

“OUT WITH THE BAD AIR, IN WITH THE GOOD”:  
IRISH DOMINICAN AND POOR CLARE SISTERS IN  
SPAIN AND THE REDESIGN OF CONVENT INTERIORS

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IN 1574 at the convent of Santa Clara the Abbess, Maria Tecla Galinda announced the building work which would divide the upper storey dormitory into individual cells as part of a sweeping reform of the convent interior<sup>1</sup>. This was part of an extensive redesign of the convent interior, and was prompted by the loss of lives in the convent due to the plague and other infectious diseases. This redesign was part of a number of ambitious and expensive reforms made by female religious aimed at expansion, but also ensuring the collective health of all of those in the convent community. Crucially, Irish female religious, including those fully professed, the noviciate, beatas (lay sisters) and donatrix had a role to play in the funding of these building and investment projects. The ability to operate convent finances in an independent way, securing health benefits for all inhabitants of convent communities is a central theme of this chapter. In addition, the previously neglected area of Irish female religious in early modern Spain, and their adaptation, assimilation, and development of their own Irish church within Spanish religious institutions will be explored in order to map their experience against the development of Spanish female religious, often as members of the same religious communities. Irish women and girls who were part of both Dominican and Poor Clare orders were key players in the development of both medical and educational missions in early modern Spain, and their activities need to be considered alongside the roles played by Irish men in the same period.

Early studies of Irish female religious in Spain consider their assimilation into Spanish convents, and their impact on convent literacy and educational practice. A very early expansive survey of Irish Dominican sisters who migrated from Galway to Galicia, and then farther afield was recorded by the Irish Dominican John O’Heyne who had direct knowledge of their settlement in the 1660s, and published an account in 1706<sup>2</sup>. In it O’Heyne cites the activities of Irish sisters in convents across the penin-

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<sup>1</sup> Arxiu Historic Arxidiocesana de Tarragona (hereafter AHAT), Libro de memorias de este Convento de Santa Clara de la Ciudad de Tarragona de 1574, carpeta 1.

<sup>2</sup> O’Heyne, John, *Epilogus chronologicus*, Louvain 1706, also printed as *The Irish Dominicans of the Seventeenth Century*, trans. and ed. by Coleman, Ambrose, Dundalk 1902.

sula, and the high level of education they possessed. Two other early studies which cover the experience of the Dominican order are those of Thomas de Burgo and Hugh Fenning<sup>3</sup>. More recent studies by Rose O'Neill and Celsus O'Brien have dealt with both Dominican and Poor Clare sisters experiences in Spain during the period of banishment and penal laws against catholic practice in seventeenth century Ireland<sup>4</sup>. Whilst both of these accounts are thorough in their address of Irish sisters entering a number of convents throughout the peninsula, and making a contribution to educational missions, they both emphasise the intention of some to return to Ireland rather than establishing their permanent base in Spain. Recent work by Honor McCabe has shown how Irish Dominican sisters founded a convent in Lisbon in 1639 as a permanent base, establishing a school and later a college not just for Irish students, but expanding its membership to Portuguese members<sup>5</sup>. Marie-Louise Coolahan has demonstrated how Irish Poor Clares contributed to the cultural production and literacy in the various Spanish convents they migrated to for religious reasons, in particular their continued use and production of vernacular texts not just for pious works but also for convent histories, refusing to give up their own language even whilst learning Spanish<sup>6</sup>. Whilst Coolahan has noted the peripatetic nature of Irish female religious and their manuscripts, this chapter will focus upon the stated permanence of Irish women and their contribution to convent medical missions and medical developments.

The first recorded group of Irish sisters to profess in Spain were the small group who joined the Dominican Convento de la Encarnación which was founded initially in 1499 for conventual tertiaries, but by 1523 included sisters who had taken their solemn vows and were fully professed<sup>7</sup>. Following this date Irish female religious joined convents, establishing foundations of both Dominican and Poor Clare orders at the Convento del Corpus Christi in Valladolid in 1545, the Convento del Santa Clara in Esterri d'Aneu in 1560, the Convento de Santa Clara in Tarragona in 1574, the Convento de Nuestra Señora de las Angustias in La Coruña in 1589, Convento de Santa Clara in Santiago de Compostela in 1590, Convento de Santa María la Real de las Dueñas in Zamora in 1590, Convento de Nuestra Señora Bienaventurada de Atocha in Madrid in 1592, Convento de Nossa Senhora de Bom Sucesso in Lisbon in 1639 and the Convento Dominiques de L'Ensenyança de la Immaculada Concepcio in Tarragona in 1686<sup>8</sup>.

<sup>3</sup> De Burgo, Thomas, *Hibernia Dominicana sive Historia Provinciae Ordinis Praedicatorum*, Köln 1752, reprinted Farnborough 1970; Fenning, Hugh, *The Irish Dominican Province, 1698-1797*, Dublin 1990. Neither of these works deal with Irish Poor Clares, or medical missions.

<sup>4</sup> O'Brien, Celsus, *Recollections of an Irish Poor Clare in the Seventeenth Century: Mother Mary Bonaventure Browne*, Galway 1993; O'Neill, Rose, *A Rich Inheritance: Galway Dominican Nuns, 1644-1994*, Dublin 1994.

<sup>5</sup> McCabe, Honor, *A Light Undimmed: The Story of the Convent of Our Lady of Bom Sucesso Lisbon 1639-2006*, Dublin 2007.

<sup>6</sup> Coolahan, Marie-Louise, *Women, Writing and Language in Early Modern Ireland*, Oxford 2010, 63-101.

<sup>7</sup> O'Neill, *A Rich Inheritance...*, 12.

<sup>8</sup> There was Irish membership in other convents across the peninsula, some of which I will refer to briefly.

