

Luciano Allegra

Becoming Poor in Eighteenth-Century

Turin Historians in recent decades have devoted considerable attention to the issue of poverty. Despite the amount of research about the topic, however, we know much more about the mechanisms of charity and charitable institutions in general than about the nature of poverty itself. This imbalance is partly due to the nature of the documents available to historians: Institutions produce sources, but the situations of poor people are, almost by definition, too often omitted from regularly recorded history. In any case, they have left too few easily discernible traces.

Yet another factor discourages historians from addressing the study of poverty *per se*; it is difficult to define this condition rigorously. Social sciences, especially economics, have been specifying more and more stringent coordinates to refine the fundamental distinction between relative poverty and absolute poverty and to improve the systems of measurement. Today international organizations such as the United Nations and the World Bank adopt standardized criteria to define the thresholds that separate poverty from self-sufficiency. Economists have gone a step further. Following Sen's study of "capabilities," they have tried to venture beyond purely quantitative estimates to define the condition of poverty not only as a lack of income but also as a limitation of access to a wide range of resources—education, health, and the exercise of democratic rights.¹

Unfortunately, we cannot faithfully and fully address the phenomenon of poverty in the past, particularly the pre-industrial era, by adopting such analytical instrumentation. First, it is difficult to

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1 For examples of attempts to recover the history of the poor before 1980, see Edward P. Thompson, *The Making of the English Working Class* (New York, 1966); Fernand Braudel, *Civilization and Capitalism, 15th–18th Century: The Structure of Everyday Life* (Berkeley, 1981), I; Peter Laslett, *The World We Have Lost* (London, 1965). For a few exceptions to the usual trend

calculate the income of historical individuals who survived primarily through self-employment and functioned largely without money. Moreover, determining their quality of life is equally difficult when sources rarely mention secondary assets or the enjoyment of basic rights—notwithstanding the minor exception of European probate inventories. Nonetheless, some of the indicators that Sen suggested can be helpful in identifying the poor in the pre-industrial era without the benefit of statistics and in offering an explanation of poverty that delves deeper than its mere, long-familiar, correlation with economic crises. This obvious interdependence cannot explain why, in a downturn, some families sink and others manage to swim.²

This article extends the category of “capability” into the past to find a model of poverty that can stand the test of time. Despite historians’ attempts to quantify poverty according to structural, short-term, and non-desitute classifications, poverty continues to defy strict demarcation. It is a condition that depends on life cycle, age, household structure, trust, and the quality of personal relationships, as well as on income and the availability of resources. Above all, it is a relative state, which can be determined only by comparison with a standard officially sanctioned by the acknowledgment of a community or an institution. Poverty can also hide behind informal practices of relief that conceal its existence. Like the history of crime, the history of poverty has its “black number”—the undocumented poor who were able to overcome a temporary spell of hardship thanks to the support of family members, neighbors, and social capital—instances of mutual aid that are rarely recorded

in writing about poverty, see Olwen H. Hufton, *The Poor of Eighteenth-century France: 1750–1789* (New York, 1974); Cissie C. Fairchilds, *Poverty and Charity in Aix-en-Provence, 1640–1789* (Baltimore, 1976); Daniela Lombardi, *Povert  maschile, povert  femminile: L’ospedale dei mendicanti nella Firenze dei Medici* (Bologna, 1988). The concept of “capability” has accumulated an impressive bibliography after its introduction into the economics lexicon. For a basic approach, see Amartya Sen, *On Economic Inequality: The Raddcliffe Lectures Delivered in the University of Warwick* (New York, 1973); *idem*, *The Standard of Living* (New York, 1985); *idem*, *Commodities and Capabilities* (Amsterdam, 1985); *idem*, *Development as Freedom* (New York, 1999); Martha C. Nussbaum and *idem* (eds.), *The Quality of Life* (New York, 1993); Sabina Alkire, *Valuing Freedoms: Sen’s Capability Approach and Poverty Reduction* (New York, 2002). For an introduction to the debate about the assessment of poverty, see Nicola Acocella et al. (eds.), *Rapporto sulla povert  e le disuguaglianze nel mondo globale* (Naples, 2004).

2 For recent studies with seminal research, see, for example, Catharina Lis and Hugo Soly, *Poverty and Capitalism in Pre-industrial Europe* (Stanford, 1979). But we need to go beyond a paradigm that emphasizes the weight of economic conjuncture and ignores the ability of people to respond and the conditions that promote, slow, or prevent the processes of impoverishment.

in official papers and documents. The true extent of this phenomenon will remain unknown forever. The notion that we will be able to define, in retrospect, different conditions of poverty in the Europe of remote times is a delusion, and any attempt to quantify these conditions universally appears equally futile. We should rely instead on the judgment of contemporaries and on the criteria for relief as established by the parish or by such centralized institutions as hospitals, *dépôts de mendicité*, and workhouses.³

Procedures to certify the state of poverty were similar across Europe. At the parish level, congregations availed themselves of the traditional tools of social control in a small community, anything from direct knowledge to neighborhood gossip. The screening exercised by large institutions was more formal, thorough, and accurate. The regulation of Aumône Général de Lyon, the hospice that for centuries represented the ideal model of care throughout Europe, is a case in point. In its *Règlement* of 1786, which essentially reproduced previous provisions, the verification of poverty status required a rigorous investigative process. The Hospital of Charity of Turin, the most important charitable institution in the Savoy state, had a similar set of regulations.

This article, which is based on the records of this hospital, looks closely at the people who had recourse to its assistance during the eighteenth century. The purpose of the research is not to engage in the illusory task of estimating the percentage of poverty-stricken people in Turin but to identify the conditions and mechanisms by which the people who entered the Hospital had become poor, whether in town or countryside (many of them recent immigrants to the capital).

TURIN AND THE HOSPITAL OF CHARITY A number of features make Turin an ideal case study. The capital of a small state, located in northwestern Italy, Turin was a medium-sized city that increased from approximately 35,000 inhabitants at the beginning of the eighteenth century to 75,000 at the end of it. The seat of the court,

3 Natalie Z. Davis, "Poor Relief, Humanism, and Heresy: The Case of Lyon," *Studies in Medieval and Renaissance History*, V (1968), 217–275; *Projet de Règlement pour l'Hôpital Général de la Charité, aumône générale et enfants-trouvés de Lyon, Rédigé en conséquence des Délibérations du Bureau, & présenté à l'examen de Messieurs les Administrateurs le Mercredi 24 Mai 1786* (Lyon, 1786), 147–149.

Table 1 Distribution of Crafts and Main Shops in Turin (1742)

CRAFT	N	CRAFT	N
Apothecary	36	Leather and furs merchant	12
Baker	132	Leather maker	30
Banker and silk trader	38	Majolica and pots seller	17
Barber	25	Master blacksmith	64
Baskets and sieves maker	18	Master bookbinder	16
Belt maker	4	Master mason	43
Book printer	10	Mattress maker	20
Book trader	27	Milkman	31
Braid maker	52	Oilcloth and gilt leather maker	5
Brass maker and melter	29	Ostrich feathers merchant	2
Broker	20	Pack-saddles maker	9
Butcher	62	Pasta maker	23
Cabinet, chair, and carriage maker	105	Phlebotomist	9
Candle maker	12	Plant, citrus, perfume, and fruit seller	4
Cap maker	5	Retailer and cheese maker	157
Carpenter	20	Rope maker	8
Cauldron maker	12	Saddler	21
Clock maker	13	Sample maker	3
Cloth printer	5	Sculptor and woodcarver	26
Cloth weaver	33	Secondhand dealer and scrap iron dealer	105
Cobbler	90	Shoe-trees maker	4
Confectioner	11	Shoemaker	97
Cooper	7	Silk carder	16

Corn dealer	61	Silk dyer	36
Crystal and German-nice-things seller	6	Silk-hosiery manufacturer	45
Decorator	7	Silk spinner	12
Drape trader	30	Silk trader	43
Draper's shopkeeper and grocer	29	Spirits distiller and confectioner	87
Embroiderer	9	Stonecutter	4
Face-powder maker	8	Straw-hat maker	5
Fancy-goods merchant	133	Surgeon	65
Flesh (lamb and kid) retailer	33	Tailor	270
Foreign shopkeeper	11	Tanner	4
Gilder	28	Tavern keeper	7
Glassmaker	20	Tinker	16
Gloves traders and perfumer	18	Tinsmith	8
Gold-, silver-, and silk-button maker	15	Trunk maker	2
Gold-, silver-, and silk-cloth maker	188	Turner	30
Goldsmith	26	Upholsterer	27
Gold-wire drawer	13	Violin and double-bass maker	4
Haberdasher	3	Weapon cleaner	10
Hair dyer	11	Whig craftsman	87
Hat trader	24	Whig trader	11
Hatter	21	Wind-instruments maker	2
Horses, coaches, and chairs to rent	70	Wine porter	388
Hosiery and chamois leather Merchant	32	Wool dyer	4
Innkeeper and hotelier	154	Woollen-cloth maker	5
Iron trader	21	Wrought-gold-objects merchant	7
Jeweller	28	Tot	3667

