Barbers, Doctors and Healers: Community Welfare and the Health System in the North-West of Spain – The Province of Leon – During the Seventeenth and Eighteenth Centuries

Laureano M. Rubio Pérez

Introduction

Public health systems, in the strict sense, from a present-day perspective and within the framework of European industrial societies, are a matter that relates to recent history or times not long since. This is when progress and the welfare state affecting the whole of society seem to triumph, in terms both of their progressive implantation and development, and of the structures upon which these are founded. However, they have a historical backcloth and supporting bases that in some sense may shape their present and future development. Hence, an awareness of their background and in particular of their underlying structures may aid both historical knowledge and planning for the future in times of major changes in demographic patterns, with a type of technological and scientific development which is far from that enjoyed by current European societies.

Nevertheless, despite these great advances, despite the forceful development of the capitalist system itself, not a few societies retain traditional features. These in some way constrain the future in certain territories or regions where the industrial and scientific revolutions have made less of a mark and traditional farming patterns still sustain a social grouping governed and sheltered by many traditional and long-standing approaches, attitudes and behaviours. The current tendency for some individuals or social groups, faced with pain or illness, to turn to healers, shamans or visionaries when they cannot find an answer in medical science forms a part both of the human condition itself and of a traditionalism deeply rooted in pre-industrial societies. Although today's is a fully scientific era and a point in time witnessing major medical advances, humans still to this day feel weak, and sometimes even helpless, when faced with the threat of death.

The chief aim of this work is to investigate through a historical analysis one of the questions that, owing to the lack of documentary evidence, is among both the simplest and the most complex affecting peasant societies under the pre-Constitutional monarchy of Spain. This is the question of health and the various different responses, mostly rather limited, that society and its local institutions set in train in the context of some helplessness and a total absence of State intervention. The lands and farming communities administratively and culturally within the former Kingdom of Leon, both because of their situation in the north-western part of the Iberian Peninsula and thanks to their peculiar system of population and forms of organization tightly linked to the institution of Local Councils and a rigid system of agricultural collectivism and community structure, constitute a good instance for in-depth study. Here, using the interrelation of various parameters, a deeper knowledge can be gained of the problems of health and the capacities and ways of responding of two fundamental social agents: the community of inhabitants itself and the Council that directed, controlled and protected it.

Taking as a starting point the homogeneity still retained by the population centres or communities forming such traditional societies, especially when assessing certain parameters related to disease, health, life and death (demographic patterns), it will be a question of defining and evaluating a potential model on the basis of the predominant organizational system. This centres on the mechanisms for control and intervention in the context of a weak health system that in practice leaves the whole problem of health and the fight against disease in the hands of the communities themselves and clearly dependent on their own financial resources. From this point of view, and in the light of the long period involved, allowing possible changes and survivals to be analysed, once the spatial, human and social context under study has been outlined, an attempt will be made to investigate several questions or problems in this primarily rural world. These are: society and disease, their conditions and shaping factors; forms of action and mechanisms for self-defence: regulations or laws, preventive measures, legal or penal approaches; practical measures and features shaping them: doctors, medicine, healers; results and achievements against disease and death.

On this point, and within the structural framework of economic, demographic, social and cultural revolutions, the context in which the development of medicine and of the agents that succeeded in definitively controlling the old pandemics occurred, three long phases or stages can be established. The first would run from the sixteenth century through to the end of the eighteenth century, or the first few decades of the nineteenth. It was from the eighteenth century onwards that the Enlightenment and the actions of communities themselves put in place policies of prevention that to some extent contributed to putting a brake on the effects of the great pandemics like the plague. However, it was in the nineteenth century that it became true to talk of major advances typified by preventive measures and by pre-

ventative or environmental health, as also by the prevention of diseases like smallpox through vaccination. In these circumstances, communities gradually realized that dirt and the presence of disease, or at least infectious and parasitic illnesses, were closely related. Thus, increased Council legislation on the topic opened up a new major line of attack, prevention based on a knowledge of the relation of cause to effect, a relationship that was typified by vaccination and other preventive measures once the causes of certain endemic diseases became known. Health services, hygiene and checks on foodstuffs and on the agents causing diseases, based on a slow, steady growth of knowledge, were the factors that laid the foundations for a new revolutionary phase. Nonetheless, what is termed the Modern Era was marked by society's helplessness against illnesses and the total lack of practical involvement by the State in the fight against disease, together with the continuation of highly traditional demographic patterns.

For its part, the second phase would cover the second half of the nineteenth century and the early decades of the twentieth. It was moulded by limited technical and medical advances, great dependence upon a subsistence farming economy and the incidence of traditional diseases which slowed any change in demographic patterns. Thereafter, well into the twentieth century, the third phase clearly took over, once the effects of the Spanish Civil War were overcome. This was in a new European context and benefited from fresh economic and industrial development and the new tools and advances available to applied medicine, as well as a demographic pattern striking for its sharp reduction in death rates.

To find an answer to these questions, with all the difficulties noted above, there are available legal documents, and particularly Council decisions, together with tax and accounting records, whether of the Councils or of religious institutions such as church guilds. In addition, Council by-laws governing the rural communities of Leon and a whole set of qualitative serial documentation covering everything from contracts with physicians, through inventories of dispensaries and apothecaries' shops, to other individual official orders and by-laws, holds a response to a good few queries. However, to get at this it is necessary to go very deep into social structures strongly dependent upon economic patterns and to a lesser extent upon political and administrative frameworks.

It is true that there is a certain homogeneity across the whole of Spain with respect to the set of communities living in and forming what is called the rural environment, when it comes to matters relating to health and medical practices. Nevertheless, structural factors, both population patterns and the type of rural settlement shaped by the physical or spatial surroundings, permit the establishment of models, even in such a complicated matter. These models in some sense, and within a general trend affecting Spain as a whole, are the consequence or outcome of a complex web of individual and collective actions that are largely moulded by local external factors and those inherent in each community. In this case, the spatial

context chosen for the study of the problem in question is the heartland of the old Kingdom of Leon. This is a region situated in the North-West of Spain, from which administrative measures were to form what is today the Province of Leon. While certain circumstances and contexts to some degree affected all pre-industrial societies alike, here the structural setting, together with community action and the collectivist spirit that for centuries pervaded these communities did have positive, even if very limited, effects. These arose not so much from any direct action on health and disease, as from a better social balance and a redistribution of wealth and poverty.

Crises, disease, remedies and limited responses

On these structural foundations that to some extent remained stable well into the twentieth century, the communities governed by Local Councils in Leon retained a considerable capacity to manage their own financial resources and the means of production which not merely guaranteed greater social balance and less polarization, but to a certain degree also reduced the incidence of extreme poverty and ensured that the absolutely destitute poor were few and far between. From this point of view it is possible to understand the policy of total control of specific means or resources and especially Council monopolies particularly aimed at supplying the community and at fighting hunger. Those communities were fully aware that poverty, hunger and disease were tightly linked to one another and so demanded a collective effort going beyond any weak individual actions. With this background, it is understandable that virtually all written Council orders from the sixteenth century on, once the late mediaeval crisis had been overcome, stressed the need to give every community a set of tools and preventive measures which in some ways were two centuries in advance of the State legislative projects that would emerge in the Enlightenment. Fear of the former plague and measures set in the context of a new phase of expansion in the economy that did not merely recover strongly within the Realm of Castile, but even explained an upward trend in population over a large part of the sixteenth century, would appear to lie behind the absence of any major demographic disaster, although it is true that the parameters defining demographic patterns remained stable.