The first wave of Irish migrants in the late fifteenth century was prompted by the intention to establish Irish foundations. O’Heyne recorded the active mission of the Galway Dominicans and their aim to establish a mission in Spain<sup>9</sup>. Spain was an attractive country for female religious because of the large number of convents throughout the peninsula, and the relative wealth and power of female monastics in late medieval and early modern Spain<sup>10</sup>. Royal sponsors from Isabel and Fernando through to Felipe II and Felipe III devoted royal patronage to female monasticism, medical missions, hospitals, colleges and schools creating a religious landscape which included Irish missions both Dominican and Clare. The monarchs of Castile prided themselves upon the magnificent hospitals across the whole of Spain funding and supporting the building of these institutions, as well as allowing them to use the term royal within their names<sup>11</sup>. Pull factors were important and drew women to a country where they perceived an opportunity of positive permanent settlement. However, later wave migration was shaped by the dissolution of catholic institutions in Ireland, and Spain was perceived to be an important place of religious and political refuge. This was directly supported by the papacy, and in particular Pope Innocent XII (1691-1700) called the catholic nations including Spain, France and Portugal to take in loyal Irish catholics<sup>12</sup>. Irish catholics, nuns and military orders were accorded the title “special friends”, and as their mission was described in 1587 by Felipe II as “an enterprise of God”<sup>13</sup>. Felipe III granted the Irish citizenship based on ten years permanent residence in 1608<sup>14</sup>. Senior advisers reassured Felipe III of Irish purity, or “limpieza de sangre” that is, untainted by Jewish or Muslim relations<sup>15</sup>. The Irish were recognised by the Spanish as upholders of the true religion: Catholicism. The war which Irish catholics were defending in Ireland against the English protestant colonisers also coincided with a period of Spanish colonial expansion when the right kind of catholic support was essential. The Conde de Caracena, governor of Galicia, maintained that the Irish had gone from naturalised citizens to citizens of Spain<sup>16</sup>. The nation of Spain was being rebuilt with the contribution of the Irish<sup>17</sup>. In addition, the Dominican order had long been associated with enforcing orthodoxy through the establishment of the Spanish Inquisition, initially in Castile in 1478, and then rolled out across the peninsula<sup>18</sup>. However, this view has been revised

<sup>9</sup> O’Heyne, *Epilogicus chronologicus...*, xvii.

<sup>10</sup> Lehfeldt, Elizabeth, *Religious Women in Golden Age Spain: The Permeable Cloister*, Aldershot 2005, 5-15.

<sup>11</sup> Biblioteca de Catalunya (hereafter BC), ms.1018, Libre dels fets, fol. 163.

<sup>12</sup> O’Heyne, *Epilogicus chronologicus...*, xviii, notes papal responses to the suppression of catholicism in Ireland.

<sup>13</sup> Archivo Histórico Nacional (hereafter AHN), Ordenes Militares, Santiago, ms. 4739, fol. 74r.

<sup>14</sup> Archivo General de Simancas (hereafter AGS), Estado, legajo, ms. 2513, fol. 5v.

<sup>15</sup> AGS, Estado, legajo, ms. 887, fols. not numbered.

<sup>16</sup> AGS, Estado, legajo, ms. 984.

<sup>17</sup> For a recent study which focuses upon the history of Irish activism in the Spanish world see Recio Morales, Óscar, *Ireland and the Spanish Empire, 1600-1825*, Dublin 2009.

<sup>18</sup> Edwards, John, *Inquisition*, Stroud 1999, 49-67.

more recently by Pérez who notes that Dominican monks were in a minority among the personnel of the Holy Office because the Spanish Inquisition was placed under the authority of the State<sup>19</sup>. Nevertheless, any expectation of orthodoxy among Irish female religious was completely misplaced. Irish females in the Dominican order had no tradition of enclosure, and the sisters of the Poor Clare order when they lived in Spain operated closer to the Rich Clare or Urbanist tradition<sup>20</sup>. The inclusion of beatas in their groups also meant that the solemn vows of celibacy and obedience were taken by these lay-women, but not the vow of poverty allowing greater independent use of money within the convent. Although some suspicions often attached to beatas' status as women who chose specific vows, whilst avoiding others, they were part of a long religious tradition in Spain, often allowing older women, or widows to live as part of a convent community<sup>21</sup>. In Ireland there was no explicit reference to the cloistering of nuns, and furthermore schools and hospitals run by nuns were open to the wider population<sup>22</sup>.

The convent of La Incarnación, founded in 1499, witnessed major building work until 1515. According to Rose O'Neill, the design was built along classic lines around an arcaded cloister<sup>23</sup>. The physical building of cells rather than dormitories, as well as a library and a writing room which emerge at this time, along with equipment and sources relating to medical and teaching allows us to reconstruct medical mission and activities. The abbess and bursar were responsible for the procurement and payment for manuscripts and books, including medicinal texts<sup>24</sup>. La Incarnación convent received girls as young as fourteen into the convent as novices, although not all pupils professed<sup>25</sup>. Day pupils' ages were recorded as young as seven years. The languages recorded included Irish, Spanish and Latin, with texts in those languages as well as Greek and Hebrew<sup>26</sup>. Within Spain Irish catholics were allowed to make their own arrangements for elementary education. This was formally supported by the Spanish monarchs, particularly Felipe II who passed a royal edict in 1580 which reinforced Irish communities as loyal catholics<sup>27</sup>. Furthermore, the catholic church in Spain was supportive of arrangements for girls' schools and medical missions. Just as important were those Irish donatrix who funded and otherwise supported convent building, as well as medical and educational missions. The building work at La

<sup>19</sup> Pérez, Joseph, *The Spanish Inquisition: A History*, London 2004, 114-115.

<sup>20</sup> This meant that they lived in adjacent communities, and included beatas, or lay-sisters in their commune, maintaining contact with the world outside of the convent. This was distinct to an enclosed or cloistered community.

<sup>21</sup> BC, ms. 1018, chronicle secundus, beata i dominicani, fol. 41.

<sup>22</sup> See Kenny, Gillian, *Anglo-Irish and Gaelic Women in Ireland c. 1170-1540*, Dublin 2007, 183.

<sup>23</sup> O'Neill, *A Rich Inheritance...*, 13.

<sup>24</sup> O'Heyne, *Epilogus chronologicus...*, 159-160.

<sup>25</sup> O'Heyne, *Epilogus chronologicus...*, 159.

<sup>26</sup> O'Heyne, *Epilogus chronologicus...*, 135.

<sup>27</sup> AGS, Estado, legajo ms. 160, fol. 3r.

