

INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps.

ProQuest Information and Learning
300 North Zeeb Road, Ann Arbor, MI 48106-1346 USA
800-521-0600

UMI[®]

PRESERVING THE POOR: PRE-MODERN POLISH HOSPITALS,
TWELFTH TO EIGHTEENTH CENTURY

by

WLADYSLAW ROCZNIAK

A dissertation submitted to the Graduate Faculty in History in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York

2004

UMI Number: 3115286

Copyright 2004 by
Roczniak, Wladyslaw

All rights reserved.

UMI[®]

UMI Microform 3115286

Copyright 2004 by ProQuest Information and Learning Company.
All rights reserved. This microform edition is protected against
unauthorized copying under Title 17, United States Code.

ProQuest Information and Learning Company
300 North Zeeb Road
P.O. Box 1346
Ann Arbor, MI 48106-1346

©2004

WLADYSLAW ROCZNIK

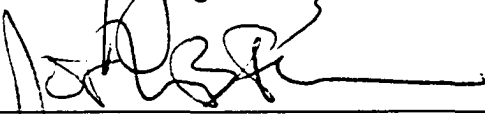
All Rights Reserved

This manuscript has been read and accepted for the Graduate Faculty in History in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

January 14, 2004
Date

Jan. 14, 2004
Date


Chair of Examining Committee


Executive Officer

Professor Thomas Head

Professor Kathleen McCarthy

Professor Helen Rosenblatt

Professor Nancy Siraisi

The City University of New York

ABSTRACT**PRESERVING THE POOR: PRE-MODERN POLISH HOSPITALS,
TWELFTH TO EIGHTEENTH CENTURY**

by

Wladyslaw Roczniak

Adviser: Professor Margaret King

The hospital was the most common and successful pre-modern European charitable institution. Hospitals existed in all European states subscribing to Christian dogmas of charitable giving and represented their most ritualized expression. As such, hospital functions reflected, and were affected by, the social relations between donors and receivers of alms. Hospitals thus served as the mirrors of charity.

Unfortunately, English-language studies of European hospitals have so far concentrated only on the best known Western European institutions, almost entirely ignoring their Eastern European counterparts. At the same time, western historians have developed two seemingly irreconcilable explanations for the hospital phenomenon, imagining that charitable action derives either from socio-economic, or religious causes.

By introducing the phenomenon of Polish hospitals into the existing discussion, and exploring both the socio-economic and religious causes of hospital formation, this dissertation will in a small way help correct that historiographical imbalance. By analyzing the origins of hospitals in Poland, their development in cities and the countryside, the methods of their funding, their administrative practices, and, finally, the experiences of the sheltered poor, the present work suggests that Polish hospitals did not

always follow western trends and that both economic and religious-inspired motivations combined to define the Polish society's interaction with its institutionalized poor.

While certain Pan-European events such as the Black Death only minimally affected Polish charitable practices, the Counter-Reformation, in contrast, had a tremendous impact on all aspects of Polish hospital care provisions. Previously, Polish hospital administration depended on interactions between Polish elites – principally the nobility, the church, and the municipal organizations. Conflicts between them translated into changes within the hospital environment. After the Council of Trent, however, the Catholic Church enlisted Polish hospitals to serve as weapons in the religious struggle. Ecclesiastical domination of hospital institutions lasted until governmental reforms of the eighteenth century.

This dissertation positions the history of pre-modern Polish hospitals within the larger patterns of European hospitalization. It adds new data from a neglected region to the current discussion of hospitalization by western European historians, and it shows how social interactions and religious assumptions both helped shape hospital development.

TABLE OF CONTENTS

ABSTRACT.....	iv
TABLE OF CONTENTS	vi
LIST OF TABLES	viii
ABBREVIATIONS.....	ix
INTRODUCTION.....	1
Goals of the Study.....	1
Western European Hospital Historiography	13
Polish Historiography	20
Sources.....	31
Conclusion	33
CHAPTER ONE: The Development of Polish Hospitals	38
Introduction.....	38
The Earliest Polish Hospitals.....	46
The Order of the Holy Spirit.....	56
Other Hospital Orders in Poland.....	71
Proliferation of Hospitals in the Cities.....	75
Hospital Specialization	92
Hospital Medical Care?.....	100
Conclusion	115
CHAPTER TWO: The Livelihood of Polish Hospitals	118
Introduction.....	118
Female Philanthropy	121
Hospital Foundations	128
Types of Income	133
Hospitals as Lending Institutions.....	161
Conclusion	165
CHAPTER THREE: The Administration of Polish Hospitals.....	167
The Church's Surrender of Administrative Control	167
The Provisors	172
The Hospital Priests.....	190
Hospital Self-Government?	198
Royal Administration.....	200
Women and Hospital Administration	204
The Reemergence of Ecclesiastical Domination	205
Hospital Reform and the Fall of the Commonwealth.....	232
Conclusion	251

CHAPTER FOUR: The Experience of Polish Hospitals.....	254
Location	254
Physical Description	256
The Inmates.....	270
Heating, Food, etc.	301
Hygiene	311
Hospital Life	312
Leaving the Hospital	324
Jabłonowska's Hospitals.....	326
Conclusion	330
 CONCLUSION	 332
 APPENDIX I	 339
APPENDIX II.....	341
APPENDIX III	344
APPENDIX IV	350
APPENDIX V	353
APPENDIX VI	360
 SELECT BIBLIOGRAPHY	 364

LIST OF TABLES

Table 1: Select Events in Polish and Western European Hospitalization.....	9
Table 2: Hospitals of Kraków	78
Table 3: Hospitals of Warsaw	82
Table 4: Hospitals of Poznań	89
Table 5: Types of income derived from their villages by the Holy Spirit of Kraków....	143
Table 6: Prices of Select Commodities in the Seventeenth and Eighteenth Century	147
Table 7: Hospital Issues Raised by Polish Synods (Sixteenth – Eighteenth Century) ...	215

ABBREVIATIONS

AADK	Archiwum Akt Dawnych w Krakowie [The Kraków Archive of Historic Acts]
AAP	Archiwum Archidiecezjalne w Poznaniu [The Archive of the Poznań Archdiocese]
ABJ	Archiwa Biblioteki Jagiellońskiej [The Archive of the Jagiellonian Library]
ACAV	Acta Civitatis Antiqua Varsaviae
AGAD	Archiwum Główne Akt Dawnych [The Main Archive of Historical Acts]
AKBL	Archiwum Kurii Biskupiej w Lublinie [The Archive of the Episcopal Curia in Lublin]
AKMK	Archiwum Kurii Metropolitalnej w Krakowie [The Archive of the Kraków's Metropolitan Curia]
AKW	Archiwa Kapituły warszawskiej [The Archives of the Warsaw Cathedral Chapter]
APMK	Archiwum Państwowe Miasta Krakowa i Województwa Krakowskiego [The National Archive of the City and Province of Kraków]
APMW	Archiwum Państwowe Miasta Stołecznego Warszawy i Województwa Warszawskiego [The National Archive of the City and Province of Warsaw]
ASMW	Archiwum Sióstr Miłosierdzia w Warszawie [The Archive of the Sisters of Charity in Warsaw]
MK	Metryka Koronna [Crown Register Office]
WAPL	Wojewódzkie Archiwum Państwowe w Lublinie [The National Archive of the Lublin Province]

INTRODUCTION

Goals of the Study

From the Middle Ages to the eighteenth century, the hospital was the primary institution by which European societies sustained the poor, the ill, the homeless, the orphaned, and the abandoned. Being the most active, visible, geographically dispersed, and numerous of pre-modern charitable institutions, hospitals always reflected the dominant philanthropic practices of the day. In recent years, scholars have conducted intensive historical studies of hospitals in various regions of Western Europe.

This dissertation turns to Eastern Europe and to Poland. It will discuss the rise, development, founding, administration, and the experience of Polish hospitals from their historical inception in the twelfth century to Poland's loss of independence in 1795. In the intervening period of almost seven hundred years Polish hospitals rose from monastery roots to become a constant feature in the nation's institutional environment, susceptible to social, political, and religious pressures. Since many forces and events that affected Polish hospitals, such as the Cult of Poverty and the Reformation, also operated on a Pan-European level, the story of Polish hospitals adds to our understanding of the wider picture of European history of hospitalization and charitable work. And yet, although there are similarities with the Western pattern, Polish hospitalization follows its own historical trajectory. Different triggers encourage development, and different crises cause a change of direction. These many diverging trajectories of Polish hospital development thus speak to the dangers of lumping the story of hospitalization into categories derived from western practices alone.

This study has a two-fold significance. First, this project deals with a part of Europe that until recently has been forcefully separated from Western-type civil societies, and hence from Western attention.¹ Its main purpose, then, is to portray how Polish hospitalization followed a different historical trajectory from its Western European counterpart. Beyond that, this dissertation aims to re-introduce American readers and researchers to questions surrounding the development of institutionalized social care in Eastern Europe, and to make accessible over a century and a half of Polish historiography on the subject. Western awareness of Polish charitable concepts can aid developing mutual understanding at a time when cultural experiences are bringing the two regions together.

Second, Western sources have for the most part ignored Eastern European charity in general, and Polish hospitals in particular. Polish Communist sources, on the other hand, have never attempted a systematic historical synthesis of hospitalization, concentrating for political reasons on various types of village self-help institutions. This dissertation is designed to shed new light on the history of pre-modern Polish hospitals, and to see how Polish hospitalization informs established Western historiographical

¹ Adele Lindenmeyr is one of the few American historians fully committed to the research of pre-modern Eastern European institutional charities. Her seminal works on Russian philanthropy at the time of Catherine the Great add a great deal of new information to our understanding of Imperial Russia and its government's relation with the poor at the time when Western Enlightenment began to make great strides among the noble families. Adele Lindenmeyr, "A Russian Experiment in Voluntarism: The Municipal Guardianship of the Poor, 1894-1914," *Jahrbücher für Geschichte Osteuropas* 30:3 (1982); "Charity and the Problem of Unemployment: Industrial Homes in Late Imperial Russia," *The Russian Review* 45 (1986); "The Ethos of Charity in Imperial Russia," *Journal of Social History* 23-4 (1990); *Voluntary Associations and the Russian Autocracy: The Case of Public Charity*, The Carl Beck Papers in Russian and East European Studies (Pennsylvania: University of Pittsburgh Center for Russian and East European Studies, 1990); *Poverty is not a Vice: Charity, Society, and the State in Imperial Russia* (Princeton: Princeton University Press, 1996). But the age of Catherine is but one period, a time when already mature indigenous concepts met and mingled with Western standards. Lindenmeyr presents us with a perfect picture of mending, of bringing together of Eastern and Western charitable strands until they make one Enlightened whole. That is the end of the story, while the present dissertation will show its beginnings in relation to the most important institutional charity of the time, namely the hospital.

trends. It shows how different paradigms of hospitalization in Western Europe and Poland reflect the different historiographical traditions in those two regions.

The general perception of Eastern Europe as a land of few cities and weak institutional development has precluded any major English language study of pre-modern charitable organizations. The present discussion will provide a clearer picture, revealing a rich institutional life centered on alms-provision and poor relief in the hospital. The attitudes of religious authorities, Renaissance humanist theoreticians, and lay municipal officials will be included to delineate changing perceptions of the poor and needy depending on social and political circumstances of the times. Access to this information, based on previously untapped or unavailable sources, may help to alter the general perception of Eastern Europe as a place of slumped growth, economic and social retardation and general institutional backwardness.

Polish hospitals, to an extent, fit into the general European pattern of hospitalization. Like hospitals elsewhere, they originated when local need outgrew the capacity of the monastery *infirmaria* to dispense shelter and care. Their development comes at the beginning of the twelfth century, hence more or less within the same time frame as the origin of hospitals in other parts of Europe. Considered an integral part of Christian spiritual and institutional existence, Polish hospitals enjoyed a favored status among elite donors, and soon became a common presence in the developing urban centers and in the countryside. Like their Western counterparts, Polish hospitals were just as susceptible to changing local conditions and general ideological patterns. Again, like elsewhere, Polish hospitals treated their inmates virtually as objects.

There are, however, differences as well, as the particulars of Polish social and political history soon make themselves apparent. For hospitals in other regions, especially England and Italy, fourteenth-century disturbances caused by the Black Death had a tremendous impact on functions and governance. With the malady cutting a deadly swath through Western Europe, prices fell, wages increased, and the relationship between the givers and receivers of charity altered substantially. The belief that beggars simply withdrew their labor from the market, seen in both moral and spiritual terms, created a perception of them as parasites and enemies of normalcy. Charity thus became more discriminating and specialized at a time when the need for it lessened slightly due to the high plague mortality.² Because of shortages in the labor market, between 1349 and 1387 the kings of England, France, and Castile initiated legislation aimed at forcing recalcitrant able-bodied beggars back to work.³ Besides affecting poverty, the Black Death caused a fall in land value that resulted in the disappearance of many rural hospitals whose sustenance depended on agricultural production.⁴

The Black Death also led to increased medicalization of certain hospitals, especially in Italy. In Florence this phenomenon caused a functional change in the already existing institutions, those of Santa Maria Nuova and the Ospedale di S. Paolo, from general shelters to hospitals for the sick, while two new ones, the S. Matteo and

² Miri Rubin, "Development and change in English hospitals, 1100-1500," in The Hospital in History, ed. Lindsay Granshaw and Roy Porter (London and New York: Routledge, 1989), 52-53.

³ Maureen Flynn, Sacred Charity: Confraternities and Social Welfare in Spain, 1400-1700 (Ithaca, NY: Cornell University Press, 1989), 87; Also see Ad Tervoort, "On Whose Authority? Power relations in social and medical care." Paper presented at the International Medieval Congress in Leeds, 17 July, 2003. The town council of Leiden issued a similar ordinance in the fourteenth century as well.

⁴ Rubin, "Imagining Medieval Hospitals. Considerations on the cultural meaning of institutionalized change," in Medicine and Charity before the Welfare State, ed. Barry and Jones, (London and New York: Routledge, 1991), 20.

Messer Bonifazio (S. Giovanni), were built expressly with curing the sick in mind.

Physicians, surgeons, and apothecaries were permanently attached to their staff.⁵

Poland escaped the full brunt of the Black Death and its consequences and Polish hospitals did not participate first hand in the reorientation of hospital practices experienced elsewhere. Polish primary sources, while noting some damage due to the plague, were completely silent on any lasting impact the sickness had on the hospital institutions. The fourteenth century in Poland witnessed neither increased hospital medicalization nor a lessening in the scope of poverty. The hospital-building programs seem not to have been much affected.

In fact the great Mongol raid of 1241 and its thirteenth- and fourteenth-centuries successors seem to have had a greater impact on Polish hospitals than the workings of the plague. These attacks denuded the Polish countryside, increased the value of cities as centers of defense and institutional life, and necessitated the importation of masses of mostly German colonists to make up for the demographic losses suffered. Removed from their early locations outside of walls by the barbarian depredations, many hospitals were forced into city centers, where they participated in, and were the beneficiaries of, the urban flowering. A jump in urban population increased the need for relief mechanisms.

The vast German immigrant influx, which made up the bulk of town-dwelling Polish middle classes well into the sixteenth century and beyond, imprinted itself on hospital creation and administration by the wholesale implementation of German-styled

⁵ John Henderson, "The hospitals of late-medieval and Renaissance Florence: a preliminary survey," in *The Hospital in History*, ed. Lindsay Granshaw and Roy Porter (London and New York: Routledge, 1989), 69-71; Katharine Park, "Healing the Poor. Hospitals and medical assistance in Renaissance Florence," in *Medicine and Charity before the Welfare State*, ed. Barry and Jones, (London and New York: Routledge, 1991), 31-32. The foundation date of S. Matteo is given as 1385 by Henderson and as 1389 by Park. Likewise S. Giovanni, also known as Messer Bonifazio after its founder, is thought to originate in 1377 according to Henderson, and in 1386 according to Park.

legal and managerial practices that greatly aided secularizing influences. These events, of course, had no impact on Western European hospitals and must be looked upon as distinctively Polish phenomena.

The rise in the political power of cities changed the face of Polish hospitalization. Municipal assumption of responsibility over civic institutions coincided with an ecclesiastical realignment of its hospital administration most clearly expressed by pope Clement's *Quia contigit* made at the Council of Vienne in 1311. Whereas in some countries, such as England, the pronouncements made at Vienne actually strengthened the Catholic Church's influence, in Poland they opened the way for an eventual secular take-over.

These events must be seen in terms of a trend that so far has gone mostly unrecognized in general literature on pre-modern European hospitalization. The success of Polish town councils in extending their authority to hospitals was mirrored by similar municipal successes in Northern Germany and in the Netherlands. In fact, one might argue, Polish magistracies were influenced in their actions by an influx of German colonists introducing institutional concepts already present in German cities. Although this influence is well established in Polish historiography, the social and political success of fourteenth-century city governments becoming hospital overseers in Central and Eastern Europe remains yet to be fully explored in English-language scholarship.

On another front, recent explorations of women's history have uncovered new and exciting historiographical approaches. Whereas Western scholarship generally lacks historical studies of medieval and early modern Polish women, and thus is unable to

compare them to Western models. Polish historical writing since the 1970s has addressed the women's question.⁶ At a time when only few Western European females were allowed to become full members of lay religious groups, a majority of those who joined Kraków's confraternities were in fact women. Charitable founding of hospitals has always been a favored form of alms giving for female magnates of the most powerful Polish families, such as Anna Jabłonowska and Alojza Ostrogska. Since it could be said that Polish women, from the poor or middle-class members of confraternities to the rich and powerful matrons of Poland's leading clans, seem to have been more personally involved in grand philanthropic projects than the wives of English burghers or French lords, their role in hospital creation and endowment merits closer attention.

Adding to the picture of divergence must be seen the notion of reinfeudation that began to be felt at the end of the fifteenth century. The process of re-feudalization of the peasant community, not much seen in the lands west of the Elbe, had tremendous consequences not only for the majority of the Polish society that tilled the soil, but also for all Polish charitable institutions, hospitals included. While the movement of western peasants from the countryside to the city, and the city's growing economic importance in the early modern period increased labor-control legislation, Polish vagabondage was considerably limited and the economic center of gravity shifted away from the Polish cities by legally institutionalized serfdom. Especially after the 1518 judgement of the Royal Assessor Court removed peasants from the protection of royal law, Polish serfs became more firmly bound to the land of their noble lords, who were already well on

⁶ Hanna Zaremska, *Bractwa w Średniowiecznym Krakowie* [Brotherhoods in Medieval Kraków] (Warsaw: Polska Akademia Nauk, 1977). Hanna Zaremska's work on Kraków's lay brotherhoods has been particularly influential in highlighting the apparent equality of Polish women in relation to brotherhood membership. See Appendix III for examples of female officers in the St. Roch Brotherhood.

their way to monopolize economic power by passing bills through the Polish Sejm, or Diet, to precluded cities from competing with them in that arena. In such an environment the focus of charitable activities once again passed to the countryside and into the hands of the great magnates.

Administrative behavior of Polish hospitals during the Reformation and Counter-Reformation challenges other Pan-European patterns. At the beginning of the sixteenth century, a wave of poor relief reform swept Western and Northern Europe. The poor finally lost access to spiritual meaning and existence exercised through their status as objects of charity within the doctrine of good works. They also became victims to the increasing acceptance of manual labor as a socially productive function that eventually led to a clear cut segregation of those who could not, and those who would not, work. New initiatives were designed to eliminate the latter while bringing succor to the former in a more systematic way. Town councils proceeded to centralize and secularize welfare provision, beginning in Nuremberg (1522), Strasbourg (1523), Mons and Ypres (1525), and Gdańsk (1525), while rulers such as kings Henry VIII and Francis I, and Holy Roman Emperor Charles V issued labor legislation designed to catalog and better control the poor within their provinces.⁷

Besides the Reform-dominated Gdańsk, other Polish cities soon found themselves unable to participate in this trend. The post-Council of Trent triumph of Counter-Reformation in Poland assured a reorientation of hospital functions to coincide with the Catholic campaign against the spread of Protestantism that involved the subjugation of all aspects of charitable administration to dogmatic religious interpretation. The differences

⁷ Flynn, 84-86.

between the post-Trent hospital environment in Poland and the states not taken over by the Counter-Reformation, or states where the role of the Catholic Church was mitigated by royal dictates and ambitions such as France and the Holy Roman Empire, are thus striking, and based on alternate religious ideologies. Perhaps the greatest proof of this could be the fact that the one major Polish city where the Reformation was eminently successful, namely Gdańsk, followed in 1525 a path similar to those of the major urban and industrial centers of Western and Northern Europe as far as initiating poor-control legislation. The dominant role of Catholic dogma in other Polish centers did not allow for such a development elsewhere.

Eventually, just before Poland's loss of independence in 1795, Enlightenment-era currents of secularization and medicalization brought a final, and this time unbreakable, convergence of Eastern and Western European ideology and practice that readied Polish hospitals for the modern role they played from the nineteenth century onward.

Table 1: Select Events in Polish and Western European Hospitalization

Bishop Lanfranc founds first hospitals in England.	1066-89		
		1108	Possibly the earliest Polish hospital foundation at Sobótka.
		1154-67	First documented lay hospital of Duke Henryk Sandomierski.
Innocent III confirms the Holy Spirit Order.	1198		
		1241	The Great Mongol Raid. Polish hospitals move inside city walls.
		1244	Bishop Prandota moves the Holy Spirit Hospital from Pradnik to Kraków.
		1292	One of the first Polish <i>leprosaria</i> created in Elbląg.
Pope Clement's <i>Quia contigit</i> strengthens ecclesiastical control over hospitals.	1311	1311	Polish interpretation of <i>Quia contigit</i> gives greater administrative control over hospital to lay authorities.
		1320	First appearance of hospital Provisors in Polish sources.
The Black Death. Disappearance of English hospitals in the countryside. Medicalization of Italian hospitals.	1346		
		1496	Labor legislation of king Jan Olbracht.

Table 1: Select Events (continued)

Savoy becomes the leading hospital of England.	1517		
Beginning of the Reformation.	1517	1518	Kraków's Assessor Court removes Polish peasantry from the protection of Royal Law. Re-feudalization.
Welfare Reform in Western Europe. Nuremberg, Strasbourg, Mons and Ypres centralize and secularize their charitable institutions.	1522-25	1525	Gdańsk centralizes its charitable institutions.
Labor legislation in England, France, and the Holy Roman Empire tightens controls over vagrancy.	1525-31	1528	Kraków's city council takes over the administration of the Holy Spirit Hospital.
Council of Trent revitalizes Catholic initiatives in hospital administration.	1545-63	1648-1721	Constant wars disrupt Polish society. Polish nobility monopolizes political and economic rights. Decay of cities and hospitals. Center of philanthropic activity shifts to private and church-run institutions in the countryside.
		1672	Hospital Constitutions herald the triumph of the church in hospital administration.
Enlightenment Era. Medicalization of health-care services.	c. 1750	1768	Royal Sejm removes hospitals from ecclesiastical domination.
		1775	Royal Sejm creates the Hospital Commission.
		1780	Creation of the St. Barbara's Academic Hospital in Kraków, the first learning medical facility in Poland.
		1793	Last attempt at hospital reform by the Grodno Sejm.
		1795	Russia, Austria, and Prussia end Polish independence.

A full discussion of both municipal and agrarian hospitals is necessary to paint a concrete picture of pre-modern Polish institutional development. Only a full synthesis can provide a viable analytical comparison between Eastern and Western European cultures of sharing and giving. Also, only in this way will the reader be made aware of how (if at all) the history of pre-modern Polish hospitalization fits Western historiographical models.

This dissertation addresses a number of points raised by Western hospital literature. It considers the institutional aspects of hospital creation, such as the

organization, administration, and ways and means of hospital founding. It discusses the hospital's economic importance to the surrounding countryside; the hospitals' legal status relative to both state and church; how the patients were viewed over time, what they ate, how they spent their days; how village and city institutions differed; what was the relation between hospitals and the medical profession before the so-called nineteenth-century "medicalization" of hospital care; and finally whether hospitals were more affected by socio-economic or ideological religious pressures. Taken together, the answers to these questions will offer a vision of a vast social and cultural edifice, shaped by both Pan-European Christianity and the Polish political and social setting.

This dissertation will not, however, give the specific number of hospitals existing on Polish lands at any given time. The lands of the Polish Kingdom are just too vast, its borders expanding and contracting with each military success or defeat, its hospitals often transitory, appearing during times of need, then vanishing. Though many researchers attempted to face the challenge by concentrating on specific regions only⁸, even such approaches failed to produce the exact number of hospitals, whose ephemeral nature makes such calculations nigh impossible. Nevertheless their research added greatly to

⁸ Such historians include Leon Wachholz for the city of Kraków, Zbigniew Góralski for the Lublin region and Marian Surdacki for the province of Greater Poland. Leon Wachholz, Szpitala Krakowskie 1220-1920 [The Hospitals of Kraków 1220-1920. Vol 1] (Kraków: W.L. Anczyc i Spółka, 1921-24); Zbigniew Góralski, "Opieka społeczna i szpitalnictwo w dawnej Polsce (na przykładzie Lubelszczyzny)," [Social care and hospitals in Old Poland (the example of the Lublin area)] Zeszyty Historyczne 3 (1963); Szpitala na Lubelszczyźnie w okresie przedrozbiorowym [Lublin area Hospitals before the Partitions] (Warszawa, Łódź: Państwowe Wydawnictwo Naukowe, 1982); Marian Surdacki, "Akta wizytacji kanonicznych jako źródło do badań nad szpitalnictwem diecezji poznańskiej w okresie przedrozbiorowym," [The canonical visitational acts as a source for research into the pre-partition hospitals in the Poznań diocese] Roczniki Nauk Społecznych 19-20 (1991-1992); Opieka Społeczna w Wielkopolsce Zachodniej w XVII i XVIII wieku [Social welfare in western Greater Poland in the Seventeenth and Eighteenth century] (Lublin: Towarzystwo Naukowe Katolickiego Uniwersytetu Lubelskiego, 1992); "Szpitale w diecezji poznańskiej w świetle akt wizytacji kościelnych z XVII i XVIII wieku," [The hospitals of the Poznań diocese in the light of Seventeenth and Eighteenth century ecclesiastical visitations] Roczniki Nauk Społecznych 19-20 (1991-1992); "Źródła Normatywne Kościelne jako Podstawa do Badań nad Szpitalnictwem w Polsce Przedrozbiorowej," [The church's normative sources as a base for research into pre-partition Polish hospitalization] Roczniki Nauk Społecznych 18 (1990).

our understanding of the spread of hospitals through the Polish provinces, generating a better picture of the institutions' importance to the nation's social development.

A word should be said about the terms used in this writing. The term "hospital," most commonly utilized in available sources and evidently understandable, will be used throughout this work. The term "patient," however, is more problematic, as its definition currently entails only those members of a society stricken with an affliction who seek help from a doctor or an institution, i.e. a modern hospital, with a clear expectation of the improvement of their condition. Such an understanding could only apply to a minuscule portion of those who were once served by hospitals, as most such institutions in the period under discussion housed not only the sick but also the homeless, the orphans, unwanted infants, etc., playing the role of what would later be termed an almshouse. As such the term "patient" cannot encompass the whole range of services provided by the Polish hospitals.

So what term can be used to indicate all those sheltered by the hospitals? Since such institutions were meant to barely assure persons's survival and not necessarily to better their condition, and because they were built to segregate the poor from the rest of the society, to catalog them, to make them follow a stringent regimen any dereliction of which would be punished by stiff penalties, the research suggests that the best and most inclusive term applied to all those disparate lives shaped and sundered by the experience is the word "inmate." The term is really the only one that can describe the process of total surrender of an individual's autonomy to an impersonal hospital institution. Besides, the great majority of historians of hospitalization have successfully used the term "inmate" to describe the sheltered poor.

Some confusion may result from the apparent repetition associated with hospital names. The most common appellation for hospitals in almost every city and town was that of the Holy Spirit. Another common name, especially associated with German colonists, was that of St. George, which seemed to have been used at first specifically for *leprosaria*, as was that of St. Lazarus.⁹

Western European Hospital Historiography

While Eastern Europe lacked any well-developed account of hospitalization available to Western researchers, hospital institutions and philanthropic trends in Western European nations have received much scholarly attention. The last twenty years have seen the publication of a variety of books and articles on Western European institutional charity. Rightly, most of these works approach philanthropy through the prism of religion, as the religiously-inspired definitions and functions of poverty, Catholic and Protestant, played such an immense role in the establishment of charitable counter-measures, and especially hospitals. Thus Elfrieda Dubois and Luigi Mezzadri examined the relationship between Western European evangelization and charitable practices beginning in the Middle Ages. Lindsay Granshaw and Roy Porter concerned themselves with the well-established religious institution of Western European hospitals. Both

⁹ Rubin, *Charity and Community in Medieval Cambridge* (New York: Cambridge University Press, 1987), 113. The association between *leprosaria* and a particular saint existed elsewhere as well. In England, Mary Magdalene seemed to have been the favorite.

Michel Mollat and Bronisław Geremek contributed significantly to the general histories of European poverty.¹⁰

The recent literature on hospitalization could be divided into a number of “trends”. From the time of Fernand Braudel, one segment of Western historians has drawn attention to a relationship between charitable models and the progress of capitalism. Braudel himself was of the opinion that major structural changes within Europe-wide economy stemming from the emergence of capitalism as a leading economic system drove many into pauperism and unemployment. Social welfare, of which the establishment of hospitals was a major part, would thus be seen as nothing more than a process through which underutilized labor was, often forcefully, re-integrated with the larger, working community. Idleness, a wasteful concept antithetical to the spirit of capitalism, would necessitate a campaign of social and economic proscription from instruments of aid. At mid-century G.N. Clark would underline these principles by offering the English poor laws as examples of legal institutions designed to assure a ready supply of labor for the burgeoning English industry. In their seminal works both Michel Mollat and Bronislaw Geremek, arguably the greatest historians of poverty and marginality, explain the sixteenth century reform of charitable practices by citing the influence of economic factors, the most important of which was once again the emergence of capitalism. Demographic growth, contradictions inherent in the decaying feudal system, and the continuous rise of prices in the second half of the fifteenth century

¹⁰ Elfrieda Dubois and Luigi Mezzadri, “Evangelisation et charité,” *History of European Ideas* 9-4 (1988): 479-488; Lindsay Granshaw and Roy Porter, eds., *The Hospital in History*, The Wellcome Institute Series in the History of Medicine (London and New York: Routledge, 1989); Michel Mollat, *The Poor in the Middle Ages. An Essay in Social History* (Yale: Yale University Press, 1986); Bronisław Geremek, *Poverty. A History* (Cambridge: Blackwell, 1994).

encouraged the parceling of farms and the wholesale pauperization of the agrarian society. Additionally, the strengthening of the gentry's role in financial production and their speculation in land caused a widening rift between the "haves" and "have nots" that could only be expressed in a proliferation of beggars and vagrants. The social tensions born out of these developments, perceived as an epidemic, necessitated a revision of European-wide approaches to charity. A "test of productivity," in Miri Rubin's words, "came to rule in determining social acceptance and moral approbation" of the poor. The great reform of welfare institutions that started in 1522 Nuremberg and soon spread to other German and Dutch towns before encompassing most of Europe led to centralization and secularization of the welfare system.¹¹ More recently Catharina Lis and Hugo Soly have become the champions of this approach, utilizing Marxist structuralist terminology to connect poverty to demographic surplus. Control over a marginalized segment of population exercised within the hospital institutions became synonymous with control over the labor market.¹²

¹¹ Rubin, Charity and Community in Medieval Cambridge, 293; Geremek, 9.

