THE HISTORY OF MEDICINE IN CONTEXT

Health Care and Poor Relief in 18th and 19th Century Southern Europe

Edited by
Ole Peter Grell, Andrew Cunningham and Bernd Roeck

Health Care and Poor Relief in 18th and 19th Century Southern Europe

The History of Medicine in Context

Series Editors: Andrew Cunningham and Ole Peter Grell

Department of History and Philosophy of Science
University of Cambridge

Department of History
The Open University

Titles in this series include:

Health Care and Poor Relief in 18th and 19th Century Northern Europe
edited by Ole Peter Grell, Andrew Cunningham and Robert Jütte

'The Battle for Healt': A Political History of the Socialist Medical Association, 1930–51
John Stewart

Medicine and Charity in Georgian Bath: A Social History of the General Infirmary, c. 1739–1830
Anne Borsay

Health Care and Poor Relief in 18th and 19th Century Southern Europe

Edited by

OLE PETER GRELL
ANDREW CUNNINGHAM
and
BERND ROECK

LONDON AND NEW YORK

First published 2005 by Ashgate Publishing

Published 2017 by Routledge
2 Park Square, Milton Park, Abingdon, Oxon OX14 4RN
711 Third Avenue, New York, NY 10017, USA

Routledge is an imprint of the Taylor & Francis Group, an informa business

Copyright © Ole Peter Grell, Andrew Cunningham and Bernd Roeck, 2005

All rights reserved. No part of this book may be reprinted or reproduced or utilised in any form or by any electronic, mechanical, or other means, now known or hereafter invented, including photocopying and recording, or in any information storage or retrieval system, without permission in writing from the publishers.

Notice:
Product or corporate names may be trademarks or registered trademarks, and are used only for identification and explanation without intent to infringe.

British Library Cataloguing-in-Publication Data
Health Care and Poor Relief in 18th and 19th Century Southern Europe. – (The History of Medicine in Context)
1. Medical care – Europe Southern – History – 18th century. 2. Medical care – Europe, Southern – History – 19th century. 3. Public welfare – Europe, Southern – History 18th century. 4. Public welfare – Europe, Southern – History – 19th century. 5. Poor – Medical care – Europe, Southern – History.
I. Grell, Ole Peter. II. Cunningham, Andrew, Dr. III. Roeck, Bernd.
362.1'094'09033

US Library of Congress Cataloging-in-Publication Data
Health Care and Poor Relief in 18th and 19th Century Southern Europe. / edited by Ole Peter Grell, Andrew Cunningham, and Bernd Roeck
p. cm. – (The History of Medicine in Context)
Includes index.
1. Poor – Medical care – Europe, Southern – History – 18th century. 2. Poor – Medical care – Europe, Southern – History – 19th century. 3. Poor – Services for – Europe, Southern – History – 18th century. 4. Poor – Services for – Europe, Southern – History – 19th century. 5. Social medicine – Europe, Southern – History – 18th century. 6. Social medicine – Europe, Southern – History – 19th century. I. Grell, Ole Peter. II. Cunningham, Andrew.
III. Roeck, Bernd. IV. Series.
RA418.5.P6H3867 2005
362.1'086'942094–dc22 2004009037

Typeset in Times Roman by Tamara Hug

ISBN 13: 978-0-7546-5156-7 (hbk)

Contents

List of Contributors vii

Acknowledgements viii

1. Some Closing and Opening Remarks 1
   Andrew Cunningham

2. Health Care and Poor Relief in Southern Europe in the 18th and 19th Centuries 10
   John A. Davis

3. Poor Relief and Health Care in Southern Europe, 1700–1900: The Ideological Context 34
   Nicholas Davidson

4. Demand and Charitable Supply: Poverty and Poor Relief in Austria in the 18th and 19th Centuries 52
   Martin Scheutz

5. Welfare Provision in Castile and Madrid 96
   Pedro Carasa

6. Poor Relief and Health Care in 18th and 19th Century Catalonia and Barcelona 121
   Alfons Zarzoso

7. Poor Relief, Social Control and Health Care in 18th and 19th Century Portugal 142
   Maria Antónia Lopes

8. The Pope, the Beggar, the Sick, and the Brotherhoods: Health Care and Poor Relief in 18th and 19th Century Rome 164
   Martin Papenheim

9. Poor Relief, Enlightenment Medicine and the Protomedicato of Parma, 1748–1820 187
David Gentilcore

10. Poverty, Relief and Hospitals in Naples in the 18th and 19th Centuries 208
Brigitte Marin

11. Medicine for the Poor in 18th and 19th Century Bologna 229
Gianna Pomata

12. Welfare Provision in Piedmont 250
Giovanna Farrell-Vinay

13. A Journey of Body and Soul: The Significance of the Hospitals in Southern, Catholic Europe for John Howard's Views of Health Care and the Creation of the Utopian Hospital 289
Ole Peter Grell

Index 319

List of Contributors

Pedro Carasa, University of Valladolid, Spain

Andrew Cunningham, University of Cambridge, U.K.

Nicholas Davidson, St Edmund's Hall, University of Oxford, U.K.

John A. Davis, University of Connecticut and American Academy in Rome, Italy

Giovanna Farrell-Vinay, Istituto Luigi Sturzo, Italy

David Gentilcore, University of Leicester, U.K.

Ole Peter Grell, The Open University, U.K.

Maria Antónia Lopes, University of Coimbra, Portugal

Brigitte Marin, Ecole Française de Rome

Martin Papenheim, University of Augsburg, Germany

Gianna Pomata, University of Bologna, Italy

Martin Scheutz, University of Vienna, Austria

Alfons Zarzoso, Museu d'Història de la Medicina de Catalunya, Barcelona, Spain

Acknowledgements

Most of the papers in this volume were originally given at a conference on Health Care and Poor Relief in 18th and 19th century Southern Europe organised by Ole Peter Grell of the Department of History, The Open University, Milton Keynes, Andrew Cunningham of the Department of the History and Philosophy of Science, University of Cambridge, and Bernd Roeck of the Department of History, University of Zurich in September 2000. We are grateful to the University of Zurich for having hosted what proved a most inspiring and enjoyable occasion. The organizers are most grateful to the Wellcome Trust, the University of Zurich and the Thyssen Stiftung for their generous funding of this conference. We would also like to thank the Arts Faculty of the Open University for financing the translation of a couple of the chapters in this volume and for covering the cost of some of the illustrations. As will be appreciated, edited volumes move at the speed of the slowest contributor, editor or publisher, so we would also like to thank our contributors for their patience while the book has been slowly taking shape.

CHAPTER ONE

Some Closing and Opening Remarks

Andrew Cunningham

Today on my way to work I was accosted by a beggar, then another and another. This is the year 2003, in a wealthy town in a wealthy country with low unemployment. When I was growing up I never saw a beggar, just the occasional traveller or 'man of the road', and if they begged from people then they did so unobtrusively and non-aggressively. It appears in fact as though, over the last thousand years or more, western Europe has been free of beggars only for a few decades, from about 1950 to about 1980, maybe an even shorter period. Now they are everywhere again, in the towns and cities of rich countries as well as poor, though not in such great numbers as our predecessors knew. Our personal and social responses to beggars today are replaying some of the arguments and discussions of people in every early modern Christian society where beggary was a universal fact of life, though today we discuss the issues largely without the Christian dimension any longer.