Turin was a major center for manufacturing, unique among Piedmont cities of the time, which generally featured an agrarian economy. Its textile industry—in particular, silk—employed many thousands of artisans. The quality of Turin’s silk was renowned, much of it exported outside Italy, especially to the nearby French market of Lyon. A good overview of the distribution of the city’s employment may be found in a list compiled in 1742 that shows which shop owners and storekeepers were subject to a direct tax called the *cotizzo*. Unfortunately, many crafts and trades—such as housework; services; and the clerical, liberal, and military professions—are not included. Nevertheless, the document provides a clear picture of the main activities of the town (Table 1).⁴

Like other manufacturing centers of Western Europe, especially those specializing in luxury goods, eighteenth-century Turin suffered a long economic crisis that forced it to move away from its customary production. The silk sector, which dominated until the 1750s, gradually withered; the Hospital of Charity became a social safety net for the workers expelled from silk factories. The eighteenth-century crisis particularly affected the living standards of the working classes, causing a rise in the number of poor families and intensifying efforts of charitable institutions.⁵

The Hospital of Charity, founded in 1627 but in operation only since 1649, emerged as the largest charitable institution in Turin, if not the only one, because of an ambitious state project,

4 For Turin’s demography, see, in the Archivio Stato Torino (hereinafter AST), Sez. I, *Paesi. Provincia di Torino*, mz. 5, 29 maggio 1702, *Isola del Beato Amedeo, Ghetto, Case del venerabile Hospedale della Carità*; mz. 5, n. 1, *Stati delle anime di Torino, 1701–1739*; mz. 2 adj., n. 6; 1744–1773; mz. 5 adj., n. 5; 1789–1793; *Materie ecclesiastiche*, cat. 37, *Ebrei*, mz. 8 not inventoriato; 1831–36, 3 dicembre 1834, *Censimento delle comunità ebraiche*; Sezioni Riunite, I Archiviazione, *Finanze, Ebrei e religionari*; mz. I, n. 10, 1761, *Stati di tutti gli ebrei, e Ghetti ne’ stati di S.M. trasmessi dalli rispettivi intendenti*. For modern Turin, see Simona Cerutti, *Mestieri e privilegi: Nascita delle corporazioni a Torino: Secoli XVII–XVIII* (Turin, 1992); *idem*, *Storia di Torino. IV. La città fra crisi e ripresa: 1630–1730* (Turin, 2002); *idem*, *Storia di Torino. V. Dalla città razionale alla crisi dello Stato d’Antico Regime: 1730–1798* (Turin, 2002). Sez Riunite, *Finanze, I Archiviazione, Commercio, manifatture e fabbricazioni*, mz. 1, n. 23, *Stato de negozianti ed artisti della città di Torino, e suoi borghi*, 1742, AST.

5 Peter Clark, *European Cities and Towns, 400–2000* (New York, 2009). Clear evidence of contraction in the textile industry can be found in a census of the crafts workforce compiled in 1792, a few years before the Napoleonic occupation of the state. Compared with the data from 1742, the industry suffered a loss of about twenty percentage points in labor force. See Felice Amato Duboin, *Raccolta per ordine di materie delle leggi, editti, manifesti* (Turin, 1849), XVI. For the living standards of the working class during the eighteenth century, see Stuart Joseph Woolf, *The Poor in Western Europe in the Eighteenth and Nineteenth Centuries* (New York, 1987).

devised by Father Andrea Guevarre, in 1717 to eliminate begging and centralize assistance. In the wake of this project, only the “congregations of charity” located in the villages and small towns and a few *monti dotali* (mountain dowries), which distributed dowries to poor girls to “preserve their honor,” were able to survive. The most important institution for poor girls was the Society of St. Paul, a lay association that offered a dowry to twenty to thirty girls every year. Unfortunately, only their names remain and nothing of their profiles, except that they all met the requirements for the funding—born in Turin, baptized, virgin, and honest. The identities of the “shameful poor,” those who could not live up to their social status or receive public assistance for reasons of decorum, remain completely unknown. A great number of the poor, however, were able to enter the Hospital of Charity, with the exception of beggars, the “shameful poor,” and the poor girls about to marry, who had recourse elsewhere.⁶

The Hospital evinced a hybrid orientation—partly a penitentiary, partly an almshouse, and partly a factory—but the distribution of subsidies remained its main goal. Although largely nondiscriminatory, the Hospital, like most of the charitable institutions of the old regime, did not view every putative candidate for assistance as deserving. Only citizens of Turin who had resided there for at least three years were entitled to a helping hand. Nor were self-declarations considered valid. The directors screened for eligibility with “secret information,” and were instructed to remain “alert, and strict, never to be overcome either by partiality or by solicitations, remember that they are only the bursars of the goods of the poor, for which they are closely accountable to God.” They were also advised to monitor inmates’ state of discomfort periodically: “In every year, and in the beginning of the months of June and November, you will make a general secret visit of the poor who receive the bread of the hospital.”⁷

6 Unfortunately, the records of the congregations of charity are mostly dispersed. For the Society of St. Paul, see Elisa Mongiano and Gian Savino Pene Vidari, “Lasciti e doti nell’attività assistenziale e creditizia della Compagnia,” in Walter Barberis and Anna Cantaluppi (eds.), *La Compagnia di S. Paolo. I. 1563–1852* (Turin, 2013), 475–508; for the “shameful poor” of Turin, Sandra Cavallo and Marcella Maritano, “La pratica assistenziale ed educativa,” in Barberis and Cantaluppi (eds.), *La Compagnia di S. Paolo*, 447–474.

7 For the Hospital, see Defendente Sacchi, *Istituti di beneficenza a Torino* (Milan, 1835), 19–23; Jacopo Bernardi, *Il R. Ospizio di Carità in Torino e ordinamenti negli stati sardi per prevenire e soccorrere la indigenza* (Turin, 1857); Chiara Vigliano, “Misericordia e carità in Torino tra XVI e

Bread was the most common resource dispensed outside the hospital. The elderly, the disabled, and the ill occupied the top positions in the hierarchy of needs inside the walls. Yet the high cost of shelter meant that administrators could do little more than attempt to relieve the hunger of those who, for one reason or another, had to remain outside the Hospital. A note drawn up in 1739 estimated the annual cost of each inmate as 100 pounds of Piedmont. This per capita spending mandated a ceiling on acceptance possibilities. Every year, hundreds of poor people flocked to the gates of the Hospital, asking for shelter, a ration of bread, a nanny for a son, or a bed in the wards for someone incurable.

To estimate the exact number is no easy task. Based on the actual statistics of municipalities, Cavallo reconstructed the trend between 1715 and 1785. Starting from the initial 550 inmates at the end of the 1720s, a continuous, impressive growth reached its climax in 1737, when the number of inmates exceeded 2,300, eventually settling on a yearly average of 1,500. After 1770, the number rose to 2,000. From the mid-1730s onward, it oscillated between 1,400 and 1,500 a year, not counting the external poor who benefited from rations of bread or other subsidies.⁸

The proportion of external beneficiaries to inmates varied, depending on the situation and the Hospital's budget; it was 13.5 percent in 1758 and 23.3 percent in 1766. The Hospital staff collected precious testimony about the needs and characteristics of this mass of poor people in the *Libri delle informazioni* (Books of the Petitioners), though not always in a systematic way. In addition to the ubiquitous personal data, sometimes they recorded only a profession, infirmity, marital status, age, or number of offspring. They gave understandable

XVII secolo," *Studi piemontesi*, XII (1983), 370–384; Cavallo, "Patterns of Poor-Relief and Patterns of Poverty in Eighteenth-Century Italy: The Evidence of the Turin Ospedale di Carità," *Continuity and Change*, V (1990), 65–98; *idem*, "Conceptions of Poverty and Poor-Relief in Turin in The Second Half of the Eighteenth Century," in Woolf (ed.), *Domestic Strategies: Work and Family in France and Italy, 1600–1800* (New York, 1991), 148–199; *idem*, *Charity and Power in Early Modern Italy: Benefactors and Their Motives in Turin, 1541–1789* (New York, 1995); Margaret J. Moody, *Il Regio Ospizio di Torino nel Settecento: il re e i poveri* (Lewiston, 2007). Sezione I, *Luoghi pii di qua da monti*, mz. 18, n. 11, *Regolamenti per l'Ospedale Generale sotto il titolo, e patrocinio della Vergine Santissima della Carità di Torino*, s.d. [but after 1717], artt. XXXIX–XL, ff. n.n., AST.