¹² G. N. Clark, The Wealth of England from 1496 to 1760 (London and New York: Oxford University Press, 1946); Catharina Lis, and Hugo Soly, Poverty and Capitalism in Pre-Industrial Europe (Atlantic Highlands, NJ: Humanities Press, 1979); Carole Rawcliffe summed up this interpretation in Medicine for the Soul, (Stroud: Sutton, 1999), xvii-xviii, when she wrote that "If we are to fully to (*sic*) understand and successfully interpret the changing role of the medieval hospital, then the unending search for economic stability must rank high on the list of topics for investigation." Other scholars dealing with pre- and post-Reformation England include Susan Brigden, who worked on English Confraternities in "Religion and Social Obligation in Early Sixteenth-Century London," Past & Present 103 (1984): 67-112; Barbara A. Hanawalt and her examination of religious and charitable work of parish guilds in "Keepers of the Lights: Late Medieval Parish Gilds," Journal of Medieval and Renaissance Studies 14-1(1984): 21-37; Richard Harvey, whose account of the Tudor and Stuart era Ballads on Poverty illuminated many facets of marginal self-fashioning in his "English Pre-Industrial Ballads on Poverty, 1500-1700," Historian 46-4 (1984): 523-561; Judith M. Bennett and her work on community poor-relief festivals called "ales" in "Conviviality and Charity in Medieval and Early Modern England," Past & Present 134 (1992); Carole Rawcliffe, "The Hospitals of Later Medieval London," Medical History 28 (1984): 1-21; and Lane H. Arledge, The Charity of London's Aldermen, 1460-1540: The Testamentary Record (New Brunswick: Rutgers University Press, 1987) have also contributed, showing a growing preoccupation with the English countryside and the social world of the peasants and farmers as well as the religious and political pressures that influenced them.

Accompanying the Marxist and materialistic constructs is a salient assumption that all hospital welfare initiatives would necessarily come from the cities. This assumption is evident in all histories of hospital-based charity built on Max Weber's understanding of the interplay between Calvinism and capitalism. Reformed churches, whether in Northern Germany, Switzerland or the Dutch Republic were to a great extent phenomena dependant on the strength and vitality of the capitalist-minded, urban elites. Even without the religious trappings of Protestantism, Natalie Zemon Davis's work on Lyon demonstrated that charitable strategies were the product of municipalities.¹³ While religious reform was not a pre-requisite of hospital and charitable reform, an urban setting was. Brian Pullan's seminal work on Venice suggested that first steps towards the reform of social welfare institutions in Italian cities were launched long before the question of religious reform ever arose.¹⁴ Urban problems, not religious crisis, stimulated the definitions and growth of Western European hospital institutions.

¹³ Natalie Zemon Davis, Society and Culture in Early Modern France (Stanford: Stanford University Press, 1977). France boasts many historians of poverty, though the greatest output was composed in the 50s, 60s and 70s. Some of the more current contributions include the already mentioned Mollat's history of rural and urban poverty in the Middle Ages (1986), Jean-Pierre Gutton's examination of French workhouses in "Enfermement et charité dans la France de l'Ancien Régime," Histoire, Économie et Société 10-3 (1991): 353-358; Georges Viard's account of poor boards and confraternities in southern Champagne in "Bureaux des Pauvres et confréries de charité en Champagne méridionale (XVIe-XVIIe siècles)," Histoire, Économie et Société 10-3 (1991): 317-330. Bronisław Geremek has doubly contributed to the world of French marginalia and poverty in The Margins of Society in Late Medieval Paris (Cambridge: Cambridge University Press, 1987) and in Świat "Opary Żebraczej": Obraz Włóczęgów i Nedzarzy w Literaturach Europejskich XV-XVII Wieku [The World of the "Begger's Opera": Beggars and Vagabonds in XV-XVII Century European Literature] (Warsaw: Państwowy Instytut Wydawniczy, 1989). More than in any other Western European country, French and foreign scholars studying France have approached philanthropy from the bottom-up. Perhaps as a result of the *Annales* school of thought, Mollat and Geremek concentrate not on those who give, but rather on those who receive. The social world of the French recipients of charity, the municipal beggars and vagabonds, has thus been very well delineated, and contrasts with the relatively vagabond-free life of pre-modern Polish municipalities.

¹⁴ Brian Pullan, Rich and Poor in Renaissance Venice. The Social Institutions of a Catholic State to 1620 (Oxford: Basil Blackwell, 1971). Other studies focusing on the relationship between aspects of urbanization and charity include Miri Rubin, "Development and change in English hospitals, 1100-1500," 41-61; N. Gonthier, Lyon et ses pauvres au moyen-âge 1350-1500 (Lyon: Hermes, 1978); J.

Questions dealing with the interaction between religious and social pressures on hospital administration inform a considerable segment of Western scholarship. Many historians claim that welfare policies exercised within the hospital institutions were only a particular subset of a wider European trend leading to progressively greater authoritarian control over the public. Social discipline, Protestant or Catholic, became paramount to the establishment of a viable, well ordered society. Such a society would require increased supervision over all aspects of interpersonal and inter-group relationships pertaining to religious doctrine and personal life. In this account religion is presented, however, as a secondary consideration to the achievement of social discipline

Caille, Hôpitaux et charité publique à Narbonne au moyen-âge de la fin du XIème siècle à la fin du XVIème siècle (Toulouse: Privat, 1978); G. Maréchal, De sociale en politieke gebondenheid van het Brugse hospitalwezen in de Middeleeuwen Anciens Pays et Assemblés d'états 73 (Heule: UGA, 1978); J. P. Gutton, La société et les pauvres: l'exemple de la généralité de Lyon, 1534-1789, Bibliothèque de la Faculté des Lettres et Sciences Humaines de Lyon 2 (Paris: Les Belles Lettres, 1971); C. C. Fairchild, Poverty and Charity in Aix-en-Provence 1640-1789, Johns Hopkins University Studies in Historical and Political Science 94i (Baltimore: Johns Hopkins University Press, 1976); Linda Martz, Poverty and Welfare in Habsburg Spain. The Example of Toledo (Cambridge: Cambridge University Press, 1983); A. L. Beier, "The social problems of an Elizabethan country town: Warwick 1580-1590," in Country Towns in Pre-industrial England, ed. P. Clarc (Leicester: Leicester University Press, 1981), 46-85; Italy has been a favorite topic of European and English-language writers. Lester K. Little in Liberty, Charity, Fraternity: Lay Religious Confraternities at Bergamo in the Age of the Commune Smith College Studies in History, vol. 51 (Northampton, MA: Smith College, 1988); James R. Banker in Death in the Community: Memorialization and Confraternities in an Italian Commune in the Late Middle Ages (Athens, GA and London: The University of Georgia Press, 1988); Ronald F.E. Weissman in "Brothers and Strangers: Confraternal Charity in Renaissance Florence," Historical Reflections 15-1 (1988): 27-45; Blake Wilson's remarkable article on musicians "Music and Merchants: The Laudesi Companies in Early Renaissance Florence," Renaissance and Reformation 13-1 (1989): 151-171; Christopher Black in Italian Confraternities in the Sixteenth Century (Cambridge: Cambridge University Press, 1989); and Pietro Siino's "Per una storia delle confraternite laicali in Sicilia," Rassegna storica del Risorgimento 78-3 (1991): 291-307, have given us a greater understanding of the charitable works associated with Italian Confraternities. Fiorenza Gemini and Eugenio Sonnino "La Condition féminine dans une structure d'assistance à Rome: aspects démographiques et sociaux," Annales de démographie historique (1981): 235-251; Daniela Lombardi "Le altre famiglie: assistite e serve nella Firenze dei Medici," Memoria: Rivista di Storia delle Donne 18 (1986): 25-36; Maria Teresa Bonadonna Russo "Problemi e istituti dell' assistenza romana nel Cinque e Seicento," Studi Romani 343-4 (1986): 230-252; Carol Bresnahan, Charity and State in Late Renaissance Italy: The Monte Di Pieta in Florence (Cornell: Cornell University Press, 1993); and Alessandra Camerano, "Assistenza richiesta e assistenza imposta: il conservatorio de S. Caterina della Rosa di Roma," Quaderni Storici 28-1 (1993): 227-260, tackled the problems of municipal and religious charitable associations in various Italian cities. Yet whereas the scholars of early modern Italy have thoroughly investigated charity in the rich, urban setting of the age of Commune and during the Renaissance, there still remains a great deal to be said about Italian agrarian charity and village - as opposed to municipal - associations.

and stability. Welfare and charity become constraining tools used to indoctrinate the inmates in the social requirements and expectations of the urban elites.¹⁵

Recently a number of historians, dissatisfied with the diminishing role of religion in charities the above “socio-economic” theory presented, started a reaction. Led by studies of Counter-Reformation practices and institutions such as Kathryn Norberg’s work on Grenoble, and Maureen Flynn’s monograph on the confraternities of Zamora¹⁶, as well as Ole Peter Grell and Andrew Cunningham’s studies of welfare provision in Reformation Europe, these new “confessional,” or “re-integrationist” interpretations attempt to restore religious values and considerations to their full importance in the works of institutional charity. Protestant regions also found their re-integrationists in Lee Wandel’s study of religiously inspired charity in Reformation Zurich and in Charles H.

¹⁵ See especially W. K. Jordan Philanthropy in England 1480-1660: A Study of the Changing Patterns of English Social Aspirations (London: G. Allen and Unwin, 1959); Robert Jütte, Poverty and Deviance in Early Modern Europe (Cambridge and New York: Cambridge University Press, 1994); Donna T. Andrew, Philanthropy and Police: London Charity in the Eighteenth Century (Princeton, NJ: Princeton University Press, 1989). Of course there is no denying that the works of Michel Foucault had a tremendous impact on this side of the debate. Michel Foucault, et al., Les machines à guérir: aux origines de l'hôpital moderne (Paris: N.p., 1979); Foucault, The Birth of the Clinic: An Archeology of Medical Perception (New York: Pantheon Books, 1973).

¹⁶ Kathryn Norberg, “Educating the Poor: Charity Schools and Charitable Attitudes, Grenoble, 1600-1789,” Proceedings for the Annual Meeting of the Western Society for French History 8 (1985): 181-190; Maureen Flynn, Sacred Charity: Confraternities and Social Welfare in Spain, 1400-1700 (Ithaca, NY: Cornell University Press, 1989). Another contribution to medieval and early modern Spanish charity was made by Linda Martz’s account of poverty relief in Toledo in Poverty and Welfare in Habsburg Spain. The Example of Toledo (Cambridge: Cambridge University Press, 1983); Petro Fatjo Gomez in “La beneficencia eclesiastica en la Barcelona del XVII: La Pia Almoína 1655-1669,” Estudis 12 (1986): 71-96; Julian Montemayor in “El control de la marginalidad en la Castilla del siglo de oro: el caso de Toledo,” Estudios de Historia Social 1-2 (1986): 367-380; and Ceferino Caro Lopez in “Beneficencia, asistencia social y represión en Murcia durante el siglo XVIII,” Estudios de Historia Social 1-2 (1989): 165-200, have recently built on the foundations created by a large cadre of Spanish historians of the 50s, 60s and 70s such as Sierra J. Alvarez, Serna L. Auidobro, Roman Badenes Gasset, Juan Carmona Garcia, Demetrio Casado, Desiderio Criado Cervera, Maria Rosa Perez Estevez, and of course J. Soubeyroux and his work on Madrid. To this list ought to be added such foreign historians of Spanish charity as Karl Dueringer, Marcel Bataillon and William J. Callahan.

Parker's account of the interaction between the Reformed church and the municipal authorities in the Dutch Republic.¹⁷

The re-integrationist approach to Western European institutional charity sees the development of organized philanthropy stemming from a religion-inspired source, namely the endeavor to provide for the salvation of one's own soul. In such setting the public's relations with the poor were governed by Christian doctrines of poverty and charity thick with religious significance that could not be ignored.¹⁸ The rightful recipients of aid were the "deserving" poor - the sick and infirm, cripples, widows and orphans. The distinction between the "true" poor and the so-called "false" poor was strictly maintained on religious grounds even at the time when secular, urban organizations were replacing church-led charitable endeavors. Though poverty and the associated voluntary renunciation of worldliness were assigned a high spiritual value, the degrading effect of involuntary material poverty was seen as a public ill, treated with contempt and derision, because, as in the case of medieval lepers, illness and misery were seen as outward expressions of intemperate life-styles and divine retribution. If the poor,

¹⁷ Ole Peter Grell and Andrew Cunningham, eds., Health Care and Poor Relief in Counter-Reformation Europe (London and New York: Routledge, 1999), 1. "The major context of health care provision in the early modern period was poor relief, which in turn has to be seen within the context of the ideology of the Reformation:" Charles H. Parker, The Reformation of the Community: Social Welfare and Calvinist Charity in Holland, 1572-1620 (Cambridge: Cambridge University Press, 1998); Lee P. Wandel, Always among us: Images of the Poor in Zwingli's Zurich (Cambridge and New York: Cambridge University Press, 1990). Dutch philanthropy and poor relief has been analyzed by Joke Spaans' Haarlem na de Reformatie: stedelijke cultuur en kerkelijk leven 1577-1620 (Gravenhage: Stichting Hollandse Historische Reeks, 1989). These authors attempt to provide us with a totality of Protestant charitable practices. Once again, the concentration is almost exclusively urban, though there is some analysis of religious influence upon the countryside.

¹⁸ Rubin, Charity and Community in Medieval Cambridge, 1, 4; B. Shwartz, "The social psychology of the gift," American Journal of Sociology 73 (1967-68): 2-3. Miri Rubin's assertion that "charity cannot be satisfactorily understood as a purely altruistic act since gift-giving is so rich in rewards to the giver" is correct, especially when the implied rewards emphasized the transcended and eternal.

therefore, had any place in organized society, it was as recipients of alms, by which rich individuals could justify their wealth and open for themselves the gates to heaven.

In the mid-1980s a small group of historians turned away from theories explaining developments in welfare provision by the changes in the ways (socio-economic or confessional) the elites viewed the poor. Led by Tim Hitchcock, they have concentrated instead on the interactions between elites themselves, demonstrating how political conflicts over hospital administration translated into charitable action.¹⁹ Such an approach has so far been mostly limited to England, but the analysis of Polish hospitals present here will posit this theory, and the other theories mentioned above, in a more European-oriented setting.

Polish Historiography

Polish hospital historiography is divided into two main phases. Up to the beginning of the twentieth century Polish historians tended to ignore all matters associated with hospital development in pre-partition Poland. This is a surprise when one realizes that during the partitions (1795-1918) the Polish historian community held all other aspects of Polish history in extremely high regard and utilized them extensively as means to preserve Polish linguistic, social, and cultural distinctiveness in the face of foreign aggression and occupation. The memory of Polish institutions served a similar

¹⁹ Tim Hitchcock, "The English workhouse: A Study in Institutional Poor Relief in Selected Counties, 1696-1750," (D.Phil thesis, Oxford University, 1985); S. Macfarlane, "Social Policy and the Poor in the Late Seventeenth Century," in London, 1500-1700: The Making of the Metropolis, eds. A. L. Beier and R. Finley (London: Longman, 1986); Sandra Cavallo, "The Motivation of Benefactors. An Overview of Approaches to the Study of Charity," in Medicine and Charity before the Welfare State, ed. Barry and Jones, (London and New York: Routledge, 1991).

purpose of emphasizing Polish achievement and preserving the possibility of such organizations forming the basis for a reborn Polish state. The lack of hospital studies in the historiography of the nineteenth-century Polish historians is thus a very strange phenomenon, warranting a moment of discussion.

Marian Surdacki, a prominent current voice in historical studies of hospitals, attributes this gaping lacuna to the mistaken belief on the part of the nineteenth-century Polish historians that hospital institutions existed entirely within the domain of the Catholic Church and any research into the subject would thus encroach on the church's internal history and initiatives. Such an explanation, however, does not satisfy the modern researcher, especially since the history of the Catholic Church and faith in Poland during the partitions has never been a taboo subject. On the contrary, Catholic faith (all too often presented as a tautology that to be a Pole one necessarily has to be a Catholic) has been constantly analyzed and offered as the cultural glue that held the Polish nation together during the hard times of its servitude. Used as an instrument of self-identification and cultural preservation against the Lutheran Prussians and especially the Orthodox Russians, the Catholic Church and all of its institutions became cultural, social, and political icons that defined Polishness for generations to come. One could only surmise that the continuing political power of the Catholic Church in Poland of this day is the still-present function of the church's nationalistic and cultural role during the extremely complex and tragic several last centuries of Polish history that included national slavery, the Nazi occupation, and the imposition of Communism.

So why did historians stay away from hospitals? Perhaps when presented with a lack of sources and details they gravitated towards subject matter deemed more

potentially rewarding in their quest to enshrine traditional Polish values, such as incipient Polish democratic institutions that included both a Diet and an elective monarchy, or the visible accoutrements of state power, such as the political triumphs of the fifteenth and sixteenth century. That, however, is not a full answer. Should they have wished to delve into the subject, new sources would have been uncovered and new discoveries made. Also what could be nobler than charitable organizations and their support for the poorer members of the Polish society? More likely, the avoidance of the subject is due to a long-standing supposition that Polish hospitals compared unfavorably to similar institutions elsewhere. The historical quest for Polish nationhood involved debates over Polish social and institutional successes, not its presumed failures.

The first steps taken to document the history of pre-partition Polish hospitals and to debunk the negative comparisons thus fell not to professionals, but to amateurs. If any professional historians of the late nineteenth and early twentieth century, such as Klemens Bąkowski, actually did some work on hospitals, they did so as part of more inclusive studies dealing with city-histories or ecclesiastical institutions. Since the second half of the nineteenth century saw a marked modernization of the hospital system throughout Europe, including the ethnic Polish lands, medical doctors, not professional historians, curious about the origin and development of the institutions with which they were associated, turned towards historical sources to answer their particular questions. Not being professional historians, their accounts, which began to be published in the last quarter of the nineteenth century, concentrated at first on the specific issues of hospital creation and endowment, only later branching out into questions dealing with the complex problem of administration. The lack of historical training on the part of these

first writers also led to the continuation of certain errors found in the original sources and these errors' survival in a number of treatises. The year of the founding of the Sandomierz Holy Spirit hospital by Kraków's castellan Żegota, to be found in chapter one, serves as only a single example of such a recurrent mistake.

Those physician-historians, like Wacław Męczkowski and Alfons Malinowski²⁰, who noted the influence exercised by town and city magistracies over particular urban hospitals arrived at the sensible conclusion that from the fifteenth century (for Malinowski) or from the thirteenth century (Męczkowski) onwards, all Polish hospitals became civic institutions controlled and run by secular authorities while the ecclesiastical establishment limited its influence to the provision of religious services. These conclusions were "sensible" as they reflected the state of research into sources pertaining to hospital institutions, and, at the same time, offered a picture of a well-developed, institutionally sufficient Polish society paralleling, or even perhaps surpassing, the best developments the West had to offer. In this way the story of hospitals served to establish a clear cultural tie to Western Europe, as opposed to the Russian models that were imposed after the partitions. The story of the development and administration of hospitals thus served its part in the ongoing struggle for Polish national and cultural identity and survival. When one of the physician-historians made a statement that did not

²⁰ Wacław Męczkowski, "Prowizorowie szpitali w dawnej Polsce. Przyczynek do dziejów magistratury naszej," [The hospital provisors in Old Poland. An example from the history of our magistrates] *Przegląd Historyczny* 5:1 (1907); "Szpital św. Ducha i św. Trójcy w Kaliszu," [The Holy Ghost and Holy Trinity Hospitals in Kalisz] in *Monografie Historyczne Szpitali w Królestwie Polskim* [Historical hospital monographs in the Kingdom of Poland] (Warsaw: K. Kowalewski, 1907); "Szpitale dawnej Rzeczypospolitej w uchwałach synodów Polskich," [The hospitals of the old Commonwealth in the Polish synodal statutes] *Historia i Filozofia Medycyny* 15 (1935); Alfons Malinowski, *Rys historyczny rozwoju instytucji dobroczynnych i szpitali w Polsce* [Tracing the history of the development of charitable institutions and hospitals in Poland] (Warsaw: Stanisław Niemiery, 1887). This pattern repeated itself elsewhere. The first major account of English hospitals came from an amateur-historian as well, R. M. Clay, *The Medieval Hospitals of England* (London: Antiquary's Books, 1909).

favorably compare Polish hospitals to their Western counterparts, his comments created a backlash of historiographical retribution that lasted into the interwar period.

Also in the interwar period professional historians finally began to note the importance of hospitals. Represented by Franciszek Giedroyć and Leon Wachholz, these early professionals added to the discoveries made by their physician friends. In the early years of the twentieth century, then, the second phase of Polish hospital historiography began, though it would still take several decades before hospitals became a focus for prolonged and in-depth historical studies.²¹

This state of affairs can be explained by certain political and historical assumptions held by the Polish historians of the Interwar and of the Communist Era. Whereas for Western Europe, the Black Death and the Reformation formed watersheds in the way the poor were viewed and helped, and thus watersheds in ways hospital functions were presented and their administration organized, these two events were thought by Polish historians (wrongly, I argue, in the case of the Reformation and the Counter-Reformation) to have a far more limited impact in Poland. They saw other factors as more significant: the rapid re-feudalization of agricultural lands due to sixteenth century economic pressures; the devaluation of money stemming from the price revolution (driven by the Western market's demand for grain, the price of which rose 400 percent in the sixteenth-century alone); and the associated legal stipulations such as the 1518 court ruling that removed Polish peasants from the protection of Royal law. These massive changes significantly affected the type and quality of charitable help offered to the poor,

²¹ Franciszek Giedroyć, *Rys historyczny szpitala św. Łazarza w Warszawie* [A historical account of the St. Lazarus hospital in Warsaw] (Warsaw: N.p., 1897); *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals] (Warsaw: Piotr Laskauer, 1908); Wachholz, *Szpitały Krakowskie 1220-1920* [The Hospitals of Kraków 1220-1920].

and, according to Communist historians, caused Polish institutions and values to diverge from Western models for a number of centuries. Re-feudalization would, of course, have its most extensive impact in the countryside where it segregated the vast majority of Poland's rural population from any municipal, church, or government run institution of mercy. Forced to depend on the good will of their masters, or the lack thereof, the Polish peasantry responded by utilizing their ancient *Gromada* village self-governing communal institution as a self-help mechanism. The story of rural mutual-aid thus became a story of the *Gromada* peasant cooperatives.

The *Gromada* attracted many scholars of both the agriculturally reform-minded Polish II Republic (1918-1939) and of the socialist People's Republic (1948-1989). The latter offered the *Gromada* self-government organization as a prototype of future agrarian collectives. Other agrarian and industrial self-help mechanisms that existed in the Kingdom of Poland since medieval times also drew the attention of the historians. Lead and silver miners' associations, charitable credit associations, and cooperative peasant and artisan associations became the darlings of Polish Communist historians. *Gromada* or other pre-industrial forms of village cooperation and mutual-aid mechanisms were featured in the works of Józef Rafacz, R. Rybarski, Z. Batorowicz, B. Baranowski, Edward Trzyna, Jerzy Wyrozumski, and especially Stefan Inglot, Tadeusz Marszałek, Barbara Kubiak, and Andrzej Wyczyński.²²

²² Józef Rafacz, "Gromada w ustroju dawnej wsi małopolskiej," [*Gromada in the structure of an old Little Polish village*] *Przewodnik Naukowy i Literacki* (1919); *Ustrój Wsi Samorządnej Małopolskiej w XVIII wieku* [The Structure of a Self-Governing Little Polish Village in the Eighteenth Century] (Lublin: Biblioteka Uniwersytetu Lubelskiego, 1922); R. Rybarski, *Kredyt i Lichwa w Ekonomii Samborskiej w XVIII w.* [Credit and usury in the Sambor Economy in the Eighteenth century] (Lvov: N.p, 1936); Z. Batorowicz, "Zespołowe rybołówstwo na polskim wybrzeżu. Maszoperie Kaszubskie," [Collective Fishing On the Polish Shore. Kaszuby's Fisherman Unions] *Prace i Materiały Etnograficzne*, Vol. VIII-IX Łódź-

Only beginning in the mid-1950s did this almost total preoccupation with agrarian collectives and peasant self-help lessen and other forms of charity and social care take center stage. Some municipal types of early modern poor relief found their historian in S. Piekarczyk, while Jerzy Kłoczowski described church based charitable associations in a rare, English language collection of essays edited by William J. Callahan and David Criggs. Hospitals too finally became focal points for historical study. Post 1960's scholarly works on medieval and early-modern Polish hospitals include those done by Zbigniew Góralski, Klara Antosiewicz, Karol Dola, H. Ruciński, Zofia Podgórska-Klawe, A. Zeniuk, and Andrzej Karpiński.²³ The connections between the church,

Lublin (1950); Bolesław Baranowski, "Ślady współdziałania na wsi z XVII i XVIII wieku," [Traces of village self-help in the Seventeenth and Eighteenth centuries] *Prace i Materiały Etnograficzne* Vol. VIII-IX (1950-51); Edward Trzyna, "Gromada i urząd gromadzki," [*Gromada* and its officials] in *Historia Chłopów Polskich, Tom I* [The history of Polish peasants, Vol. 1], ed. Stefan Inglot (Warsaw: Ludowa Spółdzielnia Wydawnicza, 1970); Jerzy Wyrozumski, "Gromada w życiu samorządów średniowiecznej wsi polskiej," [*Gromada* in the life of self-governing Polish medieval villages] in *Spółczeństwo Polski Średniowiecznej, Tom III* [Polish medieval society, Vol. 3], ed. Stefan Kuczyński (Warsaw: Ludowa Spółdzielnia Wydawnicza, 1970); Stefan Inglot, "Przedspółdzielcze formy współdziałania w dawnej Polsce," [Pre-Cooperative Forms of Self-Help in Old Poland], in *Zarys Historii Polskiego Ruchu Spółdzielczego* [Tracing the History of the Polish Cooperative Movement], ed. Steven Inglot (Warsaw: Zakład Wydawnictw CRS, 1971); Tadeusz Marszałek, "Zarys Historii Spółki Leśnej w Wolnym Kadłubie," [A historical account of the Forestry Association of Wolny Kadłub] *Spółdzielczy Kwartalnik Naukowy*, 4 (1970); *Historia spółki leśnej w Wolnym Kadłubie* [The history of the Forestry Association of Wolny Kadłub] (Opole: Instytut Śląski w Opolu, 1974); Barbara Kubiak, "Gromada Wiejska i jej funkcjonowanie w Małopolsce w XVI i XVII Wieku," [The village *Gromada* organization and its operations in Sixteenth and Seventeenth century province of Little Poland], in *Spółczeństwo Staropolskie. Studia i Szkice, Tom III* [Ancient Polish Society. Studies and Traces, Vol. 3], ed. Andrzej Wyczyński (Warsaw: Państwowe Wydawnictwo Naukowe, 1993); Andrzej Wyczyński, "Opieka nad ludźmi starymi na wsi polskiej w XVI wieku," [Old age care in a sixteenth-century Polish village], in *Biedni i Bogaci: Studia z Dziejów Społeczeństwa i Kultury. Ofiarowane w 60-tą rocznicę urodzin Bronisława Geremka* [The poor and the rich: studies of culture and society. Written for the Occasion of Bronisław Geremek's 60th Birthday], ed. Hanna Zaremska (Warsaw: Wydawnictwo Naukowe PWN, 1992).

²³ S. Piekarczyk, "Początki miejskiej opieki społecznej w średniowiecznym Krakowie," [The Beginnings of Urban Social Care in Medieval Kraków] *Rocznik Krakowski* 32 (1952); Jerzy Kłoczowski, "The Polish Church" in *Church and Society in Catholic Europe in the Eighteenth Century*, eds. William J. Callahan and David Kiggs (Cambridge, Mass.: Cambridge University Press 1979); Zbigniew Góralski, "Opieka społeczna i szpitalnictwo w dawnej Polsce (na przykładzie Lubelszczyzny)," [Social care and hospitals in Old Poland (the example of the Lublin area)] *Zeszyty Historyczne* 3 (1963); *Szpital na Lubelszczyźnie w okresie przedrozbiorowym* [Lublin area Hospitals before the Partitions] (Warsaw and Łódź: Państwowe Wydawnictwo Naukowe, 1982); Klara Antosiewicz, "Opieka nad Chorymi i Biednymi w Krakowskim Szpitalu Świętego Ducha (1220-1741)," [The care for the sick and the poor in the Holy Spirit

hospitals and lay brotherhoods have been brought out by the works of F. Piekarski, K.

Heszowski, Bolesław Kumor, P. Pekalski, E. Wiśniowski, J. Flaga, and most recently by

Hanna Zaremska.²⁴

Hospital of Kraków (1220-1741)] *Roczniki Humanistyczne* 26: 2 (1978); "Zakon Ducha Świętego de Saxia w Polsce Średniowiecznej," [The Holy Spirit de Saxia Order in medieval Poland] *Nasza Przyszłość* 23 (1966); Karol Dola, "Szpitale Średniowieczne Śląska," [The medieval Silesian hospitals] *Rocznik Teologiczny Śląska Opolskiego* 12:1 (1968): 243-244; "Szpitale w średniowiecznej Polsce pod zarządem kościelnym," [Church-Run Hospitals in Medieval Poland] in *Studia i Materiały. Studia ecclesiastica* Vol. 14 (Rome: N.p. 1972); "Opieka społeczna i zdrowotna w Głogowie do czasów pruskich," [Social and health care in Głogów until the Prussian times] in *Misericordia et Veritas. Księga Pamiątkowa ku Czci Księdza Wincentego Urbana, pod redakcją ks. J. Mandziuka i ks. J. Patera* [Misericordia et Veritas. Written in memory of Father Wincenty Urban, edited by Father J. Mandziuk and Father J. Pater] (Wrocław: N.p. 1986); H. Ruciński, "Szpital w Koprzywnicy (XV-XVIII w.)," [The Koprzywnica hospital (fifteenth-eighteenth century)] in *Materiały do dziejów społeczno-religijnych w Polsce* [Materials in the socio-religious history of Poland] (Lublin: N.p., 1974); Zofia Podgórska-Klawe, *Od hospicium do współczesnego szpitala. Rozwój historyczny problematyki szpitalnej w Polsce do końca XIX wieku* [From hospice to the modern hospital. The historical development of the study of hospitals in Poland until the end of the Nineteenth century] (Wrocław and Warsaw: Polska Akademia Nauk, Instytut Historii Nauki, Oświaty i Techniki, 1981); *Szpitalne warszawskie 1388-1945* [Warsaw's Hospitals 1388-1945] (Warsaw: Państwowe Wydawnictwo Naukowe, 1975); A. Zeniuk, "Rozwój sieci szpitalnej na ziemiach etnicznie polskich do końca XVIII wieku," [The development of the hospital net on ethnically Polish lands till the end of the Eighteenth century] *Szpitalnictwo Polskie* 20/6 (1976); Andrzej Karpiński, "Warunki życia pensjonariuszy szpitali warszawskich w XVI i w pierwszej połowie XVII wieku," [The conditions of life of the hospital residents in Sixteenth and Seventeenth century Warsaw] *Kwartalnik Historii Kultury Materialnej* 25:1 (1978).