What were Christian people supposed to think about beggars and the sick poor? Were they a blessing – representatives of Christ, opportunities to practise the Christian virtue of charity? Or were they a curse, an indication that proper Christian values were not observed throughout society? What was one supposed to do to and for them? Give them personal charity: from one Christian to another? Give them disciplined charity: from one church, city, state agency to each poor person, on condition? Dissuade the beggars from their way of life by training them in the joys of employment? Punish them for challenging the ethic of work? Whose responsibility were they? What was the cause of their beggary and

poverty? Was it personal failing on their parts – a moral weakness – simply a refusal to work? Was the apparent solution – the giving of charity – actually the cause of continued poverty, by locking the poor into a vicious circle of dependency?

This is for myself and Ole Peter Grell a moment of closure, since this is the fourth and last in a series of volumes dealing with health care and poor relief in early modern Europe that we have edited. When we started the series of conferences on which these volumes are based, our own central concern was with the *medical care* given to the poor in early modern Europe: what kind of medical care did they receive and under what conditions? Of course in early modern Europe there were no state schemes offering universal health care for the poor, or indeed for the rich. Such schemes were begun only at the very end of the 19th and the beginning of the 20th centuries. Before that period the rich had had to cater for themselves by hiring the services of physicians or surgeons as they needed them. The poor, by contrast, certainly did receive certain kinds of provision in times of sickness, but the medical assistance that they received was always linked to their poverty: they received medical assistance *by virtue of* their poverty. So we knew that it would be necessary for us and our contributors to look at both poor relief and health care as intimately linked issues. And poor relief was itself also linked to a myriad of other issues, all of which have subsequently been unlinked in modern societies, issues such as bastardy, the care and education of orphans, dowries for poor girls, the care of the insane, workhouses, rescuing women from prostitution, and care of the old who had no relatives to support them.

Our second concern throughout this series has been to try to produce a *comparative* view of the state of, and developments in, health care and poor relief across the whole of western Europe. Our own experience had shown us that if one takes only one country as one's focus for such questions, then one can end up trying to find local, particular, explanations for phenomena which in fact were common across many of the states of early modern Europe at the same time. Looking in this comparative way, it soon became clear to us that local, national, experiences of changes in health care and poor relief were actually only local variants on cross-European experiences. To limit oneself to giving an explanation in local, national, terms, meant ignoring the larger pressures and causes of change which were affecting states across great areas of Europe at a time. With the current tendency amongst historians to work within nationalistic boundaries, it is no surprise that there has not hitherto been any volume which synthesizes the health care and poor relief history of western Europe as a whole. But it is most unlikely that one would find a historian with the necessary skills to make such an overview out of all the

separate national stories. So it was obvious to us that we would have to try and find historians within each modern west European state who could produce the appropriate local story for us. It would then be possible for the reader to contrast and compare the separate accounts and create a unified account for him or herself. We hope these volumes have made a start at least in this direction, by getting experts on each particular region or country to face the same set of questions as each other. Our success in finding historians to give coverage to every state in early modern Europe was good, but not always as great as we had hoped, since it seems that health care and poor relief are simply not topics that have yet found their historians in Ireland, Wales or Switzerland (for example) or in most of the regions of modern Spain. However, we believe that the range of case-studies that we have been able to gather in these volumes certainly makes it possible to make Europe-wide generalizations well-supported on a wide range of evidence from different countries.

Our third concern in creating this series was our conviction that from the early 16th century the ways in which health care provisions and poor relief have been conceived and have been changed, owed a great deal to the great confessional change brought about by the Protestant Reformation and by its mirror-image movement (as it were) the Catholic Counter Reformation. In other words we took it as axiomatic that the kind of health care and poor relief offered by the rich for the poor depended on the *ideology* of the givers, and that Protestant givers would have created for themselves a different view of provision for the poor than Catholic givers had traditionally held. Both of us thought that the largely statistical approach to social history that had been the norm since the 1960s, whatever its other virtues may have been, had omitted the ideology of provision for the poor and the intentionality of the historical actors involved. The prevalent view among historians had thus been that the care that had been offered to the poor in different times and places was a simple response to perceived need. We, by contrast, felt that the perception of need is itself a product of ideological positions. We held out our own 'ideological' view to our contributors as a possible route for them to take in their accounts. Some of them did, while others did not, preferring to downplay if not dismiss altogether the role of religious ideology in health care and poor relief. However, we believe our own starting point to have been vindicated if one looks at the contributions in all four volumes as a whole. For there is a most striking north/south difference, running precisely along the fissure between Protestantism in the north and renewed Catholicism in the south. In the north from the Reformation onwards, provision of health care and poor relief, in all its changing ways, came to be seen as the responsibility of the community as a whole, not something to be left to the vagaries of

individual charity. In the south, by contrast, from before and still after the Counter Reformation, personal charitable giving was deemed to be in itself a Christian duty, which was an essential part of true Christian living.

Turning now from my closing remarks to my opening remarks brings us to the themes of the present volume. In addition to the common experience of a renewed and refreshed Catholicity in the wake of Catholic Reform, the southern, Catholic, countries of Europe can all be seen to have been confronted with the same series of large events in this period, which in turn affected the situation of health care and poor relief in each country. First there was the intellectual movement known as the 'Enlightenment' in the course of the 18th century, according to which reason was to be preferred to religion, rationality to superstition, and the true nature of man was to be the basis of all measures to reform and improve society. The effect of the Enlightenment was considerably less in the south of Europe than in the north, but its impact was still significant in changing attitudes and strategies. No sooner had measures been taken to meet (or reject) these new values, than each and every one of these southern countries was invaded by Napoleon, bringing his particular French version of Enlightenment values. Napoleon and his agents sought to remodel all of these states along bureaucratic, centralized, lines. With respect to health care and poor relief this meant in practice removing the Catholic Church from any role in health care and poor relief, 'rationalising' institutions by consolidating small hospitals or confraternities into one, and locking up the poor in Depôts de mendicité or workhouses. After Napoleon's defeat, the restoration of the *status quo ante* everywhere meant that the agents of the Catholic Church returned to take charge of the institutions, to fragment them again after their Napoleonic interlude, and to put a renewed stress on the indispensability of individual charitable giving, under state oversight. Then in 1848 the liberal revolution was experienced throughout southern Europe (except in Turin), and while it was a failure in itself, in its wake were introduced more liberal values – which for health care and poor relief meant a greater stress on the duties and failings of the individual, and the view that poverty was itself a moral failing which required punishment to be rectified.

Together with these experiences affecting health care and poor relief, the southern countries also all experienced repeated extreme famines. These, linked with the effect of early agricultural reform, drove many more poor starving people from the countryside to the towns, putting the institutions which provided for the poor under great strain. As in northern Europe, the initial stages of agricultural reform and industrialization, which in the long term were to provide much improved food supply and wealth, in

the short term both brought with them greater poverty, and affected a wider range of people than hitherto, reducing capable workers to beggars.

