



BRILL

EUROPEAN JOURNAL FOR THE HISTORY OF
MEDICINE AND HEALTH 79 (2022) 94–119

European
Journal for
the History
of Medicine
and Health

brill.com/ehmh

From Refoundation to Decline: A Century of Catholic Church Hospitals in Spain (1880s–1980s)

Pilar León-Sanz | ORCID: 0000-0003-0247-6101

Prof.; School of Medicine, University of Navarra, C/ Irunlarrea 1,

31008 Pamplona, Spain

mpleon@unav.es

Abstract

This paper analyses the contribution of the Catholic Church to Spanish hospitals for more than a century, from the last three decades of the nineteenth century to the 1980s, when the health system model changed and when the transfer of healthcare to Spain's Autonomous Communities was initiated. The refoundation of Catholic Church hospitals can be observed in the last thirty years of the nineteenth century, as the result of the confiscation of Church property that took place during this century. The new hospitals incorporated contemporary scientific innovations and medical specialisation. Over time, the Catholic Church ran a substantial number of hospitals (surgical, maternity, children's, psychiatric, shelters, etc.). This work of healthcare provision still continued into the early 1940s, when the Church hospitals were integrated into the national hospital system. Catholic Church hospitals accounted for 15 to 17 per cent of the total number of beds in the Spanish health system. The most common were surgical hospitals – each with around 100 beds – located in urban areas. The contribution of Catholic Church hospitals to psychiatric care was notable (30 per cent of all beds for this purpose in Spain). This study also analyses the ten-percentage point reduction in the number of beds and hospitals dependent on the Church that occurred in the 1980s.

Keywords

history of hospitals – Catholic Church – Catholic Church hospitals – Spain – twentieth century

1 Introduction

After an age-old tradition, the hospitals dependent on the Roman Catholic Church (hereinafter, Catholic Church) disappeared in Spain during the nineteenth century due to a combination of political and economic factors. From the end of the eighteenth century, the Church hospitals were subject to successive confiscations. As a consequence, there was a decrease in the number of hospitals, especially in rural areas, and parts of the population formerly treated in these institutions was left unattended.¹ This constitutes the starting point for this research, which examines also whether the hospital system continues to have links with the Church nowadays. And if so, how have Catholic Church hospitals evolved in Spain during the twentieth century? What functions have the hospitals with links to the Catholic Church developed in the contemporary period? And what support have Catholic Church hospitals received in a progressively secular society?

The contribution of the Catholic Church to hospitals refers to numerous aspects: who owns the hospital property, the role of consecrated persons who have intervened in the running of these institutions, the participation of bishops in the endowments and management of hospitals, and the spiritual care of the sick by hospital chaplaincies, etc.

The historiography has highlighted the importance of religious personnel in the running and administrative control of hospitals during the period under review. There were various religious orders devoted to assisting the sick (the Hospitaller Brothers of Saint John of God from the sixteenth century; in Spain, the Camillians or Clerics Regular, Ministers to the Sick from the seventeenth century, the Daughters of Charity of Saint Vincent de Paul from 1790, and the Sisters of Saint Anne from the nineteenth century, etc.).² From the 1880s to the 1980s, the Daughters of Charity of Saint Vincent de Paul worked in almost all public and military hospitals in Spain, as well as in the hospitals of the Catholic Church, and were also present in 30 per cent of private hospitals.³

1 Pedro Carasa, "Desamortización y beneficencia. Efectos de la desamortización de Madoz sobre el sistema hospitalario burgalés" and Elena Maza Zorrilla, "Incidencia de la desamortización de Madoz en la beneficencia vallisoletana," in *Desamortización y hacienda pública*, 2 vols., ed. María Paz Alonso Romero (Madrid, 1986) 2: 9–40 and 139–177.

2 Tim O'Sullivan, "The Contribution of Religious to Irish Healthcare," *Studies: An Irish Quarterly Review*, 108 (2019), 288–297; Charles E. Rosenberg, *The Care of Strangers: The Rise of America's Hospital System* (Baltimore, MD, 1995), 219; Guenter B. Risse, *Mending Bodies, Saving Souls: A History of Hospitals* (New York, 1999), 513–567.

3 Pilar León-Sanz, "La iglesia católica en el sistema hospitalario español (1942–1986): continuidades, cambios, asociacionismo," in *Genealogías de la reforma sanitaria en España*, ed. J. Martínez Pérez and E. Perdiguer Gil (Madrid, 2020), 192–214.

However, the changes and transformations referred to here are those that took place over a century (1880s–1980s) in hospitals dependent on the Catholic Church; seen from a long-term perspective, and in the knowledge that there have been very few studies on the construction and development of these hospitals, there was ample impetus for the present analysis.⁴

In the first instance, we examine the appearance of numerous Catholic Church hospitals that were founded in Spain in the late nineteenth century and the first half of the twentieth century; the development of these “new” hospitals and their significance up to the 1930s, when they were once again dissolved, at the end of the Second Spanish Republic.⁵

Subsequently, there is an account of the integration of the Catholic Church hospitals into the national hospital network in the second half of the twentieth century. The analysis considers the fact that compulsory sickness insurance was passed in 1942 (although it was not actually implemented until 1944) and that, in order to develop all the provisions envisaged, the new compulsory sickness insurance relied on the collaboration of a variety of healthcare entities, above all hospitals, from the public and private spheres, including Catholic Church-owned entities. This continued to be the case after the reform of 1963, although the number of public hospitals and beds available had increased significantly thanks to a national healthcare facilities plan [*Plan Nacional de Instalaciones Sanitarias*].⁶

The study shows that the number of Catholic Church hospitals fell in the early 1980s. There was also a change in the model of healthcare and hospital agreements, which coincided with a drastic reduction in the number of members of religious orders and congregations working in hospitals.⁷

Nevertheless, in 1983, the Manager (M. Campos Mayor O.H.) and the Medical Director (Dr J. Plaza Montero) of the emblematic Catholic Church hospital in Barcelona, San Juan de Dios, responded unequivocally to the question of

4 Margarita Vilar Rodríguez and Jerònia Pons, eds., *Un siglo de hospitales entre lo público y lo privado (1886–1986)* (Madrid, 2018), 11–17; Pilar León-Sanz, “Evolución de la Red Hospitalaria Nacional 1939–1975: el caso de los hospitales de la iglesia,” in *Salud, enfermedad y medicina en el franquismo* ed. R. Ballester and M.I. Porras (Madrid, 2019), 168–184.

5 Pilar León-Sanz, “Hospitales de la Iglesia Católica en España,” in Vilar Rodríguez and Pons, *Un siglo de hospitales*, 334–335.

6 Due to the lack of hospital infrastructure, the health authorities (*Instituto Nacional de Previsión*) tried to implement a National Healthcare Facilities Plan in the 1950s. The plan envisaged the construction of a public network of primary healthcare centres (outpatient clinics) and all large hospitals. The objectives of the plan had to be reduced on several occasions due to the lack of financial resources. Eventually sixty-three hospitals with a total of almost 12,000 beds were built throughout Spanish territory.

7 León-Sanz, “La iglesia católica,” 199–208; eadem, “Hospitales de la Iglesia,” 363–364.

whether the continued existence of Catholic Church hospitals still served any purpose: “Naturally” and “Of course”, they replied.⁸ These San Juan de Dios Hospital directors insisted that Catholic Church hospitals constituted “charitable social” action and were testimony to the spirit of social action related to the evangelising and apostolic goal of Church institutions.⁹

2 Material and Methods from a Time Perspective

The Decree of 1 October 1820 abolished, among other entities, all the monasteries of the monastic orders in Spain, including those of the orders of Saint John of Jerusalem, Saint John of God [San Juan de Dios], and the Bethlehemites, and all other hospitals of any type.¹⁰ Both movable and immovable property were “applied to the public credit” and declared “national assets”, subject to their immediate expropriation.

However, as indicated by Abós¹¹ and Valenzuela,¹² the successive decrees of the years 1834, 1835, and 1836 – along with the application of the regulations of Pascual Madoz, in the mid-nineteenth century – were above all what led to the suppression of many religious communities and the widespread reduction of the patrimony of hospitals throughout the entire country.¹³

8 Various authors, “Hospital San Juan de Dios de Barcelona. Un Símbolo,” *Todo Hospital*, n° 5 (1983), 13. For more details of this interview, see Pilar Leon-Sanz, “Aportación de la Iglesia al contexto hospitalario barcelonès de los siglos XIX y XX,” in *Barcelona hospitalària la ciutat i els seus hospitals, segles XIX i XX*, ed. A. Zarzoso and J. M. Barcelo (forthcoming). The San Juan de Dios Hospital in Barcelona was a landmark in the reopening of hospitals run by religious orders, after the various confiscations and disentanglements.