From this point onwards, the territories of the Kingdom of Leon underwent considerable economic and demographic growth during the sixteenth century. They also fell definitively into a demographic pattern of a highly traditional kind, defined by high marriage rates combined with high birth and death rates. In this pattern, mortality, especially infant mortality, became to some degree the element that moulded demographic developments, despite the noteworthy part played by the more sociological parameter, the marriage rate. In this context, the plague of 1599,

particularly widespread in the northern parts of Spain, not merely cut short future growth, but was also the cause and simultaneously the consequence of an economic, social, and even mental collapse. This collapse in some sense spurred the communities governed by Local Councils, to the limited extent that they could, into reacting, faced as they were with the inertia of State institutions. Preventive measures, to combat both hunger and the plague, were brought into force within Local Council areas as they imposed by-laws requiring a certain level of hygiene to be observed and old habits and customs to be eradicated. While strongly urbanized towns concentrated on controlling those travelling along the Pilgrims' Way to Saint James of Compostella, and ensuring adequate separation between humans and animals, reforms in rural Council by-laws aimed at achieving better personal hygiene, keeping a watchful eye on the cleanliness of those public places, such as water sources, that were vital for the community's development. Although it cannot be said that these measures contributed to changes in demographic patterns, they did aid in putting a brake for the greater part of a complicated century on the major epidemic incidents that continued to scourge the Iberian Peninsula.

Indeed, in spite of sixteenth century economic growth, problems reappeared in the shape of a growing economic crisis and the appearance of new population difficulties ensuing from the bubonic plague that affected a good part of the Peninsula. Both northern Castile and the Kingdom of Leon were hit by this fresh pandemic. Although a certain flagging in the upward trends had shown signs of developing slightly beforehand, the arrival of the plague in 1599 hit a helpless population and choked off demographic growth in the short and medium term[1]. During the seventeenth century the displacement of the black rat by the grey rat would seem to have lain behind the absence in these areas of any serious epidemic, even though this was a century of economic crises and high death rates triggered by the impact of famine and traditional diseases[2]. However, despite new circumstances, as an outcome of earlier experience Local Councils in Leon seem to be aware of the need to set up preventive measures, using their financial resources and power to govern themselves. Reinforced community links and control of public spaces, together with measures of hygiene that affected the latter, were coupled with a rigorous control of the transient population and of settlement. The Pilgrims' Way led the Corporation of Ponferrada, among others, to prohibit entry to the town to any travellers suspected of carrying diseases. Similarly, the Royal Alderman of Astorga legislated insistently in respect of the prohibition on pigs being allowed to roam loose

1 Plague caused by the bacterium *Pasteurella pestis* was propagated by the black rat (*Rattus rattus*) coming into the country in ships touching at ports in Cantabria. The poor harvests of 1596 and 1597 left the population weakened and unable to fend off the plague when it arrived in March 1599. See: V. Pérez Moreda: *Las crisis de mortalidad en la España interior, siglos XVI–XIX.* Madrid, 1980.

2 L. Rubio Pérez. *La Bañeza y su Tierra, 1650–1850*. Leon, 1986, pp.78–85.

through the city[3]. Although achievements from this were rather limited and the few urban centres, just like rural settlements, lacked means and resources to combat traditional diseases, preventive measures, particularly hygiene and improvements in the physical conditions of communities in Leon, were once again among the preoccupations of Local Councils. This was especially so from the second half of the eighteenth century onwards, with the new guidelines of Enlightenment reformers concerned both by pandemics and the need to ensure food supplies for the population. However, neither official legislation[4] nor the setting up by Local Councils and other institutions of positos [public grain stores] seemed to give any result in the absence of any modification in the predominant structural conditions and relations of production. Against this background, crises of mortality were recurrent and already at the beginning of the century they became apparent among the infant population in the shape of a disease, smallpox, which was only to be brought under some control in the mid-nineteenth century.

While the eighteenth century is considered the century for fevers, these were already present in the previous hundred years. Both typhus, and tertian and quartan agues, were closely linked to the conditions of life and the presence of swampy zones in which the mosquito or insect vector could reproduce[5]. However, traditional diseases such as diphtheria, murine (or endemic) typhus, and the like, were joined by other causes of death related to hunger, cerebral ailments, and respiratory and digestive illnesses. This not merely slowed population growth, but was to some degree a reflection of how few advances had been achieved despite the efforts of Local Councils and communities. Thus the demographic and economic crisis of the

3 A.H.P.L. *Archivo Histórico Provincial de León* [Leon Provincial Historical Archives], Astorga protocols of 1622.

4 On the topic of State projects and advances in medicine in Spain as a whole, extensive studies have been undertaken, including J. M. López Piñeiro: *Ciencia y técnica en la sociedad española, siglos XV–XVII*. Barcelona, 1979, J. L. Peset (ed.): *Historia de la ciencia y de la técnica en la Corona de Castilla*. Against a background dominated by Paracelsianism, Spanish medicine, like Spanish chemistry and biology, underwent no real change until the end of the seventeenth century. Contributions by Juanini (*Discurso político y phísico*) and the group of *novatores* [innovators] from Valencia and Saragossa, especially Juan de Cabriada, were fundamental for the future of medicine, while showing up Spain's backwardness in science and the great mental and financial limitations that continued throughout the eighteenth century. Although in theory there was some change thanks to these contributions and the process of reform during the Enlightenment, in practice, other than in a few elitist circles neither this new knowledge nor the means available reached the population as a whole, so that the situation lingered on throughout the Modern Era.

5 In 1630 murine (flea-borne) endemic typhus and in 1693 louse-borne epidemic typhus severely affected the population of Leon and some administrations that had the resources to do so, like the City of Leon, attempted to combat them by hiring physicians at periods when there was a major shortage of qualified medical personnel. A.M.L. [Leon Municipal Archives], Actas [Minute Books], 1622 and 1693.

early years of the nineteenth century (1804 and 1805) was to be the forerunner for the arrival of diseases old and new that continued to decimate the population. The notorious fevers now had added to them rabies in a fresh context characterized by hunger, war, growing social polarization and increasing poverty. Starvation, pauperization, poor conditions of hygiene and the farming crises of the years 1864, 1869 and 1883 contributed to worsening the situation in an area where the process of industrialization had made no mark and the drain of capital away from the countryside was at a gallop. The influenza that in 1918 decimated the Leonese population was a faithful reflection of this precarious situation and the last great pandemic to make a major contribution to keeping death rates very high.

Table 1. Principal diseases, remedies and treatments involving the population of the province of Leon in the eighteenth and nineteenth centuries.