Taken all together, these events led to a gradual differentiation of functions of the institutions of poor relief during the course of the 19th century, though with different rates of change in this respect in the different states, in effect laying down the bases for the collectivist state of the early 20th century. But till the end of the 19th century, and in some cases even beyond this date, poverty and its alleviation did not become a purely secular affair in the southern states of Europe. The Catholic Church still jealously guarded charitable institutions from state takeover for as long as it could.

In all that follows, we need to remember that there were literally thousands of institutions dealing with different aspects of poverty in southern Europe in this period, most of them small and concentrating on one issue in one very limited locality, some of them very large indeed and with many purposes, such as the great hospitals for the poor and sick in the great cities which could accommodate hundreds of inmates and patients. Most but not all such institutions were in the towns. They were supported by legacies and donations, and run by a wide variety of organizations, among which the church orders were particularly visible, especially the new nursing orders and orders dedicated to the relief of the poor and sick, whose founding was a special feature of reformed Catholicism.

Although putting the poor to work – and thus making them self-supporting – always seemed like an excellent answer to indigence and begging, nowhere in Europe did it ever succeed in the long term, partly because it was at times of economic depression that indigence was at its height, partly because it was not acceptable to undercut other manufactories. So the workhouse scheme never worked as its proponents repeatedly hoped it would. It was a great dream which always turned out to be a nightmare.

I shall now draw attention to some salient points from the chapters which follow, and which indicate some of the local responses to the common challenges with respect to the poor and the sick which faced the rulers of the south European states in this period. Our volume opens with two general surveys of the economic and ideological state of southern Europe through these two centuries. In Chapter 2 John A. Davis shows the coincidence of agricultural and industrial changes in the 18th century with worries about population decrease, and a general flight of population to the towns, especially as a result of the frequent famines. Traditional (church and voluntary) forms of giving were put under stress leading, in the case of absolutist Hapsburg rule, to state intervention such as the building of great institutions by the state. Davis calls it a 'discourse of power rather than a

functional response to the needs of the poor and the sick'.Nicholas Davidson in Chapter 3 explores the 18th century literature discussing the causes of poverty and potential solutions to it. The issue of individual Christian charity versus central government arises repeatedly in these discussions, though many economic arguments were also raised, both for and against a free market.

Austria was a centre of 'enlightened' thinking, and in Chapter 4 Martin Scheutz shows how, under the stress of an enlarged impoverished population, the Josephist reform of poor relief – the 'poor institutes' – though an attempt at centralization, was still parish-based, with the religious co-opted to collect and distribute voluntary contributions to finance it. This sort of compromise between state and church roles in disciplining and caring for the poor and the sick poor, was reflected in many other states of the time. Scheutz calls this period one of 'working poverty'. The treatment of the poor and the sick poor varied between relief and discipline, but increasingly poverty came to be conceptualised negatively.

In central Spain Pedro Carasa in Chapter 5 points to repeated battles between the Catholic Church and more secular attitudes over poverty and the provision of health care. A period of secularisation in the Renaissance had been followed by a clerical reaction, and the Counter-Reformation had produced a renewal of private Christian charity and new clerical institutions. In the 18th century the 'enlightened' again argued for a secular approach, and promoted the view that the cause of poverty was idleness, and its cure was work. A campaign to 'disentail' charitable institutions from their aristocratic and church followed, with the promotion of centralized, secular, charity institutions. Finally the 19th century liberals in Spain, with a class-oriented and capitalistic approach, came to see poverty as a necessary part of capitalist society. Carasa has much to say on the different liberal values as they were applied to poverty and health care of the poor in the 19th century. The general directions of change charted by Carasa for central Spain are to be found also in a more localized region, Catalonia and in particular in the growing industrial city of Barcelona. In Chapter 6 Alfons Zarzoso shows that here, too, the liberals of the early 19th century progressively demolished the church-controlled forms of assistance and transferred them to the control of civic authorities. He demonstrates the importance of the great institutions of Barcelona for the poor – the hospitals – and how they were affected by liberal attitudes. The 19th century liberal attitudes here, as elsewhere, led in general to a harder life for the poor and the sick-poor.

Surprisingly, the Catholic Church had relatively little influence on health care and poor relief in Portugal, according to Maria Antónia Lopes,

in Chapter 7. Again absolutist rule was leavened by the relatively liberal Enlightenment values brought to the administration by the marquess of Pombal, with his General Police Administration, and his belief that Portugal should be 'a police state governed by the light of reason'. During his administration (1750–77) the poor were policed and documented by a system of internal passports. However, Pombal did not go so far as to take the institutions of poor relief into state control. In the 19th century here as elsewhere the relatively generous Enlightenment liberalism was to be replaced by a hard, individualistic bourgeois liberalism hostile to the relief of the poor.

As we turn to Rome and the other Italian states, we turn to the world of the confraternity: the mutual self-help groups established round trades, occupations and localities, which provided so much of the medical and food care for the poor, and other forms of social welfare. As Martin Papenheim shows in Chapter 8, Rome was necessarily the charity capital of Europe. Not only was it a great pilgrimage destination, requiring hostels and hospitals for so many of the nations of the earth, but it was also 'the capital of beggars'. Workhouses were repeatedly used to lock them up and set them to work. But all to no avail. The papacy had direct and indirect influence in the running of the great hospitals of the city, in particular the great Santo Spirito. Hospitals continued to be founded throughout the 19th century in this great charitable town.

Parma, discussed by David Gentilcore in Chapter 9, had its Enlightenment moment under the secretary of State Dr Tillot. The 'protomedicato' system, imported into several Italian states from Spain, was employed to put all the policing of medical qualification and public health issues under one man, himself responsible directly to the sovereign. The main institution of care in Parma (again as elsewhere) was the Misericordia hospital, where medical teaching was introduced. Here in Parma, the Napoleonic period meant that it was the doctors who were in charge of the hospital and of admissions, rather than the religious.

Naples, the third largest city of Europe in the 18th century, had probably the greatest problem with respect to beggars, and their numbers and persistence were frequently remarked on by visitors to the town, who sometimes estimated the begging population at 10 per cent of all the residents. It could be expected that there would be an extensive 18th century debate on the problems of poverty. As Brigitte Marin shows in Chapter 10, 'enlightened' men recommended that the poor be set to work. But this was no solution in practice, and many of the poor ended up imprisoned in the Albergo di Poveri, founded in 1751 by Charles of Bourbon, a public institution which could hold 800 poor people in the

1780s and three and a half thousand in the 1840s. Many other destitute people were also in the enormous Incurables hospital.

In Bologna the confraternity scene was somewhat different from elsewhere since, as Gianna Pomata shows in Chapter 11, in the 17th and 18th centuries they came to be founded by aristocrats. The protomedicato system of the 18th century was replaced at the Napoleonic invasion by a system of rationalization of hospitals, the exclusion of religious control from the hospital system, and the creation of a Commissione di Sanità.