8 Mz. 19, n. 29, *Spesa d'una bocca di Povero in cadun giorno, ed all'anno nel R^o Spedale della Carità di Torino . . .*, 1760, AST. See also *Ospedale di carità*, cat. 1, *Documenti di fondazione. 1649–1700*, n. 29, *Regole stabilite dalla Congregazione per il governo dell'ospedale*, 1 giugno 1700, Archivio Storico Comune Torino (hereinafter ASCT). Cavallo, *Patterns of Poor*, 68.

priority to health and socioeconomic status, the information most vital to applicants' needs. Whatever their liabilities, however, these books comprise a formidable corpus of information, covering more than a century of the institution's activity. With their help, we can begin to construct profiles of the poor in pre-industrial times: Which people were most likely to fall into poverty and why? What is the proper weight to assign the different variables that favored or determined that condition?⁹

POVERTY AT THREE CRITICAL JUNCTURES The resulting picture cannot possibly be complete, if only because Turin's Hospital, like analogous charitable institutions, catered exclusively to citizens. However, it will undoubtedly be more representative than those deriving from the investigation of small communities or parishes, as long as the sample of applicants meets certain requirements. First, the sample must not be limited in time, to prevent the distortion of changing circumstances. Second, it must comply with the most basic demand of statistics, randomness. This article is based on a sample of 3,968 requests for assistance submitted to the Hospital from 1742 to 1745, 1785 to 1787, and 1793 to 1798, collecting data about the 12,386 individuals who composed their families.¹⁰

The choice of these three periods, however, was anything but random. The first phase corresponds to the years immediately following a deep reorganization of the system of corporations, which forced workers and master craftsmen to join their proper orders. Previously, when registration was not mandatory, many of the workers had practiced their arts outside the control of corporations. After the reform, entrepreneurs retained some manner of

9 The *Libri* recorded date of the request, name of the petitioner, age, marital status, profession, residence, sometimes place of origin, data about spouses and other family members, any disease or infirmity, type of aid requested and the institution's answer; and often an acronym that qualified the person as "Devoid of every goods." *Ospedale di carità*, cat. VI, *Libri delle informazioni per ricoveri*, vol. 33–70, 1742–1865, ASCT.

10 For the rights of citizenship in old-regime Europe, see Simona Cerutti, *Étrangers: étude d'une condition d'incertitude dans une société d'Ancien Régime* (Paris, 2012). *Ospedale di carità*, cat. VI, *Libri delle informazioni per ricoveri*, vol. 33, 47–48, 50–51, ASCT. Katia Fusco collected the data of the first interval; Laura Vasini those of the second in "Povertà ed assistenza a Torino alla fine del XVIII secolo: L'Ospedale di Carità," unpub. diss. (Univ. of Turin, 1991); Elisa Anna Pagnucco those of third, partially processed in "'Vive de' suoi travagli': Donne, lavoro e famiglia nella Torino di fine Ancien Régime," unpub. diss. (Univ. of Turin, 2000).

freedom, but the flexibility of the labor force decreased significantly. As a result, the level of unemployment and the number of impoverished people increased. The second period, 1785 to 1787, coincides with the outbreak of the crisis in Piedmont's silk industry because of changes in European fashion—now more directed toward cotton—and an economic downturn in demand, especially for luxury goods. The third phase, 1793 to 1798, marks the general turbulence in the city that preceded the arrival of the French troops—no longer attributable to the stagnation of the silk sector but to general decline in every productive sector. At the center of this investigation are the individuals and families who crossed the poverty line during these three distinct phases of crisis.¹¹

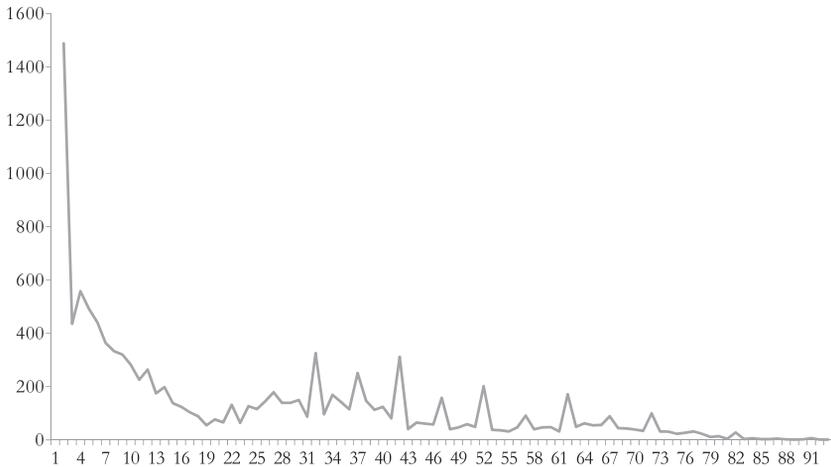
BEGGARS AND THE PRIVILEGED POOR Large as it may seem, the mass of poor people included in these three periods is still not representative of the phenomenon of poverty as a whole, since it omits the panhandlers and beggars who constituted a substantial part of the population. In fact, the very goal of Guevarre's program, which brought the Hospital to the fore, was to ban beggars from the streets of the city. Consequently, beggars did not even dare to approach the Hospital gates; they had to consider themselves fortunate if they managed to escape the watchful eye of the bailiffs' men. Turin's hospital bailiffs had license to catch, punish, and eventually expel them.¹²

The number of beggars was impressive. Analyzing the surviving records—only two, covering 1739 to 1743—Levi calculated that approximately 2,000 beggars fell into the net of justice administered by the Hospital. Some of them were children, but almost 90 percent of them were people who had moved from the countryside to beg in the city. Unfortunately, only their ages and places of origin are known, but they must have been a desperate band, ineligible for relief in the local facilities provided by charitable congregations. The poor entitled to hospital charity were probably

11 For the reform, see Cerutti, *Mestieri e privilegi*; Allegra, "Fra norma e deroga: Il mercato del lavoro a Torino nel Settecento," *Rivista Storica Italiana*, CXVI (2004), III, 872–925; for the silk crisis, Giuseppe Chicco, *La seta in Piemonte. 1650–1800: Un sistema industriale d'ancien régime* (Milan, 1995), 297–331.

12 For Guevarre, see Charles Joret, "Le Père Guevarre et les bureaux de charité," *Annales du Midi*, I (1889), 340–393.

Fig. 1 Age Distribution of the Poor Who Obtained Assistance from the Hospital



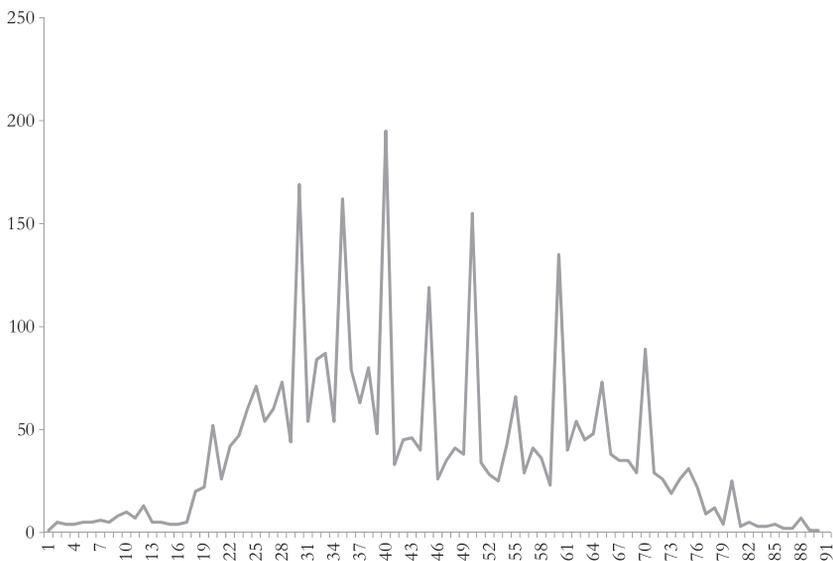
no less desperate, but they had a legitimate place within the city's social structure. Figure 1 shows their distribution by age.¹³

The age distribution perfectly mirrors the shape of pre-industrial population pyramids—the numbers decreasing precipitously at a relatively young age. This finding might seem surprising. We might have expected the elderly—traditionally viewed, along with women and children, as especially vulnerable—to be heavily represented at the Hospital. Yet, by all appearances, family solidarity, friendship, neighborhood, and the assistance provided by local parishes saw to their basic needs—a form of welfare far ahead of its time. Even more interesting are the age curves of the heads of household who sought assistance either for themselves as individuals (see Figure 2), or on behalf of a household unit (see Figure 3).¹⁴

13 Giovanni Levi, *Centro e periferia di uno stato assoluto* (Turin, 1985), 61–67; *Ospedale di carità*, cat. VI, *Libri dei poveri presi a mendicare*, vll. 1–2, giugno 1739–settembre 1743, ASCT. The welfare system of Savoy, reorganized in 1717 according to Guevarre's directions, envisioned a capillary system of charitable congregations in each location, along with hospitals for the poor in the major centers. Its implementation was sporadic and incomplete, as all subsequent investigations about assistance in the state recognized. See Allegra, "Le trappole della statistica: Una stima dei poveri in antico regime," *Contesti: Rivista di microstoria*, I (2014), 59–89.

