

The city in times of plague: preventive and eradication measures against epidemic outbreaks in Évora between 1579 and 1637*

L A U R I N D A A B R E U

Introduction. Death, panic, devastation, segregation, poverty, extreme scarcity, social disorder, the interruption of everyday life and isolation are some of the different definitions for the plague and plague outbreaks. Omnipresent in Europe throughout three centuries ever since the *Black Death* first arrived in southern Italy in 1347, the plague altered both behaviours and attitudes, ruined powerful masters and consolidated the assets of religious institutions, destroyed the financial power of many towns, facilitating the consolidation of royal power there, propitiated revolts¹ and brought about feelings of rejection and condemnation of the poor, progressively and dangerously associated with the propagation of the disease (Pullan 1994, 101-123; Palmer 1999, 87-101).

Phenomenon of devastating consequences that disorganized the economic and social life of the people affected for long periods of time (Bourdelaís 2003, 27), the plague epidemics also originated the development of new forms of organization in the cities it touched, propitiating the constitution of new powers and power groups that germinated and became stronger in an attempt to fight the disease. The Italian model – or at least the one shared by most Italian states – for the control and eradication of the plague based on the intervention of central governments, economically strong and with an already constituted bureaucratic system (Porter 1999, 34-45), would be subsequently imported to England, some time later to France and Spain, although in the last two countries the local authorities would play a main role in the battle against the disease, preceding the intervention of the central government, namely through the creation of the so-called ‘Health Boards’ (Cavallo 1995, 44-57).

What I propose in this paper, after identifying the general guidelines of the national public assistance system, is to contemplate the Portuguese reality in the light of the findings of a case study, focused in Évora, between 1579 and 1637. From the point of view of social history, the main aim of this essay is to evaluate both the impact that different forms of political interventions achieved in the battle against the spread of the plague and the efforts to control it. Given their specificity, once the analysis goes back to the year just before the beginning of the Spanish rule in Portugal, the chronological scale allows the superposition of several crisis layouts. Which means that the interventions mentioned here were done by

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the Crown in a context of violent outbreaks of the plague, that occurred in moments of special difficulty for the royal power: the end of the House of Avis and the loss of the Portuguese independence (the plague of 1579-1580); the establishment of the Habsburg House and the consolidation of the Spanish authority (the plague of 1582-1583); the crisis of the last years of the kingdom of Philip II, the increase of the fiscal pressure and opposition against the ‘invaders’ (the plague of 1598-1603); civil risings and the preliminary steps for the Restoration (the plague of Malaga, in 1637). Despite the fact that the present study is circumscribed to Évora, the generalizations proposed in this text are justified by the characteristics of the system under study.

The Portuguese assistance system: general characteristics. In the power game, or rather, in the geography of power, there are distinct intervention areas, defined according to the political and social specificity of each space. If we take them as a whole, the assistance and public health problems in Europe during the Early Modern Period had a tendency to be territorialized, that is to say, much more oriented to the scale of the municipalities than in terms of strategies from the central governments. In fact, it is in the combination of the measures imposed by public powers and their capacity to bring about the observance of those measures that the effective power of a city lies. At the beginning of the 16th century, local authorities were responsible for the development of new forms of assistance and new sanitary policies, as well as the stricter control of beggars, making the legislation more rigid, which, in some cases ended up by banning them.

The specificity of Portugal in this domain results from the fact that the interventions recorded were determined by the central power and had a national scope (Abreu 2003a, 5-24). This process started by the end of the 15th century when, by order of D. Manuel I, the reform of the hospitals (which gave way to the so-called General Hospitals), the foundation of the *Misericórdias* (which provided the country with a network of fraternities specially oriented to help prisoners, poor people as well as to control the beggars) and the reorganization of institutional assistance for abandoned children were done.

In short, it was a reorganization of the poor relief and health structures of a wide spectrum, politically centralized, but that wanted to mobilize the local structures in order to render them effective and successful. The crown summoned «the best men of each local», who were already represented at the municipalities, now called to undertake a new joint project: the *Misericórdia* ones – brotherhoods that carried a new idea of piety, trying to revitalize what was known as the ‘spirituality of beneficence’ during the Middle Ages. The *Misericórdias* would end up, following the decision of the Cardinal D. Henrique, the last Portuguese king before the Spanish domain, and that of the Philips (Abreu 2002, 47-77), by centralizing most of the assistance services, in particular the administration of the hospitals.

In practical terms, the model of the *Misericórdias* depending directly from the Crown presupposed an assistance system run by the people in charge of the local power but it was linked to ‘the religious doctrine of charity’ that viewed poverty as

an ideological matter. A system which allowed, for instance, to finance hospitals with the donations for the celebration of masses in memory of the souls of Purgatory (Abreu 1999, 153-170). However, as the *Misericórdias* were not represented in the political arena – just were confraternities dominated by the local elites – they did not have an institutional representative sitting at the local governing bodies, thus, cooperation between them and the municipalities was rather exceptional.