The territory of Piedmont was ahead of most Italian states in terms of administrative centralization. Victor Amadeus II invited some Jesuits in 1716 to assist with the reform of hospices and charity, and they encouraged rich donors to give not to individuals or institutions but only to the official collectors, who would disperse the money wisely to the poor in institutions or in their own homes, and in a strongly religious context. The Jesuit's aim, Giovanna Farrell-Vinay writes in Chapter 12, was 'that rich and poor alike would benefit from the establishment of efficient networks of hospices and congregations of charity. The rich would be freed from continuous harassment and have the opportunity to contribute to the spiritual redemption of the poor'. This turn towards confinement and spiritual reform of the poor was not totally successful, but presents an interesting interaction of state, church and personal giving in a local context.

With the final chapter (Chapter 13) we come full circle with respect to the long-term project that these four volumes on health care and poor relief in early modern Europe represent. For here Ole Grell takes an English view of the Continental situation. He follows the Englishman John Howard, famous still today as a prison reformer, on his many European journeys in the last decades of the 18th century to inspect hospitals and lazarettos, with the ultimate but unfulfilled aim of using the best aspects of them as a model to reform the English hospital system. John Howard went everywhere that is dealt with in the other chapters of the present book and saw many of the hospitals discussed by our contributors. As a Dissenter, his impressions of the Catholic world were mixed. He was always critical of Catholic disregard for the Sabbath, and of the reverence shown to the pope (though he sought an audience with the pope himself), but over the years Howard came to respect many things about Catholic hospitals for the sick. Believing that fresh air and cleanliness were the necessary antidote to disease, Howard found that the hospitals that showed such hospital management at its best, were those run by religious orders, and above all by the Benfratelli, the Hospitaller Order of St. John of God (Brothers Hospitallers), a Catholic religious order of nursing brothers. His view, as a Protestant Englishman, was that the Catholic south of Europe had much to teach the English about good medical care for the poor.

As editors of the series, Ole Peter Grell and I have certainly learnt a lot about health care and poor relief in the early modern period in both the south and the north of Europe. We would like to thank our fellow editors for three of the volumes – Jon Arrizabalaga, Robert Jütte, and Bernd Roeck – and they and Thomas Riis also for their role as conference co-organisers – and all our contributors for helping so readily with this project.

CHAPTER TWO

Health Care and Poor Relief in Southern Europe in the 18th and 19th Centuries

John A. Davis

Introduction

Is it possible to identify responses to the demands raised by health care and poor relief in the 18th and 19th centuries that were in some sense specific to Southern European countries? Were there, in either institutional or ideological terms, distinctively 'Mediterranean' responses to these issues? That question was posed and answered very clearly more than a decade ago in Stuart Woolf's *The Poor in Western Europe in the 18th and 19th centuries,* which still remains the best informed and most fully documented comparative English language study of the development of the provision of poor relief and health care in Europe in this period. Woolf argues persuasively that 'there was no sudden shift from a medieval to a modern approach to poverty' (the same could be said by extension for care for the sick) and that the most striking aspect of successive innovations and initiatives was the 'cosmopolitan character of each wave moving across countries with often remarkable rapidity and similarity, evidence of an emulative spirit diffused rapidly through the circulation and translation of certain key works'.[1]

Rather than try to illustrate these points from the experience of the southern European states as a whole, I plan in this chapter to focus more specifically on developments in Italy and in the Italian states. The reason for this is quite simply that the issues of poor relief and public care of the sick in Italy have attracted a massive bibliography of research in both

English and Italian over the last two decades. Although there are also now extensive bibliographies for Spain, Portugal and the Austrian territories, these do not approach those for Italy in volume or scope. The pre-unification Italian states also offer a very wide range of different institutional situations.

I must make it clear, however, that my aim is not to present Italy as some sort of a 'Mediterranean paradigm'. It is more simply to pose a series of questions, which will be answered in greater detail in the chapters that follow. To what extent were the features that were distinctive in the Italian case in this period – the relatively slow process of bureaucratisation or 'clinicalisation' of the provision of poor relief and care for the sick, the impossibility of separating the issues of public control over the provision of welfare from the broader political (and rhetorical) context of tensions between church and state, the continuing predominance of private charities as the principal source of provision, and the complex but often fundamental roles that such institutions played in the political, social and economic life of urban communities – found more generally in other southern European societies, all of which shared the same underlying characteristics of extreme poverty and hence limited capacities for public intervention, in this period?

The *Ancien Régime*

Those cosmopolitan tendencies referred to by Stuart Woolf had been evident from very early. Like their French counterparts, many Italian cities in the early 17th century took measures to 'enclose' ('renfermer') the conjunctural poor (i.e. those made poor by a crisis), and beggars' hospitals were opened in Florence (in 1621) in Bologna, Milan, Rome, Turin, Venice, Genoa and Naples in the centuries that followed.[2] From the 17th century institutions in the major Italian cities followed a broader European pattern in distinguishing at least five separate categories of the poor and the sick. In Genoa for example there was a hospital for the 'curable' sick (Ospedale di Pammentone), another for the incurable (Opedale degli Incurabili) which also housed syphilitics and 'the violent insane'. There was a hospice for lepers (Casa di San Lazzaro) and a Lazzaretto for contagious disease sited near the port. The Albergo dei Poveri, built in 1653, catered for the 'idle and indigent' to keep them from begging on the streets or becoming delinquents.[3]

These models were copied in many other Italian cities, including Rome where the principal hospital for the needy sick (Santo Spirito) and the city's main poor house (the vast Ospizio di S. Michele a Ripa Grande)

were extensively redesigned in the late 17th century to separate inmates by categories, age and sex. Similarly in Turin in the early 18th century efforts were made by the Ospizio di Carità to separate 'the true from the false poor'.[4] In 1732 Duke Charles of Austria began building a massive new *Albergo dei Poveri* in Palermo, and this was completed by his successor Charles of Bourbon who also brought the architect Ferdinando Fuga to Naples to design the monumental *Albergo dei Poveri* that still towers (long-since abandoned) over what used to be the principal point of entry to the city.

It was hardly surprising therefore that the Italian cities should have offered northern visitors like John Howard a variety of different models and institutions to admire. As in the rest of Europe the care of the poor and the pauper sick had become a subject of major public debate by the mid-18th century in the Italian states. One of the central themes in these debates, as elsewhere, was what in France came to be called 'charité legale', that is to say the responsibility of the state to provide some general regulation of the provision of public charity that derived nonetheless from private sources and private benefactions. Even those like Ludovico Antonio Muratori who in his *Treatise on Charity* published in 1723 put up a forceful defence of the Christian obligation of charity to the poor, were ready to accept the need for careful distinction between the deserving and the non-deserving poor.[5] But the principle that the secular authorities should play a greater role in selecting who should and who should not receive charity, and in ensuring that charitable foundations observed their own regulations, found many champions. In his description of poverty in Modena in the early 18th century and its remedies, Ludovico Ricci emphasized the importance of the role of pawn shops and dowry banks in supporting the family economy of the poor, but could not refrain from expressing a concern that all forms of charity were potentially vicious since they might undermine self-sufficiency and encourage improvidence.[6]

Despite the differences that continued to distinguish them, Catholic and Protestant notions about the social obligations of charity were less distant than before, and the belief that there should be some degree of public supervision over the provision of charity and relief for the poor, in order to ensure balanced territorial provision and the observation of proper distinctions between the deserving and less deserving recipients, gave these discourses a set of common themes.[7]

The second half of the 18th century also saw important new practical initiatives, although their impact varied enormously from region to region. These initiatives were not simply imitative responses to a set of cosmopolitan intellectual and ideological postulates, but reflected changing social and institutional realities. Lying behind the theoretical debates, the

perception that pauperism and indigence were problems that existing institutions were ill equipped to accommodate, was as keenly felt in the southern European and Mediterranean countries as elsewhere in Europe from the 17th century onwards.