TYPOLOGY	TREATMENT: PLANTS, EXTRACTS AND SUBSTANCES
1.-Infectious diseases	
1.1. Respiratory Tract.	
Bronchitis, coughs and colds. **Pneumonia, pleurisy and tuberculosis.**	Snails, poppies*, violets*, mallow*, fenugreek*, jujubes*, figs*, raisins*, ground-ivy*, kermes mineral (sulphuretted antimony), coltsfoot*, belladonna*, hemlock, foxglove*. Common sweet flag (*Acorus calamus*), sea onion (squill). Winged broom (carquesia, *Genista tridentata*), tartar emetic, belladonna.
1.2. Typhus (typhoid fevers)	Musk, wormwood (absinthe)*, gentian*, ipecac (ipecacuanha), arnica*, rhubarb*, camphor, wine*, spirits of salt (hydrochloric acid), dilute nitric acid, spirits of vitriol (sulphuric acid), sulphuric ether, tartar emetic, cream of tartar.
1.3. Syphilis (pox)	Burdock*, kalawalla fern, balsam of copaiva, guaiacum (lignum vitae), spurge flax (*Daphne gnidium*)*, quicksilver (mercury) and mercury salts
1.4 Smallpox	Chicory*, lettuce*, dandelion*, borage*, fumitory*, scorzonera (black salsify)*, lunar caustic (silver nitrate), spurge (*Mercurialis*), vaccine (vaccination began in Spain in the late eighteenth century, in Leon in the first third of the nineteenth).
1.5. Measles	Burdock*, torus herb (*Dorstenia contrajerva*), scorzonera*, bugloss*, violet*, apothecary's rose (*Rosa gallica*)*, sassafras, linseed*, marshmallow (*Althea officinalis*)*, nitre, sorrel salt (potassium oxalate)*, Tabasco pepper.
1.6 Diphtheria	Spirits of salt, gum ammoniac, alum, volatile alkali (ammonia).
1.7. Cholera	Leon barely saw this disease; there was a small outbreak in the Bierzo district at the beginning of the nineteenth century) Ipecac (1672), morphine (1805).
1.8 Diarrhoeas.	Hartshorn (ammonium carbonate), opium, rice*, starch*, torus herb, quinces*, logwood (*Haematoxylum campechianum*).
1.9. Leprosy	White arsenic, quicksilver, fumitory.*
1.10.Herpes	Borax, manganese, hellebore*, black pepper, pasqueflower (*Pulsatilla*)*, spurge flax.*
1.11Carbuncle	Dried chloride of lime (calcium chloride)
1.12. Ulcers and sores.	Ivory black (animal charcoal), cantharides, sumac*, benzoin resin, essence of turpentine*, creosote, acetic acid.*

TYPOLOGY	TREATMENT: PLANTS, EXTRACTS AND SUBSTANCES
1.13. Hydrophobia (rabies).	Belladonna*, antimony chloride.
2. Parasitic diseases	
2.1. Malaria (tertian and quartan fevers)	Absinthe*, cornflower*, gentian*, willow*, mustard*, rue*, black pepper, milk thistle *, cinchona bark (end of the seventeenth century), Prussian blue (iron cyanide), green vitriol / copperas (iron sulphate), blue vitriol (copper sulphate), verdigris (copper carbonate)
2.2. Amoebic dysentery	Rhubarb, sulphuric acid.
2.3. Ringworm (in 1805 this was called *lepra* [leprosy] in Leon)	Black pepper, white lead (lead carbonate), manganese.
2.4. Mange (itch)	Sulphur, fumitory*, borage*, rue,* scabious*, hellebore*, verbena*, mustard*, white lead.
2.5. Intestinal worms (helminths).	Tansy*, rue*, wormwood (absinthe)*, lemon pips*, sagewort (*Artemisia maritima*), gamboge resin, ash tree leaves*, birthwort (*Aristolochia*)*, castor beans*, pepper.
2.6.Tapeworms	Myrtle*, pomegranate*, male-fern*, rue*, garlic*, false dittany (*Dictamnus albus*), castor beans*.
3.Other diseases	
3.1. Rheumatism	Arnica*, club moss (lycopodium)*, turpentine*, juniper oil*, phosphorus, incense, deadly nightshade*, essence of rosemary*.
3.2.Epilepsy (in eighteenth-century Leon called *gota coral* [falling sickness])	Blue vitriol, black henbane *, stramony, valerian*, orange-tree leaves*
3.3. Digestive ailments.	Fennel*, ginger, chamomile*, mustard*, angelica*, aniseed*, wormwood (Artemisia)*.
3.4. Haemorrhoids	Lesser celandine*, cocoa butter
3.5. Hysteria and neurosis	Castor (beaver musk), musk, poppies*, valerian*.
3.6. Scurvy	Common scurvy grass (*Cochlearia officinalis*)*, mustard*, sorrel salt *.
3.7. Stroke (apoplexy)	Coloquinth*, sabadilla (*Schoenocaulon officinale*)*.
3.8. Gout	Birthwort*, burdock*, Spanish broom*, gentian*, guaiacum, torus herb.
3.9. Goitre (endemic in the Cabrera and Bierzo districts).	Powdered sea-sponges
3.10. Oedema (dropsy).	Sea onion*, foxglove*, juniper*, lettuce*.

* Plants indigenous to Spain or extracts and substances obtained from them.

Sources: Parish Registers: death registers for the districts of La Bañeza and Astorga (1750 to 1850). Inventory of the Astorga Dispensary and yearly inspection reports, eighteenth century. On the range of medicines held by the Dispensary of the Hospital of Saint Anthony the Abbot in Leon, the Leon Cathedral Archives and the doctoral thesis*: La Farmacia en la ciudad de León*, 1800 - 1950. María Luisa Martínez Velasco. University of Leon, July 2008.

Commentaries: In most illnesses bloodletting was routinely undertaken, either by the application of leeches or by phlebotomy (bleeding). The barber-blood-letter, or barber-phlebotomist, was a familiar figure in the Province of Leon. Similarly, by routine almost all ailments were treated with purges: aloe, tamarind, jalap, Spanish broom*, common buckthorn*, antimony, senna*; or emetics: violet root*, blue vitriol, tartar emetic, kermes mineral, ipecac.

Professionals: Physicians, surgeons, barbers and healers.

The situation was thus one of total absence of any State co-ordination and of means and resources likely either to improve living conditions or to solve health problems. Hence, it was communities themselves, that is, rural Councils and urban Corporations, which throughout the Modern Era assumed the responsibility for combating disease and caring for the health of the inhabitants or residents. This self-protection had its roots in the capacity of councils to legislate or issue orders, the chief objective of which was to provide for and guarantee minimum basic resources, such as water, bread and other foodstuffs. Local by-laws on the cleanliness of council-owned water supplies, of bakeries and other public places, such as taverns, appeared and became increasingly common from the seventeenth century onwards. Both Local Councils and town Corporations, together with administrators connected to the central government (Royal Aldermen) seem to have taken an interest in supplies of food and in the availability of remedies and resources in the few private dispensaries and apothecaries' shops existing in the Cities of Leon and Astorga. Thanks to a few inventories from the seventeenth and eighteenth centuries, it is possible to gain knowledge of the limited medical remedies to hand, largely linked to traditional medicine[6], which would appear to explain the growing efforts of town Corporations in favour of preventive measures. Since treatments were so basic and lacked means and resources, prevention stood out as the only alternative, all the more so within communities that had full powers to manage their own resources and environment. Council-organized food supplies and monopolies in rural communities and even in cities and urban centres, such as Astorga or Leon, became a major line of action that went well beyond merely ensuring there was food. It was from the last few decades of the eighteenth century onwards that considerable ability to pass by-laws and a major effort by Councils is noted with regard both to hygiene and food supplies[7]. Thus, Councils took a close interest in ensuring that there were suppliers obliged to provide meat to butcher's shops or wine to taverns, but simultaneously insisted on proper conditions for slaughtering animals and for