Due to this, the municipalities tended to reject any responsibility on those matters concerning assistance, such as hospitals, and tried not to get deeply involved in serious financial problems brought about, in most cases, by the system created by the Crown. This does not mean that the question was left aside completely. There was in fact an area of intervention that was of their competence: the question of sanitary policies and the control of epidemics. Therefore, whereas municipalities enjoyed complete freedom to impose laws compelling to keep cities clean and preserve the hygienic conditions of water (Tavares 1987, 17-32), the decisions to be taken in case of plague outbreaks or in case of a simple plague threat had to be sanctioned and almost always coordinated by the royal power. The monarch was also responsible for deciding how to finance such actions, denying, for example, the right of the municipalities to charge the citizens with specific taxes in order to cover the expenses caused by the disease. Only under extraordinary circumstances, as was the case after the epidemic outbreak of 1598, would the king authorized the imposition of taxes on water consumption in order to help the cities face the high expenses caused by the plague.

Plague, treatment and prevention: different control scales of the plague. The control of the territory was one of the priorities in times of the plague. Several levels of analysis can be established, and very different or even contradictory interests can be distinguished. Évora, with a population of approximately 13.000 inhabitants, had specific characteristics in national terms: above all, its aristocratic character (the court resided there until 16th century), the fact of be the head of the Archbishopric, and its economic dependency of the migrants, who worked in the surrounding vineyards and fields. The high walls surrounding it, as was the case in most important urban centres, functioned as veritable sanitary cordons, a shield that protected those inside it, but that also hid segregated areas, common in the urban geography, that were more noticeable when the social differences were greater. Settings where social tensions and conflicts would arise, the cities were extremely vulnerable sites, where the precarious balance was disrupted as soon as the smallest sign of alteration of normality was detected. During the plague, when the gates of the city were closed in order to prevent their inhabitants from leaving, the city could turn into a giant prison, felt as a sepulcher by a population that easily expressed themselves through violence. No wonder then, that one of the main worries of the authorities, alongside with matters related to public health, was the control of emotions and disorders when epidemics seemed near. For all these reasons, whenever they faced «the threat of the plague» the cities were the first target of the coercive actions of politicians.

The first ones to feel the results of such actions were the people who were infected by the plague, who were compulsively excluded from the circle of the healthy, in Évora at least starting since 1480 (Gusmão 1958, 98), exiled from the city and relegated to the so-called houses of health, which were no more than private dwellings placed away from the city, acquired by the municipality (Gusmão 1969, 291-292) and transformed into temporary hospitals. Here, as in Lisbon (Rodrigues 1997, 134-135) the intentions of building a permanent hospital for the people infected with the plague had been foreseen since the 15th century, reaffirming at each outbreak of the plague, but ceasing to be a priority when the epidemic was over. A behaviour that was not relevant, because the very hospitalization of the patients was far from a pacific question at that time².

Since the etiology of the disease (Ridley 2002, 195) was unknown, the treatment had to be necessarily palliative even though specific 'medical teams' were formed during the times of the plague constituted by a doctor, a chaplain confessor, a practitioner specialized in bleeding, and «as many women as necessary in order to help the sick». When the proportions of the epidemic grew to larger extents, the court sent its own doctors so that they assisted their colleagues of the countryside. Basically, they helped them to weigh up the situation, to draw up an inventory of the infected and to introduce vigilance and control measures that have already been referred to by the middle of the 16th century. Yet, there is a scientific achievement that is worth mentioning: the awareness about the highly infectious character of the disease, and about the fact that isolating the infected was the best way to avoid contagion. In this sense, quarantines were the most efficient means for its control (Slack 1985), and their absence one of the reasons for the commoners conflicts registered during the time of the plague as occurred in Northern Europe (McNeill 1998, 182).

It was precisely because of the extreme awareness of the epidemic aspect of the disease and of the precariousness of the means to treat it that those who had enough economic resources would leave the city, followed by the authorities that had the obligation to rule it and by those who should have provided spiritual support. The frequent rage of the population that tried to prevent them from leaving is totally understandable. This sensation of powerlessness was also shared by the authorities that, for that same reason, would pay more attention to preventive and prophylactic measures. At the smallest sign of the plague, the city set up its security measures, a self-protection plan that was imposed by the central government even though in cooperation with the local authorities. Nothing in Évora suggests a different conduct, when we compared it with the behaviour attested for other European cities. In fact, what is more surprising with regards to the plague is the repetition of the same moves, the option for the same measures and the adoption of the same restrictions everywhere, be it in Venice, Reims, London, Toledo or Évora. Only the times were different, reflecting the degree of knowledge that the public powers had on the question.

In this Portuguese city, the first sanitary measures that refer to the plague came directly after the outbreak of the last decade of the 15th century, when the protection of the water supplies was reinforced and was invested in a special body of offi-

cers who were held responsible for keeping the city clean. However, it is by the beginning of the 1520's that a more regular correspondence with regards to the prevention of contagion is discovered between the Crown and the municipality. Processions were interrupted when the disease broke out, «given that the ill could mix with the healthy», having no evidence of an opposition on the side of the Church, as occurred in some other places, reflecting the confrontation between powers, in this case between political and religious, being the latter the one that felt affronted and diminished in its thaumaturgy capacities (Soares 1953, 23). At the same time, the idea that clothes were the main means of contagion spread grew greater and greater and its control became almost an obsession in the correspondence between the monarch and the municipalities.