9 Various authors, “Hospital San Juan de Dios,” 13.

10 Germán Rueda, “El proceso de la desamortización de bienes de origen eclesiástico (1769–1964) en España. Cuantificación y consecuencias socioeconómicas,” in *De la Iglesia al Estado, las desamortizaciones de bienes eclesiásticos en Francia, España y América Latina*, ed. B Bodinier, R. Congost and P.F. Luna (Zaragoza, 2010), 185.

11 Ángel L. Abós Santabàrbara, *La desamortización de Mendizábal a Madoz: modernidad y despojo* (Zaragoza, 2009).

12 José Valenzuela Candelario, “Hospitales y beneficencia, Historias de Hospitales,” *Trabajo social y salud*, n° 43 (2002), 49.

13 Josep Barceló and Josep M. Comelles, “La adaptación de los hospitales catalanes a la legislación benéfica del Estado liberal (1798–1914),” in *Al servicio de la salud humana: la Historia de la Medicina ante los retos del siglo XXI*, ed. A. Zarzoso and J. Arrizabalaga (Ciudad Real, 2017), 503. The authors explain that the measures initially had less impact in Catalonia, but the subsequent initiatives adopted by Pascual Madoz in the 1830s nonetheless also affected this region.

In the case of the Saint John of God hospitals, we see a good example of what occurred. The hospitals were founded in the sixteenth century. Government decisions now led to the expulsion of Hospitaller Brothers from 52 houses. Only two hospitals, in Madrid and Seville, managed to survive, but in such adverse circumstances that the hospital care provided in accordance with the charism of the Order disappeared in the mid-nineteenth century.¹⁴

As a reaction to this process of successive confiscations or disentanglements, there was, from the second half of the nineteenth century, a movement, supported by members of religious communities forced to abandon cloistered life, which inspired the appearance of new congregations and third orders, many of them dedicated to social and welfare functions.¹⁵ Almost seventy new orders were created, which were joined by others that came from other countries.¹⁶ In the 1870s, Catholic Church hospitals also started to be opened. The abundant sources and bibliographical studies available make it possible to investigate the causes of this phenomenon, which was mirrored by similar developments in other countries.¹⁷

To help contextualise the refoundation and development of Catholic Church hospitals, we have recourse to Pedro Carasa's studies on the Spanish hospital system in the nineteenth century;¹⁸ Rodríguez Ocaña and Valenzuela's analysis of the changes that occurred over time with regard to charitable hospitals;¹⁹ and publications by Vilar-Rodríguez and Pons.²⁰ However, we do not have clear

14 Vicente Cárcel Ortiz, *Historia de la Congregación de Hermanas Hospitalarias del Sagrado Corazón de Jesús* (Vatican City, 1988); Luis Ortega Lázaro, *Para la historia de la Orden Hospitalaria de San Juan de Dios en Hispanoamérica y Filipinas* (Madrid, 1992).

15 Isaura Paz González, *Las Terciarias Franciscanas de la Madre del Divino Pastor: contribución al estudio de la vida religiosa en España durante el último cuarto del siglo XIX* (Madrid, 1978), 24.

16 Many of the almost 70 new orders were Catalan; for example, the Misioneras de la Inmaculada Concepción (1850), Religiosas Dominicanas Terciarias de la Anunciata (1856), Hermanas de la Caridad de la Consolación (1858), Franciscanas Misioneras de la Inmaculada Concepción (1859), Hermanas de la Sagrada Familia de Urgel (1859), etc.

17 O'Sullivan, "Contribution of Religious to Irish Healthcare"; Jacqueline Lalouette, *L'hôpital entre religions et laïcité: du Moyen âge à nos jours* (Paris, 1985).

18 Pedro Carasa, *El sistema hospitalario español en el siglo XIX: De la asistencia benéfica al modelo sanitario actual* (Valladolid, 1985).

19 José Valenzuela and Esteban Rodríguez-Ocaña, "Lugar de enfermos, lugar de médicos. La consideración del hospital en la medicina española, siglos XVIII-XIX," in *La salud en el estado de bienestar: análisis histórico*, ed. L. Montiel (Madrid, 1993).

20 The following coincide with this appraisal: Vilar Rodríguez and Pons, *Un siglo de hospitales; eadem*, "The Construction of the Network of Public Hospitals and Outpatient Clinics in Spain 1880–1960," *Documentos de Trabajo de la Asociación Española de Historia Económica*,

and homogeneous records that identify all the hospitals that existed in Spain in the first three and a half decades of the twentieth century.²¹

A parenthesis is included in the study during the 1930s because the political events that followed the establishment of the Second Republic in Spain (1931) had a significant effect on Catholic Church hospitals. Although some continued to function initially,²² in other cases, such as the leprosarium in Fontilles, economic and administrative intervention was decreed (1931).²³ At the outbreak of the Spanish Civil War (1936–1939), the government ordered “the seizure of all charitable institutions run by religious congregations regardless of who the owners are”,²⁴ and thus Catholic Church hospitals were used for other purposes. The healthcare institutions that remained in the so-called “national zone” also underwent changes: some were converted into blood hospitals or military hospitals, depending on the location and the proximity to the battlefield.²⁵

no. 1609 (2016), 38–39; Valenzuela and Rodríguez Ocaña, “Lugar de enfermos,” 109 and 126; Valenzuela Candelario, “Hospitales y beneficencia,” 39–66.

- 21 Vilar Rodríguez and Pons, *Un siglo de hospitales*; eadem, “Construction of the Network”; and the monograph “Los factores condicionantes en la configuración histórica del sistema hospitalario,” *Dynamis*, 40 (2021).
- 22 See Francisco Manuel Delgado Aboza, *Sevilla y la Orden de San Juan de Dios: historia y patrimonio artístico del Hospital de Nuestra Señora de la Paz* (Seville, 2010), 142; Juan Ciudad Gómez, *Compendio de historia de la Orden Hospitalaria de San Juan de Dios* (Granada, 1963), 557; Julio de la Cueva, “Hacia la República laica: proyectos secularizadores para el Estado republicano,” in *Laicismo y catolicismo: el conflicto político-religioso en la Segunda República*, ed. J. de la Cueva and F. Montero (Alcalá de Henares, 2009), 36, 44–45; and, in the same book, Ángel López Villaverde, “El conflicto católico-republicano ‘desde abajo’, 1931–1936,” 389–442.
- 23 In the case of Fontilles leprosarium, there were several disturbances which caused some damage. The ecclesiastical ownership ended in May 1932, after the dissolution of the Society of Jesus (*Gazeta de Madrid*, 24 January 1932, p. 610). This episode has been studied by Josep Bernabeu Mestre and Teresa Ballester Artigues, “Lepra y sociedad en la España de la primera mitad del siglo XX: La Colonia Sanatorio de Fontilles (1908–1932) y su proceso de intervención por la segunda República,” *Dynamis*, 1 (1991), 287–344, and also in Vicent E. Comes Iglesia, *Cuidados y consuelos: cien años de Fontilles (1909–2009)* (Valencia, 2009), 14.
- 24 Provision of 12 August 1936 published in the *Gazeta de Madrid* no. 228, 15-VIII-1936, p. 1251. For information on the persecution of doctors and nurses, on both sides of the conflict, see Nicholas Coni, *Medicine and Warfare: Spain, 1936–1939* (New York–London, 2008), 13–21; and, specifically with regard to the brothers of Saint John of God, see Ciudad Gómez, *Compendio de historia*, 557–560.
- 25 For further details on Church hospitals during the Spanish Civil War, see Ciudad Gómez, *Compendio de historia*, 546; and Coni, *Medicine and Warfare*, 99–104, 111–116. Eugenio Escribano, *Por Jesucristo y por España: las Hijas de la Caridad de la Provincia Española: en trescientos veinticinco hospitales de sangre durante la Cruzada Nacional* (Madrid, 1941) lists the blood hospitals by province, and gives an account of the participation of brothers and sisters of religious institutes in healthcare activity.

At the end of the war (1939), the different religious institutes tried to regain ownership of the establishments and locate their members who were stationed in barracks in order to reincorporate them into the staff of the hospitals.