14 The same demographic distribution is evident in the pre-industrial European societies studied by Edward A. Wrigley and Roger S. Schofield (eds.) *The Population History of England: 1541–1871: A Reconstruction* (Cambridge, Mass., 1981); Jacques Dupâquier and Michel Dupâquier,

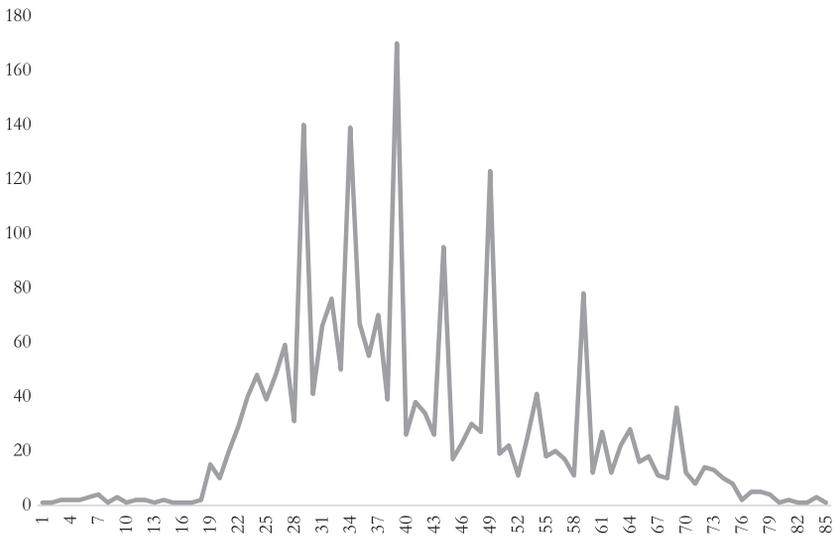
Fig. 2 Age Distribution of Householders Who Obtained Assistance from the Hospital as Individuals



The age group twenty-five to forty was most exposed to the risk of poverty, in perfect alignment with the construction and management of a new family and with the difficulty of raising young children or, in any case, children not yet ready for the labor market. Poverty seems mainly to have been a family affair. The image of beggars straggling on street corners, of children alone and hungry, and of old people destitute and abandoned gives way to a humanity that is far from such solitary desolation: Only one-third of the requests for assistance came from individuals; the

Histoire de la démographie: la statistique de la population des origines à 1914 (Paris, 1985); Jacques Dupâquier (ed.), *Histoire de la population française* (Paris, 1988). Peter Laslett, "Family, Kinship and Collectivity as Systems of Support in Pre-Industrial Europe," *Continuity and Change*, III (1988), 153–175, who first launched the idea that forms of assistance provided by networks of relatives prevailed in southern Europe, as opposed to an alleged "Nordic model" mainly characterized by welfare institutions; David Thomson, "The Welfare of the Elderly in the Past," in Margaret Pelling and Richard K. Smith (eds.), *Life, Death and the Elderly: Historical Perspectives* (New York, 1991), 194–221; David Kertzer and Laslett (eds.), *Aging in the Past: Demography, Society, and Old Age* (Berkeley, 1995); Peregrine Horden and Richard K. Smith (eds.), *Families, Communities, Institutions, and the Provision of Welfare since Antiquity* (New York, 1998); Ida Fazio and Daniela Lombardi (eds.), *Generazioni: Legami di parentela fra passato e presente* (Rome, 2006); Angela Groppi, *Il welfare prima del welfare: assistenza alla vecchiaia e solidarietà tra generazioni a Roma in età moderna* (Rome, 2010). Heads of complex groups, such as extended or multiple families, never appear among the postulants, only the heads of nuclear families and individuals.

Fig. 3 Age Distribution of Householders Who Obtained Assistance from the Hospital on Behalf of a Household



remaining two-thirds came from modestly sized families, as clearly shown in Table 2, which compares the distribution of poor families with the only census of the city available throughout the eighteenth century.¹⁵

Contrary to the received wisdom, information from Turin's 1705 census demonstrates that the imbalance between members and resources, rather than the size of households, determined the state of indigence. In fact, heads of household with one, two, or three sons, not those with more offspring, seemed to encounter the main difficulties. After the age of forty, the probability of seeking assistance at the Hospital gradually decreased, thanks to the growing number of children who entered the labor market. This phase, however, was brief. Shortly after the age of fifty, the exit of sons from households forced many parents who were physically unable to work to seek refuge in the Hospital. Moreover,

¹⁵ Figures calculated by Cavallo for the years 1743, 1753, 1763, 1773, and 1783 are slightly different since they indicate a share of individual applicants larger than one-third of the total. In the first two years, it seems even to surpass the share of families (*Patterns of Poor*, 80). For the census of 1705, see Sezioni Riunite, *Camerale*, art. 530, AST: The calculation of the size of households encompassed 17,445 individuals, equal to half of the population surveyed.

Table 2 Distribution of Households by Number of Members

MEMBERS	HOSPITAL		CENSUS OF TURIN (1705)	
	HOUSEHOLDS	%	HOUSEHOLDS	%
1	1,357	34.19	236	7.96
2	715	18.01	549	16.21
3	422	10.63	612	18.07
4	424	10.68	544	16.06
5	379	9.55	450	13.29
6	302	7.61	366	10.80
7	175	4.41	240	7.08
8	108	2.72	134	3.95
9	52	1.31	89	2.62
10	16	0.40	59	1.74
11	11	0.27	31	0.91
12	3	0.07	29	0.85
13	3	0.07	10	0.29
14	1	0.02	9	0.26

the dissolution of elderly couples because of death began to accelerate during this period, often leaving a surviving spouse in a precarious situation. Witness the dramatic spike in requests from individuals, which, in contrast with the general curve, grew after the age of fifty and soared again at sixty or so.¹⁶

The Hospital's policy had much to do with this picture. Aligned to the same criteria governing the distribution of resources in other European charitable institutions, the Hospital's intentions, judging from its exclusion of beggars, was as much preventive as charitable—an attempt to steer clear of beggars, in part because of their reputed connection with the underworld. In his petition, Guevarre had persistently stressed the careful scrutiny of applicants to ensure that they were “no longer forced to beg for their food.” He was well aware that by setting that goal, the Hospital would more easily ingratiate itself with benefactors. Indeed, private donations fed the most significant portion of the Hospital's income;

16 Except in rare cases, such as Cavallo and Lyndan Warner (eds.), *Widowhood in Medieval and Early Modern Europe* (New York, 1999), the study of surviving spouses in Europe usually concentrates on widowhood. See Renzo Derosas and Michel Oris (eds.), *When Dad Died: Individuals and Families Coping with Family Stress in Past Societies* (Bern, 2002); Stephanie Fink De Backer, *Widowhood in Early Modern Spain: Protectors, Proprietors, and Patrons* (Boston, 2010). The *History of the Family* journal has devoted much space to the issue since 1996.

revenue from inmates' work, added to the fixed quota of royal grants, was modest at best: "The quests, that the Lords Deputies of the congregation will do by themselves, or by others, going periodically from house to house and every day at the churches doors . . . have been growing in abundance, ever since the inhabitants could be certain that the poor no longer have the freedom to come to ask them for alms with importunity." Actually, the Hospital had not waited for Guevarre's initiative. The rules that it adopted in 1700 also entailed the expulsion of beggars from the city in the same spirit of social control. Although the elimination of beggars remained a mirage, as shown by the large number of them captured annually by the Hospital bailiffs, Hospital policy substantially reduced the chances of Turin's poor taking to the road.¹⁷

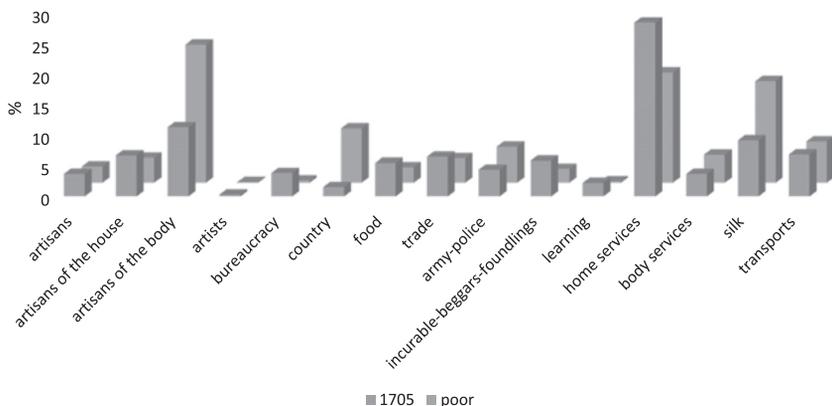
In the circle of poverty, the Hospital's inmates were the privileged few. Authoritative confirmation comes from an analysis of their professional spectrum, which hardly mirrors the typical world of the dispossessed. In order to provide an accurate picture of the professions, this article avoids the outdated distinctions of crafts and their allocation into sectors. Pre-industrial occupations used to be classified in branches, often the same ones that were introduced after the advent of statistics in the early nineteenth century. This anachronism has led historians in recent decades to aggregate the extremely fragmented occupations of old-regime society into categories more relevant to the contexts of reference.¹⁸

POVERTY AND PROFESSION In her original study of artisans' occupations in seventeenth- and eighteenth-century Italy, Cavallo collected

17 Guevarre, *La mendicizia sbandita col sovvenimento de' poveri tanto nelle città, che ne' borghi, luoghi, e terre de' stati di quà, e di là da' monti . . . Come altresì lo stabilimento degli ospizij generali, e delle Congregazioni di carità d'ordine della Maestà Sua* (Turin, 1717), 24, 98.

18 In Cavallo's depiction of the inmates' privileged status, "The person who was 'deserving of charity' was someone who had roots and was protected; he was not someone marginal to urban society and ignorant of its ways. The crucial factor dividing the favoured from the excluded was their integration in the urban protective network, rather than regular residence in the city—this is the real significance of the principle of citizenship in term of social relations" (*Patterns of Poor*, 76–77). Alain Blum and Maurizio Gribaudi, "Des catégories aux liens individuels: l'analyse statistique de l'espace social," *Annales ESC*, 45, no. 6 (1990), 1365–1402; Alain Cottureau and Gribaudi, *Précarités, cheminements et formes de cohérence sociale au XIX^e siècle* (Paris, 1999); Allegra, "Un modèle de mobilité sociale préindustrielle: Turin à l'époque napoléonienne," *Annales HSS*, 60, no. 2 (2005), 443–474.