By the second half of the century preventive actions were better coordinated bearing in mind a larger efficiency with regards to the results sought. Among all the measures undertaken, we must point out the creation of the post of Chief Health Guard (23rd of July 1569), and the regiment in charge of supervising the access to the city, known as Regiment of the Gate of Alconchel (1582). Planned to work as prophylactic measures, their determination were still in force when the plague was already devastating the city.

The functions of the Chief Health Guard were imported by Portugal from Italy during the reign of John III³, although with the particularity that it was circumscribed in Portugal to the periods of the plague or to those periods when the disease threatened to spread. This new office implied the organization of a system to protect the community (ADE-1, *Livro I dos Originais da Câmara*, n° 7, fl. 134) that consisted basically in the restriction of the accesses and exits from the city, and of the declaration of that space as an 'interdicted place'. It was not a simple codification and systematization of procedures, as happened in Turin by that time, but the effective creation of those procedures, although they could eventually include certain traditional practices. As a relevant feature we should highlight the fact that the post had to be compulsorily occupied by members of the elite, as in small Italian cities (Cavallo 1995, 45-46). According to Portuguese documents, noblemen were more easily respected by the population. As can be clearly inferred from the texts analyzed, the quick control of panic and general disorientation of the population, forcing them to comply with the measures imposed by law was as important as the prevention of the entrance or development of the plague.

The procedures in case of an outbreak of the plague followed a relatively simple order, rather similar to what we found in Toledo (Martz 1983, 155): once the Chief Health Guard was named, he appointed two bailiffs whose duty was to recruit the men they deemed necessary for the defense of the city (Gusmão 1969, 295-296). The gates were immediately closed, and white flags were hung all along the walls: a sign that served as a warning that the city was under quarantine and that, therefore, with restricted access. White were also the staffs that bailiffs carried, a legitimizing symbol of the power with which the monarch had temporarily invested in⁴.

After this regulation, the abuses ceased to be tolerated and were punished in an

exemplary way: thus, and apart from the fines imposed, four years of exile overseas were reserved for those belonging to the elite, while public flogging and two years of exile at the galley was the punishment for the common people. The town crier announced these rules from street to street so that no one could plead ignorance of the law (ADE-1, *Livro I dos Originais da Câmara*, nº 7, fl. 254 and fls. 258-259).

Therefore, it was the Regiment of the Gate of Alconchel that, in 1582, exerted a tighter control over the city, defining the duties of the Chief Health Guard and of those working with him with more precision. For practical reasons, the access to the city was conditioned by whether there was daylight – the gates were opened at 5:00 a.m. and closed at the end of the day – in order to avoid doubts about the physiognomy of the passers-by that were forbidden to crowd around the gates. No unknown person could enter without being noticed by the watchmen – a nobleman and a commoner, or two noblemen and three commoners when the situation was more complex – that had to know what that person was going to do in the city, having the power to take anyone who would disobey their orders to prison. Moreover, people had to show the specific entrance authorization and swear that they had not been in contact with the plague for the last 20 days. As to those cases that were not clear, only the Chief Health Guard could give access, and this was conditioned according to the documents presented. Entrance was utterly forbidden to the poor who sought the help of the *Misericórdia*. The letters they carried, that usually permitted them to get alms from the confraternity in order to proceed on their way, were collected by the guards, who disinfected them and served as middle men between the poor and the *Misericórdia*. And if the exit of those who worked outside the city depended only on their identification, yet the students and merchants were not allowed to leave «since they had nothing to do in the fields» (Gusmão 1969, 321-324).

Three city noblemen were entrusted with the keys of the gates, which the bailiffs handed in to them every night. When the epidemic was over, the municipality collected the keys as well as the health flags and the Chief Health Guard and the bailiffs were suspended. Precariousness in these posts, almost always justified by the fact that they were highly demanding, would eventually result in the reduction of both the level of knowledge and the authority of the officers, and therefore of their efficiency. A completely different situation from many Italian cities, where the power and prestige of these officers became a normative force within the city (Cipolla 1979, 25-27).

In brief, if the municipalities were responsible for the organization of everyday life in each city, in times of crisis, as was the case when the plague broke out, the Crown would undertake the main role in the reorganization of the urban system, and not always respecting the decisions of the city councils. Cases such as the Évora ones are good examples not only of the monarch's authoritarian power but also of the cities' powerlessness to face it. In this sense, control measures against the plague are also power actions that bring to light the asymmetric relationships between the protagonists involved. And equally end up reflecting the disorientation of the Crown with regards to a phenomenon that it was unable to control and to the pressures it had to withstand.