Having thrown out the old models of the heroic industrial revolutions that painfully made their way from west to east across the old Continent from the end of the 18th century, economic historians have become much more aware of the far-reaching and simultaneous impacts throughout the Continent of the unprecedented rates of economic and commercial expansion that were registered first in north-western Europe during the course of the 18th century. The expansion of Atlantic trade, the rise of new forms of wealth and new consumer demand and expenditure in many parts of Britain, in the Low Countries and in Bourbon France, had from very early in the 18th century important knock-on effects.

New demand and new export markets had important repercussions for the Mediterranean countries, and demand for agricultural products (cereals, olive oil, raw silk, wines, spices, specialist Mediterranean or exotic products such as citrus fruits, almonds, dried fruits) began to grow exponentially. The impact of new external demands and new markets varied from place to place, from agrarian system to agrarian system. Where these were already intensive (as in the Italian Po Valley, in Catalonia, in northern Portugal) the incentive was to strengthen market and export-orientated production: where production was still based on older agrarian systems, new market incentives proved especially disruptive and destabilizing. As a general rule, increased commercial demand encouraged the adoption of more extensive and intensive forms of farming, which in turn tended to reduce the size of the rural population with permanent access to land while increasing the demand for seasonal labour. This brought new insecurity to many rural communities, and resulted in a marked increase in the numbers who had no constant access to land but were dependent simply on wage-labour. That meant that the proportion between the settled and mobile rural populations shifted to the detriment of the former.[8]

These shifts lay behind the growing concern expressed by the authorities at the increase in not only vagrancy but also banditry throughout southern Europe in the early 18th century. Although its geography remains still unknown and difficult to explore, the parallel phenomenon of population growth was also beginning to contribute to that mysterious yet fundamental divide between the *Ancien Régime* and the modern world – the final demise of the saw-edged graph that through the effects of famine and disease had kept Europe's population roughly in line with resources throughout the early modern period. At some point in the 18th century those secular constraints on European population growth ceased to

function, giving way to a new ascending graph of population growth that would lead the Reverend Malthus to speculate on the imminent catastrophe awaiting humankind.

While southern Europe would share those trends in the 19th century, it was more often the shortage of natural population increase that aroused the first demographic concerns in the 18th century. This was directly related to the broader issue of charity and welfare in two ways. Natural reproduction rates were considered to be too low in rural areas, where the shortage of labour was a major constraint on agricultural development. But 18th century critics believed this shortage to be exacerbated by migration from the countryside towards the cities drawn by the over abundant provision of welfare in the towns.[9]

In the 18th century poverty and welfare were perceived primarily as urban problems. The cities were privileged consumers of the surplus produce of the rural communities, and throughout the Italian and Spanish worlds one of the privileges of early modern cities lay in determining the prices at which foodstuffs were purchased from their rural hinterlands, over which the cities enjoyed various types of jurisdictions and monopolies. Hence the constant flow of population from the rural areas towards the larger towns and cities. In normal times this was strictly controlled, not only by the authorities but equally by the urban corporations and guilds that jealously guarded the monopolies over employment in various urban trades and crafts enjoyed by their own members. The newly arrived migrant from the rural hinterland had little hope of finding work in the city, unless he or she could count on the assistance and aid of relatives and hence attach him or herself to an established urban household.

In times of famine or epidemic, however, the situation was very different. Then the flows of rural migration towards the cities assumed massive proportions that even the most heavy-handed forms of repression were incapable of controlling. While local famines and subsistence crises occurred with great regularity, the southern European states all suffered the major European subsistence crises of the 1640s and 1650s, of the 1690s, of 1710, 1720, 1764–6, 1811–12, 1816 and 1847.[10]

Of these, the crisis of the mid-18th century was perhaps the most important, because it provided a practical opportunity for airing the theories of economic progress that had begun to find an international audience in the previous decade. Here was tangible evidence, if such was needed, of the vices of mercantilism and the merits of free trade, and indeed in broader terms of the overpowering need for thorough reform of the political as well as the economic institutions of the *Ancien Régime*.

In Italy, the two most devastating example of the crisis occurred in 1764 in two of the largest cities of the *Ancien Régime* world: Naples and

Rome. Faced with devastating harvest failures in 1764, the authorities in both Naples and Rome were unable to feed the populations of their capitals never mind the hoards of starving souls who struggled to reach the cities from the devastated countryside, where the situation was aggravated by military requisitions of crops to feed the starving capitals. As result, the whole political and institutional structure of the *Ancien Régime* polity came under scrutiny. Administrators and intellectuals joined together to denounce a system that subordinated the provinces to the capitals, the producer to the consumer, and created an impenetrable web of privilege and monopoly that impeded the development of all forms of free enterprise, trade, art and manufacture.[11]

The famine of 1764 also revealed that the institutions that had been created in the past to provide relief for the poor and support for the sick and needy were no longer able to meet those demands even in more normal times. It would be wrong, however, to pose the problem simply in functional terms of the need to respond to a perceived problem. The perception of the problem was also strongly coloured by the changes taking place in the same period in the ways in which responsibility of governance were understood. At the heart of the enterprise of 18th century absolutism in Spain, Italy and Austria lay the attempt to assert the authority of the monarchy over ecclesiastical and papal jurisdictions. This was expressed in the struggles against pretensions of papal sovereignty, in the extension of the spheres of secular and civil administration. It found its highest common point in the expulsions of the Society of Jesus from Portugal, Spain, and Naples in the 1770s.

In that political and ideological climate it was only natural that the monarchy should seek to take on responsibility for functions previously performed mainly or even exclusively by the clergy and by ecclesiastical institutions. This was true of education, but it was also true of the provision of welfare institutions.