Fig. 4 The Distribution of Crafts in the Hospital of Charity and in Turin's General Population (1705)



related specializations within a single classification. For instance, she joined all of the occupations that concerned health care and well-being under the rubric of “the body.” This group includes not only barbers and surgeons but also tailors, hairdressers, upholsterers, jewelers, and perfumers—their reciprocal links and the almost perfect overlap between their relational contexts trumping their apparent incongruity. Cavallo’s approach can provide a guideline for a sensible taxonomy of occupations, which appears to be more consistent than those based on industrial society’s branches. The risk is arbitrariness, the creation of socio-professional identities that may be plausible on paper but not necessarily verifiable on the ground. With full awareness of the experimental nature of this approach, this article divides the occupations of the poor assisted by Hospital charity—including 580 names—into fifteen classes, as shown in Figure 4.¹⁹

Some of the categories require an explanation. The first one contains all of the artisans (blacksmiths, tinsmiths, and harness makers) who did not create artifacts for individuals or households.

19 Cavallo, *Artisans of the Body in Early Modern Italy: Identities, Families and Masculinities* (New York, 2007). The following twenty-two descriptors, names, and employment statuses reported by fifty people found no place in the classification, because they are incongruous with the categories identified or not sufficiently defined: agent, contractor of spirits and tobacco, contractor of the Trucco (a popular card game), architect, balloniere (balloon inflator), knight of St. Maurice, cleric detained in prison, deserter, hermit, boy, healer of the loose, worker at “La Rochelle” (a factory), generic worker, liquidator, miner, meter, cleaner of streetlights in the city, garbage collector, member of a religious order, and Valdese (Waldensian).

The third one includes crafts that met the basic needs of the body, particularly clothing and apparel. The seventh category denotes people involved in food production, from brandy distillers to pasta makers and from bakers to butchers, but not people who presided over the preparation of food, such as cooks, who fall under “home services.” Finally, the tenth category does not cluster workers but includes people with certain vulnerabilities—incurables, beggars, and orphans—who would have been subjected to special attention from the Hospital directors.

The pre-eminence of the professions associated with the basic needs of the body, from clothing to care, becomes immediately evident. Adding the occupations involved in the production of clothing in a broad sense (such as wig makers) to the skilled trades in the treatment of the body (such as barbers) amounts to 43.9 percent of the 4,328 working conditions reported by those who were subsidized. Even though the proportion of the poor involved in the “craft of the body” reflected the size of this sector in the pre-industrial urban economy, the figure undoubtedly depends to some extent on the importance of silk manufacturing in Turin. It is certainly not surprising that so many silk spinners and weavers might fall periodically into poverty. Not only did the silk market fluctuate dramatically; it was also subject to a strong contraction in the eighteenth century because of competition from cheaper fibers.²⁰

The trades associated with the management and maintenance of houses were also precarious, barely guaranteeing a subsistence remuneration. Then follow, in order, farm labor, transportation, army service, generic handicraft, shop keeping, and in small

20 Except for French monographs of the 1970s, scholarship has yet to accord the occupational structure of European cities of the past the attention that it deserves. Because the unsurpassed model proposed by Jean-Claude Perrot, *Genèse d'une ville moderne: Caen au 18^e siècle* (Paris, 1975), has found few imitators in the international arena, we still know little about urban socioprofessional stratification in prestatistical times. See, for example, Paul M. Hohenberg and Lynn Hollen Lees, *The Making of Urban Europe, 1000–1950* (Cambridge, Mass., 1985); Marino Berengo, *L'Europa delle città: il volto della società urbana europea tra Medioevo ed età moderna* (Turin, 1999); Clark, *European Cities and Towns, 400–2000* (New York, 2009). Although they are based on criteria that differ from those adopted in the present research, most of the case studies tend to confirm that the professional spectrum of the poor in Turin matched the general one. In Paris, for example, the proportion of craftsmen employed in the clothing sector is close to that of the Turin inmates employed in the “body” sector. See Roger Chartier et al. (eds.), *La ville de la classique Renaissance aux Révolutions* (Paris, 1981), 372. For Turin's eighteenth-century silk industry, see Giuseppe Bracco (ed.), *Torino sul filo della seta* (Turin, 1992); Chicco, *La seta in Piemonte, 1650–1800: un sistema industriale d'ancien régime* (Milan, 1995).

numbers all other sectors. Farmers were daily and seasonal workers, rarely landowners; work in the fields, albeit occasional, was their only asset in a life dominated by uncertainty. Transporters—donkey drivers, coachmen, carters, and porters of every kind—were the heart and soul of the pre-industrial urban proletariat. Their livelihood, like that of the other unskilled workers who lived at the edge of the labor market, depended on how well their bodies held up. Intense competition made their occupations even more tenuous.²¹

Disbanded soldiers also tended to wander the streets of the cities. A few historians have focused on their military careers or their social origins but not much about their lives between military campaigns or after desertion—how they made ends meet for themselves or their families. Since soldiers were already poor by birth, they were not likely to change their destinies. Indeed, they swelled the ranks of those who survived by the grace of Hospital charity. The chance of falling into poverty for members of other sectors of employment, like craftsmen or generic traders, was smaller; it

21 The literature about domestic service is immense. For Italy, see Angiolina Arru, *Il servo: storia di una carriera nel Settecento* (Bologna, 1995); Raffaella Sarti, “Il servizio domestico come problema storiografico,” *Storia e Problemi Contemporanei*, XX (1997), 159–184; *idem* (with Jacqueline Andall), “Le trasformazioni del servizio domestico in Italia: un’introduzione”; *idem*, “‘Noi abbiamo visto tante città, abbiamo un’altra cultura’: Servizio domestico, migrazioni e identità di genere in Italia: uno sguardo di lungo periodo,” in Andall and *idem* (eds.), “Servizio domestico, migrazioni e identità di genere in Italia dall’Ottocento a oggi,” a special issue of *Polis: Ricerche e studi su società e politica in Italia*, XVIII (2004), 5–16, 17–46; *idem*, “Da serva a operaia? Trasformazioni di lungo periodo del servizio domestico in Europa,” *ibid.*, XIX (2005), 91–120; *idem*, “The True Servant: Self-definition of Male Domestics in an Italian City (Bologna, 17th–19th Centuries),” *History of the Family*, X, (2005), 407–433; Patrizia Delpiano and *idem* (eds.), *Servants, Domestic Workers and Children, Paedagogica Historica*, XLIII (2007), 485–491; *idem*, “The Globalisation of Domestic Service—An Historical Perspective,” in Helma Lutz (ed.), *Migration and Domestic Work: A European Perspective on a Global Theme* (Aldershot, 2008), 77–98.

In her work on assistance to the poor in Aix-en-Provence between the seventeenth and the eighteenth centuries, Fairchild explored the occupation of those who entered the Charité, one of the general hospitals of the city, from 1745 to 1747, 1755 to 1763, 1767 to 1770, and 1780 to 1789 (*Poverty and Charity*, 78). Her division of professions, which resembles the one in this article, shows agricultural work at 39.7% compared to just 9% in Turin; the textile and leather processing at 21.6%, compared to Turin’s 39.2%; transportation at 5.2%, a little less than Turin’s 6.8%; the food industry at 4.2%, compared to Turin’s 2.6%; service at 11.6%, compared to Turin’s 18.2%; soldiers and employees at 5.5%, compared to Turin’s 6.3%. The differences reflect the demographic ranks of the two cities. Only in 1793, between ups and downs, did Aix regain the 25,000 inhabitants of nearly a century before; Turin, on the eve of the French invasion, fluctuated between 70,000 and 80,000. For farmers, see Levi, *Centro e periferia*, 71–149.

was almost nonexistent for those practicing the more elite professions, who almost never appear in the petitioners books.²²

These considerations would be otiose if profession were the criterion for entry into the Hospital. In this case, the sample would not be indicative of poverty in general but only of specific categories of it, those favored by the institution. In fact, however, the professions of the poor who frequented the Hospital of Charity comprised a microcosm of those held by the entire population of the city. The distribution of the crafts represented in the Hospital is not dissimilar to that in the census of 1705, except in the case of the “crafts of the body.” The poor in the Hospital were not the precipitate of systematic filtering; they really represented the city’s poor.