When in June 1569 Évora was informed that the first symptoms of the plague had started in Lisbon – «people suffering from swelling and others who would die from a very fast death» –, the local authorities wrote to the king transmitting their worries since they could not prevent the noblemen who had escaped from the capital from entering the city, putting it in danger. Ignoring local authorities, King Sebastian ordered them to «allow people holding royal provisions to enter», and in this way opening the city to the powerful and, therefore, to the disease. It was enough for those granted royal privileges to swear that they came from unimpeded places and that they did not transport anything liable to transmit the disease (Gusmão 1969, 293). No longer than a week the monarch changed his attitude and sent the dispatch ordering the creation of the aforementioned position of Chief Health Guard, expressing his worries in the preservation of the city against «the corrupt winds, that are blowing on us at present, God forbid!» (ADE-1, *Livro I dos Originais da Câmara*, n° 7, fl. 254, fls. 258-259). During that same week, the daily average of dead people in Lisbon raised from about 50 to approximately 700. The members of the ‘scientific community’, so far divided as to the identification of the disease – as the previous epidemic outbreak had taken place 39 years before it hindered the recognition of the plague symptoms by the younger doctors –, stopped having doubts as to its origin (Soares 1953, 19-20). As the capital of the kingdom had been stricken by the disease, the central government was now searching for shelter in the city that only a few years before had hosted its members, asking the municipality to be especially careful in the protection of the noblemen who dwelled there. In fact, the king ordered and ruled according to circumstances and from that indefiniteness did the future of the population depend on.

Still, it is true that when comparing the organization against the plague in a Portuguese city with the generic operative plans used in the rest of Europe, there don’t seem to be substantial differences between them. The different control levels were based on progressive complex measures: by the defensive policies established with the restriction of access to the city making those who arrived show a specific passport and a compulsory regular inventory of the victims was made; by several active policies, such as the control and systematic segregation of the infected, regardless of their social status; by the foundation of hospitals for the infected, the provision of assistance for the ill with money from the public funds and the destruction of the properties of the infected; by the institutionalization of the plague control measures, which presupposed the transformation of the position of Chief Health Guard into a permanent profession; by the promulgation of an adequate legislation and, finally, by the coordinated action among the different regions, based on an information exchange (Dinges 1994, 23). It is true that Évora did not even start building a hospital for the infected nor did its Chief Health Guard carry out his functions on a permanent basis. But it was different in Lisbon, where those conditions were soon established.

What seems to be truly a determinant fact was the intervention of the Crown. And it was not as much due to its novelty since there was a similarity of the English situation to the Portuguese one, nor even for its efficiency as it happened in France

in the 17th century (Bourdelaís 2003, 48-53), but, on the contrary, due to the discontinuous character of the measures adopted as well as to a not very practical orientation. This can be seen, for example, in the information management, once it was compulsory centralized in the Crown and only later sent to the municipalities. Thus, for example, when the plague stirred the region of Portalegre (near Évora) the king's official informed him about the danger that threatened his jurisdiction and it was the king who, then, passed this information on to the Évora municipality. As can be easily deduced from the previous examples, a quick and efficient reaction was not the priority – as was happening in Italy, for example, where information exchange would acquire greater relevance (Cipolla 1979), but the pressure exerted by the political authority upon cities, which also served to reaffirm its pre-eminence. In the south of Portugal, only in the middle of the 17th century do we find some evidences of agreements among different municipalities at the level of information exchange about the advance and backing down movements of the plague in the neighbouring regions. The fact that the central power was involved in the process of the restoration of the Portuguese sovereignty (1640) would explain such a change in attitude.

Social and political set up of the epidemics or the political stance towards the plague outbreaks. The final years of the 1570's and the two following decades, which correspond from the political point of view to the end of the House of Avis, the reign of Philip II, and the beginning of the reign of Philip III, represent a complex period open to different interpretations, both with regards to the relationship that the political power established with the plague, and to the way epidemic outbreaks were handled. These also imply different interpretations of the exercise of power in the context of three different social and political situations. Accompanying how political power was managing those crises, even though there is only one source of information – the correspondence exchange between the Crown and the municipality – also means to evaluate the efficiency of such a political power and the strength of its controlling bodies, in this particular case, with regards to the spread of the plague in a time that was, apart from the specificity of the political situation, also of strong social tensions and serious economic problems.

The first document on the 1579 plague found among the municipality papers dates back to the 9th of September of that year: it is a letter from the cardinal-king Henry informing the mayor that the plague had taken over Lisbon and advising local authorities to reinforce their vigilance on people and goods, namely, on those coming from the capital, paying special attention to merchants. The city's defensive system had to be activated immediately (ADE-1, *Livro I dos Origináis da Câmara*, n^o 7, fl. 253). The Municipality obeyed, but not without first trying to make the king assume the responsibility for the nomination of the Chief Health Guard, which he immediately declined adding that it was the municipalities' responsibility (Gusmão 1969, 302-303). In October, the Municipality elected both the Chief Health Guard and the bailiffs, following the regulations of 1569 promulgated by King Sebastian (ADE-1, *Livro I dos Origináis da Câmara*, n^o 7, fl. 134). On the 2nd of January of the

following year, when the plague preyed upon Lisbon, the King sent several doctors from the capital to Évora with explicit orders to collaborate with their colleagues. They should start by first examining the sanitary situation of the city and its outskirts and then sending the Crown the corresponding report so that it could act accordingly. In the same missive, the king also ordered the cleaning of the streets and the purge of the houses, reinforcing the vigilance at the wall gates and substituted the Chief Health Guard appointed by the municipality for the External Judge (ADE-1, *Livro 3º de Registo*, nº 137, fl. 36v). On the 31st of January 1580 the king died and the Spanish monarch seemed to occupy the most suitable position in succession to the Portuguese throne. Chaos took over the country. In March, Lisbon recognized that Évora was not sufficiently prepared to face the plague crisis. A problem of even greater dimension given that many noblemen dwelled in the city.