Incarnación was supported by a wealthy Irish donatrix, Finola O'Connor, who funded the building of distinct cells as opposed to the shared dormitory built in 1499, and partitioned in 1515, then rebuilt in 1523<sup>28</sup>. An infirmary with a chapel was later built on the same site. What prompted this was an episode of the plague which reduced the convent community.

The plague, or the black death was estimated to have reduced Europe's population by 1450 by up to 60-75 per cent<sup>29</sup>. In Spain although the death toll was lower than in northern Europe and the eastern Mediterranean the plague had a much more damaging impact, and one which lasted longer in terms of economic decline. Álvarez-Nogal and Prados have noted that far from releasing non-existent demographic pressure on land, it destroyed the equilibrium between scarce population and abundant resources. They further state that the economy of Spain only began to recover temporarily by the late sixteenth century<sup>30</sup>. This situation was understood by contemporaries, and may partly explain why Spain recruited migrants including Irish communities<sup>31</sup>. However, another associated major contemporary problem was the failure of the medical profession in investigating and maintaining the health of Spanish society. This was noted by contemporaries, and criticised<sup>32</sup>. The lack of medical explanation and effective unified response to plague was also apparent in expressions of religious fanaticism and intense prejudice that arose in much of Europe. Blame came to rest on marginal groups, in Spain post 1492 expulsions of jews and muslims targets included converts, travellers, “masterless” women, and other unidentified foreigners. In addition, the reliance upon classical learning evident from university medical schools such as those in Salamanca and Lerida reveals both the understanding and the limitations of European physicians' ability to observe the epidemiology of plague and its mechanisms of transmission, as Greek physicians had no first-hand experience of this kind of epidemic disease<sup>33</sup>. Other limitations to progress included apothecaries lack of knowledge of diseases and the body, and the limited opportunities to examine bodies. Even surgeons were not always trained in Universities, despite having the most experience-based knowledge. Male medical professionals were notoriously reluctant to share their knowledge, and barber-surgeons were known for their established hierarchy<sup>34</sup>. Interference from a number of

<sup>28</sup> O'Heyne, *Epilogicus chronologicus...*, 229.

<sup>29</sup> Kelly, John, *The Great Mortality: An intimate History of the Black Death*, London 2006, 281.

<sup>30</sup> Álvarez-Nogal, Carlos, and Prados de la Escosura, Leandro, “The rise and fall of Spain (1270-1850)”, *Economic History Review*, 66, 1, 2013, 1-37, see p. 3.

<sup>31</sup> Medieval and early modern censuses were instituted although many were of a fiscal variety. It was not until 1591 that a universal survey of all households was carried out in Castile, with following surveys in Aragon, Valencia and Andalucía. Slowly a reliable picture of the population built up, and the government responded by recruiting talented foreigners into areas where there were acute gaps in personnel.

<sup>32</sup> Gottfried, Robert, *The Black Death: Natural and Human Disaster in Medieval Europe*, London 1982, 116.

<sup>33</sup> Benedictow, Ole, *The Black Death 1346-1353: The Complete History*, Suffolk 2006, 5.

<sup>34</sup> Dumas, Geneviève, *Santé et société à Montpellier à la fin du Moyen Âge*, Leiden 2015, 90.

Popes further constrained linear progress. Urban V, Gregory II and Clement VII all showed more concern about the lack of religious control over what went on in medical schools, than actual medical developments<sup>35</sup>. Understandably, female medical orders were exasperated with this frequent obstruction. Both the Dominican and the Poor Clare convents in Tarragona dismissed the blood-letter and appointed their own picatrix (sister blood-letter)<sup>36</sup>. The inventories of the Hospital of Santa Tecla show the appointment and payments made to the llevadoras (midwives) who were considered essential to the women's hospital<sup>37</sup>. Female religious had always operated and run their own medical missions. The hospital of Santa Tecla in Tarragona was founded in 1171, in the same year as the Hospital de Mujeres in Cadiz. These were not maternity hospitals, but operated for all females as separate institutions exclusively treating females of all ages. Female religious and their donatrix networked in ways which progressed medical developments, within their groups Irish women played an integral part, providing finance to aid understanding of illness in the community, and developing their own treatments, medicines and texts which progressed feminised areas of medical development. Surviving sources from convents show very detailed inventories, wills and testaments and medical texts<sup>38</sup>. However progress was not just made in terms of the identification and treatment of contagion in convent hospitals and medical missions, but also the fundamental role of redesign in convents which expanded the buildings themselves, and added multiple layers of medical progression through design and building. The great mendicant orders were the Franciscans and the Dominicans, consequently they were to a degree expected to offer treatments. What was contentious, especially after the passing of the 1559 *Index librorum prohibitorum* (hereafter Index) an extremely severe peninsula-wide proscriptive list of humanist and religious works and vernacular translations, was the continued use of these texts<sup>39</sup>. The pioneering constructions within convent buildings were explained to donatrix as necessary to save and preserve the lives of all those living in convents. The proposal to build an enfermeria (hospital) and extend the planta alta (upper floor) dividing it into cells at the convent of Santa Clara in Esterrí d'Aneu in 1570 was prompted by the loss of the lives of two of the young novices, and an older nun, turning the convent into a mortuary, according to Abbess Eulalia<sup>40</sup>. The opening up of the higher floor would allow in the "good air", and windows were extended, and faced the north further repositioning the upper storey to receive fresh air blow-

<sup>35</sup> Dumas, *Santé et société...*, 162-3.

<sup>36</sup> AHAT, Constituciones Generales, Ordene de Santa Clara, caps 32; Beateri de Sant Domènec, questions économiques, caps 7.

<sup>37</sup> AHAT, Hospital de Santa Tecla, Inventarios, caps 6.

<sup>38</sup> Many convent manuscripts vary widely in cataloguing conventions. Where page or folio numbers are available, they will appear in the footnotes herein.

<sup>39</sup> See Elliott, John, *Imperial Spain 1469-1716*, London 1970, 224-29, for punishments including the death penalty.

