Interview - Intervju

Dr. John Henderson

Sredinom prosinca 2001., u sklopu programa javnih predavanja na Hrvatskom institutu za povijest, te u suorganizaciji Odjela za srednji vijek Instituta i Društva za povijest medicine Hrvatskog liječničkog zbora,[1] u Zagrebu je gostovao svjetski poznati profesor sa Sveučilišta u Cambridgeu - dr. John Henderson. Prilikom tog posjeta dr. Henderson je u Zlatnoj dvorani Instituta održao i javno predavanje na engleskom jeziku pod naslovom "Plagues, Putrafaction and the Body of the Poor in Early Modern Italy" (Kuge, truljenje i tijelo siromašnih u ranomodernoj Italiji).

Dr. John Henderson diplomirao je povijest na Sveučilištu Newcastle-upon-Tyne (1971.), a doktorirao na Westfield College Sveučilišta u Londonu (1983.). Godine 1992. stječe i počasni magisterij Sveučilišta u Cambridgeu. Prof. Henderson, osim što predaje na Sveučilištu u Cambridgeu, intenzivno se bavi proučavanjem društva kasnosrednjovjekovne i ranomoderne Italije (poglavito Toskane i Firence). U istraživanjima nerijetko zalazi u područje povijesti medicine (proučavajući hospitale, bratovštine i slične institucije društvene zaštite predmoderne Italije). On je, između ostaloga i predsjednik Međunarodnog udruženja za proučavanje povijesti hospitala i član je i uredništva dvaju važnih časopisa *Medicina e Storia* i *History and Philosophy of the Life Sciences*. Od brojnih publikacija koje je objavio valja istaknuti neke od njih poput: *The Great Pox. The French Disease in Renaissance Europe* (Sifilis u renesansnoj Europi) iz 1997., te nekoliko puta objavljivanu knjigu *Piety and Charity in Late Medieval Florence* (Pobožnost i dobrotvornost u kasnosrednjovjekovnoj Firenci), Oxford, 1994., Chicago, 1997., Firenca, 1998.

Zbog iznimne posjećenosti njegovog javnog predavanja i interesa auditorija za njegova istraživanja, uredništvo Povijesnih priloga odlučilo je porazgovarati s ovim međunarodno priznatim, ali u nas nažalost malo poznatim znanstvenikom.[2]

Gordan Ravančić

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[1] Želimo posebno zahvaliti dr. Tatjani Buklijaš, dr. Steli Fatović-Ferenčić, članovima Društva, te djelatnicima Zavoda za povijest medicine HAZU u Zagrebu.

[2] Ujedno najavljujemo da će u idućem broju biti objavljeno spomenuto predavanje dr. Johna Hendersona.

Benyovsky: Dr. Henderson, you are a specialist of 14th and 15th century Italy, but the type of areas in which you are interested seem to be far away from the traditional concerns of a renaissance historian. Is this true?

Henderson: Indeed this is true. Our traditional picture of renaissance Italy is, I suspect, based on the beauty of the pictures and architecture produced there at that time and also overlaid by more recent memories of summer holidays in Tuscany! I have instead rather deliberately examinded the seemier side of life in the renaissance, disease and death. However, it has to be said that planning for the treatment of the sick did not exclude aesthetic considerations, given that the hospitals built were among the most splendid of the buildings constructed in the renaissance city.

Benyovsky: What changes do you see in the period you are examining in society's attitude towards the poor?

Henderson: Throughout this period, from say 1250 to 1550, basic attitudes towards the poor changed little: Christian compassion for the unfortunates of society combined with fear for the more unsightly or unruly paupers. This is not to deny that there were changes, most obviously is the hardening of attitudes towards the poor from the later 15th century, when pressures on resources increased with demographic growth in many Italian cities. At the same time there was an increased intollerance based on the closer association between poverty and disease. This association was caused partly by the recurrent epidemics of plague since it was the poor who were worst affected and increasingly seen as linked to the spread of plague. Another important influence on attitudes was the emergence of the new 'plague' of syphilis which spread throughout Europe from the 1490s. This created greater intollerance towards the poor because, unlike those sick from plague who died rapidly, those with the 'Great Pox' became increasingly disfigured and impoverished and therefore impinged on the lives of the more affluent as they walked through the streets.

Benyovsky: You mentioned epidemic disease. The 14th century is of course, associated in the minds of many people with the Black Death. How did society cope with plague?

