The Religious Nursing in the Lleida of the XIX Century: The Case of Daughters of Charity of Saint Vincent of Paul

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ABSTRACT

The city of Lleida that was reborn after the war of independence 1808-1814 had a diminished population and many wounded soldiers who remained in the city’s hospitals [1-5]. In addition, there was a great lack of supply in the military hospitals of the seminary, general hospital and San Luis within the “Corregimiento” to which the city of Lleida Belonged. Fact that led the town hall to address the was commissioner of the French Army General Henriot asking for help [6,7]. To correct these deficiencies, during that month of may an auction of the bread supply was carried out, every neighbor was required to provide an ounce of threads for the hospitals, some 300 mattresses were requisitioned for the comfort of the patients and supplies were provided for the city’s military hospital [8].

INTRODUCTION

The old Santa Maria Hospital or also known as the general hospital of the city, until the occupation depended on an independent Board of the town hall. With the arrival of the French, it was determined that the municipal corporation should establish people with specific control functions over the center. Francisco Piñol, Pedro Jordá, Jacinto Pallarés and José Sales were appointed; the first as administrator and the remaining three as vowels. Along with these administrative changes, new financing mechanisms were also adopted to ensure that facilities that cared for the sick and injured did not interrupt their services. To this end, much of the alms of the Pía Almoina1 were assigned to these needs, especially so that the sick French military were assisted with everything necessary, early and with abundance [9]. The Santa Maria Hospital or general hospital, founded in 14452 and a reference center for charitable assistance to patients in the city, had managed to improve the social image at the beginning of the 19th century after having improved the important structural deficits, situations of overcrowding that since the eighteenth century presented [10-20]. Part of these improvements in the social image and in the health conditions of the establishment were the result of the establishment of the daughters of charity as trained nurses and with rules that governed their day to day [21].

THE ARRIVAL OF THE DAUGHTERS OF CHARITY IN LLEIDA

The daughters of charity arrived in the city in 1792 as a result of an accumulation of coincidences and found a population mired in important changes arising from the hygienist thought of the time, to

1The Pious Almoina was a catedral establishment that was in the cloister of the Seu Vella and that had been created throughout the twelfth century to organize more effectively all the donations, alms and legacies.
2CAT AML Concells Generals, REG 418, F 53R.
minimize the outbreaks of infection and epidemics [21]. Few years later, when the municipal water deposit was inaugurated in Lleida by order of the corregidor Luís of Blondel, enabling the supply of drinking water to the inhabitants of the city, and supplying all the city’s sources. From the operation of the deposit, the “Font de l’Hospital” in 1802, which provided drinking water to the establishment; helping to improve the health of the center [22-25].

They were initially installed in the old Hospital of Santa Maria and assist ghe poor and sick, and then extend their assistance to the children exposed in the Maternity House. The Bishop of Lleida aware of the serious sanitary deficiencies that the charity hospital in the city showed, promoted his establishment [26-28]. Bishop D Jerónimo María de Torres 1794-1816 understood that there was a situation of "decline in the income of this hospital and the impossibility of sustaining its institute, which has always been the collection and healing of all the patients presented to it without exception any” to which was the lack of nurses and servants in charge of fulfilling their obligations, so he saw in the daughters of charity the opportunity for said establishment to be seen in a disgusting way and that people did not want to go to him to remedy his ailments [29].

These first religious nurses of the establishment, found a center that had significant lack of recourse, of “unpunctual assistance of the sick due to lack of nurses and servants” who promptly fulfilled their duties l; and being the cause of which many neighbors die in their houses by the disgust that caused them the assistance that was carried out in the hospital. The sisters contributed with their arrival at the center, a health and spiritual care regulated by “Regals Communes Particulares” of the congregation that covered the needs of hygiene, food, clothing, among others [30,31]. The object of care for the sick was to "teach them to use their diseases, to prepare for death and to make strong resolutions to live better when they are cured” [32].

The "particular rules for the sisters employed in the hospitals" were included in the “particular rules of the offices of the daughters of charity”, determining the purpose for which they should be established in hospitals and hospices, is to honor in they to God, assisting them bodily and spiritually, with sweetness, compassion, respect and devotion [33]. They had a training program based on both spiritual teachings and care for the sick and needy. This program included: the acquisition of knowledge of a medical nature (developed by doctors), the performance of hospital practices in center’s in the city of Paris, home health care for the sick and instruction in ethical, religious concepts and attitudinal. The latter was carried out through the study of the conferences of St. Vicenta of Paul. In none of the cases, the apprentice sisters could be responsible for more than 8 patients and were always under the tutelage of a more expert sister [34-36].