At this point no more references to this matter appear in the municipality' documents on the 1579 plague. No demographic records were found for that year, either. However, there is a valuable contribution by the biographer of the Teotónio de Bragança, Archbishop of Évora between 1578 and 1602, who by the beginning of the 17th century wrote: «In 1579, when he became Archbishop, bread was so scarce in the Alentejo that it caused a great famine in 1580 there, specially in the city of Évora. This famine was followed by the great and cruel plague that affected both the city and the Archbishopric [...] in May of that same year, for which the prelate acted in order to provide for the needs of the infected, ordering the building of a House of Health and giving the necessary instructions for the consecration of a field to be used as a cemetery, where the dead could be buried» (Nicolau 1614, 47-48).

In short, the city had been alerted to the threat of the plague in September 1579, therefore, when Lisbon came across its first victims. In October the municipality had already implanted its preventive plan, which was reinforced in January 1580 with the support sent from the court. However, the death of the king, the Spanish invasion and the de-structuring of the society, relegated public health matters to a secondary place. The dimensions of the cataclysm that the plague of 1579-1580 represented in Portugal reflected the general disorientation that the country was going through. It is well known that this outbreak of the plague affected different parts of Europe, yet to different scales but always violent. What is particularly important in the case of Évora is the fact that the city had been warned against it nine months in advance. Apart from this, it was when the effects of the epidemic lessened in the capital that it started to prey upon Évora, repeating the same scenes here that Pêro Roiz had described for Lisbon in 1569 (Roiz 1953, 20): the plague had fallen on a city which was already debilitated by a food crisis and provoked such a high number of deaths that there were not enough cemeteries to bury the dead. And, what may be even more important, in a city where the municipal power was also debilitated due to the uncertainties of the country's political situation.

We do not know how many people died during this outbreak. They were surely less than 25,000, which is the figure traditionally given for Évora and its outskirts seeing that it did not have more than 16,000 inhabitants. There is no doubt, how-

ever, that several thousands must have died, that left the city exhausted through systematic crises from which it had not recovered completely, becoming a sort of ballast and preparing the ground for other maladies, such as the lung diseases that supervened during the winter of 1580 that probably contributed to the high death rates (Abreu 2003, 37-60).

Despite the fact that it is chronologically close to the previously mentioned plague outbreak, the news about the following plague, which took place in 1582, reveals a completely different political scenery. At the slightest sign of the plague in Lisbon, on the 19th of January, the central government appointed one of its members – from the Desembargo do Paço – for the post of Chief Health Guard in Évora. The matter, according to the royal missive, was too important to be left in the hands of the municipality, to whom the king only asked for cooperation (ADE-1, *Livro 6 dos Originais*, fl. 139). Ten days later a new royal letter informed that, according to the information given by the crown official for the region of Portalegre, «in the outskirts of the aforementioned city plague outbreaks reappeared and some people died and others were infected» (Gusmão 1969, 299). The same letter ordered the municipal authorities to keep alert, to strengthen vigilance in the city and to deny the entrance to people or clothing from Portalegre or from any other places considered interdicted (ADE-1, *Livro 6 dos Originais*, fl. 145). In February, the municipality was praised for the way it was dealing with the ill who had been in contact with an infected person from Portalegre and the crown official must have received orders to return to Lisbon, since the Municipality nominated one of its members for the post of Chief Health Guard – Manuel Mendes de Vasconcelos, a Royal House nobleman. The monarch advised him to keep watch on all the city gates, but the municipality decided to close just one, placing a nobleman and two common citizens in each of the others in order to keep watch (ADE-1, *Livro 4 dos Originais*, fls. 13-15). In April, adding that the municipality post and Chief Health Guard were incompatible given that they were too demanding, the king substituted Manuel Mendes de Vasconcelos by one of his trustworthy nobleman, Dom João de Castro (ADE-1, *Livro 6 dos Originais*, fl. 138), increasing his coercive powers (ADE-1, *Livro 3º de Registo*, nº 137, fl. 43).

We do not know whether the ‘Portalegre plague’ devastated Évora, as there is nothing that suggests that. Notwithstanding, we know that the city was closed by order of the king, once, in November, he authorized the removal of the health flags, as he considered that the plague was not causing any more deaths in Portugal and Castile (ADE-1, *Livro 3º de Registo*, fl. 54, 23rd of November 1582).

In fact, what we have found here is the intervention of a strong power, that explicitly assumes the organization of the operations, not only giving precise instructions to the municipality, praising it whenever he considers fit, but also substituting the local power in the nomination of the Chief Health Guard, appointing trustworthy people for this post. This was a very relevant strategy as it guaranteed the observance of the royal discipline in the city. Bearing in mind that the Regulations of the Gate of Alconchel were elaborated and approved in that same year of 1582.

