstand times of crisis, hunger and plague.

Martin Dinges also focused on the competition between Protestants and Catholics. Apart from that, he stressed the spiritual character of health care and the influence of the Counter-Reformation on poor relief. These three points were approached from four angles: self-help activities, institutions, parish assistance, and penetration of the Counter-Reformation in public wills. Self-help—which author defines as support from family members, guilds, friends and neighbours—was the most important kind of poor relief throughout the studied period. In other words, as self-help was quite a constant phenomenon in this period, Counter-Reformation must have played a very minor role in it. Not quite the same can be said of the institutional poor relief: charity on the part of authorities remained scarce. It was the higher magistrature that took important measures of centralization in the sixteenth century. This centralization was carried out partly because of religious reasons, but it was mainly a political power impulsion. The poor were put to work. The spiritual character of health care became evident in the practice of daily masses and the numerous images of saints in the institutions. Parish help was particularly practised by magistrates' wives and became a prestigious activity in the seventeenth century. In general, Dinges demonstrated that in the sixteenth century there was less income from charity than in the seventeenth century; the difference was that in former almost everyone gave to the poor in general, and in the latter only the upper class gave to hospitals. Conclusion: the Counter-Reformation set off a social movement of institutional charity which had more influence on the countryside than in the cities. The link between a rational administration of charity and a clear definition of the responsibilities of both donor and receiver, resulted in an efficient health care and poor relief system. However, on the Catholic majority and their poor relief politics, these achievements did not have a long lasting influence.

Annemarie Kinzelbach concluded that in Germany it was very difficult to discover what kind of repercussions Counter-Reformation had on charity. Germany consisted of both Protestant and Catholic realms, which means that additional social economic and political factors should be taken into consideration. In the

records about poor relief, the changes in charity behaviour are explicitly attributed to economical circumstances. People were admitted to the institution if they practised a profession which could be useful for the activities in the institution. Like Dinges, Kinzelbach came to the conclusion that in the seventeenth century the amounts of money in charity gifts increased, more than the number of gifts.

Bernd Roeck investigated on welfare provision in Catholic Germany. He detected the influence of Counter-Reformation chiefly in the language of charity action. Fraternities («love of Christ in caring for the poor») practised a new kind of charity. They showed their interest in hospitals, not only as poor relief institutions, but also because of teaching and moralizing. In Germany centralization of welfare in Catholic areas is the most important feature in contrast with the Protestant ones. The hospital buildings at Munich or Würzburg in the 1580s and 1590s are the most tangible evidence in this respect. Yet, the German mosaic was characterized by a very variable casuistry, which makes any generalisation difficult because of the absence of any process of modern state construction, and of the constant reorganisation of the territory due to the religious wars.

Richard Palmer dealt with welfare provision in all the dominions of the *Serenissima*, with particular attention to what is known about the cases of Venice, Padua, Udine, Treviso, Brescia and Bergamo. Palmer briefly revised the legislative and social policies of the Venice Republic on poor relief and on public health in order to give an answer to the Conference's key question, namely how the Council of Trent affected the strategies of poor relief and of health care provision. He chose an outstanding case study, the Venice *Ospedale degli Incurabili*, a vanguard institution for the assistance of sick poor, mostly for those afflicted with the *mal francese*. Palmer noted two significant changes, namely a moralization (individual beds; raising of walls to separate different groups of people —children, prostitutes, women, men), and a desecularization (construction of altars, chapels, and so on) of the hospital space.

When studying Catholic Europe, the exploration of its «heart» is particularly interesting. The paper by Silvia de Renzi dealt with Rome by focusing on the case study of the *Ospedale del Santo Spirito* in the seventeenth century. With the rich historical documentation of this institution De Renzi described its administrative, financial, assistencial and teaching aspects, and showed they were all under control of the Roman social *élite* (administrators of the hospital and of the bank created around it, the system of gifts and alms, the interests of cardinals and aristocrats pursuing an attractive political career), under the strict ideological and religious supervision of the Holy See, in this case representative

of the highest power, both spiritually and politically. These guidelines had an impact not only on the moralization of hospital life, but also on the organization of the health care provision system and of the economical aspects. Hospital finances, for example, were reorganized via the *Banco di Santo Spirito*, and gifts and alms were channelled through this financial institution.