From the point of view of methodology and sources, the study of the evolution of Catholic Church hospitals from the 1940s to the 1980s is encompassed by the creation of the so-called “National Hospital Network” comprising all hospitals, “regardless of the body that owns and runs them”.²⁶ The hospitals had to be open to all the sick, “whatever their social and economic condition”, but ownership was maintained, as were the characteristics and the sphere of care in which each individual hospital specialised.²⁷ Moreover, in the 1940s, compulsory sickness insurance was passed (1942/1944), which initially involved reaching agreements with public, private and Catholic Church-owned healthcare facilities in order to secure from them the provision of treatment for all the insured. Later, the Basic Law on Social Security of 1963 modified compulsory sickness insurance and limited the collaboration of certain private profit-making entities and established a series of agreements with public and private institutions and hospitals, including Church hospitals.²⁸

The quantitative study of the evolution of Catholic Church hospitals has been undertaken using the catalogues of public and private hospitals in Spain created by the Administration, and which were periodically updated in line with the classification of hospitals established in 1962. The new classification distinguished between institutions according to the functions they performed (general and special); the geographical scope of their activities (national, regional, provincial and local); the level of care; and their ownership or patrimonial situation. The number and categorisation of different types of hospitals was also simplified. The four categories and eleven subcategories used in the first third of the twentieth century, were reduced to just two categories: general hospitals and special hospitals; then the latter were subdivided into six

26 Law 37/1962, of 21 July, on Hospitals. *Boletín Oficial del Estado* BOE [Official State Gazette], no. 175, Art. 4. The new regulation defined the hospital as an “establishment intended to provide medical and clinical care, notwithstanding the fact that preventive and rehabilitative medicine and outpatient treatment may also be practised there if deemed convenient” (Law 37/1962, Art. 1).

27 Law 37/1962, Art. 2.

28 Law 51/1980, of 8 October, BOE n. 250; and previously Royal Decree-Law 36/1978, of 16 November, BOE n° 276, which was completely repealed in 1980. Preamble: “The system of agreements with public and private institutions for the purposes of hospitalisation is standardised, thereby applying the principle of coordination of healthcare envisaged in the Law on Hospitals.” For further details, see Jerònia Pons and Margarita Vilar, “The genesis, growth and organisational changes of private health insurance companies in Spain (1915–2015),” *Business History* (2017), 7, <http://dx.doi.org/10.1080/00076791.2017.1374371>.

types: surgical; maternity; children's; mental or psychiatric; anti-tuberculosis; and hospital-shelters.²⁹

Other sources that have been incorporated are the yearbooks of the Spanish National Statistics Institute [*Instituto Nacional de Estadística*] and the National Hospital Catalogues published by the Ministry of Health and Consumer Affairs over the years (1949–1986). All together, they make it possible to assess both the development and the significance of Catholic Church-owned hospitals within the framework of the national hospital network.

Spanish sources have been compared and contrasted with the *Annuaria Statistica Ecclesiae* published by the Vatican from 1978 to 1986, and this comparison has served to contextualise the evolution of Spanish Church hospitals within the framework of the Catholic Church in general.

It should be taken into consideration that, among the causes of the changes and transformations of the Catholic Church's contribution to the Spanish hospital system, one can discern the intrinsic factors of the health sector itself (of a professional and institutional nature), and also other aspects such as social, religious, and the political and economic evolution of society. This was a period when novelties were introduced within the Church, some of them arising from the Second Vatican Council (1962–1965).

The study ends in 1986, because in that year there was a notable change in the Spanish healthcare scenario: a new General Health Law was passed, which replaced the old compulsory sickness insurance with another system which contemplated universal health coverage financed by the general state budget. The way of concluding agreements with hospitals changed and the process of devolving responsibilities for health to the different Autonomous Communities was underway; this devolution resulted in regional governments taking over the role of regulating healthcare institutions.

3 Results

Two periods are distinguished in the presentation of the results: the first includes the refoundation and development of Catholic Church hospitals up to the outbreak of the Civil War (1936–1939); the second covers the evolution

29 Law 37/1962, of 21 July, on Hospitals; see Pilar Leon-Sanz and Pilar Sarrasqueta, "Caracterización de los tipos de Hospitales a través del análisis de la revista de Estudios sobre hospitales y beneficencia," in *Al servicio de la salud humana. La historia de la medicina ante los retos del siglo xxi*, ed. A. Zarzoso, A. and J. Arrizabalaga (Sant Feliu De Guíxols, 2017), 137–142.

of Catholic Church hospitals (1942–1986) within the framework of their integration into the Spanish hospital network and collaboration with compulsory sickness insurance.

3.1 *The Resurgence of New Catholic Church Hospitals (1870s–1930s)*

New Catholic Church hospitals started opening in the 1870s. For example, the priest Saturnino López Novoa (1830–1905) and Teresa de Jesús Jornet e Ibars (1843–1897) founded a hospital-shelter in Valencia in 1873, which was run by the religious congregation Hermanitas de los Ancianos Desamparados.³⁰ In 1898, after the death of the founder, there were 103 shelters in Spain and America run by this order.³¹

In the case of the Hospitallers, the Italian Benito Menni (1841–1914), as well as being the restorer of the Order of Saint John of God in Spain, Portugal and Latin America, opened the Hospital de Niños Pobres in Muntaner Street in Barcelona in 1867, with few material resources and only 18 beds. The hospital was subsequently moved and enlarged (1882).³²

In 1881, Menni founded the Sisters Hospitaller of the Sacred Heart of Jesus [Congregación de las Hermanas Hospitalarias del Sagrado Corazón de Jesús], along with two women from Granada: María Josefa Recio and María Angustias Giménez.³³ The new congregation's involvement was fundamental in the creation and running of new hospitals, especially psychiatric hospitals and hospital-shelters. These included the first institute for epileptics, in Carabanchel Alto (Madrid, 1899), and hospitals for the mentally ill in Ciempozuelos (Madrid, 1876) and San Baudilio de Llobregat (Barcelona, 1895),³⁴ both of which had more than 1,000 beds, and Santa Águeda in Mondragón (Gipuzkoa, 1882).³⁵

30 José Manuel Cuenca Toribio, "Saturnino López Novoa. Fundador de las Hermanitas de los ancianos desamparados," *Anuario de historia contemporánea*, no. 7 (1980), 91–98.

31 Juan José Asenjo, *Saturnino López Novoa: fundador de las Hermanitas de los Ancianos Desamparados* (Madrid, 2000).

32 José Álvarez-Sierra, *El padre Menni y su obra* (Barcelona, 1968), 24–25; Various authors, *Hospital San Rafael: I Centenario 1888–1988: historia y evolución de los servicios de Ortopedia* (Barcelona, 1989).

33 Cárcel Ortiz, "Historia de la Congregación"; Álvarez-Sierra, *El padre Menni*, 70–74.

34 Pedro Antón Fructuoso, *Almacén de razones perdidas: historia del Manicomio de Sant Boi (1853–1945)* (Barcelona, 1982). Antón points out that this asylum was created by Dr Antonio Pujadas, who studied medicine after being forced to abandon cloistered life as a result of the disentailments (p. 28). In 1895, the hospital was bought by Menni, who transferred around thirty brothers and sisters from institutions in Valencia and Malaga in order to work there (pp. 69–70).

35 The Santa Águeda establishment had been a well-known spa after it was built in 1825, and was reopened as a psychiatric hospital in 1882.

TABLE 1 Order of Saint John of God: Hospitals, Brothers and Beds in Spain (1875, 1914)

	1875	1914
Hospitals	5	20
Brothers	49	372
Beds	114	4,407

SOURCE: CIUDAD GÓMEZ, *COMPENDIO DE HISTORIA*, P. 497.

with almost 600 beds, etc. They also opened the Sanatorio Marítimo in Calafell (Tarragona, 1929, 60 beds) in order to apply new rehabilitation therapies: thal-assootherapy, heliotherapy, etc.

The statistics of the Order of Saint John of God show a clear expansion in Spain between 1875 and 1914: the number of hospitals managed by the Order increased fourfold and the number of beds thirty-eightfold (Table 1).

At the beginning of the twentieth century, and promoted by the Society of Jesus, the San Francisco de Borja sanatorium colony was created (1909), dedicated to the exclusive treatment of leprosy sufferers (in Vall de Laguart, Alicante).³⁶ It was one of the three leprosaria in Spain at this time. This sanatorium, better known as the Fontilles Sanatorium, for years had more than 300 beds (336), close to the same range as the Institute of Leprosy in Trillo (Guadalajara), which was a national benchmark, owned by the General Directorate for Health [*Dirección General de Sanidad*], and with 465 beds. The third, the regional leprosarium in Las Palmas de Gran Canarias, belonging to the island council, the Cabildo Insular, had 66 beds (Table 2).

In the first third of the twentieth century, the largest provision of beds was in public general hospitals, which were charitable and of a provincial nature, and in municipal hospitals.³⁷ Catholic Church hospitals and all other privately-owned hospitals together accounted for 50.2 per cent of hospital establishments.³⁸

Catholic Church-owned hospitals enjoyed wide popular support and received private aid, which was very necessary given that the “new” foundations

³⁶ Institution studied by Comes, *Cuidados y consuelos*.

³⁷ Valenzuela and Rodríguez-Ocaña, “Lugar de enfermos,” 128; Esteban Rodríguez Ocaña, “La asistencia médica colectiva en España, hasta 1936,” in *Historia de la acción social pública en España: Beneficencia y previsión* (Madrid, 1990), 326–329, notes that charitable hospitals provided a total of around 12,300 beds and municipal hospitals provided another 5,300.