²⁴ F. Piekarski, *Rys Bractwa Miłosierdzia i Banku Pobożnego w Krakowie dnia 7 października 1584 r. przez Piotra Skargę założonego i dotąd utrzymującego się* [Tracing the History of the Brotherhood of Mercy and the Godly Bank of Kraków, created on October 7 by Piotr Skarga and still operational to this very day] (Kraków: N.p., 1814); K. Heszowski, *Żywot Andrzeja Zawiszy Trzebieckiego, biskupa krakowskiego i księcia sieniawskiego* [The Life of Zawisza Trzebiecki, the Bishop of Kraków and Prince of Sieniawy] (Kraków: n.p., 1861); Bolesław Kumor, "Kościelne stowarzyszenia świeckich na ziemiach polskich w okresie przedrozbiorowym," [Church-based Lay Associations on Polish Lands During the Pre-Partition Era] *Prawo Kanoniczne* 10:1-2 (1967); "Szpitalnictwo w Sądecczyźnie w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period] *Rocznik Sądecki* 10 (1969); P. Pekalski, "Historyczne podanie o bractwach, które od najdawniejszych czasów wywodzą swoje istnienie przy kościołach w stołecznym mieście Krakowie," [A Historical Account of Brotherhoods, Which Since the Oldest Times Exist By the Churches of the Capital City of Kraków], in *Pamiętnik Towarzystwa Dobroczynności Krakowskiego* [Memoirs of the Kraków's Charitable Association] (Kraków: N.p., 1968); Eugeniusz Wiśniowski, "Rozwój organizacji parafialnej w Polsce do czasów Reformacji," [The development of Polish parish organization to the time of Reformation], in *Kościół w Polsce, Tom I* [Church in Poland, Vol. 1] (Kraków: N.p., 1968); J. Flaga, "Bractwa religijne w archidiecezji lubelskiej do początku XVII wieku (1604)," [Religious Brotherhoods in the Lublin Archdiocese till the Beginning of the Seventeenth Century (1604)] *Roczniki Humanistyczne* 21-2 (1973): 141-170; Hanna Zaremska, *Bractwa w Średniowiecznym Krakowie* [Brotherhoods in Medieval Kraków] (Warsaw: Polska Akademia Nauk, 1977).

Post-Communist historians have continued to study pre-modern Polish hospitals, though their output has not yet reached the levels of the 1960s, 1970s, and 1980s. Chief among the current cadre of Polish hospital historians are Jerzy Rajman for the area of Nowy Sącz, and Marian Surdacki for the province of Greater Poland.²⁵ Together with Góralski for the Lublin area and Podgórska-Klawe for hospitals of Warsaw, they represent the most obvious trend in Polish hospital historiography, namely the concentration on a particular city or a province. Although this trend, just like Wachholz's 1921 seminal work on the hospitals of Kraków, added greatly to the understanding of both individual hospital histories and the integration of hospitals within their localities, it also moved scholarship away from a general account and an analysis of hospital developments within the greater social, religious, and political context of Polish history. This dissertation, while relying heavily on the work of almost a century and a half of Polish hospital historiography, will for the very first time offer such an overview.

The socio-economic/re-integrationist debate has played a prominent role in Polish historiography as well. Some pre-World War II authors, such as Męczkowski and Malinowski, seeing the height of pre-modern Polish hospitalization in unhindered secular administration of the fourteenth to the sixteenth century, already managed to perceive religious ideology associated with the Catholic Counter-Reformation as a great defect that had tremendous negative consequences. Męczkowski thus saw secular officials and

²⁵ Jerzy Rajman, *Klasztor Norbertanek na Zwierzynicy w Wiekach Średnich* [The Premonstratensian Convent of Zwierzyniec in the Middle Ages] (Kraków: Wydawnictwo i Drukarnia "Secesja", 1993); Marian Surdacki, "Akta wizytacji kanonicznych," [The canonical visitation acts]; *Opieka Społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland]; "Szpitale w diecezji poznańskiej w świetle akt wizytacji kościelnych," [The hospitals of the Poznań diocese in the light of ecclesiastical visitations]; "Źródła Normatywne Kościelne," [The church's normative sources] *Roczniki Nauk Społecznych* 18: 2 (1990).

their civic-oriented ideology as the domineering influence in hospital administration during the time of ecclesiastical disinterest. Following the Council of Trent, Męczkowski's thesis goes, the new found appreciation for charitable institutions as organs of the Catholic Counter-Reformation mobilized hospitals in a religious struggle for the souls of the faithful and whittled down the secular dominance in the field until, just before the major reforms of the eighteenth century were initiated, the position of the lay hospital administrators disappeared entirely. In this theory religious ideology took precedence over economic concerns.

Polish Communist-era historiography took, necessarily, a different approach, giving primacy to political and economic considerations. That trend continued in the Post-Communist period since, although the regime changed, the historians stayed the same. Re-christened the "free-market" theory of social care where charitable supply and demand dictated hospital numbers and functions, it dominated histories of particular localities. The current champion of the "free-market" theory of social care development is Marian Surdacki, who saw the stagnation of hospitals in the seventeenth and the eighteenth centuries not as a mark of religious dogma taking control of hospital function, but rather as a sign of the lessening in the numbers of *ludzie luźni* or unattached people, those not tied to the land. "The dimensions of that phenomenon," he wrote, "so dangerous to the society, lessened in the second half of the eighteenth century, at least in Greater Poland. Because of that the demand for social care lessened slightly, which found expression in the continuously smaller number of hospital shelters (although social care never fulfilled the demand)."²⁶ Later, he again wrote that "in conclusion one might

²⁶ Surdacki, *Opieka Społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 89. "*Rozmiary tego negatywnego społecznie zjawiska w drugiej połowie XVIII stulecia*,

say that both the hospital and inmate numbers were, among other things, a function of the scope of poverty and the need for institutional social care in particular regions of the Commonwealth."²⁷

No Western source the present writer is aware of picked up on these contributions to the historiographical debate. This state of affairs is due to both a lack of language skills on the part of Western researchers and to a long-standing supposition that since these contributions are a product of Polish historians whose output occurred either in the nineteenth century or under the Communist regime, they must necessarily be outdated, flawed, and unusable.

Yet it is precisely this indispensable work of nineteenth- and twentieth-century Polish historians that can illuminate the economic and social environment of pre-modern Eastern Europe. On the one hand it offers information on Poland that so far has been unavailable in the United States, and, on the other hand, it forms the basis of comparison between Eastern and Western European practices.

przynajmniej w Wielkopolsce, zmalały. W związku z tym zmniejszyło się także, nieznacznie, ale stale, zapotrzebowanie na opiekę społeczną, co znajdowało wyraz w coraz mniejszej liczbie szpitali-przytłoków (choć rozmiary opieki nad biednymi nigdy całkowicie nie zaspokoiliły potrzeb)."

²⁷ Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 133. "W podsumowaniu można powiedzieć, że sieć szpitali i ogólna liczba pensjonariuszy przebywających w szpitalach była między innymi funkcją rozmiarów nędzy i zapotrzebowania na instytucjonalną opiekę społeczną w poszczególnych regionach Rzeczypospolitej." Surdacki's functionalist or "free-market" approach runs into a problem, however, already noticed by Grell and Cunningham, of whether economic slumps or booms stimulate charitable supply and demand; Grell and Cunningham, 2.

Sources

Many of the sources utilized in this study survived the catastrophes of Polish history of the past two centuries, though the lacunae are, sadly, extensive. Therefore primary source documentation dealing with various aspects of hospitalization is available for research purposes. The most useful and rich resources are to be found in the documents relating to post-Trent official hospital visitations performed by local bishops.

Other church documents are also of great importance, considering that until the eighteenth-century hospitals, as well as other institutions of mercy, were seen as the property of the ecclesiastical establishment. Of primary concern are the statutes of Polish church councils, both pre- and post-Trent, which often discuss the relative status of hospitals in relation to organs of ecclesiastical and secular authority.

A wealth of information can be culled from general donation documents, such as last wills and testaments, gifts, and especially founding charters, which describe the proposed functions and internal management of the institution they were establishing. The social status of those who gave, usually made clear by such documents, and their stated purposes for giving, answer questions relating to resource allocation and support slated for a particular hospital institution.

City and village court books and codices offer interesting glimpses into matters of hospital governance and administration, and stand as witnesses to important dates and events in the history of health-care institutions. Most important developments pertaining to hospitals would find their way into these compilations, including some interesting points relating to the internal life of a hospital. Court actions transpiring between hospital administration and the ecclesiastical and municipal organs, as well as private

individuals, are also instructive. Their records provide us with the legal standing of hospitals within a given social and political environment at a certain time, as well as with minute case studies of management, institutional functions, and abuses.

Also important are the general works of welfare and health-care reform that proliferated during the highpoint of the Polish Renaissance (middle of fifteenth to the end of the sixteenth century). Notions of charity and its meaning in a Christian society can be culled from sermons and humanistic treatises, the best one being Andrzej Frycz Modrzewski's little known in the West *De republica emendata*, a point by point prescription for the improvement of the Polish Commonwealth, including its charitable institutions. Supporting secularization of charity, Modrzewski's sixteenth century treatise complements similar works of Western European writers such as Vives, and could be used to argue that whereas historical vagaries separated practical Eastern and Western European notions of charity, theoretically at least they remained closely interconnected. The works of such great reformers as Modrzewski and also of Cardinal Maciejowski in *De iuvandis pauperibus* hold in their pages not only prescriptions for the betterment of hospital institutions in particular and of social care provisions in general, but also detailed descriptions of the faults and failures of such institutions.

Few internal hospital materials survive, however. Only a very few accounting books are extant, and those come mostly from the largest and the best-established institutions. Smaller hospitals, many of which were located in the countryside, often didn't even keep such records, as their operations were thoroughly subsumed into the economies of the local parishes. Other income and expenditure rolls have simply been destroyed in natural and national disasters or just vanished into the mists of history.

Urban hospitals are much better accounted for in the sources than their village counterparts. While many records relating to the urban institutions dealing with founders, foundations, and major events can be culled from city court books and visitation records, some village hospitals were so small that no original charters or foundation records were even maintained. As such the historian is often left with nothing more than a local tradition that such and such hospital did exist here at such and such time. The seventeenth- and eighteenth-century visitants whose records are replete with phrases more akin to a description of local folklore rather than to actual findings already experienced the same difficulties.

In other areas of inquiry, records of Catholic Church's 1599 visitations of Kraków's hospitals conducted by Cardinal Radziwiłł are a treasure trove of information on the size, management and function, as well as the material possessions of early modern hospitals. The quality and number of sources for the Warsaw hospitals between the fourteenth and eighteenth century are, however, particularly limited, the result of the destruction of the archives of the Warsaw's Metropolitan Curia during World War II. Although Warsaw belonged to the Poznań diocese, after 1664 documents pertaining to the city hospitals were no longer deposited at Poznań.

Conclusion

The research presented in this dissertation will show that Surdacki's attempt to all but eliminate the religious ideological dimension from hospital history will not stand. Focusing on a single locality, he misses the general trends sweeping the entire nation, or

sees those trends through the distorting prism of local conditions and eventually mistakes them for something locally generated. This is not to say that Surdacki is wrong with his supply and demand assessment of the forces engendering hospital foundations and other charitable practices. The “free market” theory is very helpful, especially on the local level where municipal and village administrative organs could quickly adjust to the smallest social and economic changes.

The socio-economic approach explains the geographic differences in charity provision found throughout Poland. It holds that local experiences and conditions generate charitable conceptions and actions of individuals. The passage of an army, a local flood, the plague, and a myriad other factors shape the quality and quantity of social care demanded and translates need into action. Surdacki summed his argument by stating that it was precisely because of local conditions that “the process of the development of the hospital net in Greater Poland was considerably quickened and followed a different path and a different rhythm than in other provinces of the Commonwealth.”²⁸ In this appraisal he is correct.

But such an approach is but one part of analysis and complements, rather than lessens, the impact that general trends had in delineating major paradigm shifts in the Polish charitable environment. The relative scarcity of such watershed events and the obvious consequences these shifts entail help in their rapid identification and add force to their explanatory potential.

²⁸ Surdacki, *Opieka Społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 81-82. “Proces kształtowania się sieci szpitali w Wielkopolsce był mocno przyspieszony i przebiegał zupełnie innymi drogami i w innym tempie niż w pozostałych dzielnicach Rzeczypospolitej.”

The Reformation crisis became the greatest of the ideological shifts that irrevocably altered the prevalent practices regarding hospital governance in pre-modern Poland. Whereas before the Council of Trent, hospitals had established themselves as civic institutions filling the local needs of burgeoning urban communities, administered by lay officials with complete freedom of action to meet developing problems and to implement independent local policies, the advent of the Catholic Counter-Reformation imposed more stringent and single-minded governance practices that sometimes negatively affected the quality of life hospital institutions offered to their charges.

Hospitals, like other charitable organizations of the time, were enmeshed in Europe's religious struggles. Their role as guardians of Catholic orthodoxy was supported by ecclesiastical council decrees that stressed their religious nature and emphasized the necessity of greater religious control over the lives of the patients. The process of admission into one of the institutions automatically conformed the new inmate to a whole new set of moral prescriptions and religious responsibilities. Towards the end of the sixteenth-century hospitals became an arm of the Roman Catholic Counter-Reformation movement in Poland, barred to those of other faiths, and requiring a profession of faith, a confession, and participation in religious practices on the part of the inmates. Their original function to provide shelter to all sorts of sick and destitute suffered as the local administrators lost their independence of action and had to subsume their operations within the wider, prescribed strategy of governance led by the Roman Catholic Church. Religious ideology, therefore, played a major part in shaping the Polish Counter-Reformation hospital development.

In the discussion that follows, Chapter One concentrates on the ideological roots of early Polish hospital-shelters that are found in the Christian spiritual concept of charity. The hospitals' development out of monastery *infirmaria* and their association with religious orders clearly indicate the institutions' identification with the ecclesiastical environment. A discussion of hospital terminology found in the sources and an analysis of hospital specialization concludes the chapter.

No hospital, whether urban or village, could survive for long without a source of continuing income. The way hospitals were founded, why, and by whom, could mean the difference between successful survival and a speedy disappearance. Chapter Two considers how these institutions assured themselves a functional existence in a changing political and social environment. The ways and means through which hospitals drew in a steady flow of resources, how these resources were affected by the interaction and conflict between ecclesiastical, secular, and inmate interests, and how they were converted by the hospital into social care, form the main part of that chapter.

Chapter Three examines the struggle between the secular and spiritual authority as they vied, through the centuries, for administrative control of hospitals. As recipients of constant charity and possessors of great wealth hospitals were often a rich prize to be won. More importantly, an analysis of the administrative practices of pre-modern Polish hospitals cuts across leading historiographical questions relating to the role of charitable organizations as civic or religious institutions. After the Council of Trent, hospitals in Poland became an arm of the Catholic Counter-Reformation, a shift which helps explain the institution's functional decline in the seventeenth and the eighteenth century.

Chapter Four, finally, discusses both the experience of the hospital from the perspective of those it was meant to serve, and the institutional and social ties that connected hospitals to their localities. This chapter will discuss what the pre-modern Polish hospitals looked like over time, the numbers of poor and sick they sheltered, what the inmates ate and drank, how they spent their free time, and eventually, how they left the hospital.

The aspects of Polish hospitalization and charity presented by this dissertation are, at this date, virtually unknown in the West, though they do tend to inform many questions posed by Western historiography about its own hospital establishment. This dissertation's portrayal of the charitable relationships within the hospital setting can shine light upon the economic and social environment of pre-modern European institutions of mercy. The story of who gives, how is the giving done, how much, why, and eventually to whom, can illustrate not only the social structure of a particular locality, but also makes plain the conventions, mores and taboos governing the given community. A better picture of a social environment is thus created, a picture that can be used to draw multiple comparisons between Eastern and Western European social groups.

CHAPTER ONE: The Development of Polish Hospitals

This chapter presents the general development of Polish hospitals, from their twelfth-century genesis as monastery *infirmaria* (infirmary, sick house) to their eventual proliferation across the country. Based on particular examples of several well-known hospitals, such as the Holy Spirit of Kraków, the following pages list the reasons for hospital separation from the monasteries as well as present some historiographical problems encountered in current research. Besides underlining the prevalence of ecclesiastical concerns in hospital creation, one of the more important points reflects the association of early hospitals both with noble foundations and with the growing Polish urban environment. Furthermore, the chapter discusses the importance of various monastic orders in early hospital expansion, provides a geographical and chronological listing of major urban hospitals in the Kingdom of Poland between the twelfth and the eighteenth century, and covers the association between hospitals and the medical profession.

Introduction

The origin of European hospitals is embedded in Christian faith. The idea of love of one's neighbor, strengthened by innumerable New Testament examples, served to create a religious environment where the care and support of the less fortunate acquired a high level of importance. Evolving out of this association, early hospitals originated as institutions attached to monasteries, where the concept of Christian love, taking care of the unfortunate and the destitute, could find an administered expression. Over centuries

the forms and functions of such institutionalized help underwent a process of continual evolution, ritualization, and transformation until the crystallization of the modern idea of a hospital at the cusp of the nineteenth century.

Hospitals themselves were, however, not a Christian invention, nor did their geographical spread limit itself only to European nations. During the height of Greek civilization, priests of the god Asklepios took care of the sick in their temples. Later private physicians practiced their art in the so-called *iatreia*. When Rome replaced Greece as the dominant cultural power in the Mediterranean Basin, *valetudinaria*, or hospitals for sick slaves and soldiers, became more numerous. Well planned and organized, they became the pinnacle of health care in the ancient world.¹ Following the advent of Christianity and the collapse of the Roman Empire in 476 C.E., Western Europe suffered a cataclysm of war and invasion which first sapped and then completely deprived it of any development in health care provision. The newly established Barbarian kingdoms, the Goths in Italy, Franks in Gaul and Germany, and Visigoths in Spain, were too much concerned with their own political and military survival to bother with such mundane matters as hospitals. The focus for institutions of care thus shifted to the East where both the Arabs and the Byzantines maintained a high quality establishment that outshone anything the Europeans were able to put together. The hospital of *Pantocrator* in Constantinople became a standard for Byzantine health care, its fame matched only by the Muslim establishments in Damascus, Baghdad, Alexandria, Cairo and Cordoba. It should be noted the above-mentioned institutions were more than just places where the sick could find shelter and care. They were all staffed by a

¹ W. Szumowski, *Historia medycyny* [The History of Medicine] (Warszawa: N.p., 1961), 90.

knowledgeable workforce, were divided into wards based on the severity and type of disease encountered, and contained medical libraries as well as provided opportunities for medical research.² It could be said that in respect to health-care provision these medieval hospitals maintained superiority over their European counterparts until the end of the eighteenth century.

Hospitals in Europe developed differently from the ones mentioned above. The Roman Catholic Church, chiefly responsible for the erection of new hospitals, did not view taking care of the sick as an end in itself which would necessitate the creation of houses responsible only for health care. To understand this concept, one must understand the totality of Christian ideas of charity. Providing help to one's fellow man became an all-inclusive and highly ritualized model of behavior. Charity, health-care, giving shelter to those poor and needy, became all standardized together in a single package the parts of which were never really seen in the medieval world as separate issues. Also important was the lack of separation between this- and other-worldly matters. Charity, after all, did not exist in a spiritual vacuum, but rather had a lofty purpose as a vessel on which the souls of those who gave floated towards their heavenly rewards.

Bringing together all these disparate strands of Christian charity necessitated the creation of institutions where healing the sick would become just one of many, and quite incidental at that, purpose of the hospital. The first hospitals were thus involved in all aspects of ritualized care giving, serving as hospices, shelters, orphanages, maternity wards, old age homes, schools, retirement homes and, something which has often been

² E. Wickersheimer, Les édifices hospitaliers à travers les âges (Paris and Alençon: N.p., 1953), 5-7.

ignored by historians, places of final rest. Almost as a side note did hospitals act as places for the care of the sick.

Even as late as 1579 the archdeacon of Wrocław defined a hospital as “every place, having as its goal charitable care, which supports all those who are poor, pilgrims, ill, incapable of working, not having food or clothes, mentally ill, poor orphaned children, abandoned infants, lepers, those with terminal and communicable diseases, and all others worthy of mercy.” The perennial Polish hospital, that of the Holy Spirit in Kraków, acted in all capacities, with the addition of a school for boys, and as a place for expectant mothers to give birth to unwanted children which would then be left in the care of the hospital. The extent of social services performed by the hospital institutions was thus quite considerable.³

Although meeting the social needs of the masses became a component behind the proliferation of Polish hospitals, from their very beginnings these institutions promoted the identification of social care with the spiritual dimension, as well as physical treatment with spiritual one. Charity was never really seen as an instrument combating poverty or social inequality. The Catholic Church simply never viewed poverty as a social ill. The existence of poverty was seen as a perfectly natural order of things, established by the will of God, as a means to help some (those who gave alms) on their way to heaven.

³ J. W. Brodman, Charity and Welfare: Hospitals and the Poor in Medieval Catalonia (Philadelphia: University of Pennsylvania Press, 1998), 2; Flynn, 48-49; Podgórska-Klawe, Od hospicium do współczesnego szpitala [From hospice to the modern hospital], 13, 24-35; Bolesław Kumor, “Szpitalnictwo w Sądecczyźnie w okresie przedrozbiorowym,” [Hospitals of Nowy Sącz in the pre-partition period] Rocznik Sadecki 10 (1969), 221; J. Jungnitz ed., Visitationsberichte der Diözese Breslau Vol. 1 (Wrocław: N.p., 1902), 27 “*Loca omnia pietati erga proximum consecrata, in quibus aluntur peregrini pauperes, invalidi et ad labores, quibus victus et amictus comparetur, inepti, sense, parentibus orbi, atque inopes liberi, infantes expositi, leprosi, contagiosis ac perpetuis morbis obnoxii atque aliae miserabiles personae*”; Księga Radziecka Miasta Starej Warszawy, Tom 90 [Council Book of Old Warsaw, Vol. 90], 272.

Seen as instruments of God's divine plan, the poor were thus viewed as a necessary component of society, and the condition of poverty was not seen as something that ought to be purged by concerted action. Charitable institutions were therefore not designed to eliminate poverty. Though the spiritual conception affording the poor an ontological purpose in God's grand scheme of things assured their survival in order to guarantee them, and their alms-givers, a road to heavenly reward, the imperative to hold them in a pristine moral and spiritual condition unfortunately also necessitated them to be preserved in constant...poverty.⁴

Hospitals were at the forefront of this strategy. They were thought of as institutions of Christian charity that lay in the domain of the church. No matter how much control private or municipal organizations came to exercise over works of charity in the next few centuries, the population always viewed hospitals as church institutions. As such the church found no difficulty in reinforcing the other special function hospitals possessed. As an integral part of the religious establishment hospitals were, just like all other spiritual institutions, required to act as watchdogs over matters of faith. In a time

⁴ See Góralski, "Opieka społeczna i szpitalnictwo w dawnej Polsce," [Social care and hospitals in Old Poland], 85; Poverty was hardly ever viewed in the medieval world as an economic condition, but rather as one that made the subject dependant on others. "The poor were passive players in a larger drama that focused on the salvation of the giver rather than on the improvement of the recipient," according to Brodman, 1, 6-7. Medieval economic discourse was always couched in non-economic terms. See also Barry and Jones, 5; Grell and Cunningham, 3-4, 51. Because of Counter-Reformation's triumph the ideological insistence on poverty's spiritual and social function survived in Poland till the end of the eighteenth century. This was not the case in Protestant countries where the separation of spiritual good works from charity, and the separation of poverty from any sense of social function, led to strenuous attempts at its elimination. Protestant charity became associated with a this-worldly, rather than heavenly phenomenon, and became a civil, rather than a spiritual obligation; Nicholas Orme and Margaret Webster, The English Hospital 1070-1570 (New Haven: Yale University Press, 1995), 49; Rubin, Charity and Community in Medieval Cambridge, 10, 292-93. The concept of reciprocity is at the forefront of medieval Christian charitable dogma. The poor fulfilled a specific function by being poor - to allow those well off to justify wealth by performing acts of mercy. Had their material state changed for the better they would no longer be able to act their part, therefore upsetting societal cohesion and accepted behavioral patterns. Rubin, "Imagining Medieval Hospitals," 24-25. The poor should also be viewed in terms of being the objects of charity, and rarely as actors.

when concepts of the body were inextricably mixed with those of the soul, and a physical malady often viewed as a moral one, the spiritual state of hospital inmates had greater importance than their material, or, for that matter, physical well being. As Carole Rawcliffe sagely reminds us about the interplay between physical and spiritual medicine, in the Middle Ages “to distinguish between the two medicines, as historians from a more secular age often tend to do, would have seemed not only futile but perverse.”⁵

Early Polish hospitals should therefore not be understood as places designed only for the care and treatment of the sick. In medieval Poland the word “hospital” did not denote what it does now. In fact, at first, there existed no single term to describe these institutions. Though *infirmaria* meant the part of a monastery where sick and infirm brothers and pilgrims were kept, other words were soon used to indicate institutions outside of the monastery walls. The beginning of hospital specialization, where certain houses of care would concentrate on particular services targeting a single group, such as traveling pilgrims or those sick with leprosy, associated those institutions with specific local social and health needs. Thus *hospitalis*, *nosocomia*, *gerocomia*, *gerontocomia*, *brebotrophia*, *orphanotrophia*, *lobotrophia*, *pandochia*, and *xenodochia* were but a few expressions used at the beginning of the institution’s development in Poland, between the twelfth and thirteenth centuries. Short-term and long-term shelters for travelers kept their Greek name *xenodochia*. Shelters for the poor, which would eventually encompass most of Polish hospitals, were known as *ptochotrophia*; those helping orphans,

⁵ Rawcliffe, *Medicine for the Soul*, 103, 105, 170.

orphanotrophia; for foundlings, *brebo-*, *brecho-*, or *brephotrophia*; old folks, *gerontocomia*, *gerocomia* or *gerotrophia*; for the sick, *nosocomia* or *nosodochia*.⁶

The nature of Polish hospitals often necessitated that a single institution encompassed a number, or sometimes even all, of the above functions. By the fifteenth century the disappearance of these specialized expressions from the lexicon describing hospitals recognized the development of multi-purpose hospital-shelters as the standard of institutional health-care provision, though it was only at the end of the Polish middle ages, in the sixteenth century that general terms *xenodochia*, *hospitale* and *hospitium* entirely substituted for the more particular and earlier expressions enumerated above.⁷

As seen from the example of Kraków, twelfth to sixteenth-century Polish hospitals were almost exclusively urban institutions. Local village hospitals remained virtually unknown in Poland up to the latter part of the sixteenth century, unless they existed as noble or ecclesiastical grants (the so-called *prepozytura* hospitals that are defined in the next chapter), or in the form of monastery *infirmaria*. Only after the Council of Trent new drives and religious stipulations led to a growth in the numbers of

⁶ Wachholz, 1: 21; Kumor, "Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 221; Góralski, *Szpital na Lubelszczyźnie* [Lublin area Hospitals], 18; Martha Carlin, "Medieval English Hospitals," in *The Hospital in History*, eds. Lindsay Granshaw and Roy Porter, (London and New York: Routledge, 1989), 21. Medieval hospitals in other parts of Europe were also divided according to their function. In England four major divisions existed: leper houses, almshouses, hospitals for the sick poor, and hospices for travelers and pilgrims; Orme and Webster, *The English Hospital 1070-1570*, 55-56. Orme and Webster divided English hospital functions into long-term care of the disabled and the infirm, medium-term care and sometimes cure of the sick, short term shelter to travelers, and alms distribution to the poor.

⁷ Wacław Zaremba, "Pogląd historyczny na powstanie i rozwój domów leczniczych," [Historical views on the origin and development of hospitals] *Nowiny Lekarskie* 6 (1894), 150; Karpiński, 43; Tadeusz Glemma, *Z dziejów miłosierdzia chrześcijańskiego w Polsce* [From the history of Christian charities in Poland] (Kraków: N.p., 1947), 14, 37, 68; Męczkowski, "Prowizorowie szpitali w dawnej Polsce," [The hospital provisors in Old Poland], 82; Góralski, *Szpital na Lubelszczyźnie* [Lublin area Hospitals], 14, 18; Giedroyc, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 3.

village institutions, though Marian Surdacki claims that even at the beginning of the seventeenth-century village hospitals were extremely rare compared to their urban and *prepozytura* cousins. Slowly proliferating at the end of the sixteenth and the beginning of the seventeenth century, parish hospitals reached the apex of their growth in the second half of the seventeenth century, when finally they came to represent the vast majority of hospitals existing within the lands of the Commonwealth.⁸

Unlike their city and town cousins, however, parish village hospitals were to a far greater extent vulnerable to historical vagaries and the goodwill of individual patrons. While city institutions could share the patronage of bishops, Cathedral chapters, and urban organizations, not to mention noble and even royal considerations, village hospitals, so needed in the agricultural lands they served, were often left to the devices of a few important locals, or even to the parish church. Mostly lacking resources comparable to even the poorest urban hospital, village institutions often escaped the notice of chroniclers. The sources dealing with them are therefore, understandably, rather limited to visitation records the quality of which depends on the skills of the persons compiling them.

A word, however, should also be said about the many institutions, often short lived and ephemeral, for which we have neither foundation date nor visitation records. These forgotten hospitals, almost all located in the agricultural areas of the Commonwealth of Poland, popped up following periodic outbreaks of sickness or bad harvests and disappeared as quickly when either the need for them lessened or their meager resources run out. Some of such hospitals seem to be lost to history forever, as

⁸ Malinowski, 12; Surdacki, *Opieka Społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 5, 28.

their existence might have fallen squarely between times of bishop's visitations that would have noted their condition.

After the sixteenth century, most village hospitals developed around the local parish and functioned virtually as its arm, with the parish priest responsible for hospital administration. The founding of such hospitals still depended mostly on church or noble initiative, though there have been instances of peasants themselves pooling their resources to originate such institutions. For instance, around 1580, one Felicja Rolczanka, a well-to do (apparently) free peasant bought a house and a barn in the Little Poland village of Podegrodzie and turned it into a hospital.⁹

To an extent greater than city hospitals, village institutions depended on the patronage of nobility, whose monopoly of power over agrarian life and society only increased with the passage of time. It is interesting to note that almost as often as not these hospitals owed their existence to noble female patronage, as aristocratic women discovered in hospital foundation a major focus for their charitable activities.

The Earliest Polish Hospitals

The origin of Polish hospitals is closely associated with the proliferation of monastic orders. Though the official Christianization of the country occurred in 966 C.E. under the auspices of the national unifier, Duke Mieszko I, the old pagan beliefs proved difficult to uproot and the newly arrived church found itself in an uphill battle for the next

⁹ Kumor, "Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 232; Manuscript no. 25, *Visitatio decanatus Sandeccensis et Novi Fori externa per Joannem Januszowski, a. 1608 expedita*, 53, AKMK.

two centuries. To combat the hold paganism possessed over the vast majority of population, the Catholic hierarchy sent out charismatic missionaries, such as the martyr and saint Adalbert (św. Wojciech), and also had recourse to the monastic movements.

Augustinians, Cistercians, and Benedictines flooded the Polish plains, bringing with them a missionary zeal with which to combat local customs they saw as heathenism, strict regulations for salvation of their own and others' souls, and their own institutions.

Often built on important trade routes and pilgrim trails, sometimes being the very object of the pilgrims, many monasteries found it necessary to maintain a well-staffed place where the weary traveler could rest on the journey. As the vagaries of such journeys often produced illness, monasteries also had to cope with an influx of sick pilgrims. Special abodes within the monastery complexes, called *infirmaria*, were created for precisely this purpose. Some orders, such as the Benedictines, began in 529 C.E., had taking care of the sick and the poor as part of their monastic vows. Their great abbey at Monte Cassino, for instance, became a major hospital center, providing learned monks access to the best medical expertise the medieval world could offer. Such orders also extended their care to the local poor, becoming in many cases the major welfare providers for the destitute of a given area.¹⁰

According to the fifteenth-century chronicler Jan Długosz (1415-1480), by the eleventh century there were already six Benedictine abbeys in the Kingdom of Poland.¹¹ Though no documents survive from that pioneering period, nevertheless it is almost

¹⁰ M. Bariety and Ch. Coury, *Histoire de la médecine* (Paris: N.p., 1963), 330-333; Henderson, 67; Orme and Webster, 17, 73. Monastic orders were very important in the establishment of Polish hospitals. Apparently they were less so in England, where monasteries administered only about ten percent of active medieval institutions.