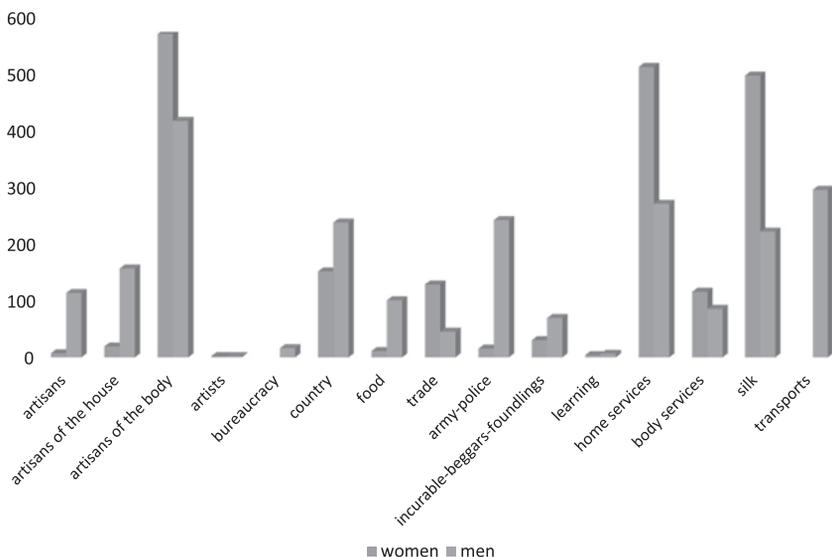
The examination of the occupational spectrum of Turin’s poor also allows us to pierce the curtain that hides an essential component of old-regime economy, women’s work. Records in the prestatistical era largely underestimated the number of women’s professions, partly because they were occasional, intermittent, and interchangeable and partly because most of the sources described women according to their marital status, not their employment. However, the wives and women who headed households had a strong incentive to declare their occupations to the Hospital authorities to confirm their good will and to distance themselves from the slothful behavior that the institution decried. Hence, the registries shed an extraordinary light on crafts of women heretofore disguised, untold, or replaced by other forms of identity (see Figure 5).²³

Women totaled 47.5 percent and men 52.5 percent of the 4,378 Hospital inmates who claimed to have an occupation—almost equal shares. The extraordinary documentation provided by the Hospital of Charity clearly emerges in a comparison of these rates with those of the census of 1705. Perfectly consistent

22 Not even Sabina Loriga, who devoted considerable space to Savoyard soldiers in *Soldati: l’istituzione militare nel Piemonte del Settecento* (Venice, 1992), pays much attention to soldiers after they left the military. When reporting an opinion of Fred Anderson, author of *A People’s Army: Massachusetts Soldiers and Society in the Seven Years’ War* (Chapel Hill, 1984), however, she confirms that “the soldiers were ‘ordinary people’ who were in a state of poverty” (117).

23 According to Groppi (ed.), *Il lavoro delle donne* (Rome, 1996), vi, “Although the social identity of males is described in relation to trade, that of females depends mainly on her marital status (married, unmarried, or widowed) and the position that she occupies within a family (daughter, wife, mother, sister).”

Fig. 5 Comparison between Men's and Women's Crafts



with all of the flawed census surveys of old-regime Europe, the census of 1705 recorded that 24.6 percent of women and 75.4 percent of men declared a profession. Unlike this source, the Hospital's records provide reliable evidence about women that was often assumed but lacked confirmation. Evidently, women, poor or otherwise, were not locked inside the four walls of their houses taking care of children and doing household chores. Women, however, did not have the same importance in the occupational world that men did. More than twice as many women as men were in domestic service. Women also were prevalent in the trades "of the body," particularly spinning, weaving, and making clothes. In the silk industry, the female staff outnumbered their male counterparts by 495 to 221, almost two and a half times, contrary to guild documentation, which recorded only widows who owned shops—the only women in the old regime permitted to manage a craft or trade. What emerges from this new material is a vital underground world of spinners and other personnel employed in winding and spooling, as well as the processing of silk waste.

Women also had a presence in the commercial sector, mostly in the kind of petty trade purveyed by street vendors selling food from the nearby countryside—milk, vegetables, poultry, flowers,

Table 3 Percentage of Shared Trades among Spouses

TRADES	% SHARED	TRADES	% SHARED
Army/police	2.29	Farm labor	46.55
Artisan	0	Food producer	0
Artisan of the body	50	Home service	35.03
Artisan of the house	1.03	Incurable-beggar-foundling	15.55
Artist	0	Silk worker	75.9
Body service	14	Trader	26.92
Bureaucrat	0	Transport worker	0
Educator	0		

and butter. They could easily slide into poverty, given their dependence on assets that derived from a seasonal cycle. Barred from transportation and crafts, as well as from office duties, which were exclusively male domains, women crowded the service sector of the body, if only by virtue of the overwhelming number of laundresses that belonged to it.

A good antidote to impoverishment was the division of labor between spouses. Couples who did the same work doubled the risk of exposure to cyclical crises and of dependence on the same social relations. Pursuing complementary or completely different trades could offer some protection against the perils of the pre-industrial labor market. Both members of 1,274 couples at the Hospital declared employment. Table 3, which calculates the percentage of shared professions among spouses, clearly indicates that the majority of professions were not held in common. The silk industry, farm labor, home services, and small business—the occupations with a significant degree of identity among spouses—were precisely those in which the risk of falling into poverty was highest. The extent to which these choices were intentional, casual, or short-term is unknown; to understand the underlying logic, we would have to change the scale of observation and reconstruct the paths of individual families. What is certain, however, is that women enjoyed a high degree of autonomy in employment. In most cases, they did not work in the shadow of their husbands, much less directly for them.

The data herein offer a small contribution to a recent topic in economic history—the birth of the single-income family, a household model in which a man is the sole breadwinner. In assessing the weight of the economic contribution of both spouses prior to

industrialization, historiography seems to be divided into two strands. The first one, which was introduced in Clark's pioneering work and has become gradually stronger since the 1970s, insists that married partners made an equal contribution to the domestic economy. The second one maintains that a woman's role as a wife, even when she worked outside the home, took precedence throughout the life cycle of her family. The statements of the poor in Turin, however, confirm that single-earner couples were in the minority: In 1,287 of the 1,913 families seeking the Hospital's care (more than 67 percent of the total), husband and wife both worked. More than half of the poor in the sample (6,258 of 12,385 individuals) were economically dependent on these households. If we remove the portion of requests made by individuals and families in which one spouse could not work because of ill health, injury, or infirmity, dual-income households comprised the vast majority in this urban population. Hence, unemployment was not the primary cause of family budget crises, although the frequent loss of employment by one spouse or another could certainly contribute to it.²⁴

The co-existence of employment and poverty irresistibly evokes an old interpretive tool of classical economic theory—the iron law of wages that Ricardo and Lassalle applied to nascent industrial capitalism, later revised and critiqued, if not entirely rejected. In the case at hand, wages were not the kind usually meant in this context; remunerations for work during this era could take various forms—money, rights, privileges, goods in kind, etc. The suspicion that the diverse kinds of fee paid by employers oscillated around the subsistence level remains strong. In his statistical picture of England in 1696, King calculated that 849,000 families of the 1.36 million—

24 Pat Hudson and W. Robert Lee (eds.), *Women's Work and the Family Economy in Historical Perspective* (Manchester, 1990); Angélique Janssens (ed.), *The Rise and Decline of the Male Breadwinner Family? Studies in Gendered Patterns of Labour Division and Household Organisation, International Review of Social History*, XLII (1997), Supplement 5; Alice Clark, *Working Life of Women in the Seventeenth Century* (New York, 1919); Ester Boserup, *Woman's Role in Economic Development* (London, 1970); Louise A. Tilly and Joan W. Scott (eds.), *Women's Work and the Family in Nineteenth-Century Europe* (New York, 1975); Hufton, "Women in History: Early Modern Europe," *Past & Present*, 101 (1983), 124–141. For the economic role of women in an urban context, see Elizabeth C. Sanderson, *Women and Work in Eighteenth-Century Edinburgh* (New York 1996); Edward Shorter, "Women's Work: What Difference Did Capitalism Make?" *Theory and Society*, III (1976), 513–529; Harriet Bradley, *Men's Work, Women's Work: A Sociological History of the Sexual Division of Labour in Employment* (New York, 1989). For the topic of unemployment, see Jean-Yves Grenier, *L'économie d'ancien régime: un monde de l'échange et de l'incertitude* (Paris, 1996).

more than 62 percent of the population—“impoverished” the kingdom because their annual expenses exceeded their incomes. Sailors, manual laborers, servants, soldiers, cottagers, et al. could not make ends meet. Nor did other households fare much better. Shopkeepers, small traders, and artisans—an additional thirteenth of the population—spent almost all of their income; their chances of falling cyclically into poverty were not just theoretical. Why was the family income that previously covered the needs of a single household no longer able to ensure survival?²⁵

POVERTY AND HEALTH One of the most important capabilities mentioned by Sen is health and, by extension, access to medical care. The majority of the old-regime population had recourse only to crude remedies that left individuals and families one illness or accident away from destitution. How many of them arrived at the Hospital for that very reason? Out of the 12,385 poor in this sample, 2,349 reported a disease to justify their admittance. Slightly more than two-thirds of them were householders, largely solitary ones; the rest of them, in equal share, were spouses and children—the exact distribution being 66.8 percent for householders, 17.0 percent for spouses, 15.3 for children, and 0.9 for all others. Together, they did not even reach 20 percent of the total. However, adding the members of their households brings the number to 6,382 persons. Hence, on average, half of the poor families housed someone who was ill, although the actual distribution among families was not so straightforward. By itself, however, illness did not necessarily imply a serious condition. Often such a complaint arose only to strengthen the plausibility of applying for a grant, in the absence of sufficiently defined and convincing evidence of misery. Table 4 shows which and how many diseases were actually crippling.²⁶

25 Regarding the rigidity that characterizes the basic wage, Grenier, *L'économie d'ancien régime*, argues that “interpreting this peculiar rigidity as the expression of a physiological minimum is not convincing, because we should instead observe a correlation with prices The absence of ‘proportionality between one quantity and the other’ confirms that the salary cannot be fixed on the basis of a subsistence minimum” (author’s translation, 242). The base salary, the most common form of remuneration for the lowest rank in the urban population, was associated with a lack of skill and equipment. Gregory King, *Natural and Political Observations and Conclusions upon the State and Condition of England, 1696* (facsimile edition), in *The Earliest Classics* (Farnborough, 1973), 48–49.