³⁸ Carasa, *El sistema hospitalario*, 56.

TABLE 2 Leprosaria in Spain to 1963

Leprosarium	Owned by	No. beds
Colonia Sanatorio San Francisco de Borja	Catholic Church	336
Instituto Leprológico de Trillo (Guadalajara)	Dirección General de Sanidad	465
Leprosería Regional de Las Palmas de Gran Canaria	Cabildo insular	66

SOURCE: CATALOGUE OF PUBLIC AND PRIVATE HOSPITALS IN SPAIN, 31 DECEMBER 1963 BOE OF 13 JUNE 1966. PREPARED BY THE AUTHOR.

were located in existing buildings, many of them in a poor state of repair and requiring maintenance and adjustments that entailed considerable and continuous economic contributions. This was the case, for example, with the Hospital de Nuestra Señora de la Paz in Seville, established in a building that was over 300 years old in 1880, which was constantly undergoing building work pending a possible relocation, until its total reconstruction in 2003.³⁹

3.2 *Evolution of Catholic Church Hospitals (1942–1986): a General Overview*

Until the 1980s, the percentage of hospitals and beds dependent on the Catholic Church and religious institutes remained stable at around 6 per cent of all hospitals and 15–17 per cent of the total number of beds.

As can be seen in Table 3 and Figures 1 and 2, there was a progressive reduction in the number of hospitals in general from 1963. In the case of public institutions, the reduction in the number of hospitals was compensated for by an increase in the number of beds: there was a 45 per cent increase in the number of beds in this sector, from 70,834 in 1949 to 128,721 in 1986.

The fall in the number of Catholic Church hospitals continued during the 1980s (down to 60 per cent), especially among smaller hospitals (those with less than 100 beds). The total number of beds also fell, partly due to a reduction in the number of psychiatric hospitals with over 1,000 beds.⁴⁰ In 1986, Catholic Church hospitals accounted for 7.5 per cent of the total number of beds in the hospital system. That is, 10 percentage points less than in previous decades.

39 Delgado Aboza, *Sevilla y la Orden de San Juan de Dios*.

40 León-Sanz, "Hospitales de la Iglesia," 349–353.

TABLE 3 Evolution in the number of hospitals and beds from 1949 to 1986

Year	1949		1963		1970		1986	
	Hosp.	Beds	Hosp.	Beds	Hosp.	Beds	Hosp.	Beds
Public	670	70,834	589	87,883	475	103,227	387	128,721
Other private	772	114,313	944	35,058	798	36,251	444	43,288
Catholic Church	113	13,030	93	16,978	89	16,950	68	14,042
Total	1,555	197,977	1,626	139,919	1,362	156,428	899	186,051

SOURCES: STATISTICAL YEARBOOK OF SPAIN [ANUARIO ESTADÍSTICO DE ESPAÑA], 1951, P. 684; CATALOGUE OF PUBLIC AND PRIVATE HOSPITALS IN SPAIN: 31 DECEMBER 1963 (BOE 1966); AND 31 DECEMBER 1970 (BOE 1973); NATIONAL HOSPITAL CATALOGUE (1987); SEE VILAR RODRÍGUEZ AND PONS, UN SIGLO DE HOSPITALES ENTRE LO PÚBLICO Y LO PRIVADO, PP. 193–194. PREPARED BY THE AUTHOR.

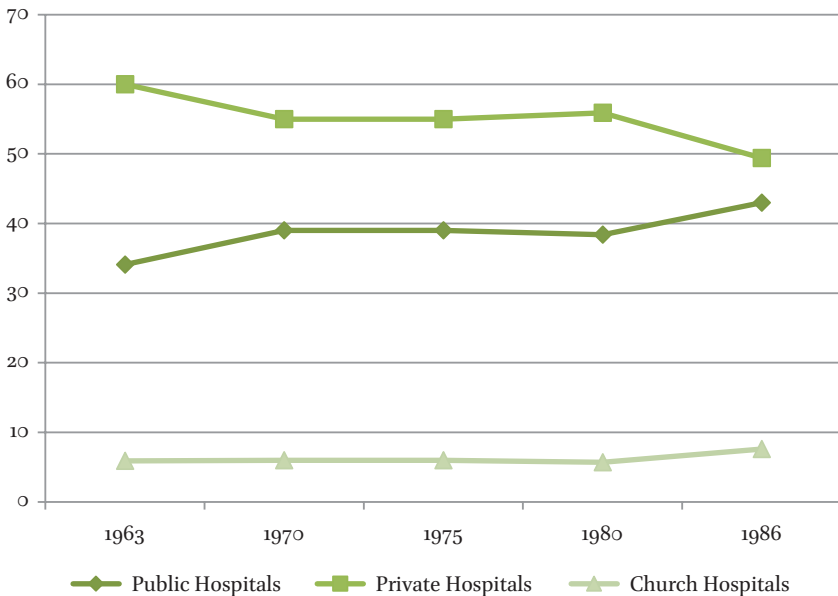


FIGURE 1 Evolution in the percentage of hospitals, according to ownership (1963–1986)
 SOURCES: CATALOGUE OF PUBLIC AND PRIVATE HOSPITALS IN SPAIN: 31 DECEMBER 1963 (BOE 1966); AND 31 DECEMBER 1970 (BOE 1973); YEARBOOK (1978 AND 1984); NATIONAL HOSPITAL CATALOGUE (1987). LEON-SANZ, “HOSPITALES DE LA IGLESIA,” 342. PREPARED BY THE AUTHOR.

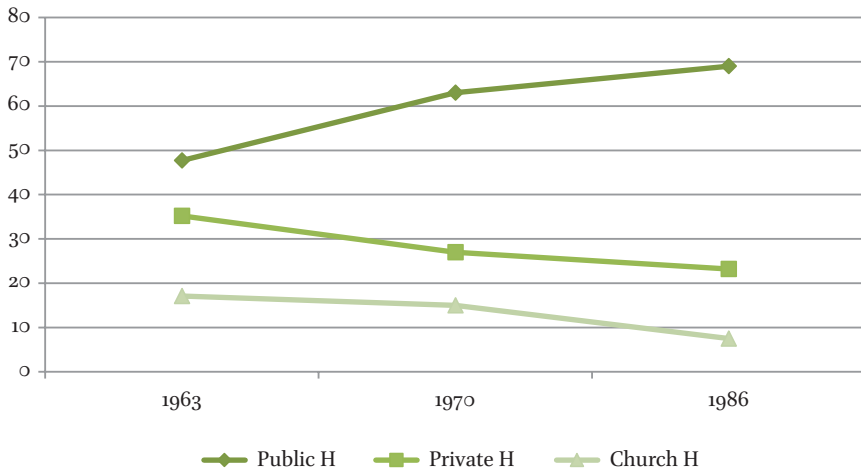


FIGURE 2 Evolution in the percentage of beds according to hospital ownership (1963–1986)
SOURCES: SEE FIGURE 1 SOURCES. PREPARED BY THE AUTHOR.

3.3 *Types of Hospitals*

From the 1940s to the 1980s, the Catholic Church maintained all types of hospitals (see Table 4 and Figs. 3–5).

Most were surgical hospitals (46 per cent). Over time, there was a gradual decrease in this type of hospital. Between 1963 and 1986 there was a reduction in surgical hospitals of almost 50 per cent (falling from 41 to 23), and the number of beds available in this type of hospital also decreased by 21 per cent.

The proportion of hospitals allocated to the treatment of the mentally ill was high (19 per cent), and a high proportion were hospital shelters (“Nursing Homes” in Figures 3–5) (14 per cent). The Church also maintained anti-tuberculosis, maternity, and children’s hospitals: the San Rafael children’s sanatorium in Segovia (240 beds), the Cottolengo del Padre Alegre in Barcelona (165 beds); and the hospital shelters of San Rafael in Barcelona (150 beds) and Madrid (250 beds), etc. However, these hospitals were not always classified among the “maternity and children’s hospitals” in the official catalogue.

Seven and a half per cent of the beds in Catholic Church establishments were in general hospitals, although, over time, there was an increase in this type of hospital (which accounted for 20 per cent of the number of beds in 1986), probably due to a change of criteria in the classification of hospitals.⁴¹

41 It is possible that some children’s, anti-tuberculosis, and surgical hospitals and hospital-shelters are included in both categories, as these categories disappeared in 1986 and the total number of beds included in both categories seem to tally (the number of beds in hospitals

TABLE 4 Evolution in the number of hospitals and beds according to type of hospital (1963–1986)

Type hospital	1963			1970			1986		
	Hosp.	Beds	% Beds	Hosp.	Beds	% Beds	Hosp.	Beds	% Beds
Surgical	41	2,992	17.5	52	3,664	21.6	23	2,363	17.4
Psychiatric	18	11,423	67.4	19	11,566	68.2	19	7,533	55.5
General	14	1,234	7.5	7	834	4.9	18	2,732	20
Hospital-shelters	13	865	5.1	3	163	1		0	
Anti-tuberculosis	3	133	0.8	1	34	0.2		0	
Maternity	2	119	0.7	2	69	0.4		0	
Children's	1	42	0.2	3	241	1.4	3	523	3.8
Others	1	136	0.8	2	383	2.3	5	455	3.3
	93	16,944	100	89	16,954	100	68	13,606	100

SOURCES: CATALOGUE OF PUBLIC AND PRIVATE HOSPITALS IN SPAIN: 31 DECEMBER 1963 (BOE 1966); AND 31 DECEMBER 1970 (BOE 1973); NATIONAL HOSPITAL CATALOGUE (1987). PREPARED BY THE AUTHOR.