And it was this same government that, imposing models of behaviour and affirming its political-institutional power, accuses the municipality, in March 1583, of «not having carried out a good plan to protect the city against the plague», reminding it that it had to protect its noblemen and warned of the great inconvenience for the country if the city was declared interdicted. In consonance with the stance taken the previous year, the king immediately appoints the Chief Health Guard, choosing one of the most remarkable noblemen of the city, who, according to him, had the necessary authority to impose the adequate measures. In June 1583, when Évora was traversed by rumours about the plague that was devastating Cordoba and Seville, the municipality was forced to ban the entrance to people and goods coming from the aforementioned Spanish territories by the central government (ADE-1, *Livro I dos Originais da Câmara*, livro 5, fl. 24v¹). Given the seriousness of the news from Andalusia, the monarch asked his official to intervene, ordering him to take direct participation in the vigilance of his administrative area, and be strict in forbidding the entrance to people and clothes from the infected places as well as from the Algarve, where many cities were already in quarantine (ADE-1, *Livro I dos Originais da Câmara*, livro 5, fl. 27). The municipality also banned innkeepers from hosting people or acquiring goods from Cordova and Seville, under the penalty of 50 *cruzados* and two years of exile in Africa, and the same punishment would be applied to whoever maintained commercial exchange with those places (ADE-1, *Livro I dos Originais da Câmara*, livro 5, fl. 22). As it seems Évora managed to escape from the plague once again, and concerning the plague the documents only refer to the one which started in 1598 and lasted until the beginning of the following century.

Nevertheless, the absence of information on the epidemic outbreaks is compensated with a set of data, simultaneously of soon relief and public health character, which reveal the development of a coordinated action by the different political figures during the last two decades of the 16th century in order to profit as much as possible from all the efforts done in those fields. Apart from the aforementioned actions of Philip II, who also intervened on the *Misericórdias* reinforcing their competences, we should highlight the intervention of the Archbishop Teotónio de Bragança, mentor of a global reform programme of the city's assistance structures⁵. Several indicators prove that these matters were dealt with in a rational way, which might have probably resulted in a better protection of the city. Namely, due to the control exerted over the poor and the prohibition against non-authorized beggary⁶.

Still, as is well known, the last years of the reign of Philip II underwent serious problems, which also had negative effects on the public health. In fact, it is already a debilitated monarchy that tries to solve the subsistence crises that the country was undergoing since 1596, and the plague that comes from Galicia in 1598, probably with the wheat that the municipality had ordered from Spain in order to provide for the city's needs (Santos 1995, 243; ADE-1, *Livro 8, Vereações*, fl. 4v.). The royal missive that the municipality gets on the 22nd of May 1599 – the first document found referring to this epidemic outbreak – is well clarified with regards to the situation of the city. Évora was being besieged for more than a year and inside it the

poor and the ill were so numerous that the municipality declared itself impotent to handle them. Given the attraction it exerted upon immigrants, Évora might have received, as well as Lisbon, great amounts of starving people who left their lands seeking for shelter in cities. In brief, Évora was going through great punishments «namely, of hunger, the plague and war which our Lord has been sending upon us for so many years now», quoting Teotónio de Bragança (Santos 1995, 216). A discourse that could also be applicable to Spain, where the plague that was spreading ever since 1596, was leaving deep scars (Perez Moreda, 1980, 247-251, 261).

For the first time in Évora, but in the sequence that was determined for Lisbon, the central government reacted imposing extraordinary taxes – a specific tax on water charged when meat and wine was consumed – in order to make up for the expenses deriving from the plague (ADE-1, *Livro 7º dos Originais*, nº 77, fl. 382). The situation was so serious that, according to a letter of the king dated 3rd of August, it justified the fact that no one was exempt from the new tax, not even those who were traditionally such as the University or the religious institutes (ADE-1, *Livro 7º dos Originais*, nº 77, fl. 383). By the end of the month, the tax was extended to olive oil consumption (ADE-1, *Livro 7º dos Originais*, nº 77, fl. 388) still it seemed as though the plague was not willing to abandon the city. This time, contrarily to what usually happened, the central government had not been the first to contact the municipality, instead, it had been the municipality that in desperation had asked for help. As an answer, on the 17th of July 1600, Lisbon sent António de Carvalho, nobleman of the Royal House, Magistrate of the Court and Judge of the Treasury, so that he would act as Chief Health Guard in Évora (ADE-1, *Livro 3º de Registo*, nº 137, fl. 252v). Analyzing the situation, royal help arrived nearly two years after the epidemic outbreak had started. And even though the city was declared out of danger in the same month as the representative of the king assumed his duties (ADE-1, *Livro 3º de Registo*, nº 137, fl. 253), that were less related to the efficiency of the official than to the fact that he had happened to arrive when the crisis had almost finished.

The city would go back to normality slowly, although temporary plague outbreaks kept reappearing at least until 1603 (ADE-1, *Livro I dos Originais*, nº 71, fl. 132), for six consecutive years – as had happened in Lisbon before. Once again, the question of the construction of the house of health for «the infected with the plague» mentioned before was raised but again aborted after the crisis.