Henderson: At first in many parts of Europe there was considerable confusion and panic since never in living memory had there been such a devastating mortality crisis when between a third and a half of the population died. However, in some of the major urban centres such as Florence, Milan and Venice the city authorities adopted various measures which they hoped would mitigate the effects of the plague. First a board of magistracies were elected to oversee the overall strategy. It was they who implemented the traditional sanitary legislation which involved cleaning streets and banning occupations such as the butchery of animals for they saw them as creating the fetor and diseased air which contemporaries believed was the cause of plague. Large amounts of cloth was burnt because it was believed that it could spread plague and indeed might contain the 'seeds of disease'. In some cities primitive forms of quarantine were also enforced. Indeed in Milan the limited impact of the plague has been attributed to the shutting up alive in their homes of the first people infected with the epidemic. It was not until the 1370s that a proper Lazzaretto was created, but that was in the city of Dubrovnik. Cities in Italy only established Lazzaretti later and in many places not until the late 15th century.

Benyovsky: In the spring of 1665 London also fell prey to an outbreak of "the Great Plague". What similarities or differences exist between the two cities, e.g. can the plague in London also be defined as a disease of poverty?

Henderson: I think that it is a truism that plague and poverty were linked in all epidemics, whether we are talking about the Black Death or later attacks and nowhere was this more true than in London in 1665. One of the intriguing things about English reactions to plague was that they never instituted Lazzaretti, but instead shut up plague victims in their own homes and continued to bury the dead in parishes rather than in plague pits outside the city walls as in many parts of Europe. Whether this difference in policy mitigated the effects of the epidemic or meant there was higher mortality in infected households has never been satisfactorily resolved.

Benyovsky: Dr. Henderson, Vi ste stručnjak za povijest Italije u 14. i 15. stoljeću, ali ponajviše ste zainteresirani za teme kojima su se povjesničari renesanse manje bavili. Je li to tako?

Henderson: Da, to je istina. Naša tradicionalna slika renesanse u Italiji je, pretpostavljam, temeljena na ljepoti likovne umjetnosti i arhitekture tog vremena ili nedavnim ljetnim praznicima u Toskani. Ja sam možda i namjerno istraživao manje privlačne strane renesansnog razdoblja, kao što su bolest i smrt. Međutim, treba reći da briga za bolesti nije isključivala renesansnu estetiku, što se vidi na monumentalnoj arhitekturi hospitala u renesansnim gradovima.

Benyovsky: Koje promjene pratite u stavu prema siromašnima, tijekom razdoblja koje ste istraživali?

Henderson: U razdoblju od 1250. do 1550. godine osnovni stavovi prema siromašnima zapravo su se malo mijenjali: kršćanska suosjećajnost prema njima bila je pomiješana s strahom. To ipak ne znači da promjena nije bilo, pogotovo u drugoj polovici 15. stoljeća, kada se povećava broj stanovništva u mnogim talijanskim gradovima. Tada raste i netolerancija, a bolest se sve više povezuje sa siromaštvom. Ova je veza djelomično posljedica čestih epidemija kuge u tom razdoblju, a siromašni, koji su bili najčešće žrtve kuge, povezuju s njezinim širenjem. Važan utjecaj na promjenu u stavu prema siromašnima krajem 15. stoljeća imala je i pojava nove "kuge", odnosno sifilisa, koji se širio Europom od 1490-tih. Nova je bolest dodatno povećala netolerantnost porema siromašnima jer su oboljeli, za razliku od kužnih koji su brzo umirali, dulje živjeli, ali su bili deformirani, osiromašeni i ovisni o pomoći drugih.

Benyovsky: Spomenuli ste epidemije. Četrnaesto se stoljeće, naravno, vezuje uz pojavu Crne smrti. Kako se stanovništvo suočavalo s pojavom kuge?

Henderson: Na početku je u mnogim dijelovima Europe zavladala panika, a u kolektivnom pamćenju nije bila zabilježena takva smrtnost, pomrlo je između trećine i polovice stanovništva. Međutim, u nekim od najvećih gradskih središta Europe, primjerice u Firenci, Milanu i Veneciji, gradske su vlasti primijenile različite mjere kojima su pokušale umanjiti posljedice kuge. Bio je izabran poseban odbor koji je razmatrao strategiju kojom se trebalo spriječiti širenje bolesti. Ovi su odbori prvi normirali sanitarne zakone, koji su uključivali čišćenje ulica i uklanjanje nečistih zanata iz grada (klaonice i sl), jer se vjerovalo da nečisti zrak širi bolest. Palile su se velike količine odjeće jer se vjerovalo da sadrže sjeme bolesti. U nekim gradovima organizirali su se prvi jednostavniji oblici karantene. U Milanu su čak provođene drastične mjere, primjerice, potencijalno zaražene nisu puštali van iz kuća. Prvi lazaret organiziran je 1370. godine u Dubrovniku, a tek nešto kasnije u talijanskim gradovima. Manja mjesta organizirala su lazarete tek u 15. stoljeću.

Benyovsky: U proljeće 1665. godine London je također osjetio posljedice velike kuge. Koje razlike odnosno sličnosti postoje između Londona i Firence. Ili, može li se i u Londonu povezati kuga sa siromaštvom?