There was a very broad range of numbers of beds in Catholic Church hospitals, from as few as 6–8 beds in some surgical hospitals to almost 1,700 in psychiatric hospitals. However, the average size of Church hospitals fluctuated very little: rising slightly from 184 beds in 1963 to 206 in 1986, and the proportion of beds according to hospital type showed a similar distribution over the years.⁴²

The great majority of hospitals in Spain (more than 80 per cent) had a local scope. Most Catholic Church hospitals also operated largely on a local scale (65.6 per cent), although 25.8 per cent functioned on a provincial level, with a far smaller percentage of regional hospitals (8.6 per cent). In 1986, there continued to be a predominance of local hospitals (46) over provincial (17) and

classified as Hospital-Shelters, Anti-tuberculosis, Maternity, Children's and Others is 1,159 in 1963, while there are 978 classified as "Others" and "Children's" in 1986).

42 In 1963, the average number of beds, from smaller to larger, ranged from children's hospitals (42), anti-tuberculosis (44), maternity (60), hospital-shelters (66), surgical hospitals (73), general hospitals (88) and, on a vastly different level, mental or psychiatric hospitals, with an average number of beds of 635.

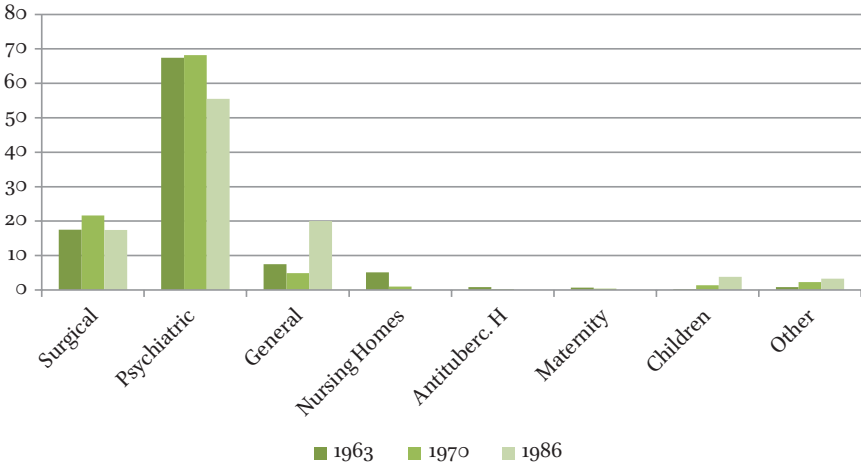


FIGURE 3 Evolution in the type of Catholic Church hospitals (1963–1986) *Note:* The hospital-shelters (*hospitales-asilos*), principally for long-term chronically ill and indigent patients, are termed Nursing Homes in Figures 3–5; see Leon-Sanz, “Hospitales de la iglesia,” 346.

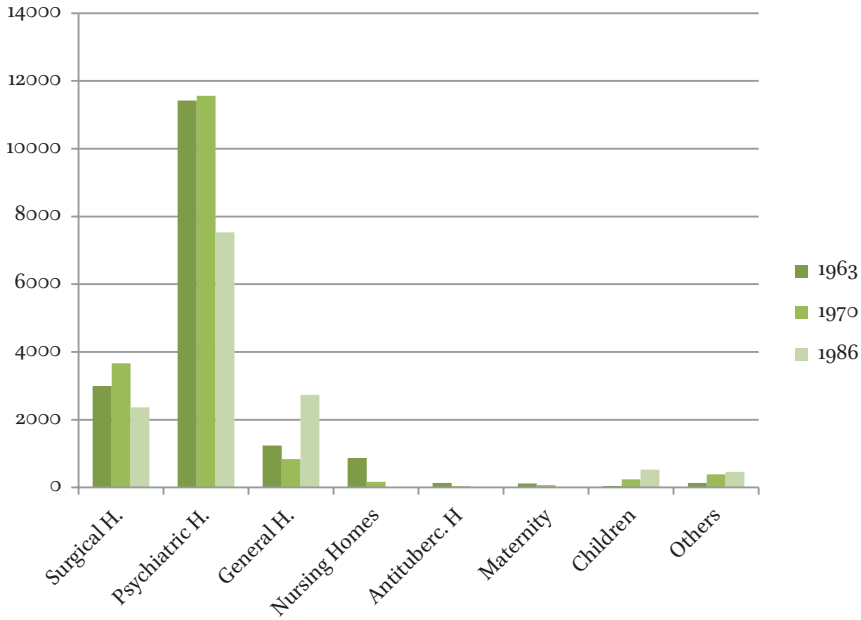


FIGURE 4 Evolution in the number of beds in the different types of hospitals dependent on the Catholic Church (1963–1986)

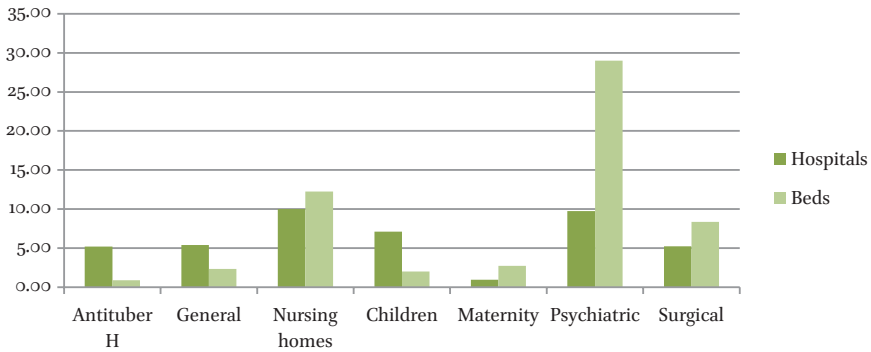


FIGURE 5 Percentage of diverse type of Catholic Church hospitals and beds with respect to the total number in Spain (1963)

SOURCE: CATALOGUE OF PUBLIC AND PRIVATE HOSPITALS IN SPAIN, 31 DECEMBER 1963 (BOE 1966). PREPARED BY THE AUTHOR.

regional (3). Only one hospital, in Barcelona, was organised on the level of the “comarca”, an administrative division comprising a number of municipalities (317 beds). Hospitals were mainly concentrated in the provinces of Barcelona (19) and Madrid (13). Another 27 provinces had one or two Catholic Church-owned hospitals.

3.4 *The Catholic Church's Psychiatric Hospitals*

From the point of view of hospital infrastructure, the Catholic Church's greatest contribution to the Spanish health system was within the field of psychiatric care. This type of establishment was administered by the Orders of Saint John of God and the Sisters Hospitaller of the Sacred Heart of Jesus.

In 1963, the Church's 15 psychiatric hospitals accounted for 67.4 per cent of all Church hospital beds and 29.3 per cent of all psychiatric beds in the national hospital network. This care activity was maintained over time.

In absolute numbers, there was a 34 per cent reduction in psychiatric beds compared with 1963 during the 1980s. The 11,423 beds catalogued in 1963, or the 11,566 in 1970, fell to 7,533 in 1986 (Fig. 6).