6 During an inspection of the apothecary's store by the authorities of the City of Leon in 1643, it was noted to hold: precious and oriental stones, drugs, amber, agaric, kidney-wood, senna leaves, guaiacum (lignum vitae), cinnamon, saffron, cloves, pepper, compounded cordials and tinctures, pills, gums, poultice ingredients, ointments, roots, syrups, oils, flowers, herbs. A.H.P.L. Box 209. In 1702 an inventory of the apothecary's store of the town of La Bañeza recorded the presence of herbs as a basic element in the preparation of ointments, which were made up of animal fats, minerals and herbs. Alongside these items for external application there were pills, tablet ingredients, gums and juices. A.H.P.L. Box.7292.

7 L. Rubio Perez, *Ordenanzas del concejo de Santiago de Millas y su barrio de Penillas, Año 1671*. Leon, 1985. The greater part of the council orders studied in L. Rubio Perez, *El sistema político concejil*, op. cit., are on the same lines.

the distribution of meat or bread[8]. Similarly, while in 1790 the Leon City Corporation organized systematic rubbish collections, they once again stressed something already a constant in the seventeenth century, that is, ensuring a supply of snow, used as a medical treatment against the ever-present fevers[9].

Together with their greater or lesser preventive and organizational capacities Leonese communities run by Local Councils sought, as far as internal and external limitations permitted, remedies against disease by a two-fold route. On the one hand there was the traditional way linked to beliefs and their own resources, on the other the scientific way, based on medicine and in particular upon exercise of the medical profession, these two ways being intertwined. In view of the limits and lacks already mentioned, and outside scientific medicine, which could hardly reach much of society, especially rural society rural, until well into the nineteenth century cures were sought the traditional way, itself divided into two approaches: practical (or heterodox) and religious. It is hard to quantify or measure the real presence of a whole range of healers and curers, scattered throughout Leon, but particularly in mountainous areas. This is, as might easily be supposed, partly because they were anonymous, and partly because, operating outside the law, they left no written trace of their activities. Only a check on a certain number of trials by the Inquisition reveals their existence and the growth in the activities of healers as the eighteenth century progresses. The exercise of healing was the result of the absence of any response from institutions and the limits of medical means and resources. The well-known example from the district of La Bañeza of María Domínguez, a woman in her eighties from a small community called Santa María de la Isla, is a good reflection of the linking of religion, spiritualism and traditional healing lore in a practice mixing religion and natural knowledge and resources. At the bidding of the Valladolid Inquisitor, the María in question was accused and tried in 1761 as involved in healing and superstition. This was because she cured various diseases using herbs that were mysterious or magical and by making use of a set of charms or invocations of protecting saints that varied in accordance with the type of ailment to be remedied[10]. From witness statements made during the trial, it is clear that alongside

8 In 1798 rules were drawn up for slaughtering cattle and supplying the butchery of the district of Astorga. These make plain the preoccupation about both human foodstuffs and public hygiene and health. A.H.P.L. Box 10612.

9 A.H.P.L., Boxes, 55 and 860.

10 In 1761 the Inquisitorial Commissioner, at the request of the Prosecuting Inquisitor of Valladolid, interrogated various witnesses in the case in question. One of them declared that his wife had gone to the house of the accused. The latter, after examining her, stated that she was suffering from an air blockage, but she could cure her. She told her to come to her house the following day, and while the two were alone in her kitchen, she examined the wife's breasts and repeated that it was an air blockage. She heated wine and oil in a small dish, putting in another some glowing embers, throwing onto them rosemary and thyme, together with vine twigs that she said were good for the air, and adding several other herbs. She then put the dish in the wife's

the use of products and herbs known for their healing properties an attempt was made to invoke divine powers, while there was also clearly some basic awareness of the human body and of certain traditional illnesses. Problems arose when these natural remedies were joined by others linked to witchcraft or from the constant mixing of healing items from nature with invocations and religious practices that neither Church nor Inquisition were prepared to accept. This was so, even though people from kings to the clergy had no hesitation in resorting to this sort of person and other natural healers.

On these same lines, Council orders, records of religious guilds and the account books of local treasuries, thanks to their entries and annotations, make it clear there were a number of deeply-rooted traditions, spells, invocations and other acts of worship, the aim of which was to gain the help of a number of saints who were supposed to protect people and animals. Although the greater part of these practices, to which Leonese Councils, not to mention the religious guilds, devoted more than 30% of their income, had their origins in the Middle Ages, it was after the seventeenth century crisis and during the eighteenth century when they were at their height. This is a clear manifestation of how Councils and their communities desperately sought remedies which it was hard to find, in view of the parlous situation of medicine and medical knowledge and the absence of any input of resources by State institutions. Invocations to the holy martyrs Saint Fabian and Saint Sebastian, to Saint Anthony, Saint Roch, Saint Lucy, and others were coupled to a whole screed of religious actions or practices on the part of Councils or communities, some seasonal, some annual. In these, through official pledges and prayers, an attempt was made to win divine protection and favour against disease and economic crises. The fact that even in the reforming nineteenth century this sort of practice continued and flourished shows just how little developed medical science was, and how hard it was for small communities run by Local Councils to gain access to medical professionals. From the sixteenth century onwards, such professionals may be divided into three groups. The first comprised physicians, who undertook university studies and after appropriate examinations were awarded a licence to practice by the central medical authorities, or *Protomedicato*. They were to be found mostly in towns, and their numbers until the eighteenth century were small, which to some extent explains their high salaries. In second place came surgeons of two sorts. There were Latinists or master surgeons, who, while not holding a full medical degree, had completed courses in surgical operating proce-

lap and made the sign of the cross with her hands, at the same time uttering charms and prayers. She swore by the lance with which Longinus stabbed Our Lord on the cross, adding "Amen" and "Jesus". Within nine days the baby girl began to suckle properly and the wife noticed that she had more milk every day. The baby grew up very robust and healthy. Similarly, various witnesses declared they had had eye ailments cured by means of salves and invocations to Saint Lucy. A.H.N. [National Historical Archive] Inquisition Section.

dures and were authorized to prescribe medication for external uses. There were also non-Latinists who had undergone controlled training under a master surgeon for a number of years under the terms of an apprenticeship contract until the *Protomedicato* approved them to practice. Finally, there were barber-blood-letters or barber-phlebotomists, who could bleed patients, extract teeth and so forth, still present in a society that was well used to them, although communities did attempt to engage the services of experienced surgeons recognized by the *Protomedicato*[11].