¹¹ Jan Długosz, *Roczniki, czyli kroniki sławnego Królestwa Polskiego* [Diaries or chronicles of the famous Polish kingdom] (Warszawa: N.p., 1961-75).

certain that Benedictines and, beginning in the twelfth century, the Cistercians, possessed *infirmaria* as an integral part of their monastic establishment. The head of the *infirmaria* reported directly to the abbot and commanded some medical knowledge.

Some monastic orders utilized institutions other than just the *infirmaria* to bring succor to the poor and the sick. Certain Cistercian monasteries, especially those located in the Silesian countryside, supported the poor by giving a sick or infirm person a *prebend*, or the memorial meal left by a dead member of the order. With time, permanent *prebends* provided for the support of a fixed number of poor by each monastery.

According to the necrologies of the Cistercian order in Silesia, the monasteries of Łubiąż, Henryków, and Kamieniec all possessed their own hospice-hospitals either in-house or on their properties. Łubiąż maintained a hospice in its village of Wołów, for instance, Henryków in the town of Nysa, and Kamieniec in Wrocław, Świdnica, Nysa and Kłodzko. The necrologies indicate that a few permanent employees staffed each hospice. The Łubiąż necrology names an official called a *magister hospitum*. Based on the same sources, the title of *Hospitularius* seems to be associated with common hospital attendants.¹²

Since, besides the very limited in scope *prebend*, the monastery *infirmaria* could be considered the only major health care institution in a given locality, its purpose soon outgrew the original function of providing care only to infirm brothers or pilgrims and

¹² Michał Kaczmarek, "W trosce o najsłabszych. Działalność charytatywna Śląskich klasztorów cysterskich rodziny łubińskiej," [Caring for the weakest. The charitable mission of Silesian Cistercian Monasteries of the Łubiąż branch] in Historia i Kultura Cystersów w dawnej Polsce i ich Europejskie Związki [The history and culture of the Cistercian order in medieval Poland and their European connections], ed. Jerzy Strzelczyk (Poznań: Uniwersytet Im. Adama Mickiewicza w Poznaniu, 1987).

evolved to bring succor to the population at large.¹³ So long as monasteries could cope with the numbers of local poor, they remained the primary charity providers. The difficult times associated with the internal political conflict of the twelfth and thirteenth century, many battles and foreign invasions such as the great Mongol raid of 1241, combined with natural disasters to create a level of need well beyond that of the monastery *infirmaria*. As the numbers of paupers multiplied, monasteries found themselves unable to help all those who sought it. Standard alms giving associated with religious festivals and practices also proved to be incapable of meeting the demand. Faced with what could be perceived as a crisis of charity between the twelfth and thirteenth centuries, the Polish church found it necessary to strengthen the monastic movements, import new orders from abroad (such as the Holy Spirit Order, imported at the beginning of the thirteenth century), and broaden hospital functions to general shelters for the poor and destitute.

Yet the church alone simply could not equal the task placed before it. Though the number of hospitals associated with monastic orders increased markedly in the thirteenth century, their capacity was usually small.¹⁴ Church strategy to meet the demand shifted therefore to emphasise the very popular in the High Middle Ages Cult of Poverty and to transfer some administrative responsibility over the poor to private, municipal, and later even governmental organizations.¹⁵

¹³ Karol Dola, "Szpitale Średniowieczne Śląska," [The medieval Silesian hospitals], 243-244.

¹⁴ J. Bartoszewicz, Kościół warszawskie rzymskokatolickie opisane pod względem historycznym [The historical description of Warsaw's Roman-Catholic Churches] (Warsaw: N.p., 1855), 64. Even 15th century monastery-run hospitals lacked the ability to serve a large and diverse population. As an example the Holy Spirit Hospital in Warsaw could barely support a dozen people.

¹⁵ Podgórska-Klawe, Od hospicium do współczesnego szpitala [From hospice to the modern hospital], 14. A similar tactic occurred in Medieval Spain where, before the involvement of municipal

From the pulpits, and in the works of art, the beggars and the poor were portrayed as sanctified imitators of the act of Christ. The doctrine of charity came to symbolize giving to the poor as giving “unto God,” where the beggar became an intermediary between the godhead and the alms-giver. Voluntary poverty was strongly emphasized as a state of high spiritual value. The old hagiographies like that of St. Martin who cut his cloak in two and shared it with a beggar and stories of godly hermits were reissued and remolded in countless sermons and exaltations. Voluntary renunciation of property, often accompanied by a renunciation of society, followed the biblical lead of Jesus Christ who renounced his power as King and Son of God to become a man. Scriptural prescriptions on how to live, such as the Gospel of Matthew (XIX. 24), and the Greek Church Fathers, illuminated the high moral value of voluntary poverty and offered the promise of salvation to those who followed in His footsteps.¹⁶

The church’s call did not go unanswered. The inability of the monastery-based *infirmaria* to meet the growing social needs created an outlet for other means of support. Especially noble foundations took advantage of this opportunity to become a major force in all aspects of Polish charities. The nobility had the resources to endow hospitals; the church had the power to absolve their sins.

Some historians maintain the shelter located on a hill called Sobótka, near Wrocław, donated to the Augustinian order by the magnate Piotr Włostowic in 1108, as

governments, private individuals and lay religious associations shouldered the main burden of providing charity in an urban setting. Before that, in the twelfth century, almshouses associated with individual churches provided the majority of services. See Flynn, 48 and Brodman, 8.

¹⁶ Geremek, *Poverty: A History*, 20; Mollat, *The Poor in the Middle Ages*, 64.

the earliest of Polish hospital foundations.¹⁷ Though no source for the erection of the Sobótka hospital survived, a vague report in the chronicles of Długosz about Bogusław Włostowic, Piotr's brother, donating to the Augustinians a village near Sobótka, is often held in support.¹⁸ Whether that mention could be made to prove the tradition of a Sobótka hospital remains a mystery in view of a lack of additional sources. The Augustinians, of course, were heavily involved in maintaining their own *infirmaria* and so, conceivably, could have been the perfect candidates to take over the administration of a new, noble-founded hospital.

The first authentic document proving the existence of a hospital comes to us from the middle of the twelfth century. Though various historians tend to date it differently¹⁹, there is no argument about its content. Between 1154 and 1167 Duke Henryk Sandomierski, in order to save his own and his parents' souls, donated two villages and their possessions, including serfs, to the St. John the Baptist hospital in Zagość, for support of the poor sheltered therein.²⁰ The wording of the document does not identify Henryk as the original founder, otherwise it is certain he would have called himself that, and thus we may divine that the institution already existed some time before the Duke of Sandomierz made his contribution. The real importance of this text lies in a number of

¹⁷ Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 28; Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 15; A. Zeniuk, "Nowatorstwo i humanitaryzm polskiego szpitalnictwa XI-XVIII wieku," [The humanness and innovation of Polish hospitals between the eleventh and eighteenth centuries] *Archiwum Historii Medycyny* 40:2 (1977), 151.

¹⁸ Długosz, *Roczniki* [Diaries], 26.

¹⁹ Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 29. Some suggestions included 1154, 1166, and 1167.

²⁰ J. Bartoszewicz, ed., *Kodeks dyplomatyczny Polski*, vol. 3. no. 4. *Dokument Henryka Sandomierskiego* [Polish diplomatic codex. Vol. 3. Nr. 4. The Document of Henryk Sandomierski] (Warszawa: N.p., 1858); *Dokument Henryka Sandomierskiego*, [The Document of Henryk Sandomierski], AADK.

other factors, however. For one, it points to a premise that magnate donations formed the core of early Polish hospital support. The Sobótka hospital of Piotr Włostowic mentioned above corresponds to the same tradition.

Beginning with the document of Duke Henryk hospitals saw an influx of aristocratic donations that continued throughout the centuries. The exercise of Christian love assured for the nobility entry into heaven and became the prevalent notion behind their foundations, as Henryk Sandomierski's document attests. In fact all the way up to the Reformation, care of one's soul and negotiation with the divine assumed primary place in most private donations. Any gloss over hospital foundations or testaments of grants would invariably include versions of a simple formula explaining the reasoning behind the gifts as a way to acquire grace in order to ease the giver's spiritual journey. The increase of one's status in the community through giving also played a part. Charity was thus an act of reciprocity well perceived by both the giver and the receiver of alms.²¹

This overwhelming concentration of charity in the hands of twelfth- and thirteenth-century magnates is explained by their near-total monopoly of dispensable wealth. Besides the church, they had no competition as providers of charity. The vast majority of the Polish population of the time toiled the fields; they were the recipients, not the providers of alms. The middle class, that particular force which would control many aspects of Western European philanthropy from the Renaissance onward, did not

²¹ Granshaw and Porter, 5; Brodman, 1, 6; Cavallo, 55; Flynn, 48, 54; Orme and Webster, 34, 97-98; Rubin, Charity and Community in Medieval Cambridge, 10, 289; "Imagining Medieval Hospitals," 21. Status was especially important for Sandra Cavallo. Flynn mentions some of those tending to the sick in Spain even received Papal indulgences, as did those in England. Rawcliffe, Medicine for the Soul, 5, 7. "Charity offered an infallible cure for diseases of the soul, and would, moreover, stay the divine arrows of wrath." See Appendix I.

yet exist in any vast numbers. Polish municipalities developed slowly²², and the Polish middle classes were eventually created out of German and Jewish immigrants. Also, the death of Duke Bolesław Krzywousty in 1138 left Poland decentralized and divided into private provinces among his five sons whose descendants battled on for supremacy until 1320 when Władysław Łokietek, after his military victories over competitors both foreign and domestic, ascended the throne as king of a re-unified Poland. The lack of central power and continuous civil wars in the intervening period made noble families not only political arbiters but also the chief providers of charity at the time when their subjects were sorely pressed by circumstances. Zofia Podgórska-Klawe, looking in thirteenth- and fourteenth-century chronicles, discovered a relationship between recorded times of dearth and hospital erection, showing that noble charitable efforts increased in periods of famine and suffering.²³

In 1170 Duke Mieczysław the Old (*Mieszko Stary*) supposedly founded a hospital attached to the St. Michael church in Poznań. In 1224 the Polish prince Henryk the Bearded (*Brodaty*) offered to the Cistercian monastery of Łubiąż 500 *lan*²⁴ of land, but by doing so he required the monastery to keep three *prebends* for the poor. In the same year he provided necessary support for five paupers at the monastery of Trzebnica. Bolesław III, Prince of Brzeg, augmented the Łubiąż monastery with another generous donation.

²² Kraków, Poland's capital and largest city till the 17th century, did not receive its town charter till 1257.

²³ Podgórska-Klawe, Od hospicium do współczesnego szpitala [From hospice to the modern hospital], 29.

²⁴ A Polish *lan* is a measure of land, varying with time between 7.5 and 32 acres.

Though associated with liturgy for the salvation of the soul of the giver, all these donations brought succor to the poor.²⁵

The church, of course, did not entirely shirk away from its responsibilities but rather actively participated in the erection and promulgation of hospitals. The early Polish bishops were in the forefront of hospital creation, vying with the nobility as charitable patrons. Even before Duke Henryk and Mieszko Stary's donations, around 1152, Janisław, the archbishop of Gniezno, is said to have endowed a Cistercian hospital in Jędrzejów. In 1203 Kraków's bishop Pełka endowed a hospital in the lead mining community of Sławków.²⁶

That institution demands attention, not only because it might have been at the time, besides a general shelter for the poor, the very first Polish hospital for work-related cases of lead poisoning, but also because it became Kraków's archetypical foundation. Sławków, along with the towns of Wieliczka and Bochnia became major mining centers. The valuable commodities of Sławków's lead and Wieliczka's salt fueled Kraków's burgeoning economy and made the city an attractive stop on the merchant routes. This mineral bonanza and proximity to Vistula's waterways might have encouraged Kraków's development, eventually leading to the transfer of capital from the ancient Gniezno, but it also involved grievous social consequences.

²⁵ Brodman, 9. *Prebends* were a standard mechanism of European alms-provision. In Catalonia, for instance, beginning in the twelfth century, many were set up by rich individuals.

²⁶ Wachholz, 1: 6; Męczkowski, "Prowizorowie szpitali w dawnej Polsce," [The hospital provisors in Old Poland], 82; Franciszek Giedroyc, Zapiski do dziejów szpitalnictwa w dawnej Polsce [Notes from the history of Old Polish hospitals] (Warsaw: Piotr Laskauer, 1908), 2; In England bishop Lanfranc is credited with the establishment of first free-standing hospitals after the Norman conquest, as shown in Orme and Webster, 20-22.

With the development of mining communities came a local demographic boom that increased the numbers of the destitute in need of assistance. In addition, the miners themselves were a primary target for on-work accidents and soon showed signs of infirmities associated with their profession. Accordingly, hospitals serving the miners' needs became a necessity. In view of that, at the beginning of the thirteenth century, bishop Pełka, also known as Fulco, ordered the erection of a hospital in Sławków, located on the Black Przemsza river near another mining center of Olkusz.

What about Kraków? If Kraków owed its rise to being the main economic beneficiary of the central position between the Silesian industrial region and Wieliczka's salt, why did Pełka chose Sławków for the site of the new hospital instead of his own bishopric? The answer might be found in the *Liber Beneficiorum* of Długosz, whose work forms the main depository of source material for thirteenth and fourteenth centuries.²⁷

According to Długosz, the venerable bishop wished to create two hospitals, one for the miners and one for the poor of Kraków, but during his lifetime only the Sławków hospital saw completion, presumably, because the miners' need took precedence. Pełka's later successor, bishop Iwo Odrowąż, saw things differently and around the year 1220, hence very soon after its creation, removed the Sławków hospital to Prądnik, still some distance outside of Kraków, and in full accord with the then held practice of setting hospitals outside of city walls.²⁸ Sławków had to do without a hospital for the remainder of the century, eventually getting a replacement in the form of the St. John the Baptist

²⁷Jan Długosz, *Liber Beneficiorum*, Vol. 3. (Kraków: N.p., 1868), 38.

²⁸ Wachholz, 1: 6.; Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 38.

hospital in 1298, set up by bishop Jan Muskata. In 1244 bishop Prandota removed what was then already the Holy Spirit Hospital from Prądnik, which has been severely hurt during the Mongol invasion of 1241, and reconstituted it in Kraków, this time within the city walls.²⁹ From that moment onward, Kraków's Holy Spirit Hospital remained an integral part of the city, sharing with it triumphs and tragedies, and acted as a silent witness to the passage of time until the demolition of its last vestiges at the end of the nineteenth century. As the largest of Kraków's charitable institutions the Holy Spirit hospital soon came to be universally known as *hospitale magnum* or *hospitale maius* (the great hospital),³⁰ and the street it stood on assumed the name of Hospital Street (*Ulica Szpitalna*), which it still possesses to this very day.

The Holy Spirit Hospital of Kraków became one of the most well documented charitable institutions in all of Poland. It is an astonishingly rich resource for a range of topics from hospital administration to human-interest stories regarding the poor it served.

The Order of the Holy Spirit

To offer care within the new hospital the bishops of Kraków invited a new monastic order, the regular canons *Sanctus Spiritus sive de Saxia*, or the Holy Spirit canons, or *Duchacy* in Polish. This particular order took it upon itself to specialize in hospital care provision, and gave its name to the hospitals it staffed. Soon, in terms of

²⁹ Stanisław Tomkowicz, *Szpital Świętego Ducha* [The Holy Spirit Hospital] Zabytki budownictwa miasta Krakowa [The monuments of Kraków's architecture] (Kraków: Drukarnia "Czasu", 1892), 8.

³⁰ Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 39; F. Piekosiński, ed., *Kodeks dyplomatyczny miasta Krakowa*. Vol 2-4. [The diplomatic codex of the city of Kraków] (Kraków: N.p., 1879-1882), 605, 766.

hospital organization, they became the most important monastic movement in Poland, far outpacing the older Cistercians and Benedictines. As opposed to the other orders that were only required to take three, the monks and sisters of the Holy Spirit had to swear four oaths upon taking up their habits, namely that of poverty, obedience, chastity, and service to the poor. The last part of their oath, preparing the new members for their life of service ran as follows: “I offer myself to God, the Most Holy Virgin Mary, and to the poor and sick, our lords, that I shall be their servant as long as I live.”³¹ Male and female members of the order took precisely the same oath. Seen as the perfect hospital custodians by the church establishment, the movement proliferated, and soon possessed in its care a dozen or so hospitals.

The *Sanctus Spiritus* order originated in the second half of the twelfth century in Montpellier, the creation of Guido de Montpellier, a member of a very influential local family. In the last decade of the century, after forming both a male and a female branch of the order Guido built the first Holy Spirit hospital in his native city, and set himself to care for the gathered poor and the sick. To enlarge the operations of the order so as to include all those who needed assistance, and to involve lay people, Guido later created the Holy Spirit Confraternity, whose members eventually came to comprise nobility and royalty, including the Polish queen Elżbieta, wife to the fifteenth-century monarch Kazimierz Jagiellończyk. Pope Innocent III, after confirming the order by his bull of

³¹ Manuscript no. 633/I, *Regula Sancti Spiritus domus eiusdem ordinis in Cracovia* cap. 69 “*Ego offero me et trado me ipsum Deo et B. Mariae Virgini et dominis nostris infirmis, ut omnibus diebus vitae meae sim serviens illis, promitto cum Dei auxilio servare castitatem et sine proprio vixere et tibi fratri et successoribus tuis obedientiam tenere et praecepta regule posse servare et bona ipsorum pauperum fideliter custodire, sic me Deus adiuvet et hec Sancta Evangelia,*” Biblioteka Ossolińskich we Wrocławiu [The Ossoliński Library of Wrocław]; Manuscript no. 220, “*Regula Fratrum Hospitaliorum Sancti Spiritus de Saxia*, Archiwum Kapituły Metropolitalnej w Krakowie, [The archive of Metropolitan Chapter in Kraków]; Tomkowicz, *Szpital Świętego Ducha* [The Holy Spirit Hospital], 16; Męczkowski, *Szpital św. Ducha i św. Trójcy w Kaliszu* [The Holy Spirit and Holy Trinity Hospitals in Kalisz], 228.

April 22, 1198, gave it the Sancta Maria hospital in Rome, constructed in 1204 on the ruins of an older hospital once sheltering pilgrims from Saxony. The St. Mary of Saxony, as this hospital came to be known, eventually became the premier hospital of the order, even eclipsing the original house in Montpellier, and added *sive de Saxia* to the order's official name.³²

But who really did invite the Holy Spirit order to Poland, when, and from where? These three simple questions formed the basis of a major debate between late nineteenth and early twentieth century Polish historians. Ambiguous source materials fueled the discussion. Most hospital and church documents pertaining to the early days of the order on Polish soil were destroyed in a great fire that swept through the northern parts of Kraków in 1528, adding to the confusion.

The incompatibility of surviving materials only compounds the difficulty. Długosz, writing in the fifteenth century, maintained that the Holy Spirit canons were invited by Bishop Iwo Odrowąż to his newly-moved hospital in Prądnik in 1220, from where they were later moved to Kraków by Iwo's successor, Prandota.³³ Meanwhile Wojciech Baseus z Szczepieszyna, the provincial of the Polish Holy Spirit order in the middle of the sixteenth century, wrote that *Duchacy* were invited by Bishop Pełka, or

³² Wachholz, 1: 11; Antosiewicz, "Zakon Ducha Świętego de Saxia w Polsce Średniowiecznej," [The Holy Spirit de Saxia Order in medieval Poland], 168; Bullarium privilegiorum ac diplomatum Romanorum Pontificum. Vol. 3 (Rome: N.p., 1740), 132; P. Brunne, Histoire de l'ordre hospitalier Saint Esprit (Paris, N.p., 1892), 27; Męczkowski, Szpital św. Ducha i św. Trójcy w Kaliszu [The Holy Spirit and Holy Trinity Hospitals in Kalisz], 156-60. Męczkowski notes a legend associated with the calling of the Holy Spirit order to Rome. Supposedly Innocent III suffered from nightmares showing scores of Roman courtesans dropping an unending stream of infants, the fruit of their sins, into the Tiber. At the same time the Pope suffered from an ailment that could only be cured by a preparation made from a particular fish. The fishermen hired by the pope to catch the fish, however, caught instead dozens of drowned babies. When the desperate pope was presented with this grim find, an Angel of the Lord visited him, and suggested that a hospital for the care of infants and foundlings should be built forthwith and Guido and his Holy Spirit order called to run it.

³³ Długosz, Liber Beneficiorum 2: 203.

Fulco, to the original hospital in Sławków, where the name of the order also became that of the hospital.³⁴ Though Baseus' text comes to us from a time after the 1528 fire, and thus cannot be made to correspond to earlier, now lost sources, one school of Polish historians of hospitalization, including Leon Wachholz and Stanisław Tomkowicz³⁵, supported his account. As a high official, they explained, Baseus would be acquainted with the tradition of his order, and hence would not bear false witness. Others suggested the Baseus' account biased in favor of his order, and thus not a particularly trustworthy source, especially in view of the total loss of prior documents. Baseus, given the chance to recreate the history of *Duchacy* after the 1528 fire, they argued, set out to put the order in best possible light, giving them the longest and most glorious pedigree possible. Besides, Męczkowski suggests that *Sancti Spiritus* hospitals began to proliferate throughout Europe only following the 1204 bull of Innocent III, and thus there couldn't have been a Holy Spirit hospital in Poland in 1203.³⁶

An offshoot of this debate concerned the question of where did the *S. Spiritus sive de Saxia* canons come from. Here the sources are unanimous, yet even such agreement breeds ambiguity. Długosz, Baseus, and seventeenth-century hospital visitation documents all purported the first brothers made their way to Poland “de civitate Vienna.”³⁷ A single qualification demolishes this apparent consensus in source materials.

³⁴ Wojciech Baseus z Szczepreszyna, *Epitome Xenodochii M. Alberti Basaeli Scebresinensis, fr. Ordinis S. Spiritus* (Kraków: Siebeneycher, 1570), 1: 21-22.

³⁵ Wachholz, 1: 7; Tomkowicz, *Szpital Świętego Ducha* [The Holy Spirit Hospital], 9-12.

³⁶ Męczkowski, *Szpital św. Ducha i św. Trójcy w Kaliszu* [The Holy Spirit and Holy Trinity Hospitals in Kaliszu], 162.

³⁷ Długosz, *Liber Beneficiorum* 3: 38. Długosz tells us “*illud (hospitale) in manus fratrum hospitaliariorum ordinis s. Spir. De Wienna sive de Saxia quos de Wyenna accersiverat, regendum*

Precisely which city does the name Vienna or Wyenna, as it appears in some of Długosz's accounts, relate to?³⁸ Is it the Austrian Vienna, the later capitol of the Habsburgs, or are we dealing here with Vienne, the southern French city? Again, late nineteenth and early twentieth century Polish historians took both sides of the argument to formulate their theories. Tomkowicz and Wachholz, the early historians of Polish hospitalizations, and on other issues ardent allies, radically parted company on this question. Tomkowicz opted for the Austrian Vienna, and built his thesis on foundations found within Baseus' 1570 history. According to the Polish provincial, in 1283 Duke Przemysław II of Greater Poland, advised by brother Lipold, the Holy Spirit provincial for Poland, Austria and Hungary, funded a Holy Spirit Hospital in Kalisz.³⁹ If still in 1283, Tomkowicz argues, Poland, Austria and Hungary constituted a single administrative province of the Holy Spirit, it only stands to reason that *Duchacy* came to Poland from other monasteries within the province. Vienna thus means Austrian Vienna. Such a theory could be supported by the fact that the Holy Spirit Canons arrived in Vienna to create a church and a hospital there already in 1211, hence nine years before they were given the hospital in Prądnik.⁴⁰ If the Holy Spirit canons thus wished to spread to Poland, in Vienna they already had an established structure from which they could send out their representatives.

committit." The 1699 visitation account of bishop A. Trzebnicki follows this account. Manuscript no. 3455, *Ordinationes et decreta visitationis Hospitalis s. Spir. Cracoviae*," AADK.

³⁸ Here Długosz is not consistent. Wyenna and Wienna are interchangeable in his writings.

³⁹ Wojciech Baseus z Szczepieszyna, 1: 21-22; Męczkowski, *Szpital św. Ducha i św. Trójcy w Kaliszu*, [The Holy Spirit and Holy Trinity Hospitals in Kaliszu], 163. Look at Appendix I.

⁴⁰ H. Pesch, *Die Wohltätigkeits-Anstalten der christl. Barmherzigkeit in Wien* (Freiburg: N.p., 1891), 1.

Yet those who saw the origin of Polish *Duchacy* in the French Vienne could also claim support in the documents. Besides the fact that the Council of Vienne, held in 1312, formalized the *S. Spiritus* constitution, there are other clues that point to the French city. The Holy Spirit canons did, after all, have their beginnings in the southern French countryside. As stated above, the Holy Spirit began at the end of the twelfth century in Montpellier first as a lay hospitalier brotherhood that eventually transformed itself into a monastic movement following its confirmation as an order in 1198 by Pope Innocent III, and was called to take over the *S. Maria in Saxia* hospital in Rome in 1204, which became inadvertently attached to its name.

With the move to Rome the canons split into two main parts – the Roman and Montpellier branches. Both claimed precedence over the other. The Montpellier monastery considered itself the mother structure as the older of the two. The Romans pointed to their central location and importance within the capital of Christendom. In 1217 Pope Honorius II eventually divided the order into the French and Roman parts, each with its own general and independent of each other. Only at the end of the thirteenth century did the Holy Spirit coalesce again, with the Roman house emerging superior and the Montpellier monastery having to pay a symbolic sum of three ducats as a mark of submission.⁴¹

The tradition of paying as a sign of submission becomes important when dealing with the Polish branch. The canons taking over the hospital at Prądnik paid as well, and, according to Długosz they paid to the same Vienna from which they came. The proponents of the Vienne school point out that had the order moved there from Vienna,

⁴¹ Wachholz, 1:11; Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 21.

Austria, the payments of one Polish mark would have gone to the Roman house as the maternal institution, and Długosz would have recorded it as such. The chronicler's insistence on Wyenna or Vienna as far as where the money went only could indicate the French city. Wachholz also mentioned that if we accept 1203 as the date *Duchacy* came to Poland, then the Vienna house could not be the place of origin, as there were no Holy Spirit canons in Austria at that time.⁴²

The conclusions reached by Klara Antosiewicz might put the debate to rest. Her research indicates the *Duchacy* could not have come to Sławków in 1203, and Baseus's mistake about the date comes not so much from pro-*Sanctus Spiritus* bias of the author, but rather from misconstruing bishop Pełka's intentions for a done deal. Pełka might have been considering bringing the Holy Spirit canons from France, but his death in 1207 prevented the completion of the project. Only Iwo, as bishop of Kraków between 1216 and 1230, managed to conclude Pełka's preparations and brought the order to Poland in 1220 or thereabouts.⁴³

More importantly, however, and moving beyond Antosiewicz's arguments, the date 1203 cannot be made to represent the importation of the *Sanctus Spiritus sive de Saxia* order to Poland, as in the intervening years between the order's origin and the proposed date, the order managed to grow only in its native France. Though the 1198

⁴² Wachholz, 1: 11.

⁴³ Antosiewicz, "Zakon Ducha Świętego de Saxia w Polsce Średniowiecznej," [The Holy Spirit de Saxia Order in medieval Poland], 170-175; *Monumenta Poloniae Historica*. Vol. 2. (Lvov: N.p., 1872), 802, 837, 882. The precise date seems to be unclear. The thirteenth-century *Rocznik Kapitulny Krakowski* (Yearbook of the Kraków's Cathedral Chapter) gives 1221 as the date of the Cathedral Chapter's agreement to the bishop's importation of the Holy Spirit to Prądnik; *Rocznik Krakowski* (Yearbook of Kraków) and *Rocznik Miechowski* (Yearbook of Miechów), the last one from the fourteenth century, both suggest 1223 as the date of the order's actual arrival. It is, after all, possible that the order accepted the invitation in 1220 but took some time getting there.

bull of Innocent III mentions as ten the number of hospitals already under the order's care at the time, all were in France, and even those hospitals might have been created more in imitation of the Montpellier institution, rather than as "authorized" daughter hospitals. The 1204 acquisition of the Roman house seems to have been the first venture of the order onto foreign soil.

As far as the place from which the *Duchacy* came to Prądnik, Antosiewicz also seems to be correct insisting on the Austrian Vienna. Supported by the already mentioned donation of land by Duke Przemysław II to the Holy Spirit hospital in Kalisz that names brother Lipand as the provincial of the order for Austria, Hungary, and Poland, Antosiewicz claims it would be only natural that the provincial capital, already established in 1208 or 1211 in Vienna, be the origin of the Polish branch. Her emphasis on the Austrian Vienna is also supported by the specifics of the 1204 deal between Guido and Innocent III that made Guido the Grand Master of both the Roman and the Montpellier houses of the order. According to the 1204 papal bull making the transfer of the *Sancta Maria de Saxia* into the hands of the Holy Spirit official, the new Roman establishment was to be responsible for England, Italy and Sicily, and Hungary, which later formed the province of Austria, Hungary, Poland. The Montpellier branch, together with its daughter institutions in France, was thus to keep out of Eastern Europe.⁴⁴

Where the historians find themselves more in agreement is the premier role the *S. Spiritus sive de Saxia* canons played in the history of pre-modern Polish hospitalization. Until the appearance of Sisters and Brothers of Charity in the seventeenth century, the

⁴⁴ Antosiewicz, "Zakon Ducha Świętego de Saxia w Polsce Średniowiecznej," [The Holy Spirit de Saxia Order in medieval Poland], 174-175; Męczkowski, *Szpital św. Ducha i św. Trójcy w Kaliszu* [The Holy Spirit and Holy Trinity Hospitals in Kalisz], 160; Brunne, 174.

order comprised the major organization, lay or monastic, fully committed to charitable endeavors and to hospitals in particular. Beginning in the thirteenth century, thus immediately after their call to Prądnik, the Holy Spirit canons became the favorite caretakers of both church and private monastery and hospital foundations. So, besides the Kraków acquisition, the order took over the Wrocław hospital, founded in 1214 by Duke Henryk Brodaty, and followed it up with later additions included hospitals in Elbląg in 1242, Poznań in 1263, Kalisz in 1283, Uniejów also in 1283, Sławków in 1298, and Lwów in 1375.⁴⁵

The creation of one more Holy Spirit hospital, the one in Sandomierz, built and endowed by Żegota, the castellan of Kraków, gave Polish historians almost as many problems as did the debate about the origin of the order in Poland. Most early historians of Polish hospitals such as Wachholz and Męczkowski, not noticing certain discrepancies in their sources, followed Długosz's account to the letter, accepting the chronicler's proposition that the Kraków's castellan created the Sandomierz Holy Spirit hospital in 1222 and endowed it with the villages of Głazów, Życ, and the forest known as Zawierbie. Długosz supported his account by recourse to the original foundation document that he saw, which explained that in 1222 the castellan founded a new monastery and a hospital near the so-called Opatowska Gate (*Brama Opatowska*) of the city, and gave both into the care of the Holy Spirit monks that arrived from Kraków. The document's authenticity guarded no less than three seals, one being of the Kraków's castellan Żegota, the others of Bolesław, Duke of Opole, and Jan, bishop of Kraków.⁴⁶

⁴⁵ Wachholz, 1: 12; Męczkowski, "Prowizorowie szpitali w dawnej Polsce," [The hospital provisors in Old Poland], 82.

⁴⁶ Długosz, *Liber Beneficiorum* 3: 52.