It was only in the territories under Austrian rule (the Habsburg Duchy of Milan and the Habsburg-Lorraine Grand-Duchy of Tuscany) that these incentives gave rise to effective changes. In Lombardy, the expulsion of the Jesuits provided the opportunity to transfer their funds to a variety of educational initiatives including the reorganization of the university and the lay colleges where physicians were trained. The corporate monopolies over access to the profession of surgeon formerly enjoyed by the nobility were weakened, but more important Milan's Grande Spedale was reorganized and equipped with a new Anatomy Theatre – despite vehement protest from the ecclesiastical authorities who ran the hospital. Thanks to the direct intervention of the Austrian government the hospital at Pavia was almost entirely rebuilt to bring it into line with new principles of clinical practice.[12]

In this, as in everything else, Grand Duke Peter Leopold of Tuscany followed his mother Maria Theresa of Austria, and throughout Tuscany institutions providing welfare for the poor and care for the sick were brought under much closer public supervision despite the fierce resistance of the church.[13] Similar developments occurred in Piedmont and Genoa, but by the end of the century the Austrian territories – and especially Lombardy – had offered a provision of medical support that probably no other region in Europe could emulate. Following the establishment of medical clinics ('condotte') throughout the territory, Lombardy had one physician per 1,700 inhabitants – in contrast to an estimated 9 per 10,000 in England and 8 per 10,000 in France. Lombardy also had the largest number and the wealthiest charitable foundations (*opere pie*) in Europe.[14]

Outside the Austrian territories public intervention in the second half of the 18th century often had more to do with rhetoric than bureaucratic reorganization. The monumental *Albergo dei Poveri* in Naples was primarily a symbol of the regalian pretensions of the new Bourbon monarchy in Naples. Charles III started the enterprise in the 1750s, but although the imposing façade was completed quite quickly the interior of the building was never finished. From a detailed report drawn up in the early 19th century it is clear that the project was never completed. As well as child paupers, it housed promiscuously a regiment of soldiers, ordinary prisoners, the sick and the insane in very unsanitary conditions because the building was sited on a swamp and lacked fresh water.[15]

Such dysfunctionality certainly did not make the Naples *Albergo dei Poveri* unique, but reminds us that the building was part of a discourse of power rather than a functional response to the needs of the poor and the sick. Even in the case of the Habsburg territories, the extension of public control over private charities has to be set against the broader strategies of extending secular authority at the expense of the church.

By the close of the *Ancien Régime*, Italy like other European states continued to offer a vast range of different types of institution designed to provide relief for the 'core' poor – the 'structural' poor, children without families, the aged and the sick, the halt, the lame, the blind, those whose wits were affected, the 'shamefaced' and 'honest poor'. The vast majority of these were religious foundations and orders of one sort or another that had generally been founded by lay patrons (and were known as *luoghi pii laicali* or *opere pie*). These were flanked by a multiplicity of smaller foundations and institutions (the vast majority of religious inspiration even when the founders and benefactors were laity), in addition to the more capillary networks of relief and support that could be accessed through the good offices of the local parish clergy. There were also more specialized foundations throughout southern Europe that existed to take care of the

needs of special categories of the diseased: lepers, syphilitics, and the demented. These in turn were supplemented by the vast assortment of lay confraternities that provided various services for their members and families, as well as the trade corporations that took care of the training of the young, helped their members in times of hardship and distress and provided some minimal support for them and their widows in old age.

As elsewhere in Europe, these institutions were designed to supplement not replace the support provided by the family itself, which was always the most central, certain and irreplaceable source of protection against all forms of hardship and adversity. For that same reason, one of the most distinctive of the Mediterranean charitable institutions – and these would survive well into the twentieth century in many areas – were those designed to protect the honour and chastity of the daughters of the respectable poor. These took the form of *convitti*, *educande*, *conservatori*: in other words homes for orphan girls or for those from destitute families, where they could receive shelter, some minimal moral instruction and possibly even some vocational training. On reaching the age of marriage they were rewarded with small dowries to enable them to enter the marriage market of the poor, which made them often eligible catches for young craftsmen or widowed artisans.

No less important in the support-structure for the urban poor in southern Europe was the institution known as the *ruota*, the foundling hospices where mothers who were unable to care for new-born infants (by no means only those who were unmarried) could deposit them through the revolving containers that allowed the mother to hand over the infant without being seen. Once received, the infants were then entrusted to rural wet-nurses, although very few survived. In theory, the natural mother might reclaim the child at a later time when she felt able to resume charge of its upbringing.[16]

The Napoleonic experience

The impact of Napoleonic rule on institutional change in southern Europe can easily be exaggerated, not least because its duration was relatively brief and often in circumstances (this is especially true in the case of Spain for example) that precluded any lasting reorganization of civil administration. But many of the changes – in particular a new bureaucratic and centralizing notion of the state, based on a pyramidical and hierarchical organization of power emanating out from an autocratic centre – were occurring along very similar lines in the Habsburg territories that remained not only outside but also ideologically hostile to the Jacobin underpinnings of Napoleonic

autocracy. As in France itself, the impact of the Revolution and Napoleonic rule in southern Europe was to give new force to the secularising and bureaucratising tendencies already at work in the second half of the 18th century.

Napoleonic rule did bring a new ideological edge to the issues of poverty and welfare, however. It is difficult not to be struck by the ways in which poverty, idleness and the *Ancien Régime* were seen as inseparable by the Napoleonic administrators who set out to refashion the satellite states of the new imperial system along the administrative and institutional models that had been honed by the experience of the Revolution and its aftermath in metropolitan France. On reaching Naples in 1806 to serve Joseph Bonaparte, for example, Pierre-Louis Roederer railed against the idleness and poverty that surrounded him, a sure sign of the centuries of misrule and an inevitable consequence of the super-abundance of idle priests and religious orders who lived parasitically off the labour of others and taught a doctrine of sloth and vice instead of hard work and enterprise. 'To suppress the convents is to reconstitute the true wealth of the nation on the patrimony of idleness'. Count Miot de Melito saw in the nudity and misery that greeted him in the streets of the capital, in the terrible sores and wounds that were exposed to the gaze of the passer-by, the most tangible signs of the terrible misgovernment of the past.[17]

But what new solutions? Essentially those that had already begun to take shape in the second half of the 18th century – closer bureaucratic controls over the institutions of welfare, together with a more draconian and effective discrimination against the malingering poor, against the 'vagrants and oziosi' who could give no proper account of themselves, and who failed to find proper work or accommodations when instructed to do so. Under the French civil and criminal codes that were imported into the Italian states at the turn of the century, vagrancy became a criminal offence punishable by imprisonment. But where? The jails were already full to bursting, so the alternative was to introduce 'depots de mendicité' on the French model – but who was to pay for these? The answer was the local communities, and the reaction was that the local communities immediately appealed and explained at length the reasons why their overstretched finances could not possibly support the additional burden of permanent places of detention for vagrants and beggars who were not even natives. Under French guidance, 'commissions of beneficence' were also established in the Italian cities, composed of leading clergy and laymen who received some public funding and were responsible for overseeing the provision of charity in each district of the city. A later report on the functioning of these commissions in Naples was that they had become part of a wider system of cliental patronage, and offered fixed pensions to

certain families and retainers without attempting to address the needs of the genuine poor.[18]

When it came to provision for the sick, French intervention gave new incentives for medical training and innovation but did not combine this with any expansion of the institutional provision for the needy sick. The reorganization of higher education in Napoleonic Milan, for example, provided opportunities for the clinical practice of innovators like John Brown, who found a strong proponent in the Milanese physician of Jacobin sympathies Giovanni Rasori. There were various attempts to promote new medical practice, for example vaccination against smallpox on the Jenner principle (although this predated the French occupation, and by 1802 all inmates of the Naples *Albergo dei Poveri* were routinely vaccinated).[19]

Yet despite better facilities for training physicians, surgeons and veterinarians, the institutional impact of these developments was weak. This was especially evident in the vast numbers of military hospitals that were created in Italy to treat diseased and (more rarely) wounded soldiers, who invariably died in huge numbers of infections, contracted after they entered the unsanitary and overcrowded facilities.[20] On the other hand, the suppression of many religious orders reduced the existing provision of support for the sick and the poor. The management of many of the older hospitals and poorhouses was unified, but generally on the basis of reduced rather than increased endowments. In Naples the conversion of the public debt of the former monarchy resulted in huge losses to the principal charities whose credits were simply not recognized.[21] This reflected the strong fiscal motives behind the mania for centralizing and establishing new forms of bureaucratic administration. Because the endowments and incomes of the private charitable foundations were collectively very considerable, they were at risk of suffering wholesale expropriation like the monasteries whose lands were seized. If this did not occur it was only because the means had to be found to continue providing for the poor and sick. However, the patrimony of the poor throughout Italy was heavily and permanently reduced by the brief experience of Napoleonic rule.