Indeed, both legal documents and the records of Councils and local by-laws stress from the sixteenth century onward the need to engage the services of medical professionals, especially after the establishment in 1477 of the Royal Tribunal called the *Protomedicato*, the function of which was to examine candidates wishing to become physicians once they had completed basic Arts studies and four years of courses in a Medical Faculty[12]. However, neither in the sixteenth century nor in the following centuries was access to medicine open to urban communities as a whole, much less to small country communities, whose respective Councils had to counter the deficiencies and total lack of interest on the part of other authorities or State institutions. It is true that, especially from the late seventeenth century onwards, not only were there advances in knowledge and practice, but also a noteworthy proliferation of orders, decrees, regulations and other provisions that tended to bring order to the chaos and in some way favour the exercise of medicine. However, in practice there was total failure, in part because of the lack of personnel, in part because of the scarcity of financial resources. In this situation, neither institutions, nor the Crown, nor other governing or ruling groups seemed to have any involvement in the problem beyond this legislative and preventive framework. The limited number of universities, Salamanca, Valladolid, Alcalá, combined with social and economic factors affecting studies, led to a state of affairs in which, regardless of the developments in medicine, the availability of medically qualified professionals was sparse and large urban centres took the lion's share, more than half, of these trained staff[13]. Thus, it was urban Corporations and local Councils of rural communities that, to the extent their means and resources permitted, fostered and paid for medical services and access to them by those living in their areas. However, both the scarcity of resources and the collective ethos that affected Leonese Local Council

11 Luis S. Granjel: *El ejercicio médico y otros capítulos de la medicina española.* Salamanca, 1974.

12 In 1798, Manuel Rico Merino, a candidate for the post of physician for the City of Leon listed his experience and long periods of training, which mingled Classics with medical practice.(See Table below). A.H.P.L., Box.755.

13 J. M. López Piñeiro reckons that there were around one thousand physicians, mostly established in the larger cities of Castile, with a major vacuum in the countryside. See J. M. Lopez Piñerio. *Ciencia y técnica en la society española de los siglos XVI y XVII.* Barcelona, 1979. See also: D: Goodman. *Poder y penuria. Gobierno, tecnología y ciencia en la España de Felipe II.*, pp.242–243, 1990.

communities meant that for centuries, even beyond the end of the early modern period, questions of medicine and access to it were handled collectively and affected the residents as a whole. This explains why, as is noted in the few surviving records of agreements and of council accounts that can be consulted, contracts for medical professionals were issued by the council organization over time, at no direct cost to individual residents, since it was the council treasury that took on the burden of paying emoluments.

Hence, entries in the accounts and legal contracts between medical professionals and the councils of the various Leonese communities offer access to some specific points that are hard to assess from the perspective of a systematic serial analysis of medical and health practices. There would appear to be two reasons for the scant presence of qualified physicians in the Leonese countryside in the sixteenth and seventeenth centuries. These are the small number of such personnel and, especially in the seventeenth century, the lack of funds to hire them. This led councils that had some resources tended to engage phlebotomists and barber-blood-letters, with surgeons established mostly in towns and small cities that were the seats of jurisdictions[14]. These lesser-qualified professionals could let blood, undertake minor surgery, set bones and fix splints, besides working as barbers. It was their guild and the ruling authorities of each town that awarded them their qualifications, after a practical examination, and their medical services were paid for by councils and by individuals. So, for example, in 1635 the town Council of Castrocalbón agreed to hire a barber-blood-letter from a nearby village, stipulating certain terms and conditions. He was to come to the town twice weekly to examine any sick, even without specific appointment, and was also to come whenever required by a patient. Any application of cupping-glasses to unbroken skin was to be paid for at the rate of eight *maravedis*, while an application to scarified skin or a blood-letting would earn sixteen [some two or three pence in English money of the period]. He was to treat all residents, their children, nieces and nephews, while if he treated their servants, he was to be paid in accordance with the treatment given. He was to shave or trim the beard of all householders, who each were to give him five *celemines* [about twenty-three litres or somewhat over half a bushel] of wheat a year, apart from any payments for individual treatments.[15]. Together with these medical workers, there were often surgeons who up until the mid-nineteenth century undertook minor surgery, splinting and setting bones. In some sense they made up for the absence of physicians, especially in moments of crisis, when the number of surgeons recognized by local authorities and their own guild tended to grow. This was encouraged by the way that the job could be learnt without formal academic study and the low rate of

14 From least to most qualified, medical professionals fell into the categories: barber-blood-letter, phlebotomist, surgeon and physician.

15 A.H.P.L., Box 6953.

pay, which meant services cost little, similar services also being on offer, as has been seen, from an assortment of healers and spell-casters[16].

The contributions both of the *novatores* and of the scientific revolution, together with the new economic conditions prevailing in Leonese communities governed by Local Councils in the first half of the eighteenth century, appear to lie behind the slight changes noted from that time onwards. Thus, the presence of a qualified physician became more frequent, even in rural communities, and in some sense the foundations were laid for a system that was to last until the major transformations that came in the twentieth century thanks to a revolution in science and the current health system. Although the collective, Council-run nature of services continued in respect of the benefits of having a qualified medical practitioner, as also in some sense the right of residents to free medical treatment, paid for from the funds available to each Council, in the mid-eighteenth century certain adjustments are to be noted. These include the introduction by Council-governed communities of medical rates and the possibility that the doctors employed might treat outsiders on the basis of personal payment for their services. This state of affairs indicates a certain alteration in the social situation. While it is true that attempts are made to maintain a free Council service, a lack of resources on the part of Councils or communities leads to access to medicine being sought through personal contributions. This to some extent created social differences, very much on the lines of the growing spirit of individualism that become increasingly present in the nineteenth century[17]. In

16 Healers treated the sick by applying saliva, breathing on or touching the patient, while spell-casters effected their cures with prayer and magic words. Curers of these sorts were very abundant in the Leonese communities run by local councils and were even recognized and given contracts by council order in some mountain areas in the eighteenth century. In 1630 a contract for an apprenticeship in the art of surgery was drawn up between a resident of Santa Marina del Rey and a surgeon living in Astorga. The surgeon, Antonio de Luaces, was required by the contract to take into his home Manuel Sánchez to instruct him in the arts of surgery and to keep him there for two years, providing him with clothing, board and lodging, in exchange for which he was to receive two hundred *reals* [equivalent to some seven or eight pounds sterling of the period] A.H.P.L. Box 9497.

17 Santa Marina del Rey was a small but wealthy town, no longer subject to any lord, situated on the fertile lands along the River Órbigo. Its capacities for self-government by its own council were full, although it did have to pay a considerable annual sum to the previous lords of the manor. The buying out by the council of their rights, which did not extend to the extinction of the yearly tribute due to the Cathedral Chapter of Astorga, did give it full political and financial control of its affairs. However, it also led to long-term increasing collective indebtedness, which became worse with the crises of the seventeenth century. Throughout the sixteenth century the town always paid for the services of a physician, but in 1626 medical care was put into the hands of phlebotomists or blood-letters, clearly a reaction to the scarcity of trained doctors and the penurious state of the council treasury. Council accounts from 1672 once again have entries relating to the salary paid to a physician, 500 *reals* [at that time around twenty guineas]. After various different alternatives were tried the contracts became generalized as lasting one or two years, with the introduction of resident rates, so that householders themselves paid the

any case, towns and villages with fewer resources continued to maintain both a subsidized collective system and contracts, paid for by special rates, with surgeon-blood-letters based in the larger urban settlements. This reinforced the well-to-do status of such specialists in bone-setting, bleeding and the like. Thus, in 1734 the town of Castrocalbón engaged the services of Jerónimo Martínez, surgeon and blood-letter approved by the *Protomedicato* and resident in La Bañeza. Among the terms of his contract was that he had to come to shave, trim the hair of and treat for any disease, carbuncle, or other injury or ailment, any of the householders or other residents of the town, prescribing them medicine, leeches or blood-letting, extracting teeth when necessary or if they requested it, and providing any other needful service. For this work he was to be paid by each householder two *heminas* [in Leon, approximately thirty-six litres or around a bushel] of standard-grade wheat and one pound of flax. Since he was resident in La Bañeza and had to care for his registered patients there and in the surrounding district, he was required to appoint an assistant suitably competent to bleed and to shave and to provide basic medicines for the sick under treatment, who was to reside in the town itself, so as to deal with sudden emergencies and visit patients every day that the surgeon himself was not able to come to do so[18].