<sup>40</sup> Arxiu de la Catedral de Lleida (hereafter ACL), ms. Cajon A49.

ing in from the mountains. Further changes were made when the oil lamps were removed because the fumes were detrimental to health, and replaced by wax candles instead<sup>41</sup>. Accounts show the notation when illness struck that there was a need for a “change of air”. Increasingly the infirmary was built in a separate location from the main buildings of the convent, and in an area where visitors could have some limited access to visit. A balneary (baths) were invested in, and the infirmary would have its own well, as well as separate facilities for washing, cooking and the maintenance of clothing and bedding for infectious cases. Observation was the main method female religious used to study illness. They knew that infection was risked by close contact, and although terminology at times was rather vague, they understood the mechanics of infection. Convents instituted their own protocols, not necessarily following those of men. When the Dominican and Clare convents in Tarragona dispensed with a male blood-letter, they already had a trained picatrix to take over the procedure. They also had a hospital administrator and two enfermerians<sup>42</sup>. The convent of Santa Clara replaced the male blood-letter with a picatrix in 1580, a few years after the Council of Trent regulations regarding convent enclosure. The exclusion of medical men may in part have been a concern over their possible introduction of contagion into convent spaces, although the money left by donatrix in will specified the training of women in various medical roles<sup>43</sup>. This independent action within convents did not clash or contravene cloister rules. The rules of Saint Clare were interpreted by the Abbess. Under the foundation document in relation to obedience this was defined as first and foremost to the elected Abbess in charge<sup>44</sup>. In relation to enclosure the constitution noted that there was consideration to the Council of Trent, but also consideration to the order, and the Abbess in charge<sup>45</sup>. In practice it was the Abbess who established the conditions, and “perpetual privacy” could work both ways. When attempts were made to investigate convent book collections, men were told that they could not enter the private rooms which included women’s wards, libraries and writing rooms, because of enclosure regulations, allowing the continued use of banned texts. The regimen and diet were areas negotiated with the Abbess or Prioress. The Abbess could grant exemptions to fasting if a woman was ill. Medical advice sought from outside Dominican and Clare convents stipulated

<sup>41</sup> ACL, ms. Cajon A49.

<sup>42</sup> AHAT, Constituciones Generales, Orden de Santa Clara, caps 32; Beateri de Sant Domènec, questions économiques, caps 7.

<sup>43</sup> Many women made a living will in order to specify who their money or goods went to. Women, girls, wives and widows generally tended to have control of a third of their dowry. There were regional variations, with a more egalitarian inheritance in Castile, and a stem-family system in the Pyrenean regions. Widows who entered convents as beatas did not take the vow of poverty, and therefore had more control over their money. For Irish widows this facilitated their ability to build networks of power and influence. It was also an Irish Poor Clare tradition to use dowries to build their convents. See Cunningham, Bernadette, “The Poor Clare Order in Ireland”, *The Irish Franciscans, 1534-1990*, Dublin 2009, 159-174.

<sup>44</sup> AHAT, Constituciones Generales, Orden de Santa Clara, caps 28.

<sup>45</sup> AHAT, Constituciones Generales, Orden de Santa Clara, caps 32.

that the only men allowed inside the building were the confessor, the doctor, the surgeon and the blood-letter. However, both convents in Tarragona dispensed with the male blood-letter, and both had a sister pharmacist. Bursars account books also refer to medical book collections and recetas (prescribed medicines). Prescription books contain a record of the hospital pharmacy. They also detail how many medicines were made. Water from wells and low lying springs had to be boiled before being mixed with herbs and other medicinal materials. At the hospital de Santa Tecla it was forbidden to bleed pregnant women, the very old, the very young and those with stomach ailments<sup>46</sup>. This is interesting as blood-letting was regarded as the best remedy for plethora, or excessive blood. This was a Galenic view practiced throughout Europe. It appears that female orders were sceptical about bleeding certain groups, and understood a more nuanced gendered use for blood-letting, as women of child-bearing age would bleed regularly due to their menstrual flow. Although convent inventories show that nuns did indeed possess bleeding bowls, they avoided excessive recourse to them. Their medical practice was moving away from humeric and Galenic theories towards developing their own. The convent of Santa Clara at Esterri d'Aneu produced their own girdle book which contained a Zodiac calendar for propitious blood-letting days<sup>47</sup>. There were also days shown for bathing, and for gathering herbs for pharmaceutical purposes. Blood was not wasted, and was used as a medicine. There was a widespread view of the transformative properties of blood, and a belief that the transference of the blood of a wholesome person to a profligate could alter their behaviour<sup>48</sup>. Although male barber-surgeons were apprenticed, and spent several years training before they received their certification or contracts, surgery can be seen as part of a craft tradition, one that did not necessarily produce a lot of written records. Female barber surgeons followed the same training in the convents, and the convent hospitals, passing on skills orally as well as in practice. There was an element not of secrecy, but of discretion as female surgeons were controversial figures.

Simply owning books and medical treatise such as girdle books was perceived as female subversion. Astrology was always a disputed subject for women and girls, although it was assimilated into medicine. Disturbed humours connected to planetary misalignments and to bad air, earthquakes, tidal waves and unseasonable weather. This view dominated throughout the fourteenth and fifteenth centuries, and was still deployed as an explanation of events such as the re-emergence of the black death. Medieval doctors had agreed that the universal cause of the original plague was a conjunction of Mars, Jupiter and Saturn which occurred on March 24, 1345<sup>49</sup>. How-

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<sup>46</sup> AHAT, Hospital de Santa Tecla, Llibre dels Consells de Govern, caps 1.

<sup>47</sup> ACL, ms. Cajon A49.

<sup>48</sup> This view was expounded by Paracelsus, Ficino and Merckling amongst others.