His arrival was not without conflicts with the rest of the staff that made up the staff of the center’s workers. In the same constitutions of the year 1797, the administrative board of the establishment itself stated that “[…] if envy has dared to spread voices that have been able to prevent the public against them [referring to daughters of charity],” reaffirming the idea that there was fear of loss of power and functions by the rest of the nursing staff with the arrival of the sisters that suggests that the work environment with which they began their work was not the most favorable [21].

José Vidal was the vicar general Capitular, D José Vidal, made a report about the arrival, functions and development of the work of the daughters of charity in Lleida. He described the center as one of the most important training centers for them, being the first House of the Daughters of Charity in

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1The fountain occupied the southern wall of the inner courtyard of the Hospital of Santa Maria. It was the same Board of the centre which on 9 November 1801 requested a water lead for a fountain that was to be built. Drinking water began arriving on 10 May 1802.

2AMCM File Padres Paüles Madrid. Libro de entradas profesiones y óbitos de las hermanas de la casa de la Inclusa de la ciudad de Lerida start to the year MDC-CCXIX. £66.

3HCSVP Archivo de Madrid. Anonymous nursing. History notes. Scoring facilitated by Sra.Anges Infante. Daughter of Charity.

4HCSVP Anales de la congregación de la misión y de las Hijas de la Caridad. Volume LXIV, January 1957: 394-415.

5José Vidal was the vicar general capitular of the vacancy of the Diocese of Lleida after the death of Bishop D. Jerónimo María de Torres.
In the report, he described the qualities that the sisters had as well as this functions throughout Spain [43]. Among its qualities, charity with the patients stood out, their continuous vigilance, the way in which they applied treatments and remedies, as well as the zeal in which they were carried out. This form of work considered had been decisive when it came to change the perception that the population had regarding the hospital. To these qualities, he added charity and dedication in how they raised and educated the exposed children.

The internal economic management of the hospital was also the responsibility of the sisters as indicated by different documentary sources, in which it is evidenced that they are the ones who receive money for the purchase, for example, of the daily food of sick and workers [21]. According to the “Diccionario Madoz”, the Hospital of Santa Maria had a total of one hundred beds in 1844, of which fifty were occupied by elderly people suffering from arteriosclerosis and internal diseases, such as colds or diarrhea, the surgery room had 35 beds; and fifteen were occupied by patients suffering from venereal diseases or scabies [44].

The daughters of charity occupied their own rooms that were located in buildings adjacent to the hospital, but that contained direct communication with the same. The patients’ beds had iron bars, boards, mattresses, covers, pillow and sheets; sixty beds being assembled for that year; becoming able to put between one hundred fifty and two hundred [45]. In 1853, the patients used to be around fifty as a general mean, being assisted by seven sisters, a nurse and three servants, who helped them in their tasks. It was Sister Superior who led the interior administration of the house. In addition to them, the hospital had two doctors, as surgeon, an assistant who helped both priests, bleeding and minor operations. The apothecary was well stocked and assisted by a sister who depended on the apothecary. Priests, bleeding and minor operations. The apothecary was well stocked and assisted by a sister who depended on the apothecary.

Superior the expenses of the moment meant a violation of morality and good customs, as a result of this, this holy asylum” . What would now enter into normality, caring for the “Comisión Municipal de Beneficiencia” of Lleida, to “take the responsibilities of the women who after their incorporation as staff who attended a hospital had regarding the hospital. To these qualities, he added charity and dedication in how they raised and educated the exposed children.

**EMERGENCE OF NEW CONFLICTS**

It was in 1878 when a moral conflict occurred in the hospital after Sr José Serra Dolset (hospital guard) was appointed, by order of the “Comisión Municipal de Beneficiencia” of Lleida, to “take care of the healing of sick and sick from surgery that are housed in this holy asylum”. What would now enter into normality, caring for meant a violation of morality and good customs, as a result of this, the superior Prudencia Albaína herself filed a complaint on May 23, 1878 [21] to the bishop of the city, expressing the scandal that had led, for example, to the recognition by the latter of a young woman who even requested the discharge of the establishment. Event that can also be understood from the fear of the sisters to lose professional skills in the center [21,40].