The Restoration (1815–48): new parameters of poor relief

The Napoleonic innovations have to be set on a slower, less visible parabola of change that was transforming the fabric of *Ancien Régime* societies from within. The French historian Olivier Fallon has recently shown how in Austrian Milan the Habsburg reforms of the closing decade of the 18th century had already profoundly and irreversibly shaken the premises on which the corporate structures of *Ancien Régime* urban society

had been grounded. The abolition of the guild corporations in Austrian Milan in the 1790s marked a decisive step towards a new social order organized around principles of the market. These changes were accelerated by those introduced after 1801 by the Napoleonic authorities, and were then consolidated after the restoration of Habsburg sovereignty in 1814.

The institution that best epitomized the new social order was the *Anagrafe*, the civil register of births, marriages and deaths that had first been introduced by the Habsburgs in the 1790s, and which at a stroke replaced the collective corporate identities of the past with a new and exclusive emphasis on the individual and the family. The individuals whose names were now listed on the new civic registers existed only by virtue of their qualities as members of a family, as residents, as workers and so forth. Those who did not appear on the registers – the vagrants, the homeless poor, those without kith or kin – literally did not exist and were excluded from the new concept of citizenship that was shared by those who were on the register. But even for the citizen, every aspect of their working and private life was now determined by the nature of their entry on the register, which they must unfailingly ensure to keep accurate and up to date. They needed to refer to it to obtain licenses to carry on their trade, to marry or register changes in their civil status or their place of residence, or to obtain permission from the police to travel. Above all they needed to ensure that all their records were in order should they need to seek some form of public assistance in the case of hardship or adversity, since without a certificate of good standing from the office of the *Anagrafe,* combined with a positive recommendation from their parish priest, they were unlikely to find succour.[22]

As Fallon has persuasively argued, the impact of the civil register was to transfer from early corporate associations to the individual family the responsibility for the welfare and support of its members. In that sense, the civil register was an essential bureaucratic corollary of the wider process in which the corporate monopolies and controls of the past were being removed, and hence it was the expression of a new social order that was organized increasingly by and around the market. But in that new context, the collective social responsibilities that had formerly been performed by the guilds and corporations were not assumed by the state, but were instead devolved back to individual families.[23]

Elsewhere in Italy these changes were taking place much more hesitantly and uncertainly, however. In Naples and Piedmont the restored rulers re-instated the guilds and corporations in 1814. But although these survived until they were again abolished in the 1840s, they were a source of great misgiving since the authorities now also saw them as potential sources of subversion, which was why they were abolished before the

revolutions of 1848. All other forms of voluntary association remained illegal, however, on the grounds that they constituted a threat to public order, and it was not until the revolution of 1848/9 transformed Piedmont into a constitutional monarchy that a limited right of public assembly and association was finally recognized. The first working class mutual aid societies were established in Piedmont in the following decade, but not in other Italian states until after Unification.

The political climate of the Restoration precluded all forms of public debate, and it was not until the rigid autocratic settlement began to slacken in the 1830s following the advent of the July Monarchy in France, and the political and administrative changes in England that followed the Great Reform Act of 1832, that the issues of poverty and public beneficence once again found a public forum in Italy. This coincided with a revival of public debate throughout the southern European world, and in Spain too was characterized by a brusque rejection of earlier and more tolerant attitudes toward the poor.[24]

In Italy, the debates were shaped by those that were already in progress in Britain, France and the United States, and a central topic was the English New Poor Law Amendment Act of 1834. This was the subject of a lengthy analysis by the young Count Camillo Benso di Cavour, who voiced concerns that found deep resonance amongst the emergent moderate liberal forces that would guide Italy's political fortunes in the Risorgimento.[25] Although he acknowledged the need for the state to accept responsibility for protecting the weakest and most vulnerable sections of society from the brutal impact of the emerging capitalist economic order, Cavour emphatically rejected the model of direct state intervention that was embodied in the New Poor Law Amendment Act of 1834. In his view the provision of charity was a social need and a social obligation, but one that must come from private benefactors responding to the Christian obligations of the wealthy to aid the poor. The role of the state – for ethical no less than material reasons – was at best supervisory, and should be limited solely to ensuring that charitable foundations used their funds in the ways desired by the founders. While Cavour himself went on to expose the inadequacies of the existing regulatory bodies in Piedmont, his critical analysis explicitly stopped short of any call for greater public intervention – and this view was widely shared in the growing body of literature devoted to the same theme by other Italian writers in the 1830s and 1840s.[26]

The issues of poverty, public health and public order also took on clear political overtones in the decade before the revolutions of 1848. Steven Hughes has shown how the papal government's failure to respond effectively to the growing problems of vagrancy, unemployment and petty crime in the cities of Emilia was a powerful weapon for its opponents.[27] No

less damaging for the Restoration autocracies was the impact of the first outbreaks of cholera in Italy in the 1830s, which revealed only too fully the inability of the Restoration formulae to inoculate the Italian peninsula from the impact of a rapidly changing world. The terrible epidemics that spread through central and southern Italy in 1836 and 1837 revealed the unpreparedness of the legitimist regimes and the absence of anything approaching modern technical or medical knowledge or institutions. It was not by chance that the cholera outbreaks of 1837 provided the immediate reason for the Grand Duke of Tuscany to break with the convention that there could be no open or public discussion of issues relating to the management of public affairs, when he decided to convene in Pisa the first *Italian Congress of Scientists* in 1839. That initiative was then repeated annually in a different Italian capital until the revolutions of 1848 brought these gentlemanly exchanges to an abrupt close.

Poor relief and the care of the sick in Liberal Italy (1860–1900)

The revolutions of 1848–9 in Italy brought surprisingly few demands for a radical reform of the provision of support for the poor and sick, and only in the short-lived Roman Republic (February-June 1849) was a proposal made to establish a ministry of state responsible for welfare (although this was never realized). In Piedmont, the only Italian state that retained constitutional government after the collapse of the revolutions in 1849, Cavour endorsed a set of highly conservative measures that gave the state powers to regulate private charities while firmly rejecting on both ideological and economic grounds any wider public responsibility, and devolved public inspection of private charities to local and provincial delegations.