26 The extremely small share of disease for the category of “others” is not surprising. As mentioned above, this study deals almost exclusively with nuclear families; cases of complex families are rare.

Table 4 Diseases and Disabilities of the Poor

DISEASES	N	%	DISEASES	N	%
Multiple diseases	122	5.2	Diseases of the nervous system	34	1.44
Cretinism	38	1.62	Diseases of the skin/ulcers	117	4.98
Generic diseases	557	23.75	Eye diseases	127	5.41
Joint pain	133	5.67	Digestive diseases	8	0.34
Hernias	44	1.87	Metabolic diseases	192	8.18
fevers	52	2.21	Diseases of the respiratory system	264	11.25
Wounds/fistula/fractures	17	0.72	Veneral diseases	341	14.54
Disability in the limbs-paralysis	153	6.52	Deafness/muteness	16	0.68
Contagious diseases	9	0.38	Tumor/gangrene	79	3.36
Diseases of the endocrine system	16	0.68	Others	26	1.10

NOTE This table does not use the current classification of diseases; injuries; and surgical, diagnostic, and therapeutic procedures (ICD-10) provided by the World Health Organization—a standard in all medical statistics since 1990. Instead, it follows the taxonomic criteria of the time that reflect the pathologies declared upon submission of grant applications or hospitalization. The physicians at the Hospital of Charity identified 373 distinct illnesses; many of them were mere variations of the same disease, such as phthisis and hectic fever and *spina ventosa* in the knee and *spina ventosa* in the left foot. Reducing their number by grouping them together in the classification adopted in this table was relatively simple.

Many of these diseases were not sufficiently serious to justify, by themselves, charitable assistance. Moreover, several of the applications based on illness betray the attempt to move Hospital officials to pity, especially those involving skin diseases, which were rarely disabling, despite occasional disfiguring, unless they were manifestations of such serious conditions as syphilis. Certain vague generic symptoms that were difficult to diagnose but easy to claim—difficulty getting out of bed, general malaise, weakness, exhaustion, et al.—also invited suspicion.

The family of venereal diseases—syphilis ahead of them all—was particularly debilitating, even though we are unable to assess the actual phase of the disease. They affected more than one-seventh of the patients, but this figure could be adjusted upward, since many other ailments directly related to syphilis were classified as topical diseases. Most likely, a department within the Hospital, the “Opera Bogetto,” (named after its benefactor) handled the large inflow of patients with this affliction. Tuberculosis and the “fevers” that it triggered practically monopolized the category of lung diseases. Disabilities of the limbs and senses—lameness, blindness, deafness, and muteness—affected one out of every seven people who complained of illness. Bone and joint pains ranged from a mild “stiffness of the thigh” or a generic “swelling in the legs” to arthritis, gout, and sometimes total immobility. About 60 percent of the diseases in this study resulted in the inability to work. The onset or the worsening of a condition or an accident could trigger a prolonged spell of misery. The ravages of old age alone rendered one out of nine people to be totally “unfit” to earn a living. Yet, although it was often a decisive factor, disease was not the dominant cause of poverty. It affected about 3,800 individuals, slightly more than 30 percent of the total sample.²⁷

POVERTY AND LIVING CONDITIONS Another parameter of capability in Sen’s scheme involves housing conditions. To establish them in the context of a past society is an almost impossible endeavor in

27 Even in this instance, Fairchilds’ small range of diseases reported by the poor interned in 1724 at the Charité in Aix-en-Provence is different from that suggested by the data in Turin; out of 167 statements, twenty cited “imbecile,” twenty-four vision problems, forty-one limb paralysis, twelve missing limbs, and thirty-two walking difficulties and other diseases (*Poverty and Charity*, 114). The almost total absence of venereal disease (one case) and lung disease (only two patients) is surprising.

view of the inadequate documentation. Since we rarely find cadasters returning the size and type of homes and apartments, an evaluation of population density (the basic indicator of comfort level), promiscuity indices, structural integrity, or goods and furniture (beyond probate inventories) is impossible. In this case, we can map the spatial distribution of the poor only inside the city walls, though not for all of the individuals in the sample, since they inhabited the city in different periods.²⁸

The available data concerning residence is grouped in three intervals—1742 to 1745, 1785 to 1789, and 1796 to 1798. During the eighteenth century, the city was divided into 145 islands and cantons: “Areas that have their name written at the four corners, and these are for the most part square.” Discounting contingent differences between contiguous decades, the distribution of the poor of the city does not show any special thickening in certain areas. The poor appear to be evenly scattered through the urban space, without the air of decay and promiscuity redolent of the ghetto-like neighborhoods of a more modern industrial city. This finding does not mean that the population was evenly distributed according to status or employment. Several blocks, especially those built after the enlargement of the urban area, witnessed the proliferation of trades that could take advantage of water wheels; those near the walls exhibited “disgraceful overcrowding and squalor.” Nonetheless, there is no obvious correlation between a canton’s professional characteristics and its density of poor families. Evidently, the environment was not an accelerator of misery.²⁹

28 One of the few places that offers information about the size and type of houses and apartments is medieval and early modern Genoa. See Jacques Heers, “Urbanisme et structure sociale à Gênes au Moyen Âge,” in *Studi in onore di Amintore Fanfani* (Milan, 1962), I, 369–412; Giuseppe Felloni, “Popolazione e case a Genova nel 1531–1535,” *Atti della Società Ligure di Storia Patria*, XXIII (1964), 303–323.

29 Giovanni Gaspare Craveri, *Guida de’ forestieri per la real città di Torino: in cui si dà notizia delle cose più notabili di questa città, e suoi contorni; cioè di chiese, conventi, monasteri, e luoghi pii; de’ magistrati, palazzi, piazze* (Turin, 1753), 148. Unfortunately, this description of Turin, like that of all other writings during this period, is limited to so-called notable things. See, for instance, Onorato Derossi, *Nuova guida per la città di Torino* (Turin, 1781). These works provide a wealth of information about the palaces of the aristocracy but almost nothing about the structure and appearance of common houses, and even less about the interior architecture of buildings and apartments. A different picture of poverty, concentrated in specific areas, clearly emerges in Ruth Wallis Herndon and Amilcar E. Challù, “Mapping the Boston Poor: Inmates of the Boston Almshouse, 1795–1801,” *Journal of Interdisciplinary History*, XLIV (2013), 61–81. Donatella Balani traced the socioprofessional physiognomy of the different districts of the city

To explain the uniformity in the topography of poverty requires familiarity with the prevailing pattern of settlement in Turin, which was vertical and not horizontal. Shops and workshops occupied the street level; the owners of buildings and their servants usually lived on the second floor; and the third floor upward was reserved for renters in descending order of status—the topmost floor housing daily workers, employees, servants, and elderly people out of the labor market. A closer look at the individual houses that the poor inhabited during the 1780s reveals that large concentrations of them (more than ten households in the same building, on average the equivalent of two floors out of six) comprised fewer than one-tenth of the total in a canton (33 out of 420). The vast majority of the poor lived in dispersed areas; two families out of five were typically the only poor tenants in a building.

POVERTY AND IMMIGRATION Although location within the city apparently played no important role as an incubator of poverty, immigrant status had some significance. Recent trends in the social sciences tend to reject any serious division between natives and foreigners, insisting on the permeability of the inside/outside diaphragm and on the many opportunities to cancel differences through effective relational networks. Our data confirm the validity of this new paradigm, even though, at first glance, they would not seem to provide an ideal measure of this phenomenon, given the Hospital's allocation of resources to residents only. Its regulations stipulated that "no aid will be given to any family in the future, nor to any poor, except those females, and those males that are natives of the City, Villages, and Neighborhoods of Turin, or have been resident for three years before being reduced to begging." Foreigners not only had to prove residency in Turin for at least three years; they also had to produce certificates of good conduct from parish priests and testimonials from their neighbors. The existence

in "Sviluppo demografico e trasformazioni sociali nel Settecento," *Storia di Torino. V. Dalla città razionale alla crisi dello Stato d'Antico Regime* (Turin, 2002), 678. For the urbanism of the capital in the eighteenth century, see Augusto Cavallari Murat, *Forma urbana e architettura nella Torino Barocca: Dalle premesse classiche alle conclusioni neoclassiche* (Turin, 1968); Vera Comoli Mandracci, *Torino* (Rome, 1983); *idem*, "L'urbanistica della città capitale e del territorio," as well as "L'urbanistica per la città capitale e il territorio nella 'politica del Regno,'" *Storia di Torino. IV. La città fra crisi e ripresa (1630-1730)* (Turin, 2002), 431-461, 939-819; Costanza Roggero, "L'urbanistica nel secondo Settecento," *Storia di Torino. V.*, 799-819.