This conflict was not the only one, but the beginning of a process of loss of power, of social image and even of change in the social model that the establishment, and that greatly affected the daughters of charity, and that left developing in parallel to the political and social changes of the city’s population. Process that was consolidated at the beginning of the 20th century, especially for the secularization of nursing.

**WORK CONSIDERATIONS AS RELIGIOUS NURSES**

There is a belief that religious nursing did not receive any kind of financial compensation for their work. In the case of the daughters of charity, it was not also. Already in the contract for the establishment of the sisters signed in 1792, an annual compensation of thirty-five catalan pounds was set for each of the sisters, in addition to everything they needed for their support. This salary in pounds remained constant for more than ten years in the case of the sisters, while the salary of the surges attending the hospital was decreasing [41]. According to localized documentation, as of the second half of the 19th century, this situation was reversed, receiving more salary for both practitioners and nurses, than the sisters themselves; situation that could be due to the socio-political change that was lived as well as of functions that in the regulations were given to the daughters of charity [21,40].

Through the historical documentary sources of the center; it is known that as of January 1, 1836, the nurse Jayme Torres charged 60 reals monthly in addition to having the possibility of eating in the center, in the case of the daughters of charity, they were paid 31 reals with 4 salaries [21] for each of them [21].

**CONCLUSION**

The community of daughters of charity of Lleida were young women who after their incorporation as staff who attended a center of the city’s public charity network, were subject to conflicts with the rest of the staff they also cared for; the result of a feeling of grievance for economic and labor conditions, since being religious, the collective imaginary assumed that they did not obtain any type of salary except for their support. To this was added that their entry into the charity-assistance system meant the progressive replacement of former hospital workers who were disappearing due to their low salaries and darkness of the trade [45-52].

They were women belonging to a society in which the role that women had was to decide between two outings, to dedicate themselves to the family under a vision of submission or to dedicate themselves to a religious life that allowed them to be trained in areas such as health or education. Therefore, we can talk about progressive women who, along with their main vocation of religious and spiritual character, also opted for the possibility of forming and liberating themselves from that patriarchal subordination against the canons marked for their gender, and that were very influenced for the revolutionary ideas that had permeated French society at that end of the 18th century [53-55].

This association of religious and women promoted the construction of an image of the nursing professional throughout Spain. In the report, he described the qualities that the sisters had as well as this functions throughout Spain. Among its qualities, charity with the patients stood out, their continuous vigilance, the way in which they applied treatments and remedies, as well as the zeal in which they were carried out. This form of work considered had been decisive when it came to change the perception that the population had regarding the hospital. To these qualities, he added charity and dedication in how they raised and educated the exposed children.

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the 19th century, which was seen by society from charity, altruism or dedication to work as a result of self-denial; all of them concepts that have helped to make the profession invisible and therefore underestimate it [56]. Can it be concluded that being a woman, religious and dedicating herself to care has been a determining factor in the professionalization of nursing? Obviously the answer is yes, simply because of the fact that the care itself since the origin of humanity has been in the hands of women; likewise, factors such as the incorporation of men into the profession, the secularization of the profession must be considered, and in addition to the religious we owe the first curriculum of the nursing profession in Spain more than 100 years ago, which allowed entry in the health institutions of lay personnel [57-59].

The community of daughters of charity of Lleida demonstrated capacity for leadership and management of human and material resources, as indicated by the expense notes of the Hospital of Santa Maria, becoming prudent and capable in your internal organization of daily work; recalling that St. Vicent of Paul himself said that “a sister who insists on staying for a long time instructing a sick person, to the detriment of another would not act properly. You need to know how to order your time”, remembering that they had to be careful when managing the economic resources for the poor, making the institutions in which they were installed profitable [60,61]. Despite the fact that the daily tasks were designated by the superior, it has been proven that the sisters specialized in certain care, diagnosis, treatment and administration services, as in the case of the sister Adelaida González who worked in the hospital pharmacy of Santa Maria in 1874 as a manager demonstrating their capacity for administrative organization of daily work; recalling that St. Vincent of Paul himself said that “a sister who insists on staying for a long time instructing a sick person, to the detriment of another would not act properly. You need to know how to order your time”, remembering that they had to be careful when managing the economic resources for the poor, making the institutions in which they were installed profitable [60,61].

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