Armed with such a powerful confirmation of Długosz's truthfulness, many physician-historians such as Wachholz and Malinowski accepted his account out of hand, until the discovery, in the inter-war period, that the three individuals mentioned in the purported foundation document never held the stated offices at the same time. One of the few times that the three names on the document could be made to correspond would be 1296, when Żegota was the voivode of Kraków, Jan Muskata was the bishop, and Bolesław Opolski held the function of Kraków's subprefect (*starosta* or *capitaneatur*). A second theory, proposed by Kosęła, suggested 1355 as the date if the document proved to be a conscious falsification, as at that time the kin of Żegota's son Otto might have demanded the return of the granted properties and the Holy Spirit order had no recourse but to provide for itself a convenient foundation document.⁴⁷

Edmund Długopolski suggested a more convincing explanation, which was unfortunately based on the presupposition of a copyist error. Although such an error is quite possible, its existence can hardly be proven without recourse to the original document on which Długosz's account is based. According to this theory, the correct year is 1312 and the mistake originated when the clerk copying the original for Długosz mistook the probably damaged document's date of MCCCXII for a MCCXXII. Długopolski mentions 1312 as a possible date for the foundation because in that year Duke Bolesław retook Kraków from the forces of his enemy Władysław Łokietek, and once more became the city's *starosta*, bishop Jan Muskata acted as the city's bishop since

⁴⁷ Antosiewicz, "Zakon Ducha Świętego de Saxia w Polsce Średniowiecznej," [The Holy Spirit de Saxia Order in medieval Poland], 176-177; Malinowski, 9; R. Kosęła, "O datę założenia fundacji szpitala Św. Ducha w Sandomierzu," [About the date of the Holy Spirit foundation in Sandomierz] *Ziemia Sandomierska* 4 (1932), 56-70.

1295, and Żegota once again became Kraków's castellan after 1300. This supposition has a distinct advantage over the above-proposed date of 1296 in that Żegota finally figures as the castellan of Kraków. Its main disadvantage, beyond the problem that it relies on a copyist error, is the rather short window of opportunity for the creation of the foundation presented by this date. Duke Bolesław ruled Kraków for only two months in 1312 before being expelled by the resurgent Łokietek, who went on to become the king of Poland.⁴⁸

Whatever the year of Sandomierz's foundation might be, the Holy Spirit monks in Sandomierz, Kraków, and elsewhere followed a special constitution. The Holy Spirit rules forbade private possessions, enforced silence, obedience, bible readings, common meals and sleeping quarters. The simple dress the Holy Spirit canons wore resembled the robes of secular clergy, its distinguishing feature being a white double cross "*in cappis et in mantellis;... in cappis ante pectus, in mantellis vero in sinistro latere.*" Their other regulations, which were those of St. Augustine, were further amended, as stated above, by the inclusion of a fourth oath, that of serving the poor and sick, who were called lords or masters. The rules also required every brother to give himself to intellectual pursuits, especially theological studies.⁴⁹

⁴⁸ Antosiewicz, "Zakon Ducha Świętego de Saxia w Polsce Średniowiecznej," [The Holy Spirit de Saxia Order in medieval Poland], 177; Edmund Długopolski, Władysław Łokietek na tle swoich czasów [Władysław Łokietek and his times] (Wrocław: N.p., 1951), 152.

⁴⁹ Manuscript no. 220, "Prologus Regulae Sti. Spiritus," Archiwa Kapituły Metropolitalnej w Krakowie [The archive of the Kraków chapter]; Tomkowicz, Szpital Świętego Ducha [The Holy Spirit Hospital], 16; Męczkowski, Szpital św. Ducha i św. Trójcy w Kaliszu [The Holy Spirit and Holy Trinity Hospitals in Kalisz], 228; Manuscript no. 633/I. *Regula Sancti Spiritus domus eiusdem ordinis in Cracovia*, Biblioteka Ossolińskich we Wrocławiu [The Ossoliński Library in Wrocław]. Individual brothers were to be jailed and fed only bread and water if someone found money on their person.

In order to meet its charitable goals, the order maintained a well-developed internal organization. Following the late thirteenth-century reconciliation between the French and Roman branches, at the head of the order stood a Rome-based Grand Master. After Poland became its own province within the order's administrative network, a general council of the Polish order elected its provincial for a period of three years. The provincial, also known as a general provost, served as the head of the Kraków monastery and surrounded himself by two helpers, known as *definitores*, also elected for a period of three years, one of whom always had to stay in Kraków. The general council also elected other provosts (*praepositus* or *praeceptorus domus et hospitalis*) for all other Holy Spirit monasteries for the duration of three years, responsible for both the monastery and the hospitals. Their oaths of office are of particular interest as they offer a glimpse relating to the functions of hospital overseers and to what was at the time considered the basis of good administration. The new provost swore and promised to "justly deal with all hospital matters for the Glory of God, to spur others to good works on behalf of the hospital, and with God's help to take care of, and maintain, the poor and the sick. The alms and income of the hospital I will use only to sustain the poor and sick therein, and will not use for any other purpose. I will not lead hospital possessions or equipment into ruin."⁵⁰

⁵⁰ Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 59 "Sprawy szpitala uczciwie będę wypełniał na chwałę Bożą, pożytek domu oraz utrzymania ubogich i chorych, o których przy pomocy Bożej pilnie będę się troszczył i innych do tego pobudzał. Jałmużn i dochodów tegoż szpitala nie będę obracał na inne użytki jak tylko na utrzymanie ubogich i chorych. Posiadłości i urzędzeń żadną miarą nie rozproszę"; "Zakon Ducha Świętego de Saxia w Polsce Średniowiecznej," [The Holy Spirit de Saxia Order in medieval Poland], 188-189; Constitutiones provinciae Poloniae Ordinis Sancti Spiritus, cap. 7-8 (Rome: N.p., 1652); Manuscript no. 8905, IV, Statuta kanoników regularnych braci szpitalnych Św. Ducha dla prowincji polskiej zatwierdzone przez Zygmunta Augusta w 1569 roku [The statutes of the regular canons of the Holy Spirit approved by Zygmunt August in 1569 for the Polish province], ABJ; Tomkowicz, *Szpital Świętego Ducha* [The Holy Spirit Hospital], 18;

The provosts in their turn, aided by the *definitores* and the *graduati*, the professed monks, chose lesser officials to run the hospitals (also known as provosts), to supervise the novitiates, to govern the individual houses (the so called *procurator domus* or *domesticus vel camerarius*), to manage monastery property (known as *factor ruralis*), to collect tithes (*decimatores*), or to take on the functions of wardens, treasurers, librarians, preachers and confessors.⁵¹

The hospital attendants maintained their own hierarchy. At the head of each hospital stood an official known as *pater*, *hospitalarius*, or *praefectus sanitatis* (father, hospitaler, or a prefect for health). His duties included the admittance of poor to the hospital; the maintenance of a journal listing the names of those admitted, their need, and the day of their acceptance; a registrar of orphans and foundlings taken in with details of their baptism; the responsibility to oversee the progress of orphans, making sure of their education, both spiritual and secular; finally the signing out of those leaving the premises and recording those who died. He had to be among the poor every day, maintain peace between them, provide them adequate care and support, guard their moral and religious convictions, make sure of their cleanliness and the cleanliness of their premises, and be present during the physician's visitations.⁵² In these diverse duties the brothers and other

Męczkowski, *Szpital św. Ducha i św. Trójcy w Kaliszu* [The Holy Spirit and Holy Trinity Hospitals in Kalisz], 219-220

⁵¹ "Constitutiones Provinciae Poloniae Ordinis S. Spiritus, autoritate D. Hieronymi Lanuvii...proton apostolici, sacri et apost. Archihospitalis s. Spiritus in saxia de urbe praeceptoris, ac totius ordinis generalis magistri, per R. P. Petrum Saunier... in ultramontanis partibus visitatorem et commissarium 1651 factae," Biblioteka Księżi Czartoryskich [The Library of the Czartoryski family] (Rome: N.p., 1652); Tomkowicz, *Szpital Świętego Ducha* [The Holy Spirit Hospital], 21; Męczkowski, *Szpital św. Ducha i św. Trójcy w Kaliszu* [The Holy Spirit and Holy Trinity Hospitals in Kalisz], 221-222.

⁵² Wachholz, 1: 12; Antosiewicz, "*Opieka nad Chorymi i Biednymi*" [The care for the sick and the poor], 59; Tomkowicz, *Szpital Świętego Ducha* [The Holy Spirit Hospital], 21; Giedroyć, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 4; Męczkowski, *Szpital św. Ducha i św. Trójcy w Kaliszu* [The Holy Spirit and Holy Trinity Hospitals in Kalisz], 229.

servants aided him by setting the hospital diet and by acquisitioning simple drugs and healing herbs ordered by the physician, when one was available, and prepared by the apothecary. The poor were often to be provided with new woolen clothing for winter and linen ones for the rest of the year.

In cities where a female version of the Holy Spirit order existed, as it did in Kraków, the *Duchaczki* were incorporated with the *Duchacy* and were used primarily in the education of orphans, and especially in the education of young girls. Since Holy Spirit hospitals were always divided into male and female sections, *Duchaczki*, where present, managed the women's wards. They too had a hierarchy corresponding to that of their male counterparts at the head of which stood a *magistra hospitalis*.⁵³ It should be noted that the reasons behind separating men and women in shelters stemmed from purely moral principles of avoiding lust and sin.

Until the fifteenth century, foreigners, especially Germans, took up most of the leading positions within the Holy Spirit canons. The Polish ecclesiastical establishment combated this phenomenon by at first insisting on the regular clergy's command of the Polish tongue, and later on strictly Polish pedigrees. By 1538, a decree promulgated by king Zygmunt I at the Sejm in Piotrków demanded that in order to limit the spread of new religious ideas originating in Germany high ecclesiastical positions in Poland be held only by Poles. In 1550 king Zygmunt II August amended the decrees by inserting the

⁵³ Wachholz, 1: 15; Tomkowicz, *Szpital Świętego Ducha* [The Holy Spirit Hospital], 18.

clause that only Polish noblemen were to hold important church positions, thus considerably limiting social advancement even within the ecclesiastical ranks.⁵⁴

The Holy Spirit hospitals, in order to fulfill their vows, accepted all sorts of poor onto their premises. The sick and infirm formed but a portion of those welcomed. Old men and women, incapable of sustaining themselves in the outside world, were the principal recipients of charity. The transitory poor, or unattached males renting their labor during most of the year to citidwellers or farmers, but lacking adequate support for the winter, augmented those who sought shelters in hospitals. Orphans and foundlings formed a large section of those helped; their maintenance put a great strain on hospital resources, as the *Duchacy* became responsible for their raising, education, and future career considerations. Until the erection of the St. Roch Hospital for Scholars in the middle of the fifteenth century, the Kraków Holy Spirit canons also took care of infirm poor students of the Jagiellonian University. Once a week the brothers were required to search through the town to bring the poor paupers lying in the streets into the hospital. The brothers also took in single pregnant women wishing to give birth anonymously as well as women of low repute opting for reform, though those last could not be accepted during the Holy Week.⁵⁵

⁵⁴ Męczkowski, *Szpital św. Ducha i św. Trójcy w Kaliszu* [The Holy Spirit and Holy Trinity Hospitals in Kalisz], 217-219; Volumina legum, 1: 521, 2: 599.

⁵⁵ Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 59; Baseus, *Epitome Xenodochii*, 1: 15; C. Bąk, H. Sitko, and J. Waszkiewicz, *Dawny szpital scholarów w Krakowie* [The Old Scholar Hospital in Kraków] (Kraków: N.p., 1959), 17; Piekosiński, 599; Tomkowicz, *Szpital Świętego Ducha* [The Holy Spirit Hospital], 16; Męczkowski, *Szpital św. Ducha i św. Trójcy w Kaliszu* [The Holy Spirit and Holy Trinity Hospitals in Kalisz], 226; Hugo Soly, "Continuity and Change. Attitudes towards poor relief and health care in early modern Antwerp," in *Health Care and Poor Relief in Counter-Reformation Europe*, ed. Ole Peter Grell and Andrew Cunningham (London and New York: Routledge, 1999), 94. The statutes of the Holy Spirit Order dictated care for pregnant women. Apparently the geographical spread of the order in Poland made care for pregnant women a common service given in the vast majority of large Polish hospitals, something not available in other countries, where helping single pregnant women was often seen as encouraging lust and sin. Rubin, *Charity and Community in Medieval*

As far as the Holy Spirit order was concerned, however, giving shelter to the poor and needy and healing the sick were only subordinate measures. Approaching hospitalization from the ideological perspective of an ecclesiastical establishment the order felt that promoting good Christian values and moral and spiritual health ranked much higher on the list of priorities. The prefect's spiritual responsibilities commanded total attention to the religious development of his charges. Each hospital also kept a confessor whose duties were to aid the *pater* in maintaining religious discipline, to admit the inmates to the Holy Sacraments, and, overseen by the prefect, to bury the dead in accordance with ritual.⁵⁶

Other Hospital Orders in Poland

Though the *S. Spiritus sive de Saxia* order might be considered the most important medieval monastic movement associated with hospitals, there were other orders, both earlier and later, whose work became closely associated with health care provisions. As indicated earlier the Benedictines, Cistercians, and to some extent the Augustinians possessed *infirmaria*, but generally the work of these orders did not concentrate on building and maintaining shelters for the poor.⁵⁷ Other orders, the so-called hospitaler orders, did take it upon themselves, just like the Holy Spirit, to look after the sick.

Cambridge, 158; Carlin, 33. According to Carlin there were only four fifteenth-century English hospitals that tended to pregnant women. They were the St. John the Evangelist at Blyth in Nottinghamshire, St. Thomas in Southwark. St. Bartholomew in Smithfield, and St. Mary without Bishopsgate.

⁵⁶ Wachholz, 1: 14.

⁵⁷ The Augustinians did, in fact administer for a while the Holy Spirit Within the Walls Hospital in Warsaw, but were displaced from that position barely sixteen years after its foundation.

Knights Hospitaliers or *Milites hospitalis s. Joannis Hierosolymitani*, for instance, originating in Jerusalem in 1048 to help the poor and needy pilgrims, did eventually spread their influence to Poland, where Poznań became their first commandery. Known in Poland as Joannites or *Joannici*, they might have been associated with the foundation of one of the earliest Polish hospitals. Długosz tells us that in 1187 Duke Mieszko III offered them the St. Michael's hospital in Poznań, founded by him in 1170.

Bożogrobcy were an indigenous Polish monastic group of regular canons founded in 1162 by magnate Jaksa Gryf, lord of Miechów. Officially called the Guardians of the Jerusalem's Tomb (*Stróże Grobu Jerozolimskiego*), they became mostly known to the sources as *Bożogrobcy*, from God's Grave (*Grób Boży*) or as Miechovites (*Miechowici*) from the place of their origin. In time they grew to include twenty-eight monasteries and administered five hospitals, in Koło, Pyzdry, Sieradz, Żarnowiec and Kraków. Wachholz also supposed that Duke Henryk Sandomierski's donation aimed at putting the hospital in Zagość under the *Bożogrobcy*. It would seem the Miechovites were not themselves the founders of their hospitals; rather, like other orders, they took advantage of the spirit of the times in which noble patrons founded the institutions which were then turned over to be run by a monastic organization. So, the Miechovite hospital at Pyzdry received its privileges from Duke Przemysław in 1290; Marcin Zaremba, the castellan of Sieradz and his sons Wawrzyniec and Jan founded the Sieradz hospital along with a church and a convent in 1417; while King Kazimierz the Great and later his sister Elżbieta added the hospitals in Żarnowiec and Kraków.⁵⁸

⁵⁸ Wachholz, 1: 16.

The order of the *Cruciferi* or *Krzyżacy Gwiazdziści* (The Order of the Starry Cross), another group tracing its lineage to the Crusades in the Holy Land also made its mark on Eastern European hospitals. In 1234 their first charge seemed to have been a Prague hospital founded by Agnieszka, daughter of the Bohemian ruler Przemysław Ottokar I, and wife to Wacław I. Though limited mostly to Bohemia and Silesia, the order nevertheless maintained its presence in hospital administration well into the twentieth century. They were known as the Order of the Starry Cross because of the design their officers wore on the left side of their robes, which consisted of a crucifix emblazoned with a six-pointed red star. Their Wrocław commandery eventually came to encompass additional hospitals in Inowrocław and Brześć Kujawski in the province of Greater Poland, the last a private foundation of Jan, citizen of Toruń, made in 1295.⁵⁹

The *Bonifatri* or Brothers of Charity, were a later import to Poland. The brotherhood, created by John Ciudado in the latter part of the sixteenth century and confirmed in 1572 by Pope Paul V came to Poland in the first decade of the seventeenth. In 1608, brother Gabriel, a member of the order, healed the gravely ill king Zygmunt III, thus assuring the order a warm reception in the country. The sizable Italian community of Kraków welcomed their countrymen and founded their first hospital in 1609. From Kraków the order spread to the rest of the Commonwealth, creating in their wake almost two hundred additional hospitals, mainly for the care of only the sick, including institutions in Łowicz, Łuck, Gdańsk, Lublin, Lwów, Przemyśl, and Warsaw.⁶⁰

⁵⁹ Ibid., 1: 18.

⁶⁰ Wachholz, 2: 21; J. Pachonński, *Zmierzch sławetnych. Z życia mieszczan w Krakowie w XVII i XVIII wieku* [Dusk of the Famous. From the life of the Kraków's burghers in the seventeenth and eighteenth century] (Kraków: N.p., 1956), 254; Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 40.

The Sisters of Charity or *Siostry Miłosierdzia* as they were known in Poland, the creation of St. Vincent de Paul, came to Poland in 1651 by request of Marie-Louise (Ludwika Maria) de Nevers, the widow of king Władysław IV and the wife to his successor and brother Jan Kazimierz. Just like the *Bonifratrī*, hospitals under their management concentrated on treating the sick. At first sharing their time between Warsaw and Kraków, they eventually settled in 1662 in the St. Kazimierz hospital in Warsaw. Later they spread to the Holy Spirit *intra muros* in 1684, the St. Roch in 1712, and to the Baby Jesus hospital in 1761. In 1714 they opened their first small hospital in Kraków. Though well endowed by a private, female philanthropist, the hospital survived only till 1780 when the Sisters moved to the Academy Hospital set up by the Jagiellonian University. In 1730 the Sisters took over the management of the St. Lazarus hospital in Lublin. Under the Sister Superior, the administration included a *szatna*, whose job revolved around the provision of clothing and linen; *panna ekonomka*, the sister responsible for the hospital's material possessions; a sister in charge of the upbringing of orphans left at the hospital; a sister employed in the provision of food; and finally two sisters called *infirmierki*, one for men and one for women, to take care of the sick. From Warsaw, Lublin and Kraków their influence spread to other cities of the Commonwealth. Up to the end of the eighteenth century the Sisters of Charity took over hospitals in Biała, Białystok, Gródek, Kovno, Kurozwęki, Lvov, Łuck, Minsk, Poznań, Przemyśl, Przeworsk, Pułtusk, Sandomierz, Szczepieszyń, Vilno, and Żytomierz. In Polish sources the Sisters of Charity are often called *Szarytki*, from the French word *charité*.⁶¹

⁶¹ Wachholz, 2: 20; Malinowski, 10-11; Góralski, *Szpitałe na Lubelszczyźnie* [Lublin area Hospitals], 155; Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 40.

In 1713 Konstanty Kazimierz Brzostowski, bishop of Vilno, created another indigenous Polish order, that of the Brothers of Charity of St. Roch, known as the *Bracia Miłosierdzia od św. Rocha*, or simply *Rochici*. Just like the Order of the Holy Spirit, *Rochici* operated under four, rather than three, vows, the fourth being an oath to bring succor to the poor and the sick. A white skull sowed under the left breast of their black tunic recognized the brothers of this particular order. They eventually came to possess two hospitals under their care, in Vilno and Kovno, but the loss of national independence in 1795 also spelled the end of their order.⁶²

The above list must, of course, also include the Augustinians and Cistercians, whose hospitals were some of the earliest ones in Poland. The Sobótka hospital might have been placed under the care of the Augustinian order. Already in 1152 the Cistercians possessed their own monastery with an attached hospital for the poor in Jędrzejów, founded by Janisław, the archbishop of Gniezno. The female convent of Franciscans also became associated with hospitals and the poor. In Zawichost in Mazovia the Franciscan nuns administered a hospital from 1255 on.⁶³

Proliferation of Hospitals in the Cities

The entry of cities into the medieval political playing field had a profound effect on dispensation of charity. Municipal organizations, in order to preserve their

⁶² Wachholz, 1: 20; Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 21.

⁶³ Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 22; A. Theiner, *Vetera monumenta Poloniae et Lithuaniae gentiumque finitimarum historiae illustrantia*. Vol. 1. (Roma: N.p., 1860), 62.

institutional freedom and separateness from religious and feudal establishment, launched a campaign to co-opt all social care foundations into their sphere of influence. Besides this purely political reason for sponsoring and overseeing charitable organizations, cities were also motivated by the necessity to meet the many pressing social problems associated with the proliferation of the poor within the locality. The cities were, after all, the main targets of the great migration from the countryside. The need to control the loose and possibly criminal - at least in the eyes of municipal officials - segment of population became admixed with ideological acceptance of the city's social responsibility over its poorest members and with genuine notions of Christian charity.⁶⁴

Kraków's eventual development into a bustling capital of a nation led, over the course of two centuries, to the concentration within it of more institutions of mercy than in any other Polish urban center of the time. The city's thirteenth-century demographic explosion and the associated increase in the numbers of the traveling pilgrims, merchants, the poor and the infirm (including those infected with leprosy, which was brought by German colonists returning from the Crusades) made necessary the founding of additional hospitals.

The Holy Spirit hospital soon became just one of many health- and social-care institutions set up in Kraków. The thirteenth and fourteenth centuries especially saw a series of major initiatives leading to the creation of a number of new shelters. The Tartar raids of the 1240's and 1280's denuded the population, necessitating an influx of western, mostly German colonists. This led to Kraków's rejuvenation and its eventual integration,

⁶⁴ Podgórska-Klawe, Od hospicium do współczesnego szpitala [From hospice to the modern hospital], 16.

granted by Bolesław the Shy's (*Wstydlivy*) charter of 1257, as a city based on German, so-called Brandenburg Law.⁶⁵

Unlike elsewhere in Europe, the fourteenth-century depredations caused by the Black Death did not seem to have great effect on Polish hospitalization. Whereas the wide social disturbances of the Mongol raids of the thirteenth century necessitated the reevaluation of hospital sites, attested to by the eventual move of the Holy Spirit hospital to within the walls of Kraków, no similar changes were elicited by the spread of the disease. Almost surprisingly the sources are silent on the plague's effect on hospitalization, and the rate of hospital creation or aspects of specialization seem to have remained largely unaffected by the Black Death's rampage through Poland.

Though the specialization of hospitals dealing exclusively with leprosy or communicable diseases proceeded apace where demanded by local conditions, most institutions maintained their diverse functions identified with the totality of Christian charity. Healing the sick never made it to the forefront of charitable endeavors, as more importance was attached to shelter-provision, poor control, and spiritual edification.⁶⁶ Kraków's shelters kept on supporting the poor of both sexes and of all classes, including peasants, poor city-folk, and even poor nobility. Yet even shelters possessed some rudimentary health-care facilities in their *infirmaria*. The inmates, after all, especially those old and weak, often became ill and had to be kept apart from the rest. Men and women were taken care of in different rooms, or sometimes, if the hospital had just one

⁶⁵ Wachholz, 1: 39.

⁶⁶ Bronisław Geremek, *Ludzie marginesu w średniowiecznym Paryżu* [The marginalized in medieval Paris] (Wrocław: N.p., 1971), 169.

room, the men's and women's wards were separated by a partition. In certain cases where that were impossible, curtains or wooden shutters would separate individual beds. All shelters tried to provide their charges with a place to sleep, warmth during the winter, and daily food.

Table 2: Hospitals of Kraków

Name	Date Founded (if known)	Founded (if known) Administered by	Notes
Holy Spirit	Circa 1220 in Sławków, moved first to Prądnik, then to Kraków in 1244	Bishop Pełka in Sławków, bishop Iwo Odrowąż in Prądnik and bishop Prandota in Kraków. Administered by the Holy Spirit Order	The representative Polish hospital.
God's Mercy	Middle of fourteenth century	King Kazimierz the Great	God's Mercy hospital (<i>Szpital Bożego Miłosierdzia</i>), one of the oldest of Kraków's foundations, originated probably at the behest of Kazimierz the Great. Located outside of the city walls it served the neighboring suburban settlements of Smoleńsk, Drohojowszczyzna, and Myszkowszczyzna.
St. Hedwig	1360-1375	King Kazimierz the Great- Queen Elżbieta. Administered by the Miechovite Order	In around 1360 (Wachholz followed an eighteenth-century chronicler Pruszc, and mentions here 1351), king Kazimierz founded the St. Hedwig's hospital (<i>Szpital św. Jadwigi</i>), supposedly as an act of contrition for his order to drown Marcin Baryczka, one of the Kraków Cathedral's vicars, who had the temerity to reproach the monarch for keeping concubines. Pruszc's account, from which this story comes, is suspect, however: it is surprising that Wachholz repeats it. Following Pruszc's account, the monarch's death prevented him from completing the hospital which was left for his sister Elżbieta to finish in 1360, and endow it with funds to house poor elderly noblemen. The king's death, however, occurred in 1370, as every scholar of medieval Poland knows, so the founding date of 1360, if correct, would still fall under Kazimierz's reign, or if in error, would have to be pushed till after 1370, that is after the monarch's death. In any case, it was Elżbieta who finished the hospital around 1375 and gave it to the order of the <i>Miechovites</i> to administer.
St. Valentine	Before 1425 (1327?)		Although the documents tying the St. Valentine's hospital to the <i>leprosaria</i> founded in 1327 are no longer extant due to the great fire that swept through the northern boundaries of Kraków in 1528 and destroyed the records of both St. Valentine's and the Holy Spirit hospitals, there nevertheless exists some circumstantial evidence that points that the fourteenth-century <i>leprosarium</i> and St. Valentine's are one and the same. Both were <i>leprosaria</i> located in the borough of Kleparz, though St. Valentine's mission altered as leprosy ceased to be a major threat after

Table 2: Hospitals of Kraków (continued)

Name	Date Founded (if known)	Founded (if known) Administered by	Notes
			the fifteenth century. In certain visitation acts of the seventeenth century, St. Valentine's is said to be three centuries old. The earliest extant donations to St. Valentine come from 1425, indicating the existence of that particular hospital, while there is a lack of any sources discussing a second <i>leprosaria</i> of Kleparz in the fifteenth century. Though the foundation of St. Leonard hospital for the leprous comes from this century, its location just above the Vistula (Wisła) River outside of the city walls precludes its confusion with St. Valentine's.
St. Leonard	January 11, 1443	Cardinal Oleśnicki and the Town Council of Kazimierz	On January 11, 1443 with the support of Cardinal Zbigniew Oleśnicki, the town council of Kazimierz, an independent borough virtually attached to Kraków, erected the St. Leonard hospital for the upkeep of poor lepers of both genders.
St. Martin's	Before 1440		For retired priests.
St. Roch	Before 1464	Bishop Iwo Odrowąż	Tradition and certain sources claim that the St. Roch hospital, or the shelter for young scholars attached to the larger Holy Spirit hospital, was originally created by bishop Iwo Odrowąż right after the erection of the Holy Spirit to house children above seven years of age. Since no erection document survived our times, it is impossible to prove such claims. It is however possible to note that such a hospital already existed some time before 1474, when, according to Długosz, the <i>praepositus</i> of the Holy Spirit, Mikołaj z Opawy, upgraded the structure of the St. Roch from a wooden to a brick one. Tomkowicz also noted the year 1464, when Kraków's bishop Jan Gruszczyński, touched by the poor condition of the hospital, issued indulgences to those who would come to offer aid.
St. Fabian and St. Sebastian Martyrs	1534	Citizenry of Kraków	For the mentally ill.
St. Simon and Jude	Before 1577	Refounded in 1577 by citizens of Kleparz	Another hospital for ill and retired priests. Also known as the Hospital for the Retired Priests (<i>Szpital Księdzy Emerytów</i>).
St. Sebastian and Roch	1528	Town Council of Kraków	Following the great fire that swept through the northern sections of Kraków in 1528, the municipal authorities voted to create two new hospitals designed to shelter the sufferers of particular ailments. Designs were thus implemented for an institution to house those sick with various communicable diseases, and a separate hospital for those afflicted with syphilis. As these hospitals were to be, in keeping with the apparent spirit of the times, free from ecclesiastical influence and entirely under the control of urban lay administrative organs, the city donated all necessary resources to the establishment of the new institutions, including a sizable plot of land with an attached lake just outside of city walls near the congruence of the Rudawa and Vistula rivers. As it turned out, instead of two hospitals, the authorities eventually built a single one, to combine the function of the two proposed. Named the St. Sebastian and Roch hospital, it combated the spread

Table 2: Hospitals of Kraków (continued)

Name	Date Founded (if known)	Founded (if known) Administered by	Notes
			of syphilis (known as the manorial disease, <i>choroba dworska</i> , in Poland) by segregating its victims from the rest of the population.
St. Nicholas	1529	Marcin z Radomska	Marcin z Radomska, the founder of the St. Nicholas hospital (<i>Szpital św. Mikołaja</i>), was a priest of the St. Nicholas parish, and a member of the theological department of the Jagiellonian University.
St. Steven	1588	Kraków's Merchants	Kraków's merchant conclave was responsible for the erection of the Brotherhood of the Most Holy Virgin Hospital, known variously as the St. Steven's (<i>św. Szczepan</i>) or the Merchant hospital. In 1628 the then bishop of Kraków Marcin Szyszkowski augmented the original 1588 foundation and enlarged the hospital's role from caring exclusively for ill and old merchants to serving all of the poor city-dwellers.
Bonifratr Hospital	1609	Italian Community. Administered by the Bonifratr Order	
Ligęza Hospital	1637	Mikołaj Ligęza	Another privately endowed institution, this 1637 creation of Sandomierz's castellan Mikołaj Ligęza, and known as the Ligęza Hospital for that reason, was located in the Stradom borough of Kraków, and was soon placed under the administration of the Kraków's Cathedral.
Hospital for the mentally ill	1679	Bishop Andrzej Trzebicki	In 1679, in his last will and testament bishop Andrzej Trzebicki donated a considerable sum of money to fund a hospital for the insane. Though such a shelter existed in Kraków even before the seventeenth century (St. Fabian and St. Sebastian Martyrs), its complete disappearance and the continuing need for its services motivated the bishop to reestablish the institution in his last document. The hospital lasted until the nineteenth century.
Behm Hospital	1708	Vice-mayor Michał Behm	In 1708, as a response to a major outbreak of the plague, Kraków's vice-mayor, Michał Behm, built a temporary hospital for the contagious on the shore of the Vistula.
Old Widows and Old Maids	Before 1716		The Hospital for Old Widows and Old Maids, one of the poorer institutions of Kraków, was founded somewhere before 1716, probably still in the seventeenth century. 1716 is the first year, though, that we possess records of the hospital's finances. The institution's poverty required the pensioners to live on income from their own handiwork.
St. Barbara Academy Hospital	1780	Dr. Andrzej Badurski, a physician of Kraków. Administered by the Sisters of Charity	A new type of learning hospital created by a physician and attached to the University.

Table 2: Hospitals of Kraków (continued)

Name	Date Founded (if known)	Founded (if known) Administered by	Notes
St. Lazarus General Hospital	1788	Prince Michał Jerzy Cardinal Poniatowski. Primate of Poland. Administered by the Sisters of Charity	At the Carmelite Monastery. Kraków's General Hospital, built during the time of the late eighteenth century hospital reforms. ⁶⁷

Though Kraków could claim the greatest concentration of hospitals within an urban setting at least into the seventeenth century, other Polish cities maintained their own charitable institutions as well. In the case of Warsaw, the earliest hospitals and shelters for the poor date to the fourteenth century and were mostly the creations of the Mazovian dukes of the Piast dynasty or allied with them municipalities. The growth of the city of Warsaw in the sixteenth and seventeenth centuries, combined with its increasing political and economic significance culminating eventually with the transference of the royal court from Kraków necessitated the construction of more institutions of mercy.