From this moment on, and practically until the end of the Philips' government, no records on the plague appear in the documents, and it remains unknown whether or not the epidemic outbreaks that had spread in Lisbon from the beginning of the 1630's affected Évora too. Yet, in 1637, a document of special interest appears: the municipality receives a royal letter, dated the 23rd of June, which contains detailed information on how local authorities had to react with regards to the letters. Obviously the missive was about the plague. Devastating Malaga at that moment, the viceroy, the princess Margaret, showed concern in the protection of Évora as well as with the measures to be taken with regards to the people that arrived from Malaga (ADE-1, *Livro 5 de Registos*, nº 139, fls. 325-328). She advised

the municipality to react «with such violence and quickness in order to avoid any risk and danger that might be caused by the foresaid people». Both, seaports and the inland borders were already under watch but what was necessary now was to prevent the spread of the epidemics through the correspondence, «as paper is one of the things that most easily receives the contagion» (ADE-1, *Livro 5 de Registos*, n.º 139, fls. 34-35v). In order to avoid it, very strict details were given about how to collect and examine the letters, and then treat them with vinegar and fire.

None of these measures constituted, as is well known, a novelty to control the spread of the plague. Yet, what should be highlighted in this document is not the emphasis given to the paper as a plague transmitter, but the judicial measures that would accompany the search and disinfections of those letters, for which the presence of a royal officer and a Health Provider was required. Moreover, it was referred that much care should be taken so as not to lose any sheet of paper.

Not doubting the public health questions that can be present in such a concerned intervention of the royal power (even if it was not so active in other circumstances in which the plague had approached the city even more), still it admits different interpretations, more compromised with the political situation at that moment. This is because it is necessary to remember that, at the same time, the opposition against the Spanish domination was expanding in Portugal, and acquiring really worrying dimensions that would give way to popular risings, which would lead to the Restoration of Independence in 1640. In 1637 Évora was the first city to revolt, stirring up the spark that would burn the whole country (Oliveira 2002, 263-274). Writings were, precisely, one of the ways whereby the revolt spread (Pardal 2003, 169-170). Writings that were anonymous, strongly critical and, of course, known by the authorities. In this sense, trying to avoid the entrance of the plague in Évora by controlling the correspondence could very well serve to avoid the spreading of other evils that were equally dangerous and highly contagious.

Final considerations. The information we have about the different plague outbreaks that preyed upon Évora between 1579 and 1637 is neither particularly rich nor especially innovative. Still, given its chronological range and the political character that is easily recognizable in the crown decisions with regards to the plague and to the preventive and prophylactic measures planned, this matter seemed to be an interesting area of study. In fact as far as the spread of the epidemic was concerned, the population was better protected while the political power was strong and centralized, able to impose its power over the city, preventing it to rule its own destiny in this one as well as in other areas. On the contrary, whenever the royal power revealed itself weaker and more fragile, the plague invaded the city without control, leaving deep marks, which were difficult to erase.

It is true that the proofs that fundament this sentence are more of a qualitative nature rather than quantitative and reflect more the emotion than an exact and rational reaction of the events. From the point of view of the historic analysis, the evaluation of the demographic effects of these successive crises is irrevocably compromised by the type of existing documental sources which are more of a qualita-

tive rather than quantitative nature and reflect more the emotion than an exact and rational reaction before the events. The three nucleous that make it possible for us to obtain some information on the population – the Parish and the Hospital do Espírito Santo records as well as the burials of the poor done by the Santa Casa da Misericórdia – are characterized by the chronologic discontinuity and almost absence of information for the plague times. As, for example, in relation to the plague of 1579-1580: we know that less than 25,000 people died, as the coeval texts show but, surely, too many, which could have been avoided if the political situation were not of total disorientation before an empty throne and the threat of a ‘foreign occupation’. Notwithstanding, it was this same power which, through accurate and efficient measures, but indisputably autocratic, stopped the plague from entering the city in 1582 and in 1583.

We are better informed, however, about the demographic behaviour of the following decades. The parish records, our main source, are precarious and must be taken with the necessary precautions, especially due to the sub-register of the death certificates and the disappearance of the documentation of the biggest of the four parishes. Besides all these limitations, the rise in the number of deaths during the plague outbreaks at the end of the 16th century is undeniable when compared to the previous years. For example, in the second biggest parish in the city – S. Mamede – the annual average of 16 deaths climb to 46 during the plague crises of 1598. Something similar occurs in Santo Antão, which soars from 26 annual deaths to 51 in the same year.

But these deaths cannot be considered directly brought on by the plague but as its immediate consequence. Because the plague patients were expelled out of the city walls, where temporary hospitals were built for them. The ones that died were buried in common graves as far as possible from the city, without any quantitative control. Obviously some patients managed to elude the authorities by hiding in the city. But it seems to be more acceptable to conclude that the increases in the number of deaths in the two above mentioned parishes are more related to hunger, amongst other reasons, resulting from the quarantine imposed on the city rather than the epidemic itself. A conclusion that is supported on the database that keeps the number of entries in the Hospital do Espírito Santo. In this hospital plague patients or of any other contagious diseases were not admitted.

However, the numbers of entries soar in the years following the plague outbreak: identified as ‘poor’ or ‘workers’, we know that they were people without resources that looked for the necessary support for survival at the hospital. It is this same explanation – hunger – that we find for the deaths registered in the second and third decades of the 17th century (the parish of Santo Antão reached more than 80 deaths per year in that time) and for the number of funerals that the confraternity of Misericórdia buried annually. The last ones especially high between 1631 and 1632 (458 burials in the first year, 820 in the second, when the annual average was below 300), a result, partly, from the extraordinary increase of patients that were admitted to the Hospital do Espírito Santo. To the collapse of cereal production due to torrential rain, the successive raises of taxes were added, before the

growing aggressiveness of the undernourished population that screamed, uncontrollably, to the local power: «people are poor and cannot bear new taxes».