On these same lines, at the end of the eighteenth century, although advances in medicine and improvements in finances continued to be sparse, the main Leonese towns and Local Councils put a good deal of effort into ensuring they had the services of qualified physicians. These professionals attained considerable prestige and a high social status. They moved continually from one town to another as a function of the salaries on offer. When funds were ample, communities sought to have a constantly present doctor, and were willing to pay substantial emoluments. The town of Grajal de Campos is a significant instance, both because of the degree of self-government through its Council that it retained, despite having a lord of the manor, and because it continued to have collective and social arrangements for medical services, paid for mostly from town funds and the Council's treasury. Thus, in 1799 the qualified physician Francisco Zerón committed himself in a legal document to attend to all the householders and residents of the town, their children and servants, and the poor in the workhouse, every day, visiting any sick both morning and evening. If he wished to undertake any journey, only permitted on the

---

incumbent, even if it was the Council or councillors who drew up the contract, made some payment or provided lodgings for the physician. So, in 1753 an agreement was reached with Pedro Fernández, a qualified physician, by the terms of which all householders were to pay a yearly sum of two *reals* [somewhere between one shilling and one shilling and sixpence of the period] to ensure treatment for their families. Some residents were opposed to this two-*real* rate, but it was ordered that the amount be paid in three instalments to the Council, ensuring the doctor an income of some 300 *reals.* A.H.P.L. Boxes 9431, 9332 and 10281.

18 Municipal Archives of Castrocalbón. Ledger number 3.

assumption that there were no patients currently under treatment, he still had to leave a locum to cover any emergencies. In return for his services, the town Council contracted to pay him a yearly sum, granting him the status of householder without requiring him to pay any local rates. As long as the arrangements continued, the payment was to consist of one head of cattle and one pig, plus fifty *cántaras* [about 80 litres or around 20 gallons] of wine, if he wished to take this payment in kind, with a cash payment of 3,700 debased or billon *reals*, equating to 1,480 true silver *reals* [approximately forty to fifty English guineas of the period], one-third to be deducted if the payment in kind was taken[19]. It can be seen from terms mentioned in this and other contracts, there was a progressive trend, differing from the practice in earlier centuries, to share out medical services among various different communities linked by ties of jurisdiction or proximity. This doubtless aided a larger number of individuals or rural communities to gain access to medical skills. It also strengthened the social position of qualified physicians, who were addressed with the formal polite title of *Don*. In the specific case of the Grajal contract, the Council allowed the doctor to travel out to villages near the urban area, as had been the custom, but he was not permitted under any circumstances, however urgent, to spend the night away from the town.

The specific cases analysed above confirm to some degree the results obtained from a sample based on contracts and lawyers' documents. These indicate the sorts of professional that received contracts and the terms and conditions imposed on them. In studying the sample, two periods, covering respectively the eighteenth and the nineteenth century were used, so as to allow any possible changes relating to the practice of medicine or the terms agreed. In the first period, of 68 contracts studied only 8% related to qualified physicians, all the others to the various different categories of surgeon, although there is a strong trend in the second half of the eighteenth century for preference to be given to master surgeons approved by the *Protomedicato*, a clear reflection of economic growth and greater social awareness of preventive medicine and of health. In view of the scarcity of physicians and their tendency to settle in large urban centres, towns and small cities could only gain access to them on a temporary shared basis. This to a certain extent obliged them to hire qualified surgeons who acted as replacement doctors and thus became the main medical practitioners. Although oversight and control of contracts and medical services lay with the Local Councils, during the eighteenth century the system of medical rates gradually spread to become universal. This meant that medical profes sionals received emoluments of two types. While the Council conceded to them householder rights such as that to graze a horse on common land, or exempted them from certain local taxes, householders individually contributed a payment in

19 A.H.P.L. Protocols, Box 4548.

Table 2. Education and curriculum vitae of Manuel Rico Merino, candidate for the post of city physician of Leon, 1798. A.H.P.L., Box 755.

Year	Awards and literary and practical work
	Study of Latin in the City of Leon. Thirteen years of secondary and tertiary studies. Three years of philosophy and five of theology in the Monastery of Saint Dominic in Leon.
1781	Moved to the Classics section of the secondary school, passing his examinations *nemine discrepante* Three half-hour presentations awarded a score of twenty-four in a disputation with the Wrangler covering three topics in Theology and four in Philosophy, in which he produced seven telling arguments and other spontaneous points.
1782	One year of studies of algebra and one of experimental physics in the City of Valladolid. Three years of medical studies at the University of Valladolid, also attending lectures on Anatomy and Surgery.
1784	Intern in the Academy of Medicine, having been approved *nemine discrepante*.
1785	Awarded the degree of Bachelor of Philosophy.
1786	Gave a half-hour presentation awarded a score of twenty-four, expounding one of the aphorisms of Hippocrates that he was assigned at random, and responding to three half-hour disputations. This exercise was approved *nemine discrepante*, and he was accepted as a senior member of the Academy. He was involved in various other disputations within the institution.
1787	Presented a major paper in the University and Medical Faculty of Valladolid. Awarded the degree of Bachelor of Medicine by the University of Toledo. Two years of practical work at Saint John's Hospital, Burgos, in conjunction with Master Physician Felix Antón. Solely responsible for treating syphilis cases and certain other sick patients.
1789	Renewed his licence as physician before the tribunal of the central medical authorities [*Protomedicato*] in the City of Madrid. Physician of the town of Villaoz in the Province of Burgos; physician of the town of Fonbellida and its district in the Esgueva Valley.
1790	Selected as physician for the town of Villamañán.
1794	Physician in the town of Alaejos, where he was granted a contract. Immediately prior to leaving, he was offered a new contract by Villamañán at a higher salary and the same conditions. He thus remained in this post for eight years uninterruptedly to the full satisfaction of the residents of the town and its environs, as was well known.

the form of a quantity of grain (wheat) each year. The amount varied, being on average around twenty kilograms per ratepayer to ensure medical treatment, ten for shaving services. Social status, as also their income in kind, was high for these practitioners. Consequently, contracts with a two-year term were gradually replaced towards the end of the century by agreements for an average term of eight years. In return, these surgeons took on an obligation to stay in the town day and night, to treat all the sick, including the poor, at no charge and, when the incumbent was a

barber-phlebotomist, to engage a qualified surgeon assistant to aid in treating householders[20].