⁶⁷ Wachholz, 1: 43, 46, 114, 125-26; 2: 43; Stanisław Tomkowicz, "Klasztor szpitalny Św. Jadwigi," [The Hospital Convent of St. Hedwig] *Rocznik Krakowski* 22 (1929), 4; *Szpital Świętego Ducha* [The Holy Spirit Hospital], 26, 46, 48; Piotr Pruszc, *Klejnoty stołecznego miasta Krakowa* [Kraków's jewels] (Kraków: Drukarnia Akademicka, 1745), 128; Manuscript no. 43, AADK; Manuscript no. 28, *Acta Visitationis Zaluskiannae*, Archiwum Konsystorskie krakowskie [The consistory archive of Kraków]; Długosz, *Liber Beneficiorum*, 3: 40; Giedroyć, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 87; Klemens Bąkowski, *Dzieje Krakowa* [The History of Kraków] (Kraków: Spółka Wydawnicza Polska, 1911), 90; MK, bk. 45. f. 350/699. "...domus pro pestilenticis quo illi omnes qui cupiunt recipiantur et provideantur... et alibi in apto loco pro hiis, qui circa hanc civitatem morbo gallico infecti fuerint edificium fiat in quo curare possint."

Table 3: Hospitals of Warsaw

Name	Date Founded (if known)	Founder (if known) Administered by	Notes
Holy Spirit Beyond Walls	Before 1388	Duke Janusz Mazowiecki? Administered by the City Council	The honor of being the first of Warsaw's hospitals fell to the <i>Sanctus Spiritus extra muros</i> , or the Holy Spirit Beyond Walls, an institution that in 1388 was transferred from the ducal to the municipal administration at the expressed plea of the town council. Though this hospital probably existed before that time, 1388 came to us as the date of the first document associated with the institution, namely prince Janusz I Mazowiecki's gift of the hospital to the town council and his confirmation of a donation given to the hospital by one Mikołaj Panczatka of Warsaw. At first rather poorly endowed and too small to fill the need, the hospital grew and with time became one of the better managed of Warsaw's leading care institutions.
Most Holy Virgin	1411		The second of Warsaw's hospitals, an institution very poorly described in the sources.
Holy Spirit Within Walls	1444	Duchess Anna Bolesławowa Mazowiecka. Administered by the Augustinians, then Cathedral Chapter, then After 1684, Sisters of Charity	Due to a rather lackluster performance of the preceding institutions, in the middle of the fourteenth-century duchess Anna Bolesławowa Mazowiecka, a leading magnate philanthropist of the age, funded the second Holy Spirit hospital tucked in between the church of St. Martin and an Augustinian monastery. Known popularly as the <i>Sanctus Spiritus intra muros</i> , or as the Ducal - and when Mazovia became incorporated into Poland at the extinction of the Piast line - as the Royal Hospital, the new foundation began its operations in 1444 and quickly won a place of honor in the history of the city. Originally the duchess wanted and even promised to build and endow a new chapel, but the then bishop of Poznań, Andrzej z Brna, changed her mind by pointing that a new hospital foundation would do much more good. The same bishop also freed Anna from her original promise to build a chapel. Another Mazovian Piast foundation, the Holy Trinity hospital in the ducal capital of Plock, already existed in 1405.
Holy Trinity	1544	Town Council of Warsaw. Administered by the Town Council, then, Cathedral Chapter	Built in 1544 by the city authorities of Warsaw. One of the most poorly documented institutions of the city. In 1560 financial difficulties forced the city to allow the Warsaw's Cathedral Chapter to take over its administration. The hospital did not survive for long the devastations caused by the Swedish invasion of 1655-1660. Its last mention comes from 1655.
Hospital for women	1563		A shelter for widows, spinsters, and female orphans functioned from around 1563 to the end of the seventeenth century, near the Royal Castle.
Hospital for the poor	1572	King Zygmunt II August	Located near the Royal Castle.
Holy Cross	1572	Anna Wolfowa	A small wooden hospital attached to the Holy Cross chapel and administered by the town council existed in the city since its founding by Anna Wolfowa, a burgher's wife, in 1572.
St. Dorothy	Sixteenth century		Another sixteenth century institution, the hospital of St. Dorothy (św. Doroty) built by the road leading out of the city did not last long.

Table 3: Hospitals of Warsaw (continued)

Name	Date Founded (if known)	Founder (if known) Administered by	Notes
St. Lazarus	1591	Father Piotr Skarga. Administered by the Brotherhood of Mercy	A very complete institution, the hospital of St. Lazarus, founded by the philanthropist-preacher Piotr Skarga and his lay Brotherhood of Mercy, opened its doors to the sick. "as neither anyone healthy nor one capable of begging ought to be placed there." in 1591. This attempt to create the very first hospital in Warsaw for the exclusively sick members of the community could not last in the face of increasing social pressure born out of the proliferation of poverty, and eventually, even the St. Lazarus took on the qualities found in most Polish hospitals, namely as a general shelter for the poor.
St. Benon	1632	St. Benon Confraternity. Administered by the St. Benon Confraternity	Another charitable institution of considerable importance. Founded in 1632 by the members of the St. Benon confraternity, the hospital maintained an orphanage with an attached school, and a shelter for travelers. Royal privileges of Zygmunt III Vasa and Władysław IV multiplied the hospital resources, creating a brewery, a bakery, and a <i>mons pietatis</i> .
Hospital for the mentally ill	1650	Bogusław Leszczyński. Administered by the Bonifratrari	Bogusław Leszczyński, the royal under-treasurer, founded on his lands outside of city walls Warsaw's first hospital for the mentally ill, and gave it over into the care of the <i>Bonifratrari</i> order.
St. Casimir Institute for Girls	1659	Queen Ludwika Maria. Administered by the Sisters of Charity, after 1662	Called the St. Casimir (św. Kazimierz) Institute for Girls, founded by queen Ludwika Maria in 1659, began to operate in 1662.
Hospital Near the Stone Steps	1693	Warsaw Cathedral Chapter	In 1693 the Warsaw Cathedral Chapter, that just a few years before (1684) gave the administration of the Holy Spirit Within Walls to the Sisters of Charity, opened a new hospital for the poor men and women who served at the Cathedral. The so-called Hospital Near the Stone Steps (Szpital przy Kamiennych Schodkach) was enlarged in 1700 by a purchase of additional property.
St. Roch	1708	St. Roch Brotherhood. Administered by the Sisters of Charity. After 1712	The St. Roch hospital, a 1708 foundation of the St. Roch Brotherhood arose in response to a major epidemic that consumed thirty thousand of Warsaw's inhabitants between 1708 and 1711.
Orphanage	1734	Father Piotr Baudouin	In 1734 a French priest living and working in Poland, father Baudouin, from 1717 onward the confessor of the Sisters of Charity in Warsaw, opened a hospital for 48 orphaned and abandoned children.
Evangelical Hospital	1736	Calvinist and Lutheran Congregations	In 1736, through combined labors, the Lutheran and Calvinist communities in Warsaw built an Evangelical hospital for poor and traveling Protestants in Leszno just outside of Warsaw. During the building of this hospital there occurred some minor rioting on the part of the Catholic population of Leszno, quickly subdued by the intervention of the Catholic organs, which have

Table 3: Hospitals of Warsaw (continued)

Name	Date Founded (if known)	Founder (if known) Administered by	Notes
			already reconciled themselves to the presence of an evangelical institution of mercy.
Baby Jesus	1758	Father Piotr Baudouin? Administered by the Sisters of Charity, after 1761	In 1758 Baudouin's initiative led to the enlargement of the orphanage and its eventual transformation, under the name of Baby Jesus, into Warsaw's first general hospital. ⁶⁸

The province of Little Poland became one of the centerpieces in the developing rush of hospital creations. Sandomierz, already discussed above in relation to the Holy Spirit order, an important fortress and trade center on the congruence of the Vistula and San rivers benefited from the opulent patronage of Kraków's castellan, Żegota, whose foundation created a hospital towards the end of the thirteenth or the beginning of the fourteenth century and gave it into the care of the *Duchacy* order. In 1604 Hieronim

⁶⁸ Andrzej Karpiński, "Warunki życia pensjonariuszy szpitali warszawskich w XVI i w pierwszej połowie XVII wieku," [The conditions of life of the hospital residents in sixteenth and seventeenth century Warsaw] *Kwartalnik Historii Kultury Materialnej* 25:1 (1978); Kumor, "Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 45, 46; A. Wejnert, *Starożytności Warszawskie* [Stories of Ancient Warsaw] (Warszawa, N.p., 1872), 1: 38-46; 2: 281; Podgórska-Klawe, *Szpital warszawskie 1388-1945* [The Hospitals of Warsaw 1388-1945], 11, 14, 31, 33-34, 43, 44, 51-52, 57, 62-63, 65-66, 73; Jadwiga Karwasińska, *Szpital Świętego Ducha w Warszawie* [The Holy Spirit Hospital in Warsaw] (Warszawa: Wydawnictwo Szpitala Świętego Ducha, 1938), 16, 17-18; Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 29, 37; Dokumenty pergaminowe [Vellum documents], nos. 1778, 2100, 2102, 2104, 2106, AGAD; Zaremba, 362, 363; W. Tomkiewicz, ed., *Gościniec albo krótkie opisanie Warszawy* [A short description of Warsaw] (Warsaw: N.p., 1974), 170; Giedroyc, *Rys historyczny szpitala św. Łazarza w Warszawie* [A historical account of the St. Lazarus hospital in Warsaw], 47; Bohdan Michałowski, "Rys historyczny szpitala Św. Łazarza w Warszawie," [A historical account of the St. Lazarus hospital in Warsaw] *Szpitalnictwo Polskie* 7:4 (1963), 187; Ż. Grotowski, *Rozwój zakładów dobroczynnych w Warszawie* [The development of charitable institutions of Warsaw] (Warsaw: N.p., 1910), 27, 34-35; Filip Czajewicz, *Rys historyczny szpitala Świętego Rocha w Warszawie* [The history of the St. Roch in Warsaw] (Warszawa: Drukarnia Gazety Lekarskiej, 1872), 20; Malinowski, 12.

Gostomski, the voivode of Poznań and the *starosta* (subprefect) of Sandomierz built and endowed the St. Gerome (*św. Hieronim*) hospital.⁶⁹

Moving on to other cities of Little Poland, one notices a proliferation of hospitals beginning in the fourteenth century. The municipal council of Bochnia, a large mining center near Kraków, founded its first hospital for miners, with the permission of king Kazimierz the Great, either in 1357, 1363 or 1364. Wieliczka, another leading mining community acquired a hospital about the same time. Both the Bochnia and Wieliczka institutions were particularly well endowed by their respective town councils, which went so far as to fund common baths and kitchens for the miners. The city of Nowy Sącz, the fourteenth-century's fourth largest urban settlement in the province (after Kraków, Bochnia, and Sandomierz) acquired its first hospital in 1360. As with the Bochnia institution, the hospital was a foundation of the municipal organs, and especially of one of Nowy Sącz's leading citizens, Mikołaj Kizling (or Keslink). This hospital, known by the then rather common appellation of Holy Spirit, and originally founded outside of city walls, was later moved inside the city.⁷⁰

⁶⁹ Kumor, "Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 224-225; Góralski, *Szpital na Lubelszczyźnie* [Lublin area Hospitals], 20-21; Giedroyc, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 52, 53, 97; Długosz, *Liber Beneficiorum*, 3: 51. Długosz mentions the event of the creation of the Sandomierz Holy Spirit hospital by Żegota in this way: "*Aegros, langvidos, orphanos, pupillos et quaslibet miserabiles personas et infantes, praesertim ex clandestine concubitu genitos per oppidum Sandomiriense et eius suburbia viciniaque passim palantes et proiectos et proiciendos, Zegotha Cracoviensis castellanus miseratione pia ad unum tectum, ne caumate aut frigore consumerentur, aut infantes suffocarentur, collecturus, a. Domini 1222 xenodochium in eodem oppido et monasterium hospitalis Sancti Spiritus, fratrum ordinis hospitalariorum de geminata cruce alba, qui de Saxia vocantur, sub regula Sancti Augustini militantium, in loco portae aquilonaris, quae Oppathoviensis appellatur contiguo, locat, instituit, fundat et erigit, et de bonis suis hereditariis Sandomiriensibus dotat.*"

⁷⁰ Kumor, "Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 224-225; Góralski, *Szpital na Lubelszczyźnie* [Lublin area Hospitals], 20-21; Giedroyc, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 19; Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 31; Jerzy Rajman, "Szpital i klasztor św. Ducha w Nowym Sączu w późnym średniowieczu," [The hospital and monastery of Holy Spirit in the late middle ages] *Rocznik Sądecki* 20 (1992), 46.

In 1400 the testament of another leading citizen, Sidel Lang (Zydel Lang or Longzidel), refounded Nowy Sącz's Holy Spirit as a bigger, brick-made, better-adapted hospital exclusively sheltering only sick members of the community. In 1412 the town council surrendered its rights over the hospital to the local Premonstratentian abbey. Other foundations followed. The Nowy Sącz's St. Valentine hospital for the lepers originated in 1465, again due to the initiative of the town council. Little is known of the erection date of the St. Margaret's hospital for widows, though it already existed in 1505, again as a municipal institution. The sixteenth-century St. Nicholas hospital existed as a separate institution apparently only for a while, before the town council sold the building and the garden, and moved the patients to the St. Valentine's, which had already lost its identification with lepers.⁷¹

Other towns in the region also possessed their own hospitals. Lublin, which would eventually develop into an important trade and cultural center, received its city charter in the fourteenth century. Its first hospital foundation, again that of the Holy Spirit, had to wait over a century, however, since it was only in 1419 that the town council erected it with its accompanying church outside of the city walls, though, according to local tradition found in some sources the 1419 hospital replaced an earlier wooden one that was lost in a fire. Wojciech Jastrzębiec, the Bishop of Kraków, confirmed the foundation in 1421. Later hospitals included the St. Adalbert hospital (św.

⁷¹ Kumor, "Szpitalnictwo w Sądecczyźnie w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 226-228; Rajman, 46, 49-50, 66. Though when he moved the Holy Spirit hospital from the suburbs inside the city walls Sidel Lang probably built it of brick, by the end of the sixteenth century the structure was once again made of wood. This regression could be explained by a continuous set of fires that destroyed the various hospital buildings through the centuries. Giedroyc, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 53. Giedroyc mistakenly pushes the date of the Holy Spirit of Nowy Sącz to 1440 and misidentifies Longzidel as Lanpridel.

Wojciech) founded in 1611 by *starosta* (subprefect) Garwarski, the 1653 *Bonifratr* hospital for the insane, and the 1730 hospital of the Sisters of Charity.⁷²

The citizens of Oświęcim, a town later made infamous by the Nazi concentration camp of Auschwitz, built and endowed the St. Nicholas hospital in 1604.⁷³

The town of Stary Sącz, the property of a convent of Poor Clares, supported a hospital dating from the middle of the sixteenth century. In 1608 that institution was re-funded by Ewa Gostwicka, the abbess of the convent, as the Holy Cross hospital that lasted all the way into the eighteenth century. The convent also maintained a second hospital for ill nuns and girls from the convent school. Though the first mention of this *infirmaria* comes from 1740, it might have existed before that time.⁷⁴

In 1432 the city of Radom received a Holy Spirit hospital foundation, later endowed by Queen Zofia, widow of king Władysław Jagiełło.⁷⁵

The city of Przemyśl, lying on important trade routes leading from Little Poland and the Carpathian passes to Ruthenia and then Kiev, Crimea and the Ottoman Empire, was a relative late-comer as far as hospital construction was concerned. Andrzej z Pomorzan, the Clerk (*pisarz*) of Przemyśl founded the first one, that of the Holy Spirit, in 1461. After being consumed by fire, it rose again as the St. Valentine, Stanisław, and Adalbert (*Wojciech*) hospital, a rather long and bulky name that did not survive into the

⁷² Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 32; Giedroyć, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 37. Giedroyć, for instance, gives the date of 1342 as the origin of the Holy Spirit of Lublin.

⁷³ Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 45.

⁷⁴ Kumor, "Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 228-231.

⁷⁵ Giedroyć, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 51, 96.

hospital's third incarnation as the St. Roch hospital, renamed thus after another fire consumed the building. In 1500 a certain city blacksmith, Koźma by name, built an Orthodox church (*Cerkiew*) that also included a hospital. A *Bonifratr*i monastery with an attached hospital was built in the second half of the seventeenth century.⁷⁶

The 1377 St. Elizabeth hospital created by German colonists, and later renamed the Holy Spirit, became the first foundation in Lvov. The St. Stanisław and St. Lazarus hospitals were later foundations, one originating towards the end of the fifteenth century and the second at the beginning of the seventeenth. In 1659 the future king Jan Sobieski founded and endowed a new *Bonifratr*i hospital of św. *Wawrzyniec* with a sum of thirty thousand *złoty*. In 1774 Franciszek Jan Zawadzki, the Huntmaster (*Łowczy*) of Kiev, founded a Sisters of Charity Hospital.⁷⁷

In Pomerania, Elbląg boasted its first hospital, again named after the Holy Spirit, already in 1242. That of St. George was founded around 1326 and became the third major hospital in the city. The second, built in or before 1292, went by the name of the Divine Host and became one of the first *leprosarium* in Poland, though the St. George hospital might have been a *leprosarium* as well. Grudziądz received its first hospital, that of St. George, possibly another *leprosarium*, somewhere before 1341. In 1345 the city added the second, that of the Holy Spirit. An orphanage attached to a convent existed here since 1382.⁷⁸

⁷⁶ Ibid., 49-50.

⁷⁷ Ibid., 38.

⁷⁸ Ibid., 25, 27.

Hospitals in the province of Greater Poland were many and varied. Gniezno, the first capitol of Poland, possessed at least four hospitals alone. In 1245 Bolesław and Przemysław, princes of Wielkopolska, founded the first hospital and school together with a monastery. Cardinal Fryderyk Jagiellończyk added the St. Anna hospital in 1497. The dates of the erection of two other hospitals, those of the Holy Spirit and the St. Lazarus, are unknown, but both burned down in a major conflagration in 1613. The St. Lazarus hospital never recovered, but the Holy Spirit did, only to burn down again, and this time finally, in 1760.⁷⁹

Poznań, the largest city of the province, sported the greatest concentration of hospital foundations, and also showed considerable variety and specialization, not to mention some of the oldest institutions in the country. Through time the hospitals of Poznań underwent a process of integration and joining with one another, giving rise to the supposition that the city was incapable of sustaining so many disparate institutions.

Table 4: Hospitals of Poznań

Name	Date Founded (if known)	Founder (if known) Administered by	Notes
St. Michael	1170	Duke Mieszko Stary. Administered by the Knights Hospitaler	
Holy Spirit	1263	Bishop Boguchwał III	The Holy Spirit, the best endowed of all Poznań hospitals, came into being in 1263 as a foundation of bishop Boguchwał III for sixty old paupers. In 1722, after being twice destroyed in the Swedish wars, the Holy Spirit hospital was removed from its ancient site outside of city walls and integrated with the St. Valentine and St. Gertrude hospitals.
Holy Cross	Before 1404		The Holy Cross hospital for the lepers already existed before 1404, when it appeared for the first time in sources as a subject of a donation.

⁷⁹ Ibid., 26.

Table 4: Hospitals of Poznań (continued)

Name	Date Founded (if known)	Founder (if known) Administered by	Notes
St. Gertrude	1456	Gertruda Pestłowa	Gertruda Pestłowa, a Poznań widow, founded The St. Gertrude hospital in 1456 as a shelter for the poor students of the city school located at the church of St. Mary Magdalene.
St. Barbara	Before 1489	Cathedral Chapter	The St. Barbara hospital came into being in the fifteenth century (it existed before 1489).
St. Stanisław	1518	Bishop Jan Lubrański	In 1521 the St. Gertrude hospital became integrated with the St. Stanisław hospital, built in 1518 by Jan Lubrański, the bishop of Poznań, for poor and sick priests. In 1571 the order of the Jesuits took over both the St. Stanisław and St. Gertrude. The poor students and priests were removed to the Holy Spirit.
St. Lazarus	Sixteenth century		The St. Lazarus hospital for thirty paupers, a sixteenth-century foundation, was integrated with the Holy Cross by bishop Szembek in 1719.
St. Lawrence	Middle of sixteenth century		A second hospital for poor and retired clergy, the św. Wawrzyniec or St. Lawrence, began operating in the middle of the sixteenth century.
Hospital for syphilitics	Middle of the sixteenth century		
Hospital for Widows	1590	Anna Splawska	In 1590 Anna Splawska, wife of the Międzyrzecz castellan, endowed a shelter for five poor widows.
St. Margaret	1596	Andrzej Gaszyński and Grzegorz Kwapidus, citizens of Poznań's suburbs	
St. Nicholas	1756	Canon Szymon Wosiński	
St. Valentine ⁸⁰	Eighteenth century	Agnieszka Begwina, citizen	

King Przemysław II founded the first hospital in Kalisz, a Greater Poland settlement so old it was known to Roman merchants, in 1283, and placed its administration into the hands of the *Duchacy* order. Towards the end of the sixteenth

⁸⁰ Ibid., 47-49; Zaremba, 153, 311.

century, the town council of Kalisz opened a new Holy Trinity hospital to house old and sick town citizens.⁸¹

Toruń, a city on the Vistula that became the seat of Copernicus' experiments, opened its first hospital in 1252.⁸²

In Lithuania the city of Kovno possessed three hospitals. The first one was set up in 1519, the second and the most short-lived (it was destroyed by invading Swedish forces in 1702) in 1676, and the last at the beginning of the eighteenth century by the *Rochici* Order. Grodno was a relative latecomer. Karol Piotr Pancerzyński, the bishop of Vilno, founded its hospital, run by the *Bonifratr* Order, in 1725. The Lithuanian capital of Vilno did have a couple of late medieval hospital foundations itself; including the St. Mary Magdalene hospital built around 1520 by a Vilno canon and a medical doctor, Marcin z Dusznik. Sometime after 1536 tolls collected from traffic across the city's bridges led to the creation of the Holy Spirit-Holy Trinity hospital. The Jesuits set up two confraternities and their attached hospitals, that of St. Lazarus in 1601, and St. Nikodem in 1631. Baltazar Hikler, a well-to-do bricklayer, endowed The St. George hospital for German Catholics in 1640. A Sisters of Charity hospital of 1744 followed a *Rochici* hospital of 1700. An institution for the care of the mentally ill, the foundation of Abraham Wojna, Vilno's bishop, existed since 1635.⁸³

⁸¹ Giedroyć, Zapiski do dziejów szpitalnictwa w dawnej Polsce [Notes from the history of Old Polish hospitals], 28.

⁸² Ibid., 59.

⁸³ Ibid., 25, 33, 63.

Hospital Specialization

The entrance of cities into the social care arena coincided with growing specialization and discrimination within the institutions of help. Some hospitals were clearly founded, or developed over time, in order to combat a particular social ill or to care for the victims of a particular disease. Almost from its very beginning hospital administration had to take into account prevalent local health and social conditions. Specialization within the institution was thus, as the variety of names early hospitals existed under suggests, both a logical and a necessary development. The already used example of the Sławków hospital for miners with lead poisoning underlines this conclusion. Other miner's hospitals existed in Bochnia, Olkusz, and Wieliczka, all towns associated with salt, lead, or mineral excavations.

Discrimination within charitable practices also became more prevalent at this time. City institutions often concentrated their efforts on particular classes, such as retired priests, old burghers, their widows and orphans, and members of various confraternities. Charities in the countryside, usually centered on parish churches, would usually support a core of locally known individuals.

The earliest hospitals specializing in the care of a single disease were the *leprosaria*. Leprosy, brought to Poland from the Levant by western colonists in the middle of the thirteenth century, reached the height of its extent in the fifteenth, necessitating the creation of so-called *leprosaria*. Much has been written about these institutions, especially about their similarity to prisons and the strange, funeral-like religious ceremonies during which the afflicted unfortunate had to cut all ties with the

rest of society.⁸⁴ Leprosy's western entry into Poland was marked, according to Wachholz⁸⁵, by the founding of first *leprosaria* either on the German frontier, as in Głogów in 1309, or on major west-east and Baltic merchant trails, such as Elbląg in 1292, Wrocław, Poznań (two *leprosaria*, the first established in 1404 and attached to the Church of St. Martin, and the second outside of the city, established in 1422), and Ślupcza near Kalisz in 1421. The first *leprosarium* in Kraków probably already existed in 1327; its later extension became the St. Valentine hospital. St. Leonard was added in the fifteenth century. Other lepers' hospitals existed in Sieradz, (founded in 1417), Opoczno (1479), Nowy Sącz (1464) and Lvov (1488). In the fourteenth and fifteenth centuries there were dozens of these institutions in Silesia alone, and even more in Pomerania and in Greater Poland. Those with other skin ailments, often confused at the time with leprosy, were also served by these hospitals.

In time leprosy became more of a morbid curiosity rather than a plague and the need for *leprosaria* slowly declined. The almost complete disappearance of leprosy from Poland by the seventeenth century caused either the conversion of these hospitals to other uses or their total abandonment, though some, just like the Paris hospital that was still called a *leprosarium* in 1693, maintained their designation. Many of the former *leprosaria* became places of care for those with infectious diseases. Others, like the *leprosaria* in Kraków and the Nowy Sącz St. Valentine's, became shelters for the poor.⁸⁶

⁸⁴ L. Dulieu, *Hôpitaux de Montpellier autrefois et aujourd'hui* (Montpellier: N.p., 1958), 53.

⁸⁵ Wachholz, 1: 22.

⁸⁶ Kumor, "Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 255; Góralski, *Szpital na Lubelszczyźnie* [Lublin area Hospitals], 19; Giedroyc, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 9; Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 15, 33; Zaremba, 154; Carlin, 23; Rubin, *Charity and Community in Medieval Cambridge*, 114.

Other communicable diseases, collectively called *powietrze morowe* by the people, which became more acutely felt as the population within cities increased, forced the magistracy to recognize the need to create shelters similar to Western European *maladreries*, dealing specifically with that problem. Just like the *leprosaria*, whose real function was to segregate those infected from the rest of the population rather than to heal them, hospitals for infectious diseases served mainly as places of quarantine. Especially famous was the sixteenth-century *pockenhaus* of Gdańsk, erected to shelter those sick with pox. In the second half of the eighteenth century, between 1760 and 1770 in Warsaw, Dr. August Otto de Ott, the regimental surgeon of the Royal Guard, built a house to hold people who had just been immunized for smallpox under observation. But even small towns and villages often managed to build a house for the infected. These smaller hospitals for infectious diseases, however, often betrayed their transitory nature by popping up whenever a plague gripped a locality, and disappearing as soon as the disease played itself out. Major natural disasters, wars and times of poor harvests of the fifteenth, sixteenth, and seventeenth century were often followed by a literal mushrooming of foundations whose existence corresponded to the length of the affliction.⁸⁷

Hospitals for those infected with syphilis were another matter. That particular malady arrived in Polish cities, including Kraków, already in the last years of the fifteenth century. According to the sources the new disease reached at first either the

The same process occurred elsewhere. In England, *leprosaria* “were absorbed into others, transformed or died out” as well.

⁸⁷ Giedroyc, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 10; Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 44, 120, 124-25.

traveling merchant class, almost entirely foreign, hitting especially hard the Italian contingent, or those who had common dealings with foreigners, in this case mostly the Polish nobility. As the disease soon managed to draw wider and wider circles within the ranks of the *szlachta*, the Polish nobility, many wits began to call syphilis the ‘manorial disease.’ Already in 1528 Kraków’s town council erected the first hospital committed to segregating those afflicted with syphilis from the remainder of the population. Other cities, such as Warsaw and Poznań, soon followed suit.

Once they have made their presence felt, syphilis and other venereal diseases remained a constant presence in Poland well into the eighteenth and even into the nineteenth century. After the removal of the royal capital to Warsaw that city became the center of Polish international commerce and diplomacy and, inadvertently, also the epicenter of syphilis outbreaks. The situation got so bad that in 1792 the royal physician Lafontaine remarked that for every one hundred recruits entering the Polish army, eighty were infected.⁸⁸ Hospitals for syphilitics, such as the Warsaw’s St. Lazarus Hospital were to provide them with the then-accepted methods of healing which concentrated on rubbings of mercury salve and disparaged such literally home-made and popular remedies, particular to Poland, of covering oneself with horse or cow dung.

Hospitals specifically housing the mentally ill could also trace their origins to the sixteenth century. Though at first those afflicted with mental disorders would be housed with the rest of the poor in ordinary hospitals, the 1595 visitation of Kraków’s hospitals by cardinal Jerzy Radziwiłł already noted the presence of an institution specializing only

⁸⁸ Podgórska-Klawe, *Szpitala warszawskie* [The hospitals of Warsaw], 98; L. Lafontaine, *Chirurgisch-medicinische Ahandlungen verschiedenen Inhalts Polen betreffend* (Wrocław: N.p., 1792), 133-137.

in their care. This was a hospital bearing the name of St. Fabian and St. Sebastian Martyrs, originally erected by the citizenry of Kraków in 1534. By the second half of the seventeenth century, however, very little remained from this original wooden institution so that even the place where it was situated was in dispute. Accordingly, in 1679, bishop Andrzej Zawisza Łabędź Trzebiecki funded a new hospital for the mentally ill, first acquiring a proper building and then endowing it with considerable sums of money. In 1635 Abraham Wojna, bishop of Vilno, erected a hospital for the mentally ill in Vilno and gave it over into the care of the John of God order (*Boni fratelli*, or *bonifratrzy* in Polish). In 1650 Bogusław Leszczyński created a small hospital for the mentally ill on his possession of Leszno near Warsaw.⁸⁹

Podgórska-Klawe, while listing the various hospital specializations, nevertheless issued a warning that ought to be considered in any discussion of institutions designed to treat a particular ailment. If funds and space allowed many hospitals designed to shelter those afflicted with syphilis or other forms of communicable diseases, just like *leprosaria* before them, also accepted other poor, making them far more general in nature than their original callings would suggest. Though founded with the notion of accepting predominantly the sick, the St. Lazarus hospital of Warsaw had no choice but to bow to local need and expand the services it offered until, in the eighteenth century, it once again became an institution for those with venereal or communicable diseases.⁹⁰

⁸⁹ Wachholz, 2: 14-15; Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 19; Giedroyc, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 9-10.

⁹⁰ Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 42; *Opisanie instytutów miłosierdzia w mieście stołecznym Warszawie pod opieką Komisji Wojewódzkiej Mazowieckiej zostających*, [The description of charitable organizations in the capital city of Warsaw operating under the auspices of the Commission of the Warsaw province] Komisja Wojewódzka Mazowieckiego Wydziału Policji. no. 490, [The provincial commission of the Mazovian Department of

Besides diseases, other aspects of local conditions necessitated hospitals specialization and discrimination. The St. James hospital in Gdańsk, built in 1414, provides an interesting example of specialization that depended on the particular needs of the city. The hospital, located in the largest port on the Pomeranian coast, took care of mariners and cast-aways.⁹¹

Other specializations included hospitals serving exclusively retired and poor priests. Such institutions proliferated both in large cities and in the countryside. Besides the hospital of Księżdy Emerytów in Kraków, such foundations existed in Lublin, created there by bishop Andrzej Trzebicki, the same one who set up an institution for the mentally ill in Kraków. Jan Lubrański set up a hospital for retired priests in Poznań in 1518. Archbishop Jan Łaski founded one in Oniejuw in 1522, and a 1720 ecclesiastical council ordered such a hospital to be built in Góra Kalwaria, a town just south of Warsaw, to house old and poor priests of Warsaw's archdeaconship.