There was an increase in the number of small psychiatric hospitals (with less than 100 beds) in the 1980s and, above all, the number of hospitals with more than 1,000 beds decreased significantly. Nevertheless, psychiatric hospitals continued to account for the largest number of Catholic Church hospital beds (55 per cent). Furthermore, they accounted for 22.7 per cent of all

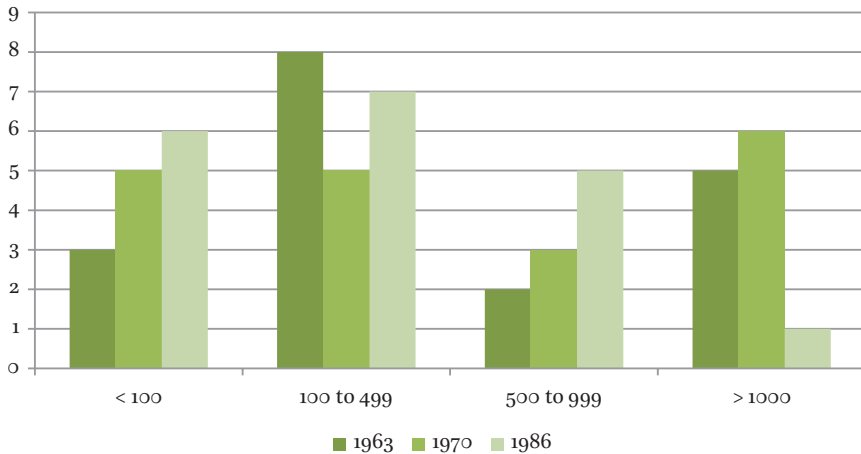


FIGURE 6 Evolution of Catholic Church Psychiatric Hospitals

psychiatric beds in Spain's national hospital network in 1986,⁴³ and remained a part of this official network during the entire period under study here.⁴⁴

3.5 *The Ecclesiastical Framework*

As can be seen in Figure 7, an analysis of the data of the *Annuario Statistica Ecclesiae* shows that between 1978 and 1986 there was a widespread reduction in the numbers of Catholic Church hospitals in Europe and especially in Spain. According to the data of the *Ufficio Centrale di Statistica della Chiesa*, by 1986 there remained only 39 per cent of the hospitals that there had been in 1978.⁴⁵

43 Olga Villasante, "Las instituciones psiquiátricas madrileñas en el período de entresiglos: asistencia pública frente a sanatorios privados," *Frenia*, 5(2005), 69–99 studies the psychiatric hospitals of different ownership in Madrid, especially Santa Isabel in Leganés, which benefited from the collaboration of the Hermanas de la Caridad.

44 Leon-Sanz, "Hospitales de la Iglesia," 305.

45 Since 1978, the *Annuario Statisticum Ecclesiae* have indicated that "the number of welfare institutions owned or administered by ecclesiastics or religious institutes in the various ecclesiastical jurisdictions constitutes an index of Church activity in favour of people in need of care and assistance". The categories include "hospitals (general and specialised); dispensaries; leprosaria; homes for the old, the chronically ill, invalids and the handicapped; orphanages; nurseries; matrimonial advice centres; other charitable and welfare institutions (hostels catering for the young, etc.)". There were 6,642 such institutions in 1978.

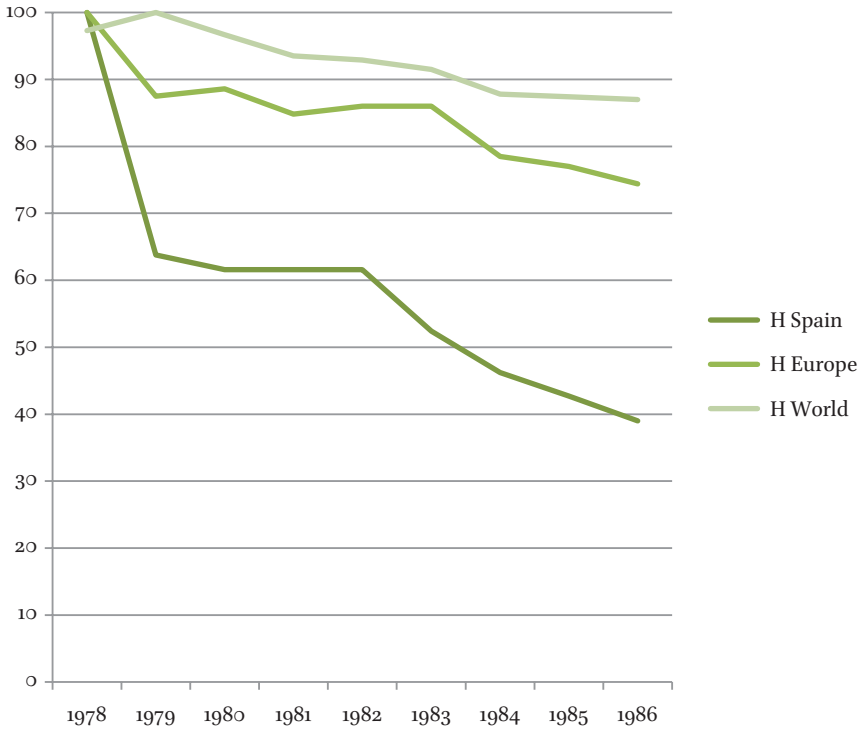


FIGURE 7 Percentage decrease of Catholic Church hospitals in Spain, Europe, and the World from 1978 to 1986

SOURCE: SECRETARIA STATUS, RATIONARIUM GENERALE ECCLESIAE, ANNUARIUM STATISTICUM ECCLESIAE. CITTÀ DEL VATICANO: TYPIS POLYGLOTTIS VATICANIS, 1978–1986; SEE LEON-SANZ, “LA IGLESIA CATÓLICA,” 199. PREPARED BY THE AUTHOR.

4 Discussion

The following discussion focuses on the continuity of care provision and, at the same time, the dynamism of Catholic Church hospitals throughout the 100-year period studied, which enabled constant adaptation to changing circumstances. The factors that were influential in the decrease of the number of Church institutions and beds in the 1980s are also commented upon.

4.1 *Continuity of Care Provision and Dynamism in Hospitals with Their Own Care Programme*

The hospitals owned by the Catholic Church originated with different goals and each one, in accordance with its origin and the religious order running it, maintained its own care programme over time.

The creation and presence of Catholic Church hospitals in the first three and a half decades of the twentieth century was in response to the need in Spain for social and healthcare assistance. Although the number of hospitals gradually increased,⁴⁶ Spain's hospital infrastructure was precarious and characterised by fragmentation, heterogeneity, the small size of hospitals, and territorial inequality.⁴⁷

Many of the private centres were hospitals and clinics with few beds; many had their own specialisms (in surgery or some other medical areas), having been created by specialist doctors or by associations of medical-surgical specialities. There were also private initiatives of a charitable and humanitarian nature, hospitals with a larger number of beds, such as Hospital de San Pablo in Barcelona, the Basurto hospital in Bilbao, and the Marquis of Valdecilla's Casa de Salud in Santander. There were also hospitals that specialised in the work sphere and that treated those involved in industrial accidents: the Clínica del Trabajo, dependent on the National Welfare Institute [*Instituto Nacional de Previsión*],⁴⁸ and other institutions linked to mutuals or friendly societies.⁴⁹

In the refoundation of Catholic Church hospitals in the last three decades of the nineteenth century, the Catholic Church's social doctrine, developed on the basis of the *Rerum Novarum* encyclical of Leo XIII (1891) is noted as having played an important part.⁵⁰ The contribution of religious congregations, both male and female, to the social and hospital care that emerged at this time was

46 In the case of public hospitals (urban, rural, shelters and leproseria), the number was increasing: rising from 584 recorded in 1909 to 629 in 1922; see Valenzuela and Rodríguez-Ocaña, "Lugar de enfermos," 128.

47 Vilar Rodríguez and Pons, "Construction of the Network," 18 and 46; this point is ratified by Valenzuela and Rodríguez-Ocaña, "Lugar de enfermos".

48 M. Isabel Porras, "Medicine, social security, and occupational disabilities in Spain in the first half of the twentieth century," *História, Ciências, Saúde-Manguinhos*, 13 (2006), 103–104; Ángel Bachiller Baeza, *La Medicina social en España (El Instituto de Reeducción y la Clínica del trabajo, 1922–1937)* (Valladolid, 1985).

49 Thus, for example, Catalan mutual associations created hospitals such as Palacio de la Mutualidad; see Valenzuela and Rodríguez-Ocaña, "Lugar de enfermos". For further information on these institutions, see: Jerònia Pons and Margarita Vilar Rodríguez, *El seguro de salud privado y público en España. Su análisis en perspectiva histórica* (Zaragoza, 2014); Pilar León-Sanz, "Contribución de las Mutuas de Previsión Social al Sistema Hospitalario español: el caso de La Alianza," *Dynamis*, 41 (2021), 135–161, <http://dx.doi.org/10.30827/dynamis.v41i1.22460>.

50 Feliciano Montero, *El primer catolicismo social y la Rerum Novarum en España (1889–1902)* (Madrid, 1983), 31–49. See also Javier Hervada, *The Principles of the Social Doctrine of the Church*, International Features Service SIDEC (1983/1995), vol. XXV, nos. 427–428; Patrick McKinley Brennan, "Subsidiarity in the Tradition of Catholic Social Doctrine," in *Global Perspectives on Subsidiarity. Ius Gentium: Comparative Perspectives on Law and Justice*, ed. Evans M., Zimmermann (Dordrecht, 2014), https://doi.org/10.1007/978-94-017-8810-6_3.

also influential.⁵¹ In the functioning of hospitals, the role fulfilled by the religious congregations and orders changed over the years; eventually, many of the hospitals in which they worked disappeared.⁵²

The new hospitals that appeared in the late nineteenth and early twentieth century were mainly specialised hospitals, focusing on the care of certain types of patients. The hospital-shelter of San Rafael opened in Madrid in 1892. Its director, José Álvarez Sierra, even attributes the development of specialised hospitals in Spain to the new foundations of the Saint John of God hospitals.⁵³

The Catholic Church maintained all types of hospitals for a considerable period. The most common type was the surgical hospital, each with around 100 beds and located in urban areas, mostly in Madrid and Barcelona. It was also the most common type of hospital in the Spanish hospital network.