<sup>49</sup> See Cooper, Sonoma, "The Medical School of Montpellier in the Fourteenth Century", *Annals of Medical History*, 2, 1930, 164-195, especially 183.

ever, a number of Irish sisters placed astrology on the convent curricula, though they frequently had to justify its place. Two Irish sisters who professed at the Dominican convent in Tarragona, Stefania McHugh and Brigid Andrew taught some science at the school which was known for its innovative curriculum. Brigid professed in 1699 and her dowry was recorded at 700 maravedis<sup>50</sup>. Brigid’s father was a surgeon in Tarragona, and able to pay a high dowry. Brigid’s interest in science had been stimulated early in life by her father’s work. Stefania professed in 1700, was maestra (teacher) for several years, rising to be Prioress in March 1726, and worked hard at gaining a steady stream of Irish girls into the Dominican convent. An Irish contemporary of theirs, Maria Hilaria Forrester, initially professed in 1694 at the convent of Santa Clara, however, transferred five years later to the Dominican convent where she took her dowry with her. Maria Hilaria’s parents, Ambrose and Ana were merchants in and around Tarragona<sup>51</sup>. The exact reason for transferring is unclear, however, Maria Hilaria was efficient in the ways she moved her dowry around, perhaps indicating more opportunities to control money and dowries in the Dominican convent. An innovative curricula also meant a controversial curricula. Many Irish women risked censure for donating money in wills for the training of girls in areas of science and medicine. In 1621 Margaret McCarthy donated money to the Hospital Real in Santiago de Compostela, her will is explicit in its provision for female beneficiaries, reflecting a deliberate choice of feminised donations<sup>52</sup>. Although *limnosa* (alms and charity) was central to catholic will and testimony tradition, and served the purpose of a speedier journey through purgatory and into heaven, female independent will making was not always approved of. However, for a women, making a living will, and altering it when necessary, was one sure method of controlling her money and goods. It was best to name a person who would inherit money, property or other inheritances. Otherwise if a nun or a beata’s share went to God that prevented complete division within a partible or distinct inheritance. Elizabeth Lehfeldt has shown that disputes over nuns wills reveal that many cases heard in secular courts involved challenges from male siblings over what made up a nuns *doté* (dowry)<sup>53</sup>. However, leaving money for books and medical equipment remained controversial. The problem was that medicine was not known primarily as a Christian tradition, it was often considered a muslim or a jewish science. This meant that a critical papacy, or the effects of the 1559 index, or both, could do irreparable harm to feminised medical missions. At no time during the late middle ages, or the early modern period in Spain can we see linear progression in terms of the understanding and treat-

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<sup>50</sup> AHAT, *Dominicanas*, *Llibre d’entradas*, fol. 2.

<sup>51</sup> AHAT, *Confradias de religiosas profesiosas i obituaries de Santa Clara*, fol. 23.

<sup>52</sup> Archivo Historico Universitario de Santiago de Compostela (hereafter AHUSC), Hospital Real, *Libros de Testamentos* ms. 172.

<sup>53</sup> Lehfeldt, Elizabeth, “Convents as Litigants: Dowry and Inheritance Disputes in Early-Modern Spain”, *Journal of Social History*, 33, 3, 2000, 645-664.

ment of health. Abbess Maria of the Convento de Santa Caterina in Barcelona possessed a girdle book of medicine by Salomon den Adreth, a Jewish scholar, which showed the best times astrologically to draw blood and collect herbs for medicines<sup>54</sup>. During and after the 1559 index many scientific works were banned because they were dangerous, and had been translated into vernacular languages. Women teaching any doctrine including medicine were embarking on a very risky enterprise. They could be accused of being *alumbrados*, heretics or committing necromancy. Vernacular writings were seen as suspect material. So many medical and religious works had been translated by 1559 that all convents were potential targets for investigation. Books were censored and libraries burned. The clampdown included works by Jewish medical men. Jewish works had to be kept hidden, especially if they were vernacular translations. Girdle books and astrolabes were supposed to be given up. The problem facing most female religious was that the printing presses across the peninsula had been standardising grammars and producing vernacular works from 1474 onwards, and convents possessed many translations<sup>55</sup>. Irish sisters residing in convents in Bilbao, Santiago de Compostella and Valladolid kept copies of the Hispano-Latin dictionary of Balthazar Henry, a Jesuit, and a vernacular devotional text translated by Florence Conroy, founder of the Franciscan convent at Louvain. Nuns could and did hide works, however, conversely, male houses could not because they had to let investigators into their libraries and copying rooms. The library collection in the English Catholic college of St. Alban's in Valladolid was visited by the Inquisition functionaries and books which continued to be allowed were given a *visus*, a special mark noting that they had passed inspection<sup>56</sup>. Books on medicine and botany collected and used by convents had to be secreted and locked away, and everyone sworn to silence. Unfortunately, some nuns were caught with banned books outside of their convents, and made an example of. In Valladolid, one of the centres of the Inquisition, six nuns were burned to death in the plaza mayor on 21 May, 1559, in an *auto de fe*<sup>57</sup>. Their crime was 'heresy of the mind', an expansive term which covered ownership of any of the banned material. Medical and scientific works owned by convents including Pietro Bono, Ramon Llull, Roger Bacon, Jean Jacme, Jacme d'Agramunt, Moses Maimonides, Abraham ben David Caslari and Salomon ben Adreth were banned and now had to be hidden. However, the problem of censorship went well beyond books and manuscripts. Compasses, astrolabes, telescopes and even sundials could present evidence of suspect science. However, Jesuit scientists still retained their scientific teaching tradition. Chemistry was on the index, although

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<sup>54</sup> Biblioteca Universitaria de Barcelona, Lumen Domus, ms. 1005.

<sup>55</sup> De Riquer i Permanyer, *Història, Política, Societat i Cultura dels Països Catalans*, Barcelona 1994, 248.

<sup>56</sup> Williams, Michael, "The Library of Saint Alban's English College in Valladolid: Censorship and Acquisitions", *Recusant History*, 26, 2002, 132-42.

<sup>57</sup> Lehfeldt, Elizabeth, *Religious Women in Golden Age Spain: The Permeable Cloister*, Aldershot 2005, 199.

chemistry was still taught in Jesuit schools and colleges. The inquisition objected to the books, but had difficulty removing the science from teaching. Books which were not destroyed were heavily sanitised, and proscribed texts were, to a degree, prevented from being brought into Spain. The ban certainly had a devastating effect upon Spanish intellectual life, and it affected the supply of foreign books imported into Spain. However, this coincided with the expansion of the Spanish printing presses, and the production of work in both Castilian and Catalan. Castilian had become the court language by the sixteenth century, as a consequence it became impossible to return to Latin print. A universal clampdown became very difficult to enforce. Convents and hospitals simply became very secretive about their written materials. For female surgeons, midwives, nurses and hospital administrators experienced-based knowledge was not always written down, and when it was, it was secreted somewhere private.