The Piedmontese law on the *opere pie* of 20th November 1859 was subsequently applied to the rest of Italy by Rattazzi in 1862. It remained in force with little change until 1890, when Francesco Crispi introduced what he claimed to be a revolutionary new measure by which all private charities and welfare institutions were placed under public control.[28]

The provision of public charity in Italy in the second half of the century does not constitute a 'Mediterranean paradigm', but nonetheless reveals institutional features and developments that were replicated more generally in other southern (and indeed central and eastern) European states in the same period. Perhaps the most central feature of these developments lay in the difficulties that faced all the southern European states in realizing the models of the centralized bureaucratic state that had reached its apotheosis in both Napoleonic France and the Habsburg Empire. The

Italian rulers of the Restoration simply could not maintain, never mind extend the bureaucratic model administrations they inherited from the Napoleonic past, and in that sense the Restoration was a sort of dialectic response to the exaggerated pretensions of the revolutionary era.

That situation did not change in Italy after Unification, and massive budgetary deficits made policies of stringent austerity in public expenditure essential to maintain the international value of the lira.[29] Albeit for different reasons, the financial constraints facing Spanish and Portuguese governments were very similar. Not surprisingly, therefore, southern European liberals shied away from solutions to the pressing issues of public welfare that might increase burdens on the treasury. Hence they tended to favour perpetuating the older system of private benefaction combined with some element of public supervision. But in the Italian case, public supervision until 1890 remained exclusively in the hands of local administration and was hence entrusted to the same local elites from whom the boards of governors of the charitable foundations were recruited.

The second thing to note – but this would be true of Catholic Europe as a whole, and not just the Mediterranean states – was that the politics of welfare were at every point inseparable from the broader issue of church-state relations. Cavour's reluctance to increase state supervision over the *opere pie* was dictated in large part by a desire to avoid inflaming further his already highly conflictual relations with the church. Clerical representatives made it clear that any attempt by the state to interfere more effectively in the management of private charities would be taken as a declaration of open war, something that the secular authorities in Liberal Italy were eager to avoid. Similarly, Crispi's 'revolutionary' legislation of 1890 was introduced as an overtly anti-clerical gesture whose importance lay as much in its assertion of the state's right to secularise the provision of public welfare as in its more uncertain practical achievements. Twenty years later Crispi's 'welfare revolution' still largely existed only on paper: the public institutions that were supposed to carry out the massive task of regulating the accounts of every private charity either did not exist or lacked the means to conduct investigations of this sort. But that did not lessen its symbolical importance in refuting the church's traditional role in this critical sphere of civil society.[30] Legislative interventions on welfare have therefore to be read in the broader political and ideological contexts of church-state relations, and cannot simply be interpreted as functional responses to perceived needs.

What then were the dynamics of change in terms of welfare provision and care of the sick in Italy in the decades after Unification? It is important to shift the perspective from the realm of parliamentary politics and ideological posturing in order to try to understand how these issues

were perceived and experienced from within Italian society (and then to ask how those experiences might have been 'typical' of other southern European societies as well).

Down to the end of the century, the principal provision of welfare support for the poor, the sick and the needy continued to come from the same sources as before – private foundations, many of which were under clerical control. The state's role was limited primarily to policing those not provided for by existing institutions, whose facilities were reserved in most cases for residents of a particular town or city. The vagrant poor were therefore the principal subject of police action, and under the terms of the Piedmontese Public Security Laws (which in 1865 were extended to the whole of Italy) the police exercised wide discretionary powers that enabled them to order vagrants or homeless persons to find fixed employment and accommodation within a specified period, failing which they could be required to return to their town or village of origin or else be subject to house arrest and police curfew (*domicilio coatto*) or detention in a place specified by the police (*confino*). The increasing use of this last measure resulted in the creation of what were effectively prison camps for 'vagrants', 'oziosi' and suspected criminals or political subversives, most of which were sited on the islands which had been used as prison colonies by the pre-Unification rulers (which include most of today's most prized summer holiday resorts).[31]

It is also worth noting that the only public health issues that were the subject of direct state regulation (through powers entrusted to the police) were venereal diseases and prostitution. In July 1855 Cavour drew up a set of Ministerial Instructions on Prostitution, which were extended to the whole of Italy in 1860. Based on the Belgian legislation of 1844, which was in turn directly inspired by the work of Parent-Duchatelet in France, the Italian regulations established licensed brothels and subjected all prostitutes (or suspected prostitutes) to medical examination by police physicians. Not only did these regulations (which remained in force until modified in 1888) give the police extraordinary discretionary powers to stop, arrest and subject to medical examination any women suspected of being a prostitute, but they also contrasted eloquently with the absence of regulation in virtually every other field of public health and public hygiene.[32] The reasons for these apparently discrepant prioritisations were of course closely bound up with the prevailing ideology of the family, in a society where the high number of male celibates in all social classes focused special concern on a disease that threatened the reproductive process and the health and sanity of offspring but which – unlike cholera or gastric infections – it seemed possible to prevent by mere police measures.

The care of the sick and the needy – and this was a characteristic that Italy almost certainly shared with other southern European societies – continued to be provided by the huge number of charitable foundations. Collectively their revenues were enormous. According to the royal commission of inquiry set up in 1880, Italy's 21,866 *opere pie* had collective annual revenues of nearly 2 billion lire (1.8 billion lire), a sum not far off the state's total annual tax revenues.[33] The distribution of these incomes varied enormously and some institutions were extremely wealthy. Nearly all of these were located in the north of the country – in the south and in Sicily, although the number of *opere pie* was high, they were mostly small and with poorer endowments. But in many parts of the country – and again especially in the rural South – there were no charitable institutions at all.

Paolo Frascani's pioneering study of hospitals in this period shows that in the context of the prevailing poverty of Italian society and the relative shortage of professional employment, the charitable foundations continued to play a critical and indeed central role in the economic life of Italian cities down to the end of the century. They were major sources of employment for many different categories of the professional and educated classes (lawyers, accountants, book-keepers, administrators), for technical personnel (in some cases they employed their own architects and estate managers, as well as plumbers, builders, gardeners etc.), for manual and unskilled workers (porters, cooks, laundry-workers, doormen and others). But they were also critically important sources of demand in the urban economy, not only for food and victuals but also furniture, furnishings, heating materials and equipment (blankets, linen, beds, uniforms, sanitary ware etc). This also placed them at the centre of patronage networks that affected every level of urban society, giving them great political importance and making them a critical force in municipal politics – indeed, given the narrow electorate, in electoral politics *tout court*. It was often claimed that no municipal election could be won without the support of the trustees of the major urban charitable foundations, who were of course recruited exclusively from the local notables.[34]

The charge most frequently brought against the *opere pie* was that their funds were devoted primarily to maintaining excessive bands of administrators and employees at the expense of the poor and the sick who were supposed to be the principal object of their expenditure. Yet the legislation of 1862 that confirmed the Piedmontese precedent by devolving power of regulation to local and regional 'congregations of charitable foundations', in fact reinforced the power exercised by the local notables over these important sources of wealth and patronage.