We have seen that the Church's greatest contribution to the hospital network corresponded to psychiatric care, both in terms of the number of hospitals and the number of beds. This was made possible because a double care network for the mentally ill that was established in Spain in 1852: one public, managed by the provincial councils, and the other private. Public psychiatric hospitals were insufficient and poorly medicalised, and those of the Catholic Church were among those subsidised. After several attempts to transform hospital psychiatric care, from 1955 onwards it enjoyed the support of the National Board of Psychiatric Assistance (PANAP, Law of 14 April 1955), which continued to establish agreements with public and private centres. PANAP's activity lasted until 1974, when it was replaced by the National Institutional Health Administration (AISNA). The integration of all types of patients into the National Health System was not fully realised until the General Health Law of 1986.⁵⁴

51 Feliciano Montero, "Justicia y Caridad. Entre la beneficencia y la reforma social," in *Cuidados y consuelos: cien años de Fontilles (1909–2009)*, ed. Vicent E. Comes Iglesia (Valencia, 2009), 47.

52 León-Sanz, "La iglesia católica," 192–214.

53 José Álvarez Sierra, *Influencia de San Juan de Dios y de su Orden en el progreso de la medicina y la cirugía* (Madrid, 1950), 55, 77–84. For more on the introduction of specialised hospitals during this period, see Valenzuela Candelario, "Hospitales y beneficencia"; and Juan Riera, "Los hospitales especializados en el siglo XIX," *Asclepio*, 21 (1969), 335–343. For further details on the changes introduced in hospitals in general in the last quarter of the nineteenth century, see Morris J. Vogel, "The Transformation of the American Hospital," in *Institutions of Confinement: Hospitals, Asylums, and Prisons in Western Europe and North America, 1500–1950*, ed. Norbert Finzsch and Robert Jütte (New York, 1996), 39–54; Rosenberg, *Care of Strangers*.

54 León-Sanz, "Evolución de la Red Hospitalaria," 183; Rafael Huertas, "La organización de la asistencia psiquiátrica en la España del cambio de siglo," *Dynamis*, 43 (2002), 177–190; Ricardo Campos and Rafael Huertas, "Estado y asistencia psiquiátrica en España durante el primer tercio del siglo XX," *Rev. Asoc. Esp. Neuropsiq.* XVIII, 65 (1998), 99–108.

The care of the mentally ill in Church hospitals was also a feature of health-care provision in other countries. One such case is Les Frères de la Charité⁵⁵ dedicated especially to the care of the elderly and psychiatric patients in Belgium, the Netherlands, Ireland, and elsewhere.⁵⁶ This institution also had a presence in the United States.⁵⁷

As well as caring for the mentally ill, the healthcare provided by the Catholic Church also continued to place a special emphasis on looking after the elderly, children, and patients with special diseases such as leprosy. The leprosaria continued to be authorised as part of the official hospital network during the period under study.⁵⁸

4.2 *Factors that Influenced the Reduction in the Number of Catholic Church Institutions and Beds*

4.2.1 Changes in the Management and Socialisation of Hospitals

Between 1963 and 1986, the number of public beds doubled, growing from 99,611 to 186,051, and the size of public hospitals tended to increase: whereas the average size in 1963 was 88 beds, by 1986 it was 480 beds per hospital.

Meanwhile, there was a decrease in the number of private hospitals, and there was also a fall in the number of Catholic Church-owned hospitals.

All hospitals, including those of the Catholic Church, had to take on board changes in hospital management, which resulted in a drastic reduction in the number of both small hospitals and large psychiatric hospitals, changes that took place in the 1980s.

As highlighted by León Sanz and Sarrasqueta, there were changes in the functions of hospitals over the years, and also in the ways that they were managed, due to the introduction of new hospital codes of practice that were emerging in the 1950s, after the Second World War and in the context of the

55 Of Belgian origin, the Brothers of Charity, a pontifical institute founded in 1807 by the servant of God, Pierre-Joseph Triest (1760–1836), are present in 30 countries where they care in particular for the elderly and the mentally ill. In 1906, in Belgium, 42 communities, with around 1,000 brothers, were responsible for 6,000 mentally ill patients, as well as the elderly and disabled. Currently, in Belgium, around 2,000 brothers care for 5,000 psychiatric patients in 13 institutions.

56 Stéphane Baciocchi et al., “Les mondes de la charité se décrivent eux-mêmes. Une étude des répertoires charitables au xix^e et début du xx^e siècle,” *Revue d'histoire moderne & contemporaine*, 61 (2014), 28–66. <<https://doi.org/10.3917/rhmc.613.0028>>; Benoît Majerus and Anne Roekens, “Introduction: Being Crazy in Belgium,” *Journal of Belgian History* (2017), 11–16.

57 Rosenberg, *Care of Strangers*, 341.

58 Leon-Sanz, “Hospitales de la Iglesia,” 305.

consolidation of new Social Security systems.⁵⁹ Moreover, transformations occurred as a result of the introduction of scientific and technical advances and the development of medical specialities.

Barceló and Comelles point out that the health policies pursued in Spain throughout the twentieth century led to a model centred on the hospital and that this caused an imbalance between hospital care and primary care. The economic resources required by this “hospital centrism” were greater. Furthermore, high-quality medical professionals were mostly concentrated in hospitals, and large outpatient units were incorporated into hospitals, which functioned as a first point of care for many patients.⁶⁰ These characteristics can be observed in Catholic Church hospitals such as San Rafael or Hospital-Asilo Beata María Ana de Jesús in Madrid, and Sanatorio Nuestra Señora de la Esperanza in La Coruña, etc.

In the case of psychiatric hospitals, including those belonging to the Catholic Church, changes in psychiatry and the model of psychiatric hospitals were extremely influential, especially due to pharmacological innovations and new psychiatric therapies. These led to a widespread reduction in the number of psychiatric beds and the appearance of psychiatric hospitalisation units in general and acute care hospitals.⁶¹ In 1986, despite the fall in the number of hospitals and beds, the contribution of the Church’s psychiatric hospitals to the national network continued to be significant.

In other areas, institutions had to develop new specialities (care of chronic patients, long-stay units, etc.) in order to adapt to changes in care provision and also due to healthcare demands arising from an expanding public health system, as well as the development of new medical professions. This was the case, for example, for the Fontilles Sanatorium which, at the start of the 1990s, dedicated part of its facilities to caring for the elderly, as well as continuing to provide care for leprosy sufferers.

-
- 59 Leon-Sanz and Sarrasqueta, “Caracterización de los tipos de Hospitales,” 138–139. Conferences on hospitals were organised, and there are numerous publications on the subject. In Spain, for example, there was the journal on hospitals and charity, *Estudios sobre hospitales y beneficencia* (Barcelona, 1956–1968) which was followed by *Estudios sobre hospitales* (Barcelona, 1968–); *Revista de Sanidad e Higiene Pública* (Madrid, 1926–1995); *Mundo hospitalario: el periódico de la medicina hospitalaria* (Madrid, 1969–1972); and subsequently *Hospital 80* (Barcelona, 1974–1986); *Todo hospital* (Barcelona, 1982–); etc.
- 60 Josep Barceló and Josep M. Comelles, “Las bases ideológicas del dispositivo hospitalario en España: cambios y resistencias,” 83–138; Josep Barceló and Deborah Bekele, “Historical roots of hospital centrism in Catalonia (1917–1980),” *J. evol. stud. bus.*, 6 (2021), 156–181.
- 61 German E Berrios and Roy Porter, eds., *A History of Clinical Psychiatry: The Origin and History of Psychiatric Disorders* (London, 1995).

4.2.2 Consequences of Integration into the Hospital Network and Changes in Health Policy

It has been observed that, traditionally, there was a strong link between Catholic Church hospitals (and the places in which these were located) and society. As well as providing the institutions with elements of identity, the particular location was a factor that facilitated the subsistence of hospitals, as it enabled them to obtain donations and subventions in support of their provision of care for the sick who lived in the vicinity.⁶² One example is the case of the San Juan de Dios Hospital in Palma de Mallorca: support from the authorities and the local population, and organised activities to raise funds, are described in the local press.⁶³

However, from 1942 to 1986, Catholic Church hospitals were integrated into the Spanish hospital system and this resulted in a partial loss of the advantages afforded by their particular location. Catholic Church hospitals now had to follow the health policies adopted by the health system authorities, which established coordination between institutions, at all times. Hence the sick treated in officially authorised private hospitals – such as those of the Church – were sent from different areas and from other, mainly public, entities, depending on the healthcare and economic priorities of the moment.⁶⁴

The Central Health Administration gradually modified the policies regarding the authorisation and inclusion of hospitals: for example, in 1963, when the Social Security was reformed in the wake of the aforementioned modification of hospital classification; in 1970, when the criteria for official authorisation was changed and new hospital indicators were established; and especially in 1982, when agreements with the national hospital system were temporarily suspended.