Thanks to this greater social awareness, reflected in the increased number of contracts with medical professionals, the nineteenth century saw the slow introduction of certain changes. These were tightly linked both to advances in the knowledge of diseases and to the rising cost of medical services, as there was still a shortage of qualified professionals, while demand on the part of rural communities was growing. In this context, and closely linked to the strengthening of the political power of Local Councils, communities and their respective Councils tended to unite so as to share medical services, whether through old administrative and judicial organizations (District Councils), or through the new municipal institutions or Local Authorities (*ayuntamientos*) created by liberal reforms. Both contracts and the way that services were shared by various different communities not merely facilitated and improved provision, but also reduced costs, despite the strong growth in salaries which progressively became fixed entirely in cash, with an average amount exceeding 5,000 *reals* a year [equating to perhaps as much as 180 English guineas of the period]. This meant that thanks to the greater specialization of qualified surgeons, who might well be resident in another town, even though they made weekly visits to different localities, there was still a need to have barber-blood-letters in each community to take care of minor treatments, and especially to do shaving. This modified somewhat the sort of contract entered into and the terms relating to pay. While the system of rates in kind continued in use for barbers in the form of payment of a quantity of grain by householders, the cost of salaries for physicians and qualified surgeons was borne for the greater part by Local Councils and by the Local Authorities that later replaced them. This is a crucial aspect: it should be kept in mind that in the urban world and in those territories in which Local Council powers were to disappear, along with the communal resources that supported them, social differences became more acute, even in respect of access to medicine. In Leonese Local Council areas, even in mountainous zones, socialization of medicine not merely did not disappear, but actually became stronger and in a certain sense laid the foundations for current models of provision[21].

---

20 The town of Algadefe during the second half of the eighteenth century had ten contracts with practitioners, either master barbers, or qualified master surgeons. In the first case the system for rates and service provision involved an obligation to reside constantly in the town as a householder, as well as requiring the barber to ensure surgical treatments through an obligation to nominate an approved person to attend and undertake visits at the hours fixed for them. For its part, the contract drawn up in 1786 with the incumbent master surgeon for a term of eight years specified that treatments required because of violent acts were to be paid for by whoever was convicted of committing them. A.H.P.L., Boxes 5978, 5979, 5980, 5985, 5988.

21 As an example, there is the contract signed in 1833 by the towns and villages forming the District Council of Mediana de los Arguellos in the town hall of the new Cármenes Local Authority with Eulogio Mendoza, the incumbent surgeon resident in Matallana de Valmadrigal.

In such a context, in view of the absence of planning and action by State institutions, the entire weight of medical provision and of aid centres, hospitals or hostels, fell on cities, towns and villages. Their respective Councils sought what ways they could to find remedies for disease and provide access to medicine. In the light of this, it is understandable why throughout the Modern Era there remained present in the Province a series of establishments whose main purpose was to aid travellers and pilgrims, a natural consequence of the fact that the Pilgrims' Way to Saint James of Compostella runs through this area. Local religious guilds with considerable incomes and resources, together with several of the towns and villages lying on the routes most frequently used by such travellers, bore the cost of such institutions throughout the Modern Era. The provision of medical personnel varied in accordance with the resources available to those patrons maintaining them and was closely tied in with the medical services for which each of the towns held a contract. At the end of the eighteenth century the Province of Leon had a network of such hospitals and hostels comprising eighteen centres maintained by larger towns and by cities, although some of them had no health workers and concentrated on charitable assistance to the poor and to travellers[22]. As can be seen from the table below, it was in the larger urban centres that hospitals were to be found with their own medical personnel, while small towns and rural settlements lacked sufficient means to hire such staff.

Against this background and in circumstances that remained more or less unchanged until well into the nineteenth century, the principal efforts of Leonese countryside communities, given the internal and external limitations affecting them, were directed towards getting the benefits of medical science and access to medical professionals who were regulated by the central medical authority or *Protomedicato*. The presence of the hospitals and hostels mentioned above at the end of the modern period, most of them lacking medical staff, was aimed mostly at the poor and at travellers. Moreover, their strong dependence on the resource of religious guilds and of towns caused them to lack sufficient means to alleviate disease. While guilds and Councils did with great difficulty manage to cope with poverty from the Middle Ages onwards, the disentailment of their property in the early

---

Its conditions are clear. He was to treat as needed both rich and poor, both orphans and servants. He was to offer shaving services and was required to visit the district council area every fortnight, even if there were not sick. He was not to leave the area without a magistrate's permission, and this was not to be for periods in excess of three days. He was to live in Cármenes and if he were to be at home but refused to visit a patient, he was to pay a fine of five ducats [twenty *reals*, about ten to fifteen English shillings of the period]. The contract, for a term of three years, specified he was to receive annually 4,100 *reals* [approximately135 contemporary English guineas], apart from other householder privileges. A.H.P.L. Box 4065.

Table 3. Hospitals and hostels.

Town / village	Name of hospital / hostel	Doctors
Astorga	Saint John's	3
	Five Guilds'	2
La Bañeza	Cross	3
Benavides	Saint Martin's	0
Leon	Saint Anthony the Abbot's	4
	Pilgrims'	0
Pardavé	Sick Pilgrims'	0
Pobladura de P. García	Assumption	0
Ponferrada	Queen's	3
Puebla de Lillo	Saint Isidore's	0
Puente Villarente	Villarente	0
S. Miguel de Dueñas	Mercy	2
Valderas	Trinity	0
Villadangos	Villadangos	0
Villademor	Saint Peter's	0
Villafranca del Bierzo	Saint James's	1
Villamañán	Saint John's	0
Villanueva de la Tercia	Pilgrims'	0

Source: *Censo de 1787. Floridablanca*. I.N.E. [Spanish National Statistical Institute], Volume 3B. Madrid, 1989.

nineteenth century brought their activities to an end as they no longer had the minimum income from agricultural lands needed to support charitable works. In the light of this and with a centuries-long experience of the limitations of the fight against disease, it is understandable why Leonese Local Councils sought so desperately to engage the services of a fully-qualified physician. This must have been quite difficult, to judge by the small number of these more highly trained professionals and their concentration in urban centres.

In turn, the autonomy of each community, the individualism and self-sufficiency that at times took the shape of a rejection of neighbouring communities, even when forming part of the same administrative unit, led access to medicine, that is, to medical professionals, to be very restricted and dependent on the resources to hand. Nonetheless, even though elites, especially in urban areas, had more possibilities of gaining access to medicine, it seems clear that the system of Local Councils and the strength of these communities in seeking collective or community solutions favoured the inculcation of a way of thinking and of attitudes that sought collective benefits over individual. For many centuries Leonese communities with Local Councils had shown extensive and deep-seated socializing and collectivist behaviour patterns. These had to some degree reduced, even if they had not eliminated, social polarization and had brought basic services and access to certain means of production into the grasp of the community as a whole, independently of the position of a given family. Local Council monopolies over food supplies and above all their provision of free access to basic primary education and to medical and health services,

to the degree that these could be afforded and staff for them hired by the Council, was something taken for granted by Leonese communities run by Local Councils. This was because of the belief, collectively accepted, that only community spirit could provide a way of facing the challenges of life, in view of the weakness of individuals and of the households from which they came and of which they formed part.