In times of crisis, such as outbreaks of the black death, smallpox and other infectious diseases the practice of medicine by women in convents continued. Understanding of the plague in both its pneumonic and bubonic states is clearly shown in convent communities. Knowledge of theories including that of Gui de Chauliac were passed down, and adapted for convent life<sup>58</sup>. Plague tractates proliferated, and quarantine regulations became more geared towards helping plague victim, with plague hospitals isolating the sick by the mid-fifteenth century, and by the sixteenth century split the affected into different areas of hospitals as ideas of person-to-person contagion became more accepted. Female religious developed their own protocols and treatment plans, including isolation wards. At the women’s hospitals in Cadiz and Tarragona female plague victims were isolated and the sisters would keep window open, particularly on the north and east side of the building. They knew that plague was communicable, and that it could spread to epidemic proportions. Convents had a long history of running lazar houses, and treating those with leprosy. The convent de Santa Cruz, founded in 1581 in Valladolid had an infirmary which dealt with contagious cases<sup>59</sup>. Female religious and their donatrix also directly sponsored the training and employment of female surgeons. Dumas has recently noted the tradition developing in Montpellier from the thirteenth century onwards<sup>60</sup>. Female surgeons included Doña Beatrix de la Vallie, licensed in 1435, and Doña Catalina Texier, licensed in 1404<sup>61</sup>. In addition, Doña Mondeta La Barbriere was licensed as a barber surgeon in 1404<sup>62</sup>. Convents in Barcelona and Tarragona also used the services of Francesca Torra, who was formally registered and licensed by the Chancilleria of Barcelona in

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<sup>58</sup> Cooper, “The Medical School of Montpellier...”, 184.

<sup>59</sup> The building still exists on the same site, although it is no longer operational. The women’s hospitals in Cadiz and Tarragona still exist as buildings, but are no longer operational as hospitals. The women’s hospital in Cadiz operated until 1973 when the regional archbishop began to use it as an administrative headquarters.

<sup>60</sup> Dumas, *Sante et société...*, 16. Montpellier was part of the territories of the crown of Aragon.

<sup>61</sup> Dumas, *Sante et société...*, 339.

<sup>62</sup> Dumas, *Sante et société...*, 344.

the fifteenth century<sup>63</sup>. Francesca's medical remit was wide. She was registered to minister diverse treatment and medicine to pregnant women, to carry out all types of obstetric surgery, including complicated or obstructed deliveries, and surgery needed by new-born infants. Her license and permit state that no-one had a right to contravene her work or the councils' decisions<sup>64</sup>. Two other important points are referred to. Francesca was a widow, allowing her to work in an obstetric capacity, married women rarely were allowed to train as physicians, obstetricians or surgeons. Unmarried women, nuns and widows were allowed to train, though never in the same numbers as men. The year that Texier and Vallie were licensed as surgeons in Montpellier they were two women in a group of eighteen men, licensed at the same time. There was always a disproportionate number of men outnumbering women in the range of medical professional roles. Medical schools and civic authorities were never prepared to license an equal number. Torra appears to have gained a single concession. There is a note that she had trained at a medical school in France, probably Montpellier. Other medical schools which women surgeons had very limited access to were those in Salamanca and Lerida. The skills they learned and developed tending to women meant that their professional careers were separate from men, who never expressed a wish to treat women, particularly pregnant, labouring or post-partum conditions. This meant that four groups of professional women developed during the middle ages and through the early modern period in Spain, *comadrona/llevadoras* (midwives), *enfermerias* (doctor-nurse), *picatrix* (blood-letters-phlebotomists, and *cirurgie obstetricandi*) y *infantibus* (surgeons to women and infants). In addition hospital administration was led by female bursars with an assistant. This does show wide feminised medical and obstetrical practice. Crucially, the council of Trent, and enclosure rules, and the index made little change in the numbers of females in the medical professions. Trent was not a guillotine of before and after experience. There were arguably never enough female practitioners because their numbers were always officially limited. The creative way of undermining this was the sheer number of females both religious and secular who spent many years training as *de facto* apprentices, gaining a myriad of experience-based knowledge. Medical schools were discouraged from taking in *conversos*, hence *conversa* midwives practiced in their own communities. In Granada *morisca* midwives were prevented by a statute of 1565 from delivering the babies of women from old Christian backgrounds<sup>65</sup>. However, in practice there were never enough doctors and midwives for all women, and we find that women themselves often chose a midwife who had been recommended to them, or whose reputation they otherwise knew. The specific pressures from the plague years meant that the population dipped dangerously low as Spain did not have a large population which resulted in demo-

<sup>63</sup> Arxiu Corona d' Aragon (hereafter ACA), Registres de Chancilleria, ms. 1908, fol. 126r.

<sup>64</sup> ACA, Registres de Chancilleria, ms. 1908, fol. 126r.

<sup>65</sup> Perry, Mary Elizabeth, *Gender and Disorder in Early Modern Seville*, Princeton 1990, 28.

graphic pressure. The opposite demographic issue was the case, with vast farmland not being cultivated, and abundant resources wasted as an already low and sparsely settled population dipped even further. It became imperative to focus upon new life and building the population. This may in part explain why female professionals and convents were entrusted to otherwise treat females. There was on one level, an understanding that the population was critically small, and only then were women allowed to minister to each other in wide forms of medicine<sup>66</sup>.