All officially authorised private hospitals were subject to the changes in the agreements with the national health system, which kept them in a constant state of instability⁶⁵ and economic dependence. The uncertainty was even more serious for Catholic Church hospitals as they did not have the backing of private companies. This situation was exacerbated, furthermore, by the effects

62 Vogel, "Transformation of the American Hospital," 51.

63 Joaquín Boronat, Joan March and Berta Paz, "El origen del Hospital San Juan de Dios de Palma y su papel durante las epidemias de poliomielitis en las Islas Baleares," *Temperamentvm*, 17 (2021): e17063, <http://ciberindex.com/p/t/e17063>, accessed 18 December 2021.

64 Antón, *Almacén de razones perdidas*, describes the transfer of mentally ill patients to Sant Boi from different provinces such as Valladolid, Zaragoza, and Toledo and the difficulties that arose at times to pay for the stays of the patients.

65 León-Sanz, "Hospitales de la Iglesia" and eadem, "Evolución de la Red Hospitalaria".

of the economic crisis of the 1970s and the increased costs arising from the incorporation of medical and technical advances.

Consequently, and especially during the 1980s, some Catholic Church hospitals experienced a change of ownership. Such was the case, for example, for the Hospital de San Pablo y Santa Tecla in Tarragona which became a part of the *Xarxa Sanitària I Social Publica*. Glaser informs us that, in countries with more than one religion, it was less likely that hospitals would be nationalised, whereas in countries where one religion predominated, such as in Spain or Italy, the Catholic Church was unable to resist public pressure.⁶⁶

Those hospitals that survived had to improve their premises, equipment and services, in order to meet the requirements of the agreements with the health system. Catholic Church health facilities had to establish programmes that made them viable (by means of adequate financing, qualified professional staff, and good functional organisation) and which, at the same time, guaranteed legitimate institutional interests. Thus, for example, whereas there were 7 Catholic Church hospitals included in the group of the best hospitals (group A) in 1963, by 1970 there were 19; in 1963, there were 44 Catholic Church hospitals in group C (a group which met fewer requirements), a number that by 1970 had fallen to 38 (Fig. 8).⁶⁷

4.2.3 Ecclesiastical Questions

The reduction in the number of Catholic Church hospitals was also conditioned by the profound changes that took place during this period in an ecclesiastical context: the post-Council crisis and the decrease in religious communities from the 1970s onwards was influential,⁶⁸ and it was an issue that had global repercussions.⁶⁹

Furthermore, the establishment of the agreements between the Social Security and Catholic Church hospitals also evinces the complexity arising from the changing relationship between Catholic Church and State,⁷⁰

66 William A. Glaser, *Social Settings and Medical Organization: A Cross National Study of the Hospital* (New York, 1970), 324.

67 Leon-Sanz, "Hospitales de la Iglesia".

68 This has been indicated as the case for Spain by Juan González-Anleo, *La Iglesia en España: 1950–2000* (Madrid, 1999). For a general and comparative study of the male and female Catholic religious orders and institutions, see Ángel Pardilla, *La realtà della vita religiosa: analisi e bilancio di cinquant'anni (1965–2015) e prospettive* (Vatican City, 2016).

69 The *Annuarium statisticum Ecclesiae* (1976, p. 19) pointed towards "the incidence of withdrawal from religious life on the expiry of temporary vows. Cases of the latter reached 7.2% of the total number of members with temporary vows in 1975 and 6.8% in 1976".

70 J.L. Redrado, "Cara y Cruz de las religiosas en el Hospital," *Estudios sobre hospitales y beneficencia*, 20 (1978), 61–62.

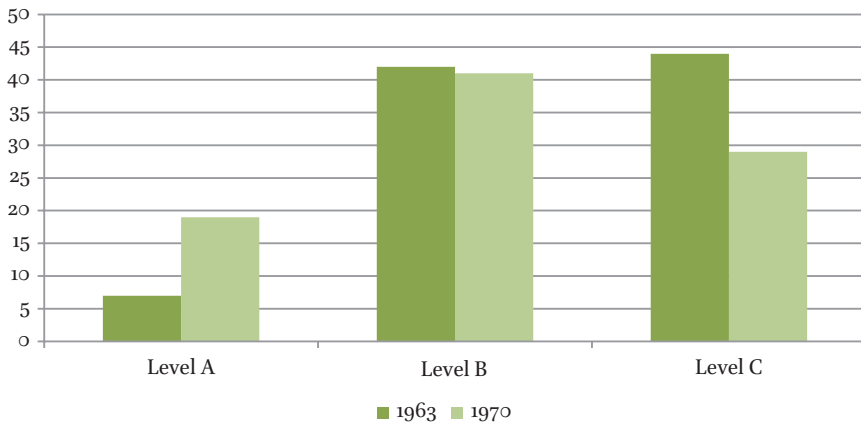


FIGURE 8 Standards of care in Catholic Church Hospitals (1963, 1970)

SOURCE: CATALOGUE OF PUBLIC AND PRIVATE HOSPITALS IN SPAIN, 31 DECEMBER 1963 (BOE 1966); LEÓN-SANZ, "HOSPITALES DE LA IGLESIA," 353. PREPARED BY THE AUTHOR.

especially after the change of government brought about by the elections of 1982.

At a time when the number of religious vocations was falling, and in a society that did not always share the same values, Catholic Church hospitals had to base their Christian identity not only on religious orders, but also on a growing number of professionals who shared the same religious or ethical doctrine. Moreover, they had to partake in this work alongside others who did not share these beliefs and values.⁷¹

5 Conclusions

The evolution of Catholic Church hospitals in Spain evidences the intrinsic dynamism of the hospital as an institution. Many aspects of hospital management changed during the second half of the twentieth century (the number of public hospitals, the size and number of beds, the type of hospitals and the specialisations provided, etc.).⁷² At the same time, I have shown the continuity between the hospitals re-established or founded in the late nineteenth and early twentieth century, and those which continued to function in the second half of the twentieth century.

71 León-Sanz, "La iglesia católica," 192–214.

72 León-Sanz and Sarrasqueta, "Caracterización de los tipos de Hospitales," 138–139.

From the 1980s onwards, the number of beds in Catholic Church hospitals stabilised at slightly over 14,000 dedicated to the care of the chronically ill, the mentally ill, and the elderly, usually involving long-term stays. Church hospitals gradually took on roles that were more complementary to public institutions, and were subject to the variability of public policies with regard to both healthcare and budget provisions.⁷³ Additionally, over the years, there were also social factors that affected the income of Church institutions.

The study of the evolution of Spanish Catholic Church hospitals paves the way for a possible comparative analysis with other countries. The difficulty this entails must be acknowledged, however, owing to different regulations on hospital ownership (as with the case of France, for example, after the law of 9 December 1905) or the diversity that prevails in terms of the presence and influence of the Catholic Church in different areas.⁷⁴

The research shows that, in Spain in the contemporary period, medical and healthcare activity continued to be a task that the Catholic Church considered as pertaining to its own sphere, as an integral part and manifestation of its mission in society, alongside activities of a charitable and humanitarian nature and social assistance. This imperative is summed up in the words of the Manager and the Medical Director of the San Juan de Dios Hospital, whom we quoted in our Introduction: “one of the Church’s missions is to cover those needs that are not met by society, whether due to community resources being allocated to other social purposes, or a lack of resources, or because there are patients that do not find it easy to access such resources”.⁷⁵

73 Hence, for example, Law 20/1982, of 9 June, on incompatibilities in the public sector (BOE nº 146) had a significant impact during the 1980s because, from then on, professionals were prevented from simultaneously occupying two posts of a healthcare nature.

74 This requires further attention, although there are already some studies on the question: Joris Vandendriessche and Tine Van Osselaer, “Medicine and religion,” in *Medical Histories of Belgium: New Narratives on Health, Care and Citizenship in the Nineteenth and Twentieth Centuries*, ed. Joris Vandendriessche et al. (Manchester, 2021), 65–98; Lalouette, *L’hôpital entre religions et laïcité*; Anne Bamber, *Hopital et églises: France et République Fédérale d’Allemagne* (Strasbourg, 1987).

75 Various authors, “Hospital San Juan de Dios,” 13.