Poor and old women could also look to various institutions providing for their needs. The private foundation of princess Anna Radziwiłłowa in Biała Podlaska, for instance, sheltered poor widows and spinsters.⁹² In Kraków old widows were exclusively taken in by either the St. Valentine hospital of Kleparz, or by the hospital located at the Dominican monastery.

Police] AGAD; Manuscript no. 236, p. 380, Archiwum Królestwa Polskiego [Archive of the Polish Kingdom], AGAD.

⁹¹Podgórska-Klawe, Od hospicium do współczesnego szpitala [From hospice to the modern hospital], 35; S. Sokół, Medycyna w Gdańsku w dobie Odrodzenia [Medicine in Gdańsk during the Renaissance] (Wrocław-Warszawa: N.p., 1960), 228-229.

⁹²Giedroyc, Zapiski do dziejów szpitalnictwa w dawnej Polsce [Notes from the history of Old Polish hospitals], 18. In 1716 the hospital was taken over by the Sisters of Charity, who were invited there by Karol Stanisław Radziwiłł, the Grand Chancellor of Lithuania.

Hospitals limiting themselves to the care and upbringing of abandoned children and orphans were not overly common, as most hospitals, both in cities and in rural areas performed such functions as part of their general care provisions. A few orphanages existed, however. In Grudziądz, one functioned since 1382. Bishop Zbigniew Oleśnicki founded one in Tarnów, near Kraków, in 1448, while king Zygmunt I endowed one in Drohobycz, south of Lvov, in 1540. In Warsaw the Brotherhood of St. Benon built a hospital for orphans in the first half of the sixteenth century. Father Piotr Baudouin opened one in 1734. Another existed at the convent of the Sisters of Charity.

In cities with universities or their filial chapters such as Warsaw and Kraków, there existed hospitals for the treatment of sick students, a representative of which was the St. Roch Hospital for Scholars in Kraków, and in Poznań the St. Gertrude hospital, founded in 1456, for the sick students of the city school.⁹³

There were also a few hospitals for retired soldiers, such as the seventeenth-century so-called *alumnat* of Tykocin, the creation of Lithuanian marshal Krzysztof Wiesiołowski. Warsaw could brag of a royal foundation made for this purpose by a premier Polish warrior-king, Stefan Batory.

In Biłółówka in the Ukraine, a hospital founded by Anna Korecka in 1608, sheltered those who returned from Tartar captivity.

Some hospital foundations served only the nobility, though in a land that began to be completely dominated by noble interests from the sixteenth century onward, the number of such institutions was not as great as one might have thought. Many *szlachta* possessed enough resources to guarantee for itself old age care without the necessity to

⁹³ Education was one of primary hospital functions throughout Europe. Not every hospital could support a school or even just scholars on the premises, however, severely limiting this aspect of hospital life.

join an institution. Most of noble hospitals thus catered to the poorer members of the estate, namely those who could not assure themselves a stately retirement. The representative of institutions for old and sick nobles was the St. Hedwig hospital of Kraków.

At times noble institutions cut across other hospital specializations. A shelter in Zagórze housed retired noble officers, while a hospital in Gidle took care of old noble widows. Anna Alojza Ostrogska, one of the more important female philanthropists of the seventeenth century, founded in 1640 a hospital for noble students in Ostróg. A year earlier Józef Korsak, the voivode of Mściśław, also set up a school and a hospital for poor noble students in Głębokie.

Just as the nobles set up institutions designed to help out their own kind, they also did not forget their peasants and serfs and provided them with a modicum of support in return for a lifetime of hard work. Hospitals serving only peasants and serfs were a common sight in the Polish countryside. They included institutions founded by Aleksander Michał Sapiecha in Wysokie Litewskie, prince Konstanty Ostrogski in Ostóg, and Anna Jabłonowska in her possessions of Kock and Siematycze, among many, many others.⁹⁴

⁹⁴ Tomkowicz, Szpital Świętego Ducha [The Holy Spirit Hospital], 25; F. Śmigoda, Ksiądz Gabriel Baudouin i jego dzieło w latach 1732-1768 [Father Gabriel Baudouin and his work in the years 1732-1768] (Warszawa: N.p., 1938), 89-94; Podgórska-Klawe, Szpital warszawskie [The hospitals of Warsaw], 73, 75; Giedroyc, Zapiski do dziejów szpitalnictwa w dawnej Polsce [Notes from the history of Old Polish hospitals], 9-14, 18, 25, 48; F. Bujak, "Wielka fundacja szpitalna z pierwszej połowy XVII wieku," [A great hospital foundation of the first half of the seventeenth century] Krytyka Lekarska 8 (1904), 147; W. Nartowski, Karty z przeszłości Białej Podlaskiej [Postcards from the Biała Podlaska past] (Biała Podlaska: N.p., 1928), 32; J. Ptasik, Życie żaków krakowskich [The life of Kraków's students] (Warszawa: N.p., 1957), 111.

Hospital Medical Care?

From the Middle Ages to the eighteenth century organized medical care did not appear to be associated on any large scale with services provided by Polish hospitals, but that situation simply reflected prevalent European conditions.⁹⁵ At first, of course, when hospitals still remained, as *xenodochia* or *infirmaria*, associated with monasteries, the monks themselves were responsible for healing the sick. First Polish medical doctors,

⁹⁵ This does not necessarily mean that no professional physicians offered their services to individual hospitals. Still, at least until the seventeenth century even their association with hospitals was spotty at best, as explained by Robert Jütte in "Health care provision and poor relief in early modern Hanseatic towns. Hamburg, Bremen, and Lübeck," in Health Care and Poor Relief in Counter-Reformation Europe, ed. Ole Peter Grell and Andrew Cunningham (London and New York: Routledge, 1999), 113; Carlin, 29. Carlin thought, "Professional medical and surgical practitioners seldom, if ever, treated hospital patients." Many recent historians have challenged the above assumptions by pointing to established medical practices provided even by medieval hospitals. A physician appeared in the Hôtel-Dieu of Paris already in the thirteenth century. Likewise London's Savoy, finished in 1517, offered attached medical care from the very beginning. These historians see nursing as part of a medical regimen as well. Barry and Jones, for instance, claim that donors, administrators, and even the patients themselves believed hospitals to be "curing," as well as "caring," institutions. Barry and Jones, Medicine and Charity Before the Welfare State, 8. Katharine Park in "Healing the Poor," 26-29, 31, 34, 36, argues for medical treatment in sixteenth-century Florentine hospitals. Since disease was identified by the Italian urban elites as a source of poverty, charitable institutions set up by them were designed to offer medical care. Santa Maria Nuova, the representative Florentine hospital, functioned to quickly cure the sick poor in its care and as quickly release them back into the labor market. In order to better fulfill the functions set for hospitals by the urban elites, these institutions actually sought out official association with the medical professionals. Some hospitals, like Santa Maria Nuova, eventually became in the seventeenth century medical learning institutions, housing a pharmacy, and schools of surgery and medical botany. Patients entered these institutions with an actual expectation to get better. Other historians, like Miri Rubin in "Imagining Medieval Hospitals," 14-15, warn against generalizations and point to a prevailing lack of sources as far as medical treatment is concerned. Even the so-called medical hospitals left very few mentions about the treatments and medical routine practiced within, leaving conclusions about the prevalence of medicalization as nothing but conjecture. Organized association with medical care, it would seem, was the province of a very small minority of pre-modern hospitals. Even Katharine Park must admit that most Florentine hospitals of the fourteenth and fifteenth century were general shelters for the poor with no medical provisions. Many hospitals even refused to admit those infected with various ailments, as explained by Orme and Webster in The English Hospital 1070-1570, 58. The ecclesiastical identification of outward malady with an inner sin did much to delay the association between hospitals and physicians. Since many churchmen considered sickness a sign of a disease of the soul, medical art had very little chance to better the patient. Bishops and synods both were adamant in their belief that spiritual healing was required to cure disease. In Poland the view that spiritual help superseded medical aid persisted among major churchmen even into the seventeenth century, forming a considerable hurdle to the developing relationship between doctors and hospitals. It is only fair to mention here bishop Janusz Załuski's 1762 synodal council of the Kiev diocese, which maintained the primacy of a priests' intervention at the bed of a sick hospital patient over a doctor's visit. In Reformed countries the medical profession did not face this bias and the association of hospitals with medical care proceeded with greater speed and urgency than in Catholic lands. See also Carlin, 30; Prescott, 2, 71; Rubin, Charity and Community in Medieval Cambridge, 148-49, 151; Grell and Cunningham, 2; Rawcliffe, Medicine for the Soul, xiii, 218.

well-taught in Western European universities such as Montpellier, already appeared in the thirteenth century, though it must be said that some of their practices hardly differed from the methods employed by folklore traditions. Nicolas of Poland (Mikołaj z Polski), the thirteenth-century physician to prince Leszek the Black (*Czarny*), prescribed for his liege the eating of snakes and frogs for impotence.⁹⁶ Though the numbers of university educated physicians climbed steadily, the relative expense of their services precluded anyone but the wealthiest from benefiting from their knowledge. In medieval Poland one could find a medical doctor at the royal court, and, like Nicolas, at the courts of the greatest magnates. The rest of the population could hardly afford their services and, to some extent, wasn't even aware of their existence, and depended instead on herbalists, apothecaries, and wise-women.

Physicians rarely appeared on the premises of medieval hospitals. With time the situation improved somewhat, especially in Kraków, which came to possess its own medical academy. Nevertheless the frequency of their appearances remained minuscule enough to force bishop Zadzik's 1638 call to the members of the medical academy to visit the Holy Spirit hospital more often out of their sense of duty and Christian charity.⁹⁷ Such exhortations seemed to have little effect, however.

In the absence of medical doctors hospitals had to rely on lesser specialists, like the surgeons (*cyrulicy*) whose expertise extended to more immediate concerns such as mending broken bones, tending wounds, and bleeding patients. The first surgeons

⁹⁶ Wachholz, 1: 34. Wachholz himself takes this example from an earlier work. See S. Witkowski, "Lekarz Mikołaj z Polski" [The physician Mikołaj from Poland], in Rozprawy filologiczne akademii uniwersytetu miasta Kraków [Philological disputations of the Kraków's university academy] 58:4 (1919).

⁹⁷ Wachholz, 1: 36.

appearing in hospitals were outsourced, meaning they weren't tied to the institution but rather rented their services to satisfy a pressing need. The high salaries charged by these specialists ensured that only the most well endowed hospitals could afford their momentary presence. As at first there were no hospital pharmacies, the surgeons were also responsible for the procurement of herbs and oils from herbalists and wise women, or of more complex drugs from city apothecaries, whose existence is attested in sources dating back to the fourteenth century. Eventually some of the larger hospitals, like the Holy Spirit in Kraków and the St. Lazarus of Lublin, organized their own pharmacies, though in the vast majority of Polish hospitals this was rather the exception than the rule.⁹⁸

The necessity to maintain a learned surgeon on hospital payroll was soon recognized by hospital administration, leading to repeated calls for the increase in the specialist's duties and responsibilities. In 1614, bishop Tylicki's visitation decree, for instance, demanded that the surgeon should also extend his expertise to the hospital staff, namely to make sure, in the face of incredibly high infant mortality, that the hospital-employed wet-nurses were themselves healthy and free of any disease that might complicate the infants' chances.⁹⁹ The Cathedral Chapter of Warsaw ordered the maintenance of a full time surgeon at its Holy Spirit Within the Walls hospital already in 1550. In 1570 in return for his services in healing "*morbo quovis etiam gallico infectos eorum tamen sumptibus seu medicines*" the surgeon Kacper Balcerowicz received from

⁹⁸ Wachholz, 1: 36; Góralski, *Szpitałe na Lubelszczyźnie w okresie przedrozbiorowym* [Lublin area Hospitals before the Partitions], 176; Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 111, 174; Bąkowski, *Dzieje Krakowa* [The History of Kraków], 87. First mention of a pharmacy comes from 1333. In 1393 Andrzej the apothecary received a salary of 12 *grzywna*.

⁹⁹ Wachholz, 1: 87.

the town council of Warsaw some free land on hospital property on which to build his house. The considerable presence of learned surgeons in sixteenth-century Warsaw is attested by the fact that in 1592 Zygmunt III Vaza confirmed the charter of their newly formed guild.¹⁰⁰

In the Holy Spirit Hospital of Kraków surgeons appear on the income and expense rolls, with many lacunae during times of war and dearth, from the middle of the seventeenth century onward. The first named surgeon, a man called Cymerman, appears on the expense rolls of the Holy Spirit in 1650, with a salary of 100 *złoty*. After 1684, salaries paid to surgeons were a constant presence in hospital records. Towards the end of the eighteenth century the issuance of formal rules ordered the functions of surgeons at the St. Lazarus Hospital in Warsaw. There, four surgeons and three students were to watch over the inmates' diets, and visit each one at least twice a day. The students, furthermore, were required to perform night shifts that ended at 7 or 8 A.M. depending on the time of year, so as to provide specialized care even during the night.¹⁰¹

The quality and level of medical competence the surgeons supplied to Polish hospitals was apparently quite varied. Though there is no question that most fulfilled their obligations expertly and with a view to better the conditions of others, there nevertheless exist sources pinpointing certain abuses or lack of skill on the part of these professionals. And so a seventeenth-century visitation performed in Warsaw's St.

¹⁰⁰ Karwasńska, 60; Karpiński, 58; Podgórska-Kławe, *Szpitala warszawskie* [Warsaw's Hospitals], 30; Giedroyc, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 14-15, 104-105; ACAV, no. 6, f. 325, no. 7, f. 51.

¹⁰¹ Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 74; Podgórska-Kławe, *Szpitala warszawskie* [Warsaw's Hospitals], 118; Giedroyc, *Rys historyczny szpitala św. Łazarza w Warszawie* [A historical tracing of the St. Lazarus hospital in Warsaw], 115-119.

Lazarus hospital found the local surgeon to be unqualified, and not even a member of the surgeon's guild.¹⁰²

Some hospitals that originated purely as shelters for the poor eventually recognized the need to segregate the healthy from the sick, which necessitated the addition of competent personnel to their staff. The Holy Spirit Within the Walls of Warsaw added an infirmary only in 1534¹⁰³, while smaller institutions, including many village hospitals, incapable of affording such expansion, had to rely on curtains and partitions.

It should also be added that village institutions were ill equipped to support the work of a competent medical staff. Small, poor, and dominated by the parish priest, the inmates of such hospitals had to look to local wise-women and herbalists well into the nineteenth century. In fact village health care was, from the point of view of modern medical science, a rather unfunny oxymoron.

During times of sickness and plague, which visited the Polish cities and countryside with an unwelcome precision usually associated with periods of poor harvests or war desolation, hospitals had to be especially careful about separating the sick from the poor. When news of approaching sickness reached the city magistracies, official decrees closed down all schools, brothels, butcher stalls and places of business. Outhouses were cleaned and the populace forbidden from emptying their chamber pots on the streets so that "no awful odors would be spilled on streets and avenues frequented by the people." Visitors arriving from the outside were stopped, roads leading into cities

¹⁰² Karpiński, 58; Podgórska-Klawe, *Szpitala warszawskie* [Warsaw's Hospitals], 48.

¹⁰³ Karwasińska, 53; Karpiński, 58.

barred, and all refugees wishing to flee required to leave *certam sortem substantiae* to help feed those who remained. In extreme cases cities built gallows outside their walls to scare away prospective individuals attempting to enter a quarantined city. On the spiritual side, new patron saints would be chosen and the sounds of church processions became a common occurrence. Following the ending of the emergency, as life slowly returned to normal, *Te Deums* would be sung to honor God's decision to lift the pestilence.¹⁰⁴

In order to stop the spread of communicable disease hospital institutions utilized various methods. One of the more common, used extensively in both Holy Spirits of Warsaw, was to expel for a while all healthy inhabitants of the hospital, sending them either entirely out of the city in times of major outbreaks, or putting them up in outside houses in case of minor ones. One such incident occurred in 1662 in the Holy Spirit *extra muros*, when after the death of a patient, all those who shared his quarters were expelled, and the chamber itself locked and bolted so as to refuse entry. During major outbreaks, as in 1626 and 1708-11, special hospital barges were floated down the river in order to provide a roof for all those infected and to segregate them from the rest of the population. Following the end of the epidemic the magistracy ceremoniously burned the barges.¹⁰⁵

Medical prescriptions normalizing hospital hygiene were almost impossible to come by before the eighteenth century. Only in some cities, mostly under Reform

¹⁰⁴ Podgórska-Klawe, *Szpitala warszawskie* [Warsaw's Hospitals], 58-59.

¹⁰⁵ Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 141; *Szpitala warszawskie* [Warsaw's Hospitals], 47. As shown by Prescott, 48, the removal of sick inmates from the hospital was a Europe-wide practice in hospitals not designed to specifically care for the ill. See also Karpiński, 58; Manuscript no. 979, *Rejestr Szpitala św. Ducha* [The registry of the Holy Spirit hospital], Warszawa Ekonomiczne [Warsaw Economic], AGAD.

influence, were serious attempts even made. Gdańsk established its *Collegium Medicum*, a medical regulatory body, already in 1636 to influence care given in its nine hospitals. One of the first attempts made elsewhere became the post-visitation decree for the Holy Spirit hospital in Kraków made in 1738 by Dr. Jacek Augustyn Łopacki on behalf of bishop Laski. Dr. Łopacki, clearly influenced by the then prevalent theory of disease transmittal known as contagionism, called for general cleanliness, and specifically for the maintenance of clean living and sleeping areas, clean tools and utensils, for providing plenty of fresh air inside the buildings, and most importantly, for the segregation of the sick from the healthy inmates.¹⁰⁶

Quarantine aside, many Polish charitable institutions and their administration, following the pre-industrial notions of medicine that concentrated on sustaining a pleasant environment, noted the importance of keeping the hospital premises clean and well ventilated. Hospitals run by the *Bonifratr*i were especially lucky in that the regulations of the order prescribed for the cleaning of the inmates' hands before every meal, daily sweeping of the premises and constant twice-a-day changing of hospitals beds, once in the morning, and once in the evening. The poor themselves aided these efforts by periodically washing themselves in the hospital bathhouses, such as the one noted in the visitation records of the Holy Spirit hospital in Kraków, or, where

¹⁰⁶ Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 144; Maria Bogucka, "Health care and poor relief in Danzig (Gdańsk). The sixteenth- and first half of the seventeenth century," in *Health Care and Poor Relief in Counter-Reformation Europe*, ed. Ole Peter Grell and Andrew Cunningham (London and New York: Routledge, 1999), 215-16. Gdańsk, a great port and a culturally cosmopolitan city, seems to have been at the forefront of some medical developments. Besides being a center of medicinal learning itself, the city supervised medical practices by establishing the post of a chief town physician and a chief town midwife in around 1530 and 1610 respectively. See also Jütte, "Health care provision and poor relief in early modern Hanseatic towns," 119. Even in Northern German cities "no uniform institutional framework for the provision of medical care" existed until the eighteenth century.

institutions lacked them, in city baths which were open for that purpose to the poor by the town councils free of charge on a weekly, monthly, or quarterly basis. The inmates of the St. Valentine hospital in Poznań, for instance, could partake of city baths several times a year.¹⁰⁷

Not all such initiatives could work all the time, especially in view of the lack of medical knowledge, and the high mortality rates of hospital patients are attested in various sources. The 1626 visitation of bishop Jan Węzyk in the Holy Spirit Within the Walls hospital of Warsaw noted the death by communicable diseases of almost half of its patients.¹⁰⁸

Before the appearance of doctors many hospitals that focused on a particular disease, such as Kraków's St. Sebastian and Roch hospital for the syphilitics, had to employ staff specialized in providing the prescribed care or medications. Syphilis at the time was treated by subjecting the patient to a rigorous rubbing with mercury followed by immersion in a hot oven designed to induce massive sweating.¹⁰⁹

In cases of hospitals run by religious orders, the monks or nuns often relied on their own medical knowledge, the quality of which depended on location and access to medicinal herbs and supplies. The best situation for that existed at Kraków's Holy Spirit,

¹⁰⁷ Barry and Jones, *Medicine and Charity before the Welfare State*, 7; Kumor, "Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 259; Giedroyc, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 49; Podgórska-Kławe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 141.

¹⁰⁸ Karpiński, 58; Łukasiewicz, 3: 108-109.

¹⁰⁹ Wachholz, 1: 131. Needless to say such medications could often lead to the untimely demise of the patient. Hospital registries often mention the number of patients subjected to such treatment followed by another list of those who died. For instance, in 1698, out of thirteen patients, three perished. A year later, two died out of six treated. Also of note is the prevalence of female syphilitics in the hospital. Of the thirteen treated in 1698, ten were female. In 1699 all were women.

where the canons maintained a list of herbal remedies and prescriptions based on the work of such medical luminaries as Galen and his Polish followers, Miechovita and Jan z Sącza.¹¹⁰ By 1670 the Holy Spirit Hospital possessed its own pharmacy. In the second half of the eighteenth century, the pharmacy at the Holy Spirit Within the Walls of Warsaw included curtain-covered cupboards to hold prepared potions and oils, tables stacked with glass and copper alembics, and medication-filled jars covered with colored paper. Some of the medications found therein included amber, tar, leeches, camphor, vodka, various roots, and sugar. The Baby Jesus General Hospital of Warsaw received in 1769 a royal privilege to equip its own pharmacy. In 1791 the St. Lazarus Hospital of Warsaw opened a general pharmacy run by a trained pharmacist that served the hospital and the people of Warsaw.

As they did elsewhere abbeys and monasteries also maintained pharmacies, even if they did not run hospitals at the same time. In cases of monasteries located in the countryside, such pharmacies might have been the only sources of medications available to the surrounding areas. The Dominican monastery in Lublin supported a pharmacy that greatly aided the poor of the nearby villages. Some of the medication used involved aloe, theriac, butter, pepper, and alcohol.¹¹¹

¹¹⁰ Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 73; "Zakon Ducha Świętego de Saxia w Polsce Średniowiecznej," [The Holy Spirit de Saxia Order in medieval Poland], 196; Manuscript no. 7044 I, Kodeks mniszek zakonu Ducha Świętego [The codex of the Sisters of Holy Spirit], 143-245, ABJ.

¹¹¹ Góralski, *Szpitala na Lubelszczyźnie w okresie przedrozbiorowym* [Lublin area Hospitals before the Partitions], 176, 179; Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 111; Podgórska-Klawe, *Szpitala warszawskie* [Warsaw's Hospitals], 94; Manuscript no. 224, Rachunki Szpitala św. Ducha [The accounts of the Holy Spirit hospital], Archiwum Królestwa Polskiego [The archive of the Kingdom of Poland], AGAD.

Polish synods, however, forbade monks and ordained clerics to practice surgery. The 1446 synod of Wrocław ordered all monks to cease any of their surgical activities and refused to allow them to even advise bloodletting. The 1583 synod of Chełmno repeated this proscription, stressing the intended separation of monk's responsibilities from any practices associated with surgical procedures.¹¹² Monks were to provide their patients with balms and advice, but were not to delve too deep into the secrets of the human body.

Following the 1739 visitation of the Holy Spirit in Kraków by Cardinal Lipski's assistant, Jacek Łopacki, a medical man himself and the son of the hospital's very first doctor, the surgeon was to function as an assistant to the main physician, with a yearly salary of 150 *złoty*.¹¹³

Somewhat less qualified in medical practices seemed to have been the rest of the hospital attendants, including the matrons in charge of wet-nurses, mid-wives, and the children's wards (by the seventeenth century called *ochmistrzyni* in Polish); their sole competency being that they should be "God-fearing women."¹¹⁴ The Kraków's Holy Spirit Hospital also employed a doorman, a cook, and two gravediggers, none of whom, of course, had any medical training.

In hospitals run by religious orders, such as the *Bonifratrī* and the *Duchacy*, long term attention and care, what in today's parlance is known as nursing, would be provided

¹¹² Prescott, 2; Męczkowski, "Szpitale dawnej Rzeczypospolitej," [The hospitals of the old Commonwealth], 16; Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 158. This was a general proscription originating in thirteenth-century Christian dogma.

¹¹³ Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 75; Rubin, *Charity and Community in Medieval Cambridge*, 150.

¹¹⁴ Wachholz, 1: 94.

by brothers holding specialized positions. In the Holy Spirit order, for instance, the *hospitalarius*, known also as *prefectus valetudinarii*, was held responsible for the well being of the sick. About the attendants who seemed to have been employed as everyday nurses in hospitals not belonging to particular orders, the sources are all but silent at least until the beginning of the eighteenth century. An exception might be the St. Barbara hospital in Gdańsk that seems to have employed a nurse to mind sick members of the city's Tailor Guild already in 1549, though this might have been due to a special agreement between the guild and the hospital. There are indications, however, that some nursing services were available in at least a few instances, especially after the importation to Poland of the Sisters of Charity in the seventeenth century.¹¹⁵

Although when taking over the *Sancti Spiritus intra muros* hospital in Warsaw in 1684, *Szarytki*, as they were known in Poland, insisted that they would not have to get up to serve the poor in the middle of the night, their responsibilities grew steadily. Another paragraph in the contract giving the Sisters the administration of the Holy Spirit Within the Walls committed them to make sure "that the sick, at least once a day, or when needed, be visited by a doctor, a surgeon, or the apothecary." In 1758 in the Baby Jesus hospital, besides various managerial duties, the Sisters of Charity were required to maintain all tools and utensils used by the inmates and to "serve the sick, give them simple drugs according to the doctor's prescriptions, bleed them, raise the foundling children, and mind peace and cleanliness in the entire house." Hygiene became a high

¹¹⁵ Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 176; S. Sokół, 234; Męczkowski, "Szpital św. Ducha i św. Trójcy w Kaliszu," [The Holy Spirit and Holy Trinity Hospitals in Kalisz], 280. According to Henderson in "The hospitals of late-medieval and Renaissance Florence: a preliminary survey," 81, the works of nurses are far better recorded in late-medieval Florentine hospitals.

priority. The sisters were to wash the heads and legs of their charges, as well as to change and wash their sheets once a week. In the St. Roch hospital in Warsaw they shared their nursing responsibilities with specially chosen male members of the St. Roch Brotherhood.¹¹⁶

Towards the end of the eighteenth century a new position, that of the hospital helper (*posługacz szpitalny, posługacz chorych, infirmiarz*), made its appearance in sources relating to Warsaw's St. Lazarus hospital. According to dispositions governing their functions they were to maintain inmate records and registries, to update the identification plaque above the inmate's bed, to keep the beds clean, to clean the chamber pots, to prepare medical baths for the sick, to dispense medications and meals, to mind the cleanliness of the sleeping quarters, to make sure the quarters were aired out when necessary, and to keep a night watch over the inmates.¹¹⁷

In a rather roundabout way, a record of a criminal trial that took place in Warsaw in 1483 might suggest that the Holy Spirit Within the Walls hospital enjoyed some form of medical attention or visitations. In that year Jan, a doctor of medicine, and Piotr the apothecary, were called as witnesses in a case against a certain nobleman for wounding a peasant, an act that occurred by the well in front of the St. Martin's Church and the Holy

¹¹⁶ Podgórska-Klawe, *Szpitala warszawskie* [Warsaw's Hospitals], 9, 54; Dokument III. Dekret przyjęcia Sióstr Miłosierdzia na usługę ubogich do szpitala 1684 roku [Decree of admission of the Sisters of Charity to serve the poor of the hospital in 1684], Teczka – Szpital Św. Ducha [Folder - Holy Spirit Hospital], ASMW.

¹¹⁷ Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 176-177; *Szpitala warszawskie* [Warsaw's Hospitals], 118-119; Dokument III. Dekret przyjęcia Sióstr Miłosierdzia na usługę ubogich do szpitala 1684 roku [Decree of admission of the Sisters of Charity to serve the poor of the hospital in 1684], Teczka – Szpital Św. Ducha [Folder - Holy Spirit Hospital] ASMW; Manuscript no. 235, k. 87v-88, no. 232, k. 150-151, Archiwum Królestwa Polskiego [The archive of the Kingdom of Poland], AGAD.

Spirit hospital. The presence of these medical professionals at the location of the hospital might indicate that they had business being there.¹¹⁸

Leaving the area of conjecture, one of the first mentions of a medical doctor definitely associated with a hospital institution comes from the second half of the sixteenth century when in 1569 the Warsaw's Cathedral Chapter, which administered the Holy Spirit Within the Walls hospital, gave a certain doctor Wojciech (Adalbert) Oczko, a house owned by the hospital so as to cement the professional relationship between the two. That doctor, a royal physician to king Stefan Batory in fact, worked at the hospital from 1571 to 1576. Though there were a number of medical doctors who acted as protectors in the Brotherhood of Mercy that ran the St. Lazarus hospital in Warsaw, the first mention of one actually visiting the hospital's infirmary comes from 1659.¹¹⁹

As far as the Holy Spirit hospital in Kraków is concerned, its first association with a trained physician is recorded in the income and expense rolls for the year 1648. For that year, and the next two, a certain Dr. Łopacki, the father of the later visitor, served the hospital with his expertise in return for a salary of 50 *złoty* per annum. Since doctor Łopacki received less of a recompense than the surgeon at this time, fifty *złoty* to Cymerman's one hundred, it stands to reason that his services were less immediate than the surgeon's, whose expertise was needed on a daily basis.¹²⁰

¹¹⁸ Podgórska-Klawe, *Szpitala warszawskie* [Warsaw's Hospitals], 18.

¹¹⁹ Karwasińska, 53; Karpiński, 58; Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 37; Podgórska-Klawe, *Szpitala warszawskie* [Warsaw's Hospitals], 30-31; Michałowski, 188.

¹²⁰ These dates actually put Kraków's Holy Spirit in a favorable light compared to Holy Spirit hospitals in other countries, even Northern European ones. According to Jütte in "Health care provision and poor relief in early modern Hanseatic towns," 121, the Holy Spirit of Hamburg received its first physician only in 1731.

It is interesting to note that the initiative to improve medical services offered by hospitals came mostly from the laity. Beginning in the sixteenth century some hospital founders required the presence of a surgeon or a physician in the erection documents. The founder of the hospital for veterans in Zebrzydowice slated ten percent of the entire foundation, one hundred *złoty*, for the upkeep of a surgeon. The 1624 hospital erection document from Brześć Litewski mentions as one of the requirements the presence of a good surgeon who's also willing to work with the poor. Statutes of the magnate Anna Jabłonowska for her possessions in Kock and Siemiatycze demanded the presence of a surgeon and a trained midwife in every city and town. Kings too participated in facilitating the growth of medical expertise in some hospitals. In 1553 king Zygmunt II August ordered the paying of a yearly salary to Doctor Anzelm Ephorinus for his work at the mining hospital of Wieliczka. Later, in 1644 king Władysław IV, while endowing there a bathhouse and a common kitchen, also required the constant presence of a surgeon to watch over the miners' health.¹²¹

Industrious citizens also played a role in strengthening medical services. By 1681, a special endowment made by one of Kraków's leading citizens, Jakub Celesty, funded medications and salaries for health-care attendants, including surgeons and medical doctors at the Holy Spirit Hospital.¹²²

Just like with surgeons, there appear major breaks between payments to physicians in the hospital income and distribution rolls, indicating that for long stretches

¹²¹ The importance of laity in strengthening the bond between hospitals and the medical profession must be emphasized. In early modern Spain, just like in Poland, the initiative to attach physicians to individual hospitals came from lay confraternities. See Flynn, 51; Giedroyć, Zapiski do dziejów szpitalnictwa w dawnej Polsce [Notes from the history of Old Polish hospitals], 10, 15, 130; MK no. 145, f. 259v; Bergerówna, 296.