Henderson: Mislim da se kuga vezala uz siromaštvo u svim epidemijama, bez obzira govorimo li o Crnoj smrti 1348. ili kasnijim valovima bolesti. Ali, to je pogotovo istina za London 1665. Neobično u engleskoj reakciji na kugu jest to što se tamo nikad nisu organizirani lazareti, a oboljeli su bili zatvarani u svojim kućama. Njihova su tijela zakapana u župnim grobljima grada, za razliku od drugih dijelova Europe gdje su postojala posebna izolirana groblja samo za žrtve kuge. Je li ova razlika u sanitarnoj plitici uzrok veće smrtnosti u londonskim kućanstvima, nikad nije bilo zadovoljavajuće istraženo.

Benyovsky: We have discussed poverty, disease, structures of poor relief in late medieval and early modern Italy, but I am still not quite sure how this concern for general health care relates to the renaissance?

Henderson: In answer to your question I return to my earlier comments about hospitals; they were among the largest and most impressive buildings in Italian renaissance cities, the largest almost like cities within cities. Indeed they became showpieces to which foreign visitors were taken and were designed by some of the leading architects of their day. One only has to think of the Great Hospital in Milan (Ospedale Maggiore), which was planned by Antonio Filarete at the request of the Duke of Milan, Francesco Sforza, or the re-modelling of the largest hospital in Rome, Santo Spirito in Sassia, by the pope Sixtus IV at the same time he was having the Sistine Chapel built . Another way in which one see the renaissance reflected in health care is through the commissioning of leading artists to decorate both the chapels and wards of hospitals. This reflects an important aspect of the function of hospitals in this period which is often forgotten today by medical historians, namely the role of devotional objects such as altarpieces and fresco-cycles in the cure of the soul which was regarded as complementary to the cure of the body.

Benyovsky: The hospitals for contageous inmates were usually located outside the town. But this wasn't the case in 17th century Florence. Why?

Henderson: This was indeed curious, but it relates to the fact that Florence had not experienced plague for about 100 years. This was the reason that initially at least the authorities decided to institute their first isolation hospital in the city, something they had done during recent epidemics of typhus. It was only as the plague grew worse over the following months that the health board decided to establish a Lazzaretto outside the city walls. This was part of a complicated system of notification of the sick, their separation from members of their families, who were quarantined, while the plague victim went to the Lazzaretto, returning, if they survived, after another period of 40 days in quarantine centres. For despite popular belief not everybody who was taken to a Lazzaretto died, probably reflecting the fact that those with other diseases also ended up there.

Benyovsky: What can you say about the effectiveness of medical measures to prevent epidemic diseases from spreading?

Henderson: The medical establishment, through guilds and Colleges of Physicians, advised governments about the best policies to adopt during outbreaks of plague so that many of the practical measures taken by health boards were in fact based on the contemporary physicians' understanding of the theory of plague. In medical treatises written to give advice to individuals mostly concentrated on diet to be followed and the aeration and fumigation of rooms during plague epidemics in order to cleanse them from potentially harmful infected vapours which were seen as the cause of disease. Probably, though, the most effective advice which doctors provided was: 'the best remedy against plague is to leave early and return late'!

Benyovsky: What was the role of the church concerning plague in late medieval society?

Henderson: The church provided one of the current explanations for the cause of plague, namely that it was seen as a punishment for the sins of mankind. This of course led to the increase of devotional activity during epidemics, which could also lead to an increase risk to public health. For example, the church organised processions through the cities of the clergy and members of confraternities to asccompany the display of miraculous images seen as having the power to mitigate the effect of disease. Mass was celebrated regularly in all the major churches and sermins were delivered to educate their congregations to lead a moral and pious life to avert the wroth of God. These policies, however, sometimes led them into conflict with the secular authorities, who wished to restrict the assembly of large crowds which were seen as making epidemics worse.

Benyovsky: Raspravljali smo o siromaštvu, bolestima te društvenoj brizi za njih u srednjovjekovnoj i ranomodernoj Italiji. Možete li objasniti kakva je veza između brige za javno zdravstvo i renesanse?

Henderson: Da bih odgovorio na Vaše pitanje, moram se vratiti na moje ranije komentare o hospitalima. Oni su bili među najvećim i najimpresivnijim građevinama u talijanskim renesansnim gradovima. Štoviše, oni su bili javna zdanja koja su se pokazivala posjetiocima grada, a dizajnirali su ih neki od najbitnijih arhitekata tog razdoblja. Možemo se samo prisjetiti Velikog hospitala u Milanu (Ospedale Maggiore), čiji je nacrt izradio Antonio Filarete na molbu milanskog vojvode Francesca Sforze, ili pak pregradnje jednog od najvećih hospitala u Rimu, Santo Spirito u Sassiji, koju je naručio papa Siksto IV. u isto vrijeme kad je građena Sikstinska kapela. Drugi način kojim se renesansna misao prepoznaje u brizi za javno zdravstvo, jest angažiranje vodećih umjetnika u dekoriranju kapela i pojedinih odjela u bolnicama. To odražava važne aspekte o funkciji hospitala u ovom razdoblju, koju povjesničari medicine često zaboravljaju, ulogu oltara ili fresaka, kao pomoćnih sredstava u liječenju duše koja se povezivala s liječenjem tijela.