The worsening of the life conditions, due to the taxes and also from the long-lasting droughts (1635-1637) that drastically affected the cereal production, made the revolts permanent and justifies the central government precautions throughout the plague rumors, in 1637. Once again, the plague was seen as a political issue. This time, however, with different aims and with final results that, for certain, went beyond the Habsburg monarchy's expectations.

¹ Almost always due to famine. All the most serious plagues that occurred in Portugal – 1569 (the Great Plague – the most serious epidemic outbreak after the Black Death); 1579-83; 1598-1603, decade of the 1630's – were preceded by severe crises that, in turn, generated strong social disorders.

² In the words of Jean-Noel Biraben (1975, 1, 173) «L'entassement des malades pendant les grandes poussées épidémiques est constamment évoqué par les textes, qu'il s'agisse des grands hôpitaux urbains ou des modestes infirmeries provisoires. On comprend qu'en 1606 le médecin espagnol Alonzo de Freylas, dans son traité sur la peste, discute des avantages et des inconvénients du traitement à l'hôpital ou à domicile, et pense qu'en période de grande épidémie la concentration en hôpital favorise le mal... sans compter, la masse du linge des pestiférés».

³ The first Chief Health Provider, the magistrate Pedro Vaz, was appointed on the 27th of September 1526. He had previously been to Rome, Milan and Florence first in order to

learn what kind of measures against the epidemic outbreaks had been taken there (Serrão 1980, 356).

⁴ Specific nominations for the bailiff post are only found for the 17th century (ADE-1, *Livros dos Originais da Câmara*, n° 17, fl. 128; livro 18, cc. 135-136; book 19, fl. 32v and book 18, fl. 145v-146).

⁵ His intervention would give way to the Hospice of S. Manços – for girls from the higher layers of society –, the Hospice of Santa Marta – for female sinners – and the Piedade Brotherhood and Hospice, a hospice for the poor – who sought salvation through work – which was designed and administered according to the guidelines established by Miguel de Giginta in his *Memorial* [...] and, mainly, in his *Tratado de Remédio de pobres* (1579).

⁶ In Évora, as was the case in Rouen, where in 1590 the public powers of both cities behave almost in the same way with regards to this problem (Pullan, 1994, 292) and, for Évora, edict of the 1st of June 1590 (BPE-1), and also edict of the 4th of March 1604 (BPE-2).

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Summary

The city in times of the plague: preventive and eradication measures against epidemic outbreaks in Évora between 1579 and 1637

The political and economic context of Portugal of the beginning of the Early Modern Period and the absence of intermediary powers between the Crown and the municipalities facilitated a direct intervention of the central power on the poor relief, health care and public health mechanisms. Since the end of the 15th century, a set of social policies, with a national scope, came up from the emergent Early Modern State with the objective to uniform charitable practices and to endow the country with the same assistance institutions. The reform of the hospitals and the creation of a net of royal confraternities (the confraternities of Misericórdia – more than 300 spread throughout Portugal and its colonies in 1640), based on the same rules and with the same competences – to care for the poor, the prisoners, the sick, among other mercy works – are the most known actions of these centralized policies. This paper demonstrates that the Portuguese Crown also wanted to control the epidemics policies, making the municipalities totally dependent on the kings' orientations. The results of such an attitude are quite obvious: when the central political power was strong, it was able to impose its authority over the cities, compelling them to protect the population according to the Lisbon rules. On the contrary, whenever the royal power was weak and more fragile, the plagues spread without any control. The case of Évora presented here is an example that illustrates both situations.

Riassunto

La città e la peste: misure di prevenzione e di eliminazione delle pestilenze in Evora, 1579-1637

Il contesto politico ed economico del Portogallo all'inizio dell'età moderna e l'assenza di poteri d'intermediazione tra la Corona e le singole comunità facilitarono interventi diretti del potere centrale a sollievo della povertà e della sanità pubblica. Già dalla fine del XV secolo, nel quadro dell'emergente modernizzazione dello Stato, prese l'avvio una serie di politiche sociali per diffondere e uniformare a livello dell'intero Paese gli interventi di beneficenza e di assistenza. I più noti risultati di questa nuova politica centralizzata furono quelli concernenti la riforma degli ospedali e la creazione di un sistema di confraternite reali (le confraternite della Misericordia – più di 300 erano attive nel 1640 in Portogallo e nelle colonie), basate sulle stesse regole e con le stesse competenze, per fornire, in particolare, assistenza ai poveri, ai prigionieri, ai malati.

In questo contributo si mette in evidenza come la Corona avesse anche come fine quello del controllo delle epidemie, rendendo le singole comunità totalmente dipendenti dai voleri del sovrano. I risultati sono piuttosto ovvii: quando il potere centrale era forte era anche in grado di imporre la propria autorità su tutte le comunità, costringendole ad attuare le politiche a protezione della popolazione emanate da Lisbona. Quando, invece, il potere reale era debole e più fragile, l'epidemia si diffondeva senza controllo. Il caso di Evora, qui descritto, è un esempio di questa duplice situazione.