¹²² Antosiewicz. "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 75.

of time the hospital was unwilling, or unable to employ them because of high expenses involved. Unfortunately some of these breaks fell squarely during periods of time, such as the plague years of 1707-1710, when a trained medical doctor's expertise was sorely needed.

The 1758 project for the creation of a General Hospital in Warsaw foresaw a closer association between medical doctors and hospitals. The physician was to "visit the sick at least once a day, and twice if needed, and take care of those sick with impure diseases, treating them twice a year... for a yearly salary that is to be contractually established." The projected hospital would be "in sore need of a medical doctor or physician, who would visit the poor, who would order all medications, operations, bleedings and other things of that nature, and who would perform yearly inspections of the hospital pharmacy." The 1775 Sejm directives for the Hospital Commission to create a net of General Hospitals in all voivodeships also required a very close association between physicians and the newly projected institutions. The medical doctors were to supervise hospital operations, run a medical school, oversee the hospital pharmacy and make periodic visitations of their area. These particular projects, as will be shown later on, never went into effect, but they nevertheless attest to the increasing role medical professionals played in hospitals of the late eighteenth century.¹²³

Many hospitals, even those located in the cities, never acquired the services of a trained medical doctor and throughout their existence had to rely on the expertise of surgeons, scholarly monks, or even nothing more than wise-women and hedge-wizards.

¹²³ Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 186-187; *Szpitaie warszawskie* [Warsaw's Hospitals], 94. There are documents, however, that imply a surgeon was employed, on a part time, as needed, basis, since 1785; Manuscript no. 6. 14 I, Zbiór Korotyńskich [The Korytyński Collection], APMW.

The hospital run by the *Bonifratry* in Warsaw, for instance, depended only on its own slate of brothers until 1765. The Baby Jesus hospital finally employed a full-time medical doctor only in 1804, therefore already after the nation's loss of independence, and after various governmental hospital commissions of the late 1780s and 90s demanded the presence of a learned physician in every single institution.¹²⁴

Conclusion

Polish hospitals, just like hospitals in the rest of Europe, developed out of monastery *infirmaria*, and in the twelfth century became the primary source of institutionalized social care within the countryside. Hospitals in Poland were ecclesiastical establishments, dominated by the Christian concepts of charity, and offering a highly ritualized and controlled environment of support that concentrated on satisfying the spiritual needs of the donors rather than the physical and material requirements of the inmates. Monastic orders, especially the monks of the Holy Spirit were of primary importance at the beginning of Polish hospital development.

The inability of ecclesiastically run hospitals to meet the charitable demand of the thirteenth century, caused by such disparate developments as foreign invasions and the demographic rise of cities, necessitated a greater lay involvement in hospital proliferation. Unlike other European states, such as England, Poland escaped, however,

¹²⁴ Podgórska-Klawe, Od hospicium do współczesnego szpitala [From hospice to the modern hospital], 187; *Percepta I expensa za lata 1785, 1786, 1787* [Percept 1 – expenses for the years 1785, 1786, and 1787], *Teczka – Szpital Św. Ducha* [Folder - Holy Spirit Hospital], ASMW; Giedroyć, Zapiski do dziejów szpitalnictwa w dawnej Polsce [Notes from the history of Old Polish hospitals], 14, 16. The Baby Jesus hospital did employ a full-time surgeon before that time, and, on certain occasions, part-time doctors. In the 1790s there are also traces of a medical doctor working there for free.

the full effect of social disruptions caused by the Black Death that had profound effects on the quantity and quality of charity offered elsewhere. On the other hand, the growing socio-economic importance of cities, a Europe-wide phenomenon, assured the presence of most impressive and important hospital institutions in the major Polish urban centers such as Kraków, Warsaw, and Poznań.

Polish hospitals fulfilled a variety of functions demanded by Christian notions of charity, from general shelters of the poor to institutions helping those with a particular affliction or those belonging to a specific group. Polish hospital specialization must be looked at from both a functional perspective that sees charitable actions stimulated by a perceived demand, and from the ideological prism of segregating the deserving from the undeserving poor in the distribution of alms. In the former case administrators gauged the local need, taking into account particular conditions and demands, proposed concerted actions, and implemented them to the best of their material ability. In lands open to Tartar penetration this might have involved the establishment of shelters for old soldiers or for released captives. In the cities of Bochnia, Olkusz, and Wieliczka, of hospitals tending to the particular ailments of miners.

The latter case often involved the identification of a “preferred” set of poor, be they local beggars, widows of guild members, or old and infirm serfs. Local conditions or even the subjects’ economic situation were not as important in establishing these discriminatory practices as were ideological considerations that combined both religious and civic imperatives. If economic criteria were utilized all serfs, not just the old ones, would have been helped by their masters. What was of considerable importance in pre-modern Polish society, especially after the sixteenth-century re-feudalization limited

migration and vagabondage in the countryside, was the identification of locally known poor with those deserving aid. Such cultural norms were already inherent in self-help mechanisms of the peasant *Gromada* communes in the countryside.

The association between hospitals and the medical profession developed slowly. Innovation, including the medicalization of hospital services was retarded by the church's insistence on the primacy of faith over medicine, though, as time went by physicians appeared in various hospitals with increased frequency.

CHAPTER TWO: The Livelihood of Polish Hospitals

The survival and viability of Polish hospitals depended almost entirely on their capability to draw in funds. The better-developed and more visible urban hospitals found such an assignment considerably easier than the scattered and poverty-stricken village institutions whose inability to cope with the local demand for services or to amass the necessary resources usually translated into an eventual demise. As important to the survival of hospitals was their economic standing: those hospitals that formed their own economic units found it much easier to function than those institutions that were incorporated into the parish system, for instance. Various types of possible support, from general alms collection to concerted noble and female philanthropy is analyzed, together with the influence of the church, the royal government, and the civic municipal organizations. Questions dealing with who gave, how much, to whom, and why, will inform the guiding principles of this chapter.

Introduction

The diverse functions of Polish hospitals, their use as pauper houses, places for healing the sick, raising infants, and more, required consistent monetary expenditures to keep the institution's charitable endeavors in operation. This necessitated the creation and maintenance of a considerable network of foundations that would feed the ever-increasing pecuniary need of the hospitals. Some of the most pressing expenses included salaries for the staff, for feeding the inmates, the maintenance and improvement of the

hospital buildings, and for legal funds to conduct multiple law suits for the recovery of owed rents, leases, and promised wills and testaments.

The Catholic Church's normative instruments didn't say much about hospital organization and maintenance, mostly because in the pre-Council of Trent environment ecclesiastical organs were little concerned with such issues. Even bishop Maciejowski's 1601 *Epistola pastoralis*, one of the more important of such documents in Poland, under a heading of *De cura et administratione hospitalium* stated blandly that the *populus*, besides giving monetary alms, ought also to provide hospitals with articles in kind such as clothing, medications and so on.¹ As prescriptions of this nature added little to what were by then already established methods of hospital provision, their importance is of marginal value.

There were a number of ways through which hospitals secured the income necessary for their continuous operations. Most weren't even set up without the provision of adequate resources to keep them going. As monastery *infirmaria* hospitals used to exist within the monastery complex, funded entirely by the parent organization. When hospitals began to separate themselves from the monasteries, and began to fulfill their social function on a much wider scale, the need to support them fell squarely on their new creators and founders.

In Poland, anyone could found a hospital, the only prerequisites being resources to do so. Polish magnates and burghers, the Catholic Church, municipal organizations, and sometimes even well-to-do peasants acted as hospital founders and patrons. Unlike in some other states, however, Polish hospitals were not divided into *locus privatus* or

¹ Kumor, "Szpitalnictwo w Sądeckim w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 241.

hospitale simplex (private hospitals where no religious rituals took place) and *locus religiosus* (where such rituals were performed). The presence of attached churches or at least of chapels in every hospital assured their thorough identification with the ecclesiastical establishment.²

From the moment of their separation from monasteries, hospitals were, however, divided into two broad economic and administrative categories. The more numerous from the seventeenth century onward, and mostly associated with villages, were the parish hospitals. Such hospitals did not exist independently but rather as an appendage of the parish, dominated by the parish priest who also acted as the provost (hospital priest), and thoroughly dependant on the resources at his disposal.

The second type of hospitals formed an independent administrative and economic unit. Usually associated with larger, better-founded urban institutions, these hospitals (*prepozytura* in Polish) possessed their own resources, even attached churches, separate from the parish structure. Most of the major urban hospitals discussed so far, such as the Kraków's Holy Spirit, were *prepozytura* hospitals, and the provosts in charge of them acted independently of the parish priest, and were beholden directly to the local bishop.³

The success and survival of hospital foundations depended not only on the goodwill of the original benefactors, but also on their foresight. Creating a hospital

² Elizabeth Prescott, *The English Medieval Hospital 1050-1640* (London: Seaby, 1992), 3. In England such a division was apparent at least until the fifteenth century when the House of Commons, in 1414, asked the ecclesiastical organs as patrons of all hospitals to reform their institutions; Orme and Webster, *The English Hospital 1070-1570*, 32, 37, 69; Rubin, *Charity and Community in Medieval Cambridge*, 104; "Imagining Medieval Hospitals," 21. The understanding that hospitals belonged to the ecclesiastical sphere, sharing all the privileges and immunities such an association entailed, often guaranteed their long-term survival.

³ Góralski, "Opieka społeczna i szpitalnictwo w dawnej Polsce," [Social care and hospitals in Old Poland], 86; *Szpitala na Lubelszczyźnie w okresie przedrozbiorowym* [Lublin area Hospitals before the Partitions], 7, 14.

seemed a lesser task than endowing it with a long life. Hospitals which were created without foundations, as were the many small village institutions designed to satisfy a particular local need, undocumented and unremembered, could not survive long on their own and quickly faltered and disappeared, leaving only vague traces in the memory of the local serfs. Many failures of hospital foundations were due to their founders' inability to continue founding or their disinterest in the long-term material well being of the institutions. Especially noble foundations in the countryside suffered from the passing flights of fancy of their benefactors. Sometimes the inheritors of hospital patronage weren't as involved in their support as had been the foundation originators, thus allowing the institutions to collapse. Administrators of rural hospitals complained furiously of the often-insufficient means of support flowing from those who were materially responsible for what was, in effect, their own property. All foundations, therefore, had to take into account the viability of the institutions they were setting up through time.⁴

Female Philanthropy

In their quest for long-time survival, Polish hospitals, and other charitable institutions as well, could always depend on private female philanthropy. Generally speaking, Polish and other European women found themselves under similar

⁴ Góralski, *Szpitala na Lubelszczyźnie w okresie przedrozbiorowym* [Lublin area Hospitals before the Partitions], 58-59; Granshaw and Porter, 4; Manuscript no. 103, k. 330, Księga wizytacyjna 1748 roku, [The Visitation Book of 1748], AKBL.

compulsions, as far as religiously inspired good works were concerned. The foundation and maintenance of hospitals provided them an avenue to practice their lives of charity.

The earliest mentions of the charitable endeavors of Polish women come from some early chronicles, such as those written by the thirteenth-century bishop of Kraków Wincenty Kadłubek, hagiographies, and the encyclopedic work of chronicler Jan Długosz.⁵ Since these early documents mostly concern themselves with dynastic matters and, where applicable, the lives of noble, highborn women, they can provide us with very little information about the charitable endeavors of commoners. Nevertheless what they do tell us about queens and princesses corresponds very well to the notions of female Christian charity.

From the very beginning of Polish statehood, wives to kings and princes were at the forefront of philanthropy, often sacrificing their own well being for the well being of others. Jadwiga (Hedwig), the wife of duke Henryk Brodaty (Henry the Bearded)⁶ kissed the hands and feet of beggars and washed the wounds of lepers. She even maintained a separate kitchen so no one seeking alms would be sent away hungry. Anna, the wife of Henry the Pious, the thirteenth-century duke of Silesia⁷, funded a Franciscan monastery and a hospital. From that moment onward monastery, church, and hospital creation came to the forefront of female charity. The donors did not rest only at providing material funds for shelters and goodwill institutions; they often participated in their day-to-day activities. Both Anna and Jadwiga served meals in their hospitals and made daily

⁵ Kadłubek lived c. 1160-1223.

⁶ Duke of Greater Poland and Silesia. Born around 1167. Ruled 1228-38.

⁷ Son of Henryk Brodaty. Ruled 1238-41. Died at the Battle of Liegnitz fighting against the Mongols.

visitations to the sick and the poor. Jadwiga always maintained 31 sick beggars herself, providing them with her own food and clothes.⁸

In time, philanthropy became such an accepted part of the medieval female experience that whenever chronicles mentioned a woman they considered worthy, immediately after summarizing her commitment to the dictates of faith, they presented her most outstanding charitable features. Especially Elżbieta (Elizabeth), the sister of Polish king Casimir the Great and the wife to Louis, king of Bohemia and Hungary, has been singled out by chroniclers for her many charitable deeds. Once again her favored method consisted of erecting and maintaining hospitals. Długosz, our primary source for late Piast- and early Jagiellon-dynasty Poland, copiously noted her philanthropic activities. Because of his high regard for the queen we have a clear picture of her founding role and her monetary expenditures for the poor.⁹ In 1372, for instance, she signed a donation of 26 *grzywna per annum* to the Kraków's Holy Spirit Hospital, and, after the death of her brother Casimir, she built and royally endowed the St. Hedwig's hospital for poor and old nobles. Queen Bona Sforza, wife of Zygmunt II August, personally founded a number of hospitals, including ones in Brańsk, Daugi and Krzemieniec.¹⁰ Other queens did not remain behind in quantity and quality of charitable

⁸ Stanisław Kutrzeba, *Ideał i życie kobiety w Polsce wieków średnich* [The ideal of a woman and her life in medieval Poland] (Warsaw: Ateneum Polskie, 1938), 11.

⁹ F., Piekosiński, *Kodeks dyplomatyczny miasta Krakowa*, Vol. I. [The diplomatic codex of the city of Kraków] (Kraków: N.p., 1879-1882), 508. Elizabeth's charitable activities were extensive. We know she was very engaged in funding hospitals. She also supported them with ready cash.

¹⁰ Antosiewicz, "Zakon Ducha Świętego de Saxia w Polsce Średniowiecznej," [The Holy Spirit de Saxia Order in medieval Poland], 183; "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 44; Giedroyc, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 19, 22, 35, 90; Piekosiński, Vol. 2, 505-509. A *grzywna* was worth 48 *grosz*, and represented a considerable purchasing power for that time.

giving.¹¹ The models that she, her predecessors and successors embraced, that of a god-fearing woman ready to assist the less fortunate through hospital endowments, were followed throughout Polish history by other, noble born matrons.

All premier Polish clans, such as the Jabłonowski, Czartoryski, Sapiecha and Radziwiłł families, produced outstanding female philanthropists. Since pre-modern Polish philanthropy depended to a great extent on the works of individuals, female participation became dominant, especially in the vast Polish-Lithuanian countryside, where Polish magnate women provided charities on a grand scale.

While agrarian-based, peasant-operated mutual-help societies were present in the voluntary landscape of pre-modern Poland, their influence was hardly ever more than local. Areas larger than single villages required the attention of rich and powerful matrons to provide for the social needs of the community, especially during the crisis years of the seventeenth century. One such seventeenth-century philanthropist whose influence affected large stretches of agrarian Poland was Anna Alojza Ostrogska, a member of the magnate Ostrogski clan and the widow of Crown Grand Hetman Jan Karol Chodkiewicz.

Combining her great religious zeal with her very high social standing Anna exercised great influence on lands under her dominion. Within her lifetime she became one of the most widely admired Catholic philanthropists of her time, building literally

¹¹ Wachholz, 1: 62. It would be tedious to mention even a small part of all the philanthropic activities performed by Polish queens through the centuries. Almost every single one wrote herself into philanthropic history, from Elżbieta Granowska, the third wife of King Władysław Jagiełło (r. 1386-1434), who also generously supported the largest of Kraków's hospitals, that of the Holy Spirit, to Marie-Louise Gonzaga de Nevers, the wife to Polish kings Władysław IV (r. 1632-48) and later his brother John Casimir (r. 1648-68), who was responsible for bringing the Sisters of Charity to Poland. Hospitals were not the only objects of royal female philanthropy. Queen Jadwiga (Hedvig), first wife of Władysław Jagiełło, gave her royal jewels to the Kraków's Academy, which would, in her honor, be forever known as the Jagiellonian University.

dozens of hospitals for the poor. Her other charitable deeds included a donation of all her gold and jewels to the church of Ostróg and her hearty support of Jesuit philanthropic and educational activities. She spent many hours in the hospitals her money built and even personally tended to the poor.¹² Her works, however, did have a more conventional dimension, and seemed to have been undertaken with the explicit purpose of converting the mostly Orthodox peasantry living in her villages. In the eyes of those she was trying to help, the religious significance of her actions seemed to have subtracted something from her philanthropic endeavors. At one point the religious conflict with her peasants became so acute that an attempt on her life actually took place.¹³ She forgave her attackers and saved them from certain execution.

Anna Alojza was a typical seventeenth-century Polish magnate philanthropist, utilizing her riches to help others, but not forgetting about the fate of her own soul. This continuous religious preoccupation could also be seen in the works of one of the last great female philanthropists to grace pre-partition Poland, namely Anna Sapieżanka Jabłonowska, an eighteenth-century magnate of considerable standing and wealth.¹⁴ She owed her pre-eminence to the fact that unlike most other women who played supportive roles to their husbands, Anna became the undisputed head of the Jabłonowski family, one of the strongest and politically most important clans of pre-partition Poland. Versed in premier economic theories of the time, and one might also add an author of agro-

¹² Zbigniew Kuchowicz, "Heroína Kontrereformacji – Anna Alojza Ostrogska" [A Counter-Reformation heroine – Anna Alojza Ostrogska] in Wizerunki Niepospolitych Niewiast Staropolskich XVI-XVIII wieku [Portraits of unusual women from the sixteenth to the eighteenth century] (Łódź: Wydawnictwo Łódzkie, 1972), 190.

¹³ *Ibid.*, 193

¹⁴ Born 1728, died in 1800.

economic tracts herself, she governed her lands in the style of medieval feudal barons, not relying on anybody's advice but her own. As such she represented a top-down model of female philanthropy that trickled down to all her subjects.

It should be noted that by the eighteenth century, socio-economic serfdom has made such advancements in Poland that beyond some loosely organized village self-help maintained by the *gromada*¹⁵ organizations, magnate philanthropy became the only major source of support for the vast majority of Poland's agricultural population. Female philanthropy found itself at the forefront of some serious attempts to alleviate the terrible condition of exploitation that Polish peasants found themselves under. These attempts, though heart-felt and often involving considerable expenditures of time and money, still operated within the medieval set prescription for female philanthropy. Anna Jabłowska is an interesting example of such philanthropy, showing a woman at the apogee of personal wealth and power, but bound by the same social and religious conventions that constrained her predecessors in the medieval world. As far as noble female philanthropy is concerned, and this statement can be extended, for the most part, to all private philanthropy, there seems to have been no appreciable difference between thirteenth-century Silesian princesses and this particular eighteenth-century landed magnate.

Though standard philanthropy recognized the contributions peasants made to magnate fortunes and the necessity of keeping these peasants above subsistence level, there seemed very little effort initiated towards the alteration of prevailing social conditions. This was, of course, in line with the Catholic Church's understanding of the

¹⁵ *Gromada* organizations were the traditional collective village self-governing and mutual-aid institutions.

role poverty played in the world - an institution designed to provide spiritual rewards rather than a social evil in need of rooting out and elimination. Cardinal Bernard Maciejowski's theories concerning the roots of poverty, the most socially conscious statements of the early seventeenth century, noted in the next chapter, seemed to have been all but ignored. Anna Jabłonowska and her philanthropic works thus sit at the cusp of Eastern European charity, just before new forces engendered by the French Revolution flooded eastward. The hospital institutions she created for her domains of Wysokie Lubelskie, Kock, and Siemiatycze can be seen as the culmination of the development of the models of Polish female philanthropy that originated with the medieval princesses.

This is not to say that male philanthropy remained far behind the female in terms of the spiritual condition of the donor. As stated before Christian charity had its roots in the religious ramification of the act of giving. Female donors were more insistent on this particular issue, because the social conventions held them more at risk in their spiritual journey. But whether the charity came from male or female hands, or both, as giving in the name of both marriage partners became as common as individual donations, the spiritual factors behind the actions were always present, usually noted in testaments or foundation acts as a set of easy formulas. "*Se consulendo saluti animae meae,*" shared space with requests for those helped to constantly pray for the souls of their benefactors. As Podgórska-Klawe noted, ecclesiastical visitors witnessing the failure of many such foundations commented first not on the misfortune of the poor who would have nowhere else to go but rather lamented the misfortune of the founder's soul that would have no one to pray for it. Even Marcin Myrocha, representing the rather rare instance of a

peasant philanthropist, requested the poor whom he helped in the hospital of Markuszow to intercede on his behalf with God.¹⁶

Hospital Foundations

Male or female noble philanthropists formed just one, though quite sizable, set of hospital founders in the Commonwealth of Poland. Most active on the lands under their social and political control, meaning virtually the entirety of the Polish, Lithuanian, and Ukrainian countryside, the magnates and the *szlachta* provided their serfs with sorely needed institutions of care and support at a time when the traditional village co-operatives such as the *gromada* organizations were straining under the weight of re-feudalization that began at the end of the fifteenth century and when the average size of peasant land-holdings showed signs of considerable reduction. Most noble-founded hospitals arose in their own privately owned villages, though sometimes, as the great seventeenth-century foundation of a dozen or so hospitals by Ligeza shows, magnates did not shirk from founding within an urban setting.

The church, of course, consistently maintaining all charitable institutions to be within its sphere of influence, remained at the forefront of hospital creation, be it monastery *infirmaria* or large urban institutions run by orders such as the Holy Spirit. Bishops especially enjoyed founding hospitals, and it is due to such clerical initiatives that some of the premier Polish shelters for the poor began their long and distinguished careers. Yet the greatest numbers of ecclesiastical-funded hospitals were built in the

¹⁶ Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 102; Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital.], 38.

villages, often in the same areas as noble foundations. After the sixteenth century most church-motivated hospital creations in the countryside focused on a particular type of foundation, namely the parish hospital. Such concentration was a natural development due to prevailing local conditions. From the moment the parish churches came into being the local population saw in them a place to seek support during times of difficulty. The parish priest, on the other hand, saw in the struggling masses of villagers not only candidates to whom the ecclesiastical establishment might extend its charitable services, but also free labor which could be utilized to insure the material preservation and the maintenance of the local church. Parish hospitals were a logical continuation of this symbiotic relationship as they cemented a part of the village population to the parish church, insuring the institution would never lack hands to perform the menial tasks associated with its continual existence.

As long as their political power lasted, that is till the middle of the seventeenth century, municipal organizations such as city councils were also very interested in hospital founding. This could be derived from the fact that city-dwelling middle classes who controlled the organs of municipal government lived in very close proximity to the masses of vagabonds and beggars and were therefore more affected by them, and so more interested in their control and distribution. Whereas the church viewed hospitals as institutions of Christian mercy, hence as an integral part of its own organization, city magistrates held urban hospitals to be civic institutions within the influence of secular councils.

Urban hospitals founded by the city magistrates usually focused on the fulfillment of a specific need, assuring the erection of many specialized institutions. *Leprosaria*,

hospitals for syphilitics and those for other transmittable diseases, as well as shelters for old and retired citizens or their widows, were the types of institutions the city magistracy concentrated its founding efforts on.

Somewhere between church- and municipally-funded institutions lay hospitals erected by lay Confraternities and Brotherhoods. Warsaw's St. Lazarus hospital, founded by Piotr Skarga's Brotherhood of Mercy in 1591 acquired the reputation of being the most famous of such hospitals. Confraternities usually jealously guarded the rights and privileges to administer their institutions, surrendering them to the magistracy or to the church only if sorely pressed by a lack of resources.

Somewhat rarer were hospitals maintained by special interest groups, among them artisan and specialized-worker mutual aid associations such as guilds and village self-help mechanisms like the *gromada* organizations. Giedroyc tells us that in the town of Olkusz, in 1671, the miner's association passed a resolution requiring each miner to pay a weekly self-imposed tax of one *grosz* from every *złoty* earned, and one *szeląg* from each ten *grosz* earned for the local miner's hospital.¹⁷

Once the founder decided upon a hospital, it still had to be built and endowed. The usual way of insuring the survival of a hospital involved a double foundation. The first part consisted of set resources, in kind or cash, slated for immediate use in building the hospital, or in re-founding it in case of a prior existing institution that ceased to

¹⁷ Giedroyc, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 44. Giedroyc noted a 1671 resolution passed by the miners stating that "as long as gracious God will continue lending us his treasure in these mountains of Olkusz, we hereby decide and uphold in perpetuity that: For all our needs and expenses to cover legal fees, and also for those poor and unfortunate miners, invalids, those cut and hurt by the mountain; to heal them in their sickness, to bury their sinful bodies, to help their widows, and their orphans left in need by the death of the parents, for their sustenance and upbringing, and for all other miners' necessities, we hereby ... will all give a single *grosz* from every *złoty* earned weekly, and a *szeląg* from every ten *grosz*... into the hands of our secretary and under the penalty of fourteen *grzywna*."

function. The second part would include endowments designed to generate continuous income over time, thus ensuring future operations.

The most important of such endowments were gifts of land, whether in the form of improved and industrial areas such as inns and salt mines, or, more often, in the form of arable fields, gardens and orchards whose fruits, gathered by peasants attached and owned by the hospital, or gathered by the inmates themselves, could sustain the operations of the institution through centuries. Arable fields constituted the basis for hospital survival, while pastures allowed the institution to hold on to domestic animals that could help in feeding the inmates, and also could provide the additional animal muscle needed in harvests and firewood hauls. The St. Valentine's Hospital in Kraków, as an example of this second type of endowment, possessed revenues based on Wieliczka's salt mines, which altogether supported a number of hospitals besides the St. Valentine's, and also on rents and leases from houses owned in the Kraków borough of Kleparz. The Holy Spirit hospital of Nowy Sącz, refounded in 1400 by one of Kraków's richest merchants Sidel Lang (Langzidel), was given in perpetuity by its benefactor no less than five villages, those of Januszowa, Kwieciszowa, Wolfowa, Librantowa, and Boguszowa, as well as an attached farmland with one hundred cows, sheep, and goats, a butcher stall, a tenement house, and seventy *grzywna* per annum for the salary of the hospital's *praepositus* or priest, which was an immense sum. According to the 1608 visitation, the smaller St. Valentine's hospital for lepers, also in Nowy Sącz, was especially well supplied in farm animals and pastures. The 1787 accounting performed by the Hospital Commission in the Holy Spirit hospital of Kalisz discovered "horses, eight oxen, seven cows, one heifer, two piglets, one hog, one yearling calf, two sows, two

two-year old hogs, eight yearling pigs; fowls: ten old hens, six old geese, four ducks.” A few hospitals even owned their own bee-hives.¹⁸

The land owned by hospitals usually did not constitute a single, large whole, but rather an amalgamation of smaller, sometimes not even attached parcels. Such a disposition depended on the size and frequency of donations. Over time, minor and major gifts of land accumulated into an almost checker-board format, where some hospital fields found themselves entirely surrounded by land owned by others. These situations often led to bitter misunderstandings and legal cases as certain landowners, noticing the vulnerability of such hospital parcels, attempted to take them over. To combat this phenomenon hospitals often attempted, through time, to round out their possessions, by either acquiring additional land to form a bridge to their outlying reaches, or by selling or exchanging those parcels the administration felt incapable of maintaining.¹⁹

¹⁸ Wachholz, 1: 47; Kumor, “Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym,” 241, 243; Stanisław Kuraś, ed., Zbiór dokumentów katedry i diecezji krakowskiej. Part I (1263-1415) [Collection of Kraków’s cathedral and diocesan documents] (Kraków: N.p., 1965), 253-257; Manuscript no. 25, *Visitatio decanatus sandeccensis et Novi Fori externa per Joannem Januszowski, a. 1608*, 192-194, AKMK; Góralski, Szpitala na Lubelszczyźnie [Lublin area Hospitals], 82-83; Męczkowski, “Szpital św. Ducha i św. Trójcy w Kaliszu,” [The Holy Spirit and Holy Trinity Hospitals in Kalisz], 211; Surdacki, Opieka Społeczna w Wielkopolsce Zachodniej [Social welfare in western Greater Poland], 262-263.

¹⁹ Surdacki, Opieka Społeczna w Wielkopolsce Zachodniej [Social welfare in western Greater Poland], 253. See also John Henderson, “The hospitals of late-medieval and Renaissance Florence: a preliminary survey,” 77. Italian hospitals used similar techniques to round-out their property.

Types of Income

In order for hospitals to survive and function through changing political climates they had to amass and utilize continuous resources drawn from the outside environment. Warsaw's major hospital complexes, such as both Holy Spirits and the St. Lazarus, like their contemporaries in other cities, included in the original foundations buildings and real estate designed to generate independent income. Stables, stalls, baths, slaughterhouses, wood yards, breweries, and granaries were often packaged with the original intent to provide shelter to the local poor.²⁰

Kraków's Holy Spirit hospital was especially well endowed, as far as rents from real estate were concerned. According to Długosz's chronicle, upon founding the hospital in the thirteenth century, bishop Iwo Odrowąż offered the monks the villages of Prądnik, Wronin Duży, Wronin Mały, Krowodrze, and Błędowo. Bishop Prandota, immediately after localizing the Holy Spirit canons and their new wooden hospital in Kraków, offered for their perpetual use, besides buildings to house the monastery, the tithes from the village of Prądnik, and three breweries.²¹ Prandota's successor as Kraków's bishop, Paweł z Przemankowa, augmented that donation with revenues based on the produce of the village of Zielonki, as well as the local mill.²²

²⁰ Podgórska-Klawe, Od hospicium do współczesnego szpitala [From hospice to the modern hospital], 84.

²¹ Though he took back the village of Błędowo. Długosz, Liber Beneficiorum, 3: 39-42, 48-50; Antosiewicz, "Opieka nad Chorymi i Biednymi" [The care for the sick and the poor], 44; "Zakon Św. Ducha w Polsce Średniowiecznej," [The Holy Spirit de Saxia Order in medieval Poland], 178-179; Document Innowacyjny [The Innovation Document], 72; Baseus z Szczepieszyńska, Epitome Xenodochii, 11.

²² Długosz, Liber Beneficiorum, 1:40; Wachholz, 1: 60; Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 39; A. Zaremba, and Ł. Janeczek, "Szpitale w Polsce" [Hospitals in Poland], in M. Nadworski ed., Encyklopedia Kościelna Vol. 28 [The Encyclopedia of the Church] (Warsaw: N.p., 1905), 6-7; Tomkowicz, Szpital Świętego Ducha [The Holy Spirit Hospital], 22.

As the flagship of Kraków's hospitals, the Holy Spirit also received numerous private gifts and foundations designed to generate continual revenues. In 1339 Spicimir, the castellan of Kraków, gave the Holy Spirit monastery a tenement house, with half of the proceeds going to the monks, and the other half to the hospital.²³ In 1372, as stated above, Elżbieta, queen of Poland and Hungary, made her donation based on the salt mines of Wieliczka and Bochnia. In 1418, Elżbieta z Pileckich Granowska, king Władysław Jagiełło's third wife, offered the hospital the villages of Rzeką (or Rzanka) and Wola, while Marta Grzymalina, the provost of the Kraków's *Duchaczki*, the female version of the Holy Spirit order, transferred the ownership of the village of Kurdwany from the convent to the hospital in 1425.²⁴ Later, in 1617, Zygmunt III Vaza transferred the villages of Krowodrże and Błonie from the ownership of the order to that of the hospital.²⁵ Długosz indicated that in their villages the Holy Spirit monks possessed twenty-eight gardens and orchards, nine pools and lakes, four inns, and controlled the machinery