Early modern medicine was not entirely supervised by the church, with the increase in local authorities licensing professionals. Certain areas appear to have been particularly contested: one of those areas was dissection. For Irish women, their involvement in dissection and the use of relics was part of the saint tradition, and also was a huge part of the pilgrimage tradition. Irish pilgrims to Spain had a long history, and Irish annals are full of references to Irish going on pilgrimage to Rome, Santiago de Compostela and Jerusalem<sup>67</sup>. For Irish Catholics, as well as other European Christians contact with the relics of Christ and the saints provided a unique bridge between earth and heaven and strengthened prayer, as well as protection and intercession from their chosen saints. This was particularly deeply felt by Irish sisters who had migrated to Spain during English controlled dissolution in Ireland. Irish women cleaved to their Irish female saint tradition<sup>68</sup>. Convents had always had some control over the saving of female relics and the involvement in dissection and preservation of the remains of saints. However, the area of dissection was controversial, and a disputed area between the Catholic church, and medical schools. Surgeons and medical faculties lobbied hard in Spain to use dissection. Unfortunately, the Spanish church stipulated that dissection should be carried out on animals and not humans. The edict, “do not destroy Gods’ work”, was frequently cited. Faculties, doctors and religious did, however, work together in some instances to observe person-to-person contagion. Medicine gradually became as much a social issue as it was a scientific one, prompted in many local governors’ minds by the steep and relentless decline in the population. The male medical profession had little jurisdiction over convents. Secular women were licensed, but the Abbess was only answerable to the regional archbishop. Female religious houses had their own protocols which related to death culture and the preservation of saints bodies. Their death culture focused upon observation. They studied the process of death. They then wrote and published these “necrologies”, partly to inform, and partly to inspire others. Convent necrologies which illustrated how to make a good death were based upon observation of the fi-

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<sup>66</sup> This is not to say that midwives and wise women were not targeted at certain times as sorceresses, but that demographic concerns on occasion over-rode misogynistic attacks.

<sup>67</sup> See Meigs, Samantha, *The Reformations in Ireland: Tradition and Confessionalism, 1400-1690*, Dublin 1997, 37.

<sup>68</sup> See Maeve Callan, “St. Darerca and Her Sister Scholars: Women and Education in Medieval Ireland”, *Gender and History*, 15, 1, 2003, 32-49.

nal stages of death, and the events which occurred within convents, including the hospitals. There was a deeply entrenched cultural taboo against opening cadavers, however, sisters did this in order to preserve the cadavers of extraordinary women who were either saints, or were on their way to sainthood. The University of Padua increasingly used dissections throughout the fourteenth century, even though the technique was constantly disputed. The university medical schools in Lerida, Montpellier and Salamanca followed, producing textbook dissections from the 1340s onwards. They all dissected plague victims. A papal bull by Boniface VIII (c.1299-1300) addressed dissection. In the detail the bull did not condemn dissection or autopsy, but forbade the dismembering of the body and boiling the flesh off the bones for easy transportation (the type of preservation used for King Richard the Lionheart). Boniface's letters were widely misunderstood by local rulers who either misunderstood them, or twisted the real meaning of the precise stipulations. This meant that in practice many contradictory statements were made about what was and what was not allowed in relation to dissection. Monarchs held their own views, often in contravention to the church. As early as 1381 Juan I awarded Lerida medical school the privilege of performing their own autopsies. In the following years the medical school appointed their own professor of hygiene. In addition, they used and held their own copy of professor Jacme d'Agramunt's thesis, *Regiment de Pestilencia*<sup>69</sup>. Convents had long preserved relics and dissected bodies of female saints and some of their female sponsors. Even the shorn hair of sisters and donatrix was preserved as relics. The first Irish woman to profess at the convent do Bom Sucesso in Lisbon, in 1640 Leonor Kavanagh, had her hair preserved by her donatrix, Margaret, Countess of Mantua, cousin of the king of Spain<sup>70</sup>. Convent dissection and preservation was separate from medical schools tradition, and therefore much more difficult for either religious or secular authorities to control. Not only were convents places of female devotion, but they also operated as networks for donatrix and wider female sponsorship. Medical missions were dedicated to the treatment of the sick, but also developed their own theories about good and bad air, and contagion, sometimes connected to broader medical theories, and at other times based on independent experience-based observation. Whilst female religious referred to health as an amalgam of the body and the soul, they developed their own explanations and responses to contagion. Convent obituaries and necrologies show very detailed medical and social responses to a woman's and even a girls' death journey. Gathering around to observe a "good death", and observing in what ways God was present at the actual moment of death were recorded. Illnesses including the plague, but also by the fifteenth cen-

<sup>69</sup> D'Agramunt, Jacme, *Regiment de preservacio a epidemia e mortaldats: Epistola de Maestre Jacme d'Agramunt als honrats e discrets segnors pahers e conseyll de la Ciutat de leyda, 1348*, trans. Roca, J. M. and Arderiu, E., Barcelona 1910.

<sup>70</sup> McCabe, Honor, *A Light Undimmed: The story of the Convent of Our lady of Bom Success, Lisbon 1639-2006*, Dublin 2007, 81.

ture smallpox, or variola minor, or the red plague as it was often referred to, were recorded and numerated in convents<sup>71</sup>. Convent obituary books show that when smallpox swept through convents and the population was affected by deaths, and also the severe effects upon survivors, including blindness, deafness and extreme scarification, donatrix were contacted to help pay for funerals, and were invited to be involved in recruitment of new members<sup>72</sup>. Outbreaks in schools and dormitories often claimed the lives of the youngest members, and this was understood not with acceptance of God’s will, but as an event which had to be addressed and prevented in future. Health was physical as well as spiritual. Everything was to be taken in moderation, including food, sleep and other bodily needs. However, behaviour was not to be too extreme either. Abbesses did not allow excessive fasting, and ascetic behaviour including the rejection of beds and sleeping on the floor was discouraged. Extremes of excess and extremes of denial were increasingly understood to be detrimental to female health.

Finally, what motives did Irish donatrix themselves express when donating to women’s hospitals and other medical missions? Clearly donation was linked to the saving of ones’ soul, and the swift expedition through purgatory and into heaven. However, this was not completely without an element of self-aggrandisement. Four Irish donatrix to the Hospital de Mujeres in Cadiz are a case in point. The hospital was originally founded in 1171, but was rebuilt starting in 1634, and received money throughout the next century from four very important Irish donatrix. None of these donatrix were fully professed, yet they all had close networked links with the hospital. Doña Alfonsa O’Brien, marquesa de Campo Alegre donated substantial sums to the hospital de mujeres, and stipulated that upon her death that she be buried in the convent chapel, and that at the front of the high altar a stone tablet and dedication to her be laid<sup>73</sup>. In 1745 Doña Eugenia Carey donated money specifically for women’s treatment, and in 1746 a stone tablet was duly laid in the hospital chapel over her tomb<sup>74</sup>. In 1749 Doña Catalina Warnes donated her own money to the hospital, receiving criticism from the regional arch-bishop for having an excessive nine-day funeral<sup>75</sup>. Catalina had donated vast amounts to the hospital, and paid for sumptuous sculptures, a grandiose tomb, and a stone slab with epitaphs and genealogies. Catalina had married into the Ley family, successful merchants in Cadiz, whose prosperity was mainly due to their trade, including trade with America, at a time when trade monopoly moved from Seville to Cadiz in 1717<sup>76</sup>. Fannin maintains that many Irish

<sup>71</sup> Smallpox was often termed viruela in castilian, and verola in Catalan convents.