of the accredited immigrant poor testifies, paradoxically, to largely successful integration, despite its interruption by the same difficulties that pushed natives into poverty. We will never know how many immigrants had to return to their region of origin because of adverse fortune.³⁰

The number of beggars, not to be confused with immigrants, whom the Hospital's bailiffs banished from the city appears to have been considerable, though their number is ultimately unknowable. However, information is available about the poor people who managed to integrate themselves into the urban social structure, despite facing the kind of economic security that often induced people to beg. Of nearly 11,000 poor, 6,455 were natives of the capital, and 4,393 were almost exclusively from other centers of the Savoyard state. Unfortunately, ages and dates of arrival are on record for only 2,527 immigrants to Turin. Nearly three-quarters of this group (1,836 individuals) came to Turin as infants; they could claim a residence of several decades. For the others, who migrated to Turin between the ages of eighteen and twenty-two, the most critical phases of their lives were between the ages of twenty and forty, when misfortune of one kind or another

30 The new migration studies owe much to the seminal work of Leslie Page Moch, *Moving Europeans: Migration in Western Europe since 1650* (Bloomington, 1992): "Migration linked villagers and townspeople who were part of the same 'regional network of economic opportunities and constraints, a system of shared knowledge, and ramifying kinship networks.' As a result, migration was far more than a purely economic phenomenon that merely reflected changes in the labor force. It was a manifestation of family systems, social connections, and regional solidarities" (16). The bibliography is nearly boundless. For important critical and methodological reflections, see Michael Eve, "Una sociologia degli altri e un'altra sociologia: la tradizione di studio sull'immigrazione," *Quaderni Storici*, CVI (2001), 233–259; *idem*, "Integrating via Networks: Foreigners and Others," *Ethnic and Racial Studies*, XXXIII (2010), 1231–1248. See also works devoted specifically to migration flows toward Turin during the eighteenth and nineteenth centuries: Maria Carla Lamberti, "L'immigrazione a Torino nel censimento del 1802," in Rinaldo Comba and Stefano A. Benedetto (eds.), *Torino, le sue montagne, le sue campagne: reports, metamorphosis, productive traditions, identity (1350–1840)* (Turin, 2002), 265–288; *idem*, "Immigrazione e mercato del lavoro in una città di antico regime: Torino all'inizio dell'Ottocento," *Bollettino storico bibliografico Subalpino* (2002), 583–631; *idem*, "Immigrate e immigrati in una città preindustriale: Torino all'inizio dell'Ottocento," in Angiolina Arru and Franco Ramella (eds.), *L'Italia delle migrazioni interne* (Rome, 2003), 161–205; Beatrice Zucca Micheletto, "I consumi degli immigrati: reti sociali, proprietà delle donne e dinamiche di inurbamento a Torino nella seconda metà del Settecento," *Cheiron*, LII (2009), 69–93; *idem*, "La migration comme processus: dynamiques patrimoniales et parcours d'installation des immigrés dans l'Italie moderne (Turin au XVIII^e siècle)," *Annales de Démographie Historique*, II (2012), 43–64. *Luoghi pii di qua da monti*, mz. 18, n. 11, *Regolamenti per l'Ospedale Generale*, art. XXI, ff. n.n., AST.

(see below) prompted them to seek help. The descent into poverty by people who migrated after the age of forty (on average, twice as old as the group of young immigrants) could well have been the result of the well-known difficulty that middle-aged immigrants often face when adapting to a new environment.³¹

THE CONSUMER-TO-WORKER RATIO The reasons for poverty, despite their extraordinary complexity, can be located on the scale of capabilities. Factors such as the lack of employment, the decline of work orders, low wages, accidents, housing conditions, sickness, and immigrant status can help to push people into destitution in each their own way. In the case of Turin, all of them contributed to crises but none of them decisively. One feature not yet taken into proper account is the magnitude of aggregate households in relation to the age of their members. As noted above, the size of families rescued by public charity tended to be small; families with more than five members comprised just 16.8 percent of the total. Because having a large number of children was not an incontrovertible reason for turning people out of house and home, any mechanical application of Malthusian theory in this case would be completely out of place. Rather, the model of Chayanov, rediscovered by Berkner and Levi—based on the ratio between the number of consumers and that of workers within a family (on a graduated scale according to food consumption)—provides the best interpretation. This ratio is particularly useful in the analysis of pre-industrial poverty, which was primarily a temporary condition that affected households in certain phases, closely linked to the life cycle. In many cases, a ratio much greater than 1 correlates with a household crisis. Running this calculation on the 1,063 poor households with more than one member for which we have everyone's age and profession yields 238 households with a ratio equal to 1—the ideal quotient indicating a perfect balance between those who ate and those who earned. Only 20 percent of the households were in this situation.³²

31 Data about age and date of transfer in the capital come from the self-declarations made to hospital officials. Although endorsed by the parish priests and supervised by later investigations promoted by the institution, they should be considered approximate, as should any other certification relying on the trustworthiness of individuals in prestatistical times.

32 Lutz K. Berkner, "The Stem Family and the Developmental Cycle of the Peasant Household: An Eighteenth-Century Austrian Example," *American Historical Review*, LXXVII

For all of the other households, the surplus of consumers was particularly heavy. When the ratio exceeded the threshold of 1.5, normal life became almost impossible to afford. The substantial number of households (614) that were well beyond the threshold would have had great difficulty resorting to the countercyclical strategies usually adopted in rural communities, such as hiring temporary servants or inserting/re-inserting relatives under their roof. Of all the reasons for impoverishment, this one was undoubtedly the most common and the most serious. When other factors combined with an imbalance of the critical threshold of consumer/worker ratio, a family's standard of living was almost certain to crumble, as is evident in the concentration of poor people aged thirty to forty years (reported in Figure 3)—the age at which couples had to feed offspring who were still far from being able to contribute to the household income. This peak imbalance between consumers and workers in a household seriously threatened to exacerbate the other factors associated with economic insecurity and trigger a complete collapse warranting relief from the Hospital.

The notion that becoming poor was primarily the result of an economic crisis in the labor market or a rise in the price of food is an inadequate explanation given the evidence presented herein. Although any crisis has the potential to reduce the standard of living in a general population, only certain families become impoverished; others manage to withstand difficult times more or less unscathed. Moreover, individuals and families become poor not only during widespread economic hardships but also under normal conditions. A general crisis may be an aggravating factor, increasing the

(1972), 398–418; Levi, “Famiglie contadine nella Liguria del Settecento,” *Miscellanea Storica Ligure*, V (1973), 207–290, whence derives the criteria for the calculation of the consumer/worker ratio. A similar model was previously devised by B. Seebohm Rowntree, in *Poverty: A Study of Town Life* (London, 1908). Rowntree intensively researched the budgets of the working class of York, analyzing changes in the conditions of families at various stages of the life cycle (see, in particular, 136). However, although he did not develop a tool of measurement applicable to other historical contexts, he established a direct causal link between the number of children and poverty (135). Alexander V. Chayanov, *The Theory of Peasant Economy* (Homewood, Ill., 1966), 53–59. For interesting attempts to correlate poverty and the developmental cycle of the family, see Paola Subacchi, “Conjunctural Poor and Structural Poor: Some Preliminary Considerations on Poverty, the Life-Cycle and Economic Crisis in Early-Nineteenth-Century Italy,” *Continuity and Change*, VIII (1993), 65–86; Jona Schellekens, “Poverty and Family Size in Two Eighteenth-Century Dutch Villages,” *ibid.*, X (1995), 199–214.

likelihood of falling into the hole of poverty, but it is neither a necessary nor a sufficient cause. The case of Turin suggests that a combination of multiple contingencies is the key to how people become poor.

Many of the people identified as poor in the documentation of the Hospital of Charity were people younger than twenty years old, most often young children not yet in the labor market. As they became adults, their probability of falling into poverty decreased significantly. The number of elderly people in dire straits was relatively low, possibly because of a network of solid relationships that provided them with a protective shield. Gender seemed to matter little: Males and females in the age pyramid of the assisted population were largely on an equal footing. But position within a household, however, was crucial. Breadwinners with young children, especially widowed householders, ran a large risk of becoming poor.

The occupations that placed people most at risk were textile worker and caregiver. The organization of work in the dominant silk industry followed the typical proto-industrial system, marked by low wages. Even worse, silk witnessed a progressive decline in demand throughout the eighteenth century. Servants, especially women, lived precariously at all times, vulnerable to sudden layoffs and prolonged periods of inactivity. However, it was not occupation per se that made a family poor so much as the presence of a single breadwinner in a family. One-income households were by far the most poverty-stricken; the salaries of the old regime clearly did not ensure the maintenance of a medium-sized household.

Nor was health a major cause of poverty, given that no more than 30 percent of poor households claimed to be suffering from some disease or infirmity. Disease was decisive only when it inhibited working capacity. Turin had no slums; the poor did not live in the kind of depressed areas that favored a high rate of illness and widespread crime. Recent immigration to the city, with all its difficulties, had a far greater association with poverty. The most significant factor, however, involved the demography of households—not so much their size, which was relatively low, but their imbalance between workers and mouths to feed. Among the many factors that could make people become poor, this one was the most important.