John Henderson did research on the influence of Counter-Reformation in northern Italy. According to Henderson, the Counter-Reformation lay at the basis of fundamental changes, offering a number of new paradigmas for the practice of charity. He calls the Catholic attitude towards the poor «dual»; on one hand we see the existence of health care, and on the other hand there was Christian charity. The latter had a more «moral» character: educating poor children, saving prostitutes from the streets, etc. However, after the Council of Trent a distinction was made between the «good» and the «bad» poor. Attitudes towards epidemical poverty changed a great deal: from the fifteenth century on, the idea of epidemical poverty being the poor's own fault became widespread and the poor, who were the most vulnerable victims of epidemics, were regarded as their cause. Therefore, the poor relief institutions often had a strong and solid moral basis. The reorganization of charity in Italy came not only from the church; government also pleaded for a more efficient control of welfare provision. Education became the most important issue in the poor relief institutions. The authorities also gained control over the administration of charity: poor relief governors had to present their account books every year. Apart from this, Henderson emphasized the application of the ideas of Cosimo, the relation between Cosimo and the church, and the role the Counter-Reformation played in the establishing of his theories. Cosimo realized that a good relationship with the church was necessary if he wanted to carry out his ideas in practice.

David Gentilcore came to the conclusion that in Naples a centralization of poor relief and health care did not take place during the Counter-Reformation period. The development of health boards and poor laws went together with the growing of the hospital as an outstanding political institution. During the sixteenth century this «politization» of the hospital was accompanied by a gradual medicalization. Particularly outstanding among the institutions for welfare provision was the *Casa Santa dell'Annunziata*, which became a symbol of the city and of its strength. Post-Tridentine policies had an extremely great impact in Naples on the promoting of not only reformist initiatives against prostitution along with new foundations for nuns, but also of financial institutions (*monti*) for the administration of charity, which were ruled by the *élites* and the middle social strata. On the other hand, the foundation of fraternities was a result of the increasing importance of the spiritual aid for the sick.

A large number of different conclusions and opinions came up in the results of the guest speakers. This was the starting point for interesting discussions during and after the conference. Almost all Catholic regions of Europe were covered, with some exceptions like the Southern Netherlands (Flanders and Brabant), Ireland, Austria and Poland. The Southern Netherlands, in particular, could have revealed an additional point of view. This region was of peculiar interest in the sixteenth and seventeenth centuries, being at that moment the twilight zone between the Catholic and Protestant world. Especially after 1648, when Flanders remained under Catholic Spain's influence, whereas the United Provinces of the Northern Netherlands became a strong Protestant entity, this region underwent a number of internal changes on a social and political level. Flanders under the Spanish Habsburgs could have played a special role at this conference.

As a result of this Conference the volume *Health care provision and poor relief in southern Counter-Reformation Europe* edited by Ole P. Grell, Andrew Cunningham and Jon Arrizabalaga will be published by Routledge in 1998.

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X CONGRESO NACIONAL DE LA SOCIEDAD ESPAÑOLA DE HISTORIA DE LA MEDICINA: *LA MEDICINA EN EL SIGLO XX* (MÁLAGA, 22-24 DE FEBRERO DE 1996)

En la brillante sátira del escritor David Lodge, *Small World (El mundo es un pañuelo*, Barcelona, Versal, 1989), el autor compara los actuales ciclos de congresos con las peregrinaciones de la cristiandad medieval, salpicadas de placenteros incentivos en el viaje y breves actos expiatorios en forma de presentación de comunicaciones. Sin que podamos dejar de reconocernos en muchas actitudes y avatares de los personajes de Lodge, a cuya obra remito al lector, los historiadores de la medicina españoles contamos con subvenciones bastantes más austeras que espacian en el calendario, en arrítmicas anualidades, nuestras citas.

Seis años y medio han separado los dos últimos congresos nacionales de la Sociedad Española de Historia de la Medicina, si bien entre ellos se celebró en

(*) Flemish-English translation by CILIA WILLEM.