However, changes occurring as the nineteenth century wore on, an increase in social polarization and in individualistic behaviours and attitudes, favoured by the policies of the liberal state, gradually eroded this community solidarity and collectivism. While the system of Local Councils lingered on, it seems clear that a process of dissolution of certain social values affected a whole set of solidarities and to a great degree also, Local Council funds. This retreat, despite the slow advances in medicine, would appear to explain in part the social and community difficulties in gaining access to medicine practised by the still relatively few qualified physicians. This meant that in the mid-nineteenth century just 30% of the population of Leon had direct access in theory to public medical provision.

Against this background, there was no visible change in the situation regarding demographic patterns in the first half of the nineteenth century. High death rates and the immobility of a highly traditional regime underline the scant impact on the rural world of advances in technology and medicine. Even when the crisis of the first years of the century had been overcome, neither the extensive administrative reforms, nor economic growth, unable to eliminate hunger or the cyclical agricultural crises, proved able to change the situation and the system. The new liberal State merely strove to impose a rigorous administrative centralization and to obtain resources for the treasury, even at the cost of a major process of disentailments. This brought with it negative effects and contributed to increased social polarization, breaking down the few links that still remained between urban and rural worlds and spreading *caciquismo* [pocket-borough-like political fixing] from the principal new power centres, that is the Provincial Councils and the new Local Authorities. Despite this, and the creation in the Province of Leon along of some three hundred new Local Authorities, the medical and health situation did not merely remain unchanged. Local Council communities gradually gave up some of their old collectivist ways to the extent that they lost former jurisdictional links with other communities with which they had been allied in the struggle for survival and for access to medical remedies. As was noted above, this was combined with new fiscal burdens imposed by the State and a decline in the income of Local Council treasuries, especially in mountain communities. It is thus to some degree understandable how there could be a deterioration in health provision in a highly rural society, depending on a subsistence economy and having very little capital.

None of the projects and decrees of the liberal State, not even the basic Constitutional Law on Health passed in 1855, seemed to be of any avail. This was all the

more so in that the countryside was seen as less and less prestigious and suffered from a major draining away of population. Those who stayed in many villages and small towns were barely able to maintain any of their old links in ties when the pressure from dominant urban oligarchies and the new Municipal Authorities was squeezing agricultural incomes more and more. Agricultural crises, hunger, pauperization and new epidemics combined with traditional diseases to keep gross mortality rates higher than 35 per thousand. In such a context it is possible to understand the death of more than 17,000 people, particularly young people, in León during 1918 because of the influenza epidemic. Poor living conditions and hunger were described in a contemporary weekly newspaper, speaking of schoolteachers, when it said that they were obliged to teach in unhygienic premises and live in unhealthy rooms lacking any comforts, where microbes found congenial circumstances. As they and their families were impoverished and lacked sufficient food, it was not strange to see them among the earliest victims of the dreadful neglect affecting health services.

Similar views were to be found in the so-called Medical Surveys undertaken during the final decades of the nineteenth century and first few decades of the twentieth by a group of qualified doctors resident in Cities like Leon and Ponferrada. These were a new approach to investigating the living conditions in cities in an attempt to put in place a full preventive policy, which, as usual, ran up against the lack of financial resources and the realities of inadequate structures. Nonetheless, the conclusions leave no room for doubt. They stress the deficient hygiene observed among the working classes. The latter lived off the produce they got from the plots they cultivated as tenants. Vegetable waste and the bran from the cereals from which they made bread were used to feed the pigs that they kept on the ground floor of the houses in which they lived. The stench from these animal quarters went straight up into the rooms and the rotting dung that accumulated gave rise to an infection-laden atmosphere that was often unbreathable. Likewise, these reports note that the disease causing the greatest number of deaths was enteritis. This was particularly prevalent in the under-fives, because of poor or insufficient nourishment during breast-feeding and weaning, combined with the misuse made of wine, which was given to infants during the first months of their lives under the false impression that it would make them hale and hearty[23].

It would seem clear that there is a direct relation between living conditions, food, the extremely rural status, even of the few small urban centres, and the diseases that continued to affect the population of Leon during the early decades of the twentieth century, whether infectious/contagious (tuberculosis) or respiratory or pulmonary (bronchitis and pneumonia). This was paralleled by limited abilities to gain access to medical advances, or even to medicine in general, other than the sparse

23 *La Historia de León*, Volume 4, pp.23–25. Leon, 1999.

provision that was gradually being introduced into urban centres in the circles of the ruling oligarchies. It is in such a context that must be seen the creation in 1925 of the Provincial Hygiene Institute, the chief activity of which was to fight tuberculosis. From that point on, despite the financial and political problems that were to affect Spain in the first half of the twentieth century, not only were demographic patterns to begin changing, but also a process of striving to overcome traditional diseases was started, the first result of which was the involvement of municipal administrative units, that is, Local Councils, in collective arrangements for ensuring medical services. The general practitioner, paid for by Local Councils and the rates levied on householders, not only became a commoner figure in the Leonese countryside, but joined in the struggle waged by State institutions to eradicate major pandemics. Although very slowly, it was from the 1960s onwards that a model of public health fostered by the State became definitively established, which in some sense overlaid the centres that the urban bourgeoisie and certain medical professionals, members of social elites, had built up in the 1950s.

Laurano Rubio is professor in Modern History at the Department of History, University of Leon, Spain.

References

Actas *Libro de actas* [Minute Book], 1622 and 1693.

A.H.N. [National Historical Archive] Inquisition Section.

A.H.P.L *Archivo Histórico Provincial de León* [Leon Provincial Historical Archives], Astorga protocols of 1622. Box 55, 209. 755, 860, 4065, 6953, 7292, 9431, 9432, 9497, 10281, 10612, Astorga protocols of 1622, Protocols: Box 4548.

A.M.L. [Leon Municipal Archives], Actas [Minute Books], 1622 and 1693.

Granjel, Luis S., El ejercicio médico y otros capítulos de la medicina española. Salamanca, 1974.

Goodman, D., Poder y penuria. Gobierno, tecnología y ciencia en la España de Felipe II., pp.242–243, 1990.

I.N.E. [Spanish National Statistical Institute], Volume B. Madrid, 1989, *Censo de 1787*. Floridablanca.

López Piñeiro, J. M., Ciencia y técnica en la sociedad española, siglos XV–XVII. Barcelona, 1979, J. L. Peset (ed.), *Historia de la ciencia y de la técnica en la Corona de Castilla*.

Martínez Velasco, Maria Luisa, *La Farmacia en la ciudad de León*, 1800–1950. Dissertation, University of Leon, July 2008.

Municipal Archives of Castrocalbón. Ledger number 3.

Pérez Moreda, V., Las crisis de mortalidad en la España interior, siglos XVI–XIX. Madrid, 1980.

Rubio Pérez, L, La Bañeza y su Tierra, 1650–1850.

Rubio Perez, L., Ordenanzas del concejo de Santiago de Millas y su barrio de Penillas, Año 1671. Leon, 1985.