<sup>72</sup> AHAT, Convento de Santa Clara, obituarios, carpeta 1, fol. 6.

<sup>73</sup> Archivo Historico Provincial de Cadiz (hereafter AHPC) Testamentos, ms. 1024.

<sup>74</sup> AHPC, Testamentos, ms. 2541.

<sup>75</sup> AHPC, Testamentos, ms. 1024.

<sup>76</sup> See Fannin, Samuel, “The Irish community in eighteenth-century Cadiz”, *Immigrants in Europe after Kinsale 1602-1820*, Dublin 2003, 135-48.

were financially successful in Cadiz through business links and marital alliances sustained by a vibrant clannishness<sup>77</sup>. Irish women with considerable finance chose feminised projects to fund and support. Another Irish woman, Doña Eugenia Maria Melero y left her fortune to the hospital, and in 1749 she was buried in a vault in the hospital chapel with a celebratory stone tablet<sup>78</sup>. Tombs were a timeless reminder to anyone and everyone who visited the hospital that these elite donatrix had played a major role in funding the rebuilding. Elite Irish women made a very clear statement that they were supporting feminised projects, although the reciprocal arrangement was the stipulation that a tomb, and yearly masses be said in memory of the donatrix. The last will and testament stipulated this very clearly and unambiguously. In 1693 Maria Smith cites the exchange of money left in her will with the provision for her burial in the sepulchura of the church of Santa Ciudad<sup>79</sup>. Between 1626 and 1800 Irish women in Cadiz actively endowed hospitals, chaplaincies, churches, chapels, cathedrals, schools, hospitals and catholic missions to Trinidad, as well as funds for widows and orphans and at least one dedicated children's home. These institutions illustrate donatrix concern for women and children as well as dynastic consolidation and successful continuity in a country they or their parents had migrated to for political and religious reasons.

A final donatrix whose motives for granting her money to female religious medical missions needs to be examined is Elena Josefa Linza, who in 1691 donated her whole dowry to the hospital de San Lázaro, in Seville<sup>80</sup>. This was drawn up after Elena was jilted by capitán José López de Carvajal<sup>81</sup>. It would be tempting to view Elena as a victim, however, her determination to leave her dowry to the leper hospital shows not simply her outrage, but her view that the lepers deserved her money more than he did<sup>82</sup>.

What emerges from the case studies presented here is considerable contribution made by Irish women, both religious and secular, throughout the peninsula, choosing which missions and medical infrastructure to directly sponsor. Many of these choices are completely independent of their families, and menfolk. Female religious may have taken a vow of poverty, but this was clearly understood to relate to individual poverty, and not the collective wealth of the convent. Convents had to be financially secure, and to make a profit, otherwise they would be vulnerable to closure. The financial underpinning of convents, whatever the order, and mission, was understood by women to be an important cash nexus. Throughout the peninsula con-

<sup>77</sup> Fannin, "The Irish community...", 140.

<sup>78</sup> AHPC, Testamentos, ms. 1024.

<sup>79</sup> AHPC, Testamentos, ms. 982.

<sup>80</sup> Archivo General de Indias (hereafter AGI), Santo Domingo, 111, R. 2.

<sup>81</sup> AGI, Santo Domingo, 111, R. 2.

<sup>82</sup> The hospital de San Lazaro was founded in Seville in 1322 and operated as a leper hospital with quarantine wards until 1878.

vents used the skills of female practitioners in their hospitals, even though there were far fewer in numbers than male practitioners. However, women and girls trained in all the specialist areas that men trained in, and convent employments meant that it was possible for lay female medical practitioners to develop feminised practices. However, the increasing control seen particularly in licensing practices instituted by municipal authorities, and the progressive development of a medical system that was institutionally centred meant that numbers of female practitioners were kept small. Convent hospitals, however, had a considerable level of independence, and a level of royal support. This was undoubtedly securely buttressed by female donatrix, including a significant number of powerful and influential Irish women. Within convent hospitals for women misogynist intellectual traditions did not hold sway. Nor was there a guillotine in traditions due to the council of Trent, as numbers of female surgeons had always been low, and those women who trained in obstetric surgery preferred to treat women. Convents trained their own sisters, not just in nursing, but at the various levels of medicine, as midwives, as blood-letters, and as pharmacists. Much of the funding for this training came from a dynamic group of donatrix who deliberately chose to sponsor medical developments within convents and women's hospitals. Funding for extensions and rebuilding of upper storeys and hospital buildings was understood to be crucial to the health of the whole community, and a high level of funding was placed at the disposal of Abbesses in order to rebuild. Tridentine reforms were not the turning point for feminised convent redevelopment, but rather an ahistorical consciousness and exercise of power within female communities. Throughout the late middle ages and the early modern period female religious specialised and developed a feminised medical field and established international medical missions. Many sisters trained within feminised spaces, and although not all of them held advanced degrees from Universities, they nonetheless had a high level of professional skills and knowledge of contagion. This afforded Abbesses and sister physicians considerable power and authority in professional occupations, and the development of female mission. Whilst the church and secular authorities in Spain were not always receptive to female medical professionals in leadership roles, the feminised structures of convent allowed the development in practice. A successful arena of female authority flourished in convent medical developments. Abbesses were able to stonewall regional archbishops by using reforms and enclosure regulations to their own benefit when it became necessary. Irish sisters, both Dominican and Poor Clare had a real role in these developments from 1499 onwards. They assimilated, but at the same time they continued to develop their own missions throughout the Iberian Peninsula supporting female health and medical developments.