Benyovsky: Hospitali za zarazne bolesnike uglavnom su bili smješteni izvan gradskih bedema. U Vašem ste predavanju spomenuli da to nije bio slučaj u Firenci 17. stoljeća. Zašto?

Henderson: To je zaista neobično, ali je povezano s činjenicom da Firenca nije doživjela epidemiju kuge u prethodnih 100 godina. Gradske su vlasti odlučile organizirati hospital za zaražene u gradu, što je funkcioniralo u epidemijama tifusa koje su tada harale. Tek kada se kuga 17. stoljeća pokazala razornom, sanitarni je odbor odlučio ustanoviti lazaret izvan grada. Organizira se kompliciran sustav zaštite - prepoznavanje zaraženih i njihova izolacija od članova obitelji koji su bili potencijalno zaraženi. Potencijalno zaraženi zadržavani su u karanteni, a oboljeli odvođeni u lazaret. Ako bi preživjeli, zaraženi su i nakon lazareta morali provesti 40 dana u karanteni. Bez obzira na uvriježeno mišljenje, nisu svi koji su dovedeni u lazaret umrli, vjerojatno i zbog toga jer su i zaraženi drugim bolestima često završavali u lazaretima.

Benyovsky: Što možete reći o djelotvornosti medicinskih mjera koje su trebale spriječeiti širenje epidemije?

Henderson: Medicinske su institucije kroz bratovštine ili kolegije liječnika, savjetovale gradske vlasti koja je najbolja politika koju bi trebalo primijeniti. Mnogi od tih savjeta temeljili su se na tadašnjem medicinskom shvaćanju kuge i teorijama o toj bolesti. U medicinskim raspravama koje su davale savjete pojedincima, uglavnom se savjetovala dijeta te prozračivanje prostorija da bi se pročistio zrak. Vjerojatno jedan od najdjelotvornijih savjeta tadašnjih doktora glasio je: “Najbolje sredstvo protiv kuge jest otići rano a vratiti se kasno”.

Benyovsky: Koja je bila uloga Crkve u borbi protiv bolesti u srednjem vijeku?

Henderson: Crkva je prvenstveno dala objašnjenje za pojavu kuge, određujući je kao kaznu za grijehe čovječanstva. To je, naravno, dovelo do povećane pobožnosti tijekom epidemija, što je zapravo povećavalo rizik za javno zdravstvo. Primjerice, Crkva je organizirala procesije kroz grad, a svećenici i bratimi bratovština nosili su čudotvorne svetačke slike koje su trebale smanjiti posljedice bolesti. Misa se održavala redovito u svim glavnim crkvama, a kler je upozoravao na potrebu moralnog i pobožnog života kako bi se pridobila naklonost Boga. Ovakva je politika, često uzrokovala konflikte sa svjetovnim vlastima, koje su pokušale ograničiti okupljanja većeg broja ljudi, pri kojima se epidemija brže širila.

Benyovsky: History of medicine requires very specialised and inter-disciplinary approach. Often the physicians are involved in the research rather than historians. What do you think of that?

Henderson: I think that it is valuable to have the expertise of both historians and physicians; we can both learn from each other. The advantage of history of medicine is that as an interdisciplinary subject it can incorporate a wide variety of approaches. However, as in all historical research the main rule that must be born in mind for either the historian or the physician is of the necessity to respect the views and beliefs of the people we study in the historical past and not try to super-impose on them our own ideas.

Benyovsky: Povijest medicine zahtijeva vrlo specijaliziran ali i interdisciplinaran pristup istraživanju. Često se, za razliku od povjesničara, upravo liječnici bave poviješću medicine. Što mislite o tome?

Henderson: Mislim da je vrlo korisno imati mišljenja i povjesničara i liječnika, jer možemo učiti jedni od drugih. Prednost u istraživanju povijesti medicine jest to što je ona interdisciplinarni predmet istraživanja u kojem se mogu primijeniti različiti pristupi. Međutim, kao u svim povijesnim istraživanjima, glavno pravilo u pristupu i povjesničara i liječnika mora biti mogućnost da razumijemo poglede i vjerovanja ljudi koje proučavamo u prošlosti, a ne da pokušamo nametnuti naše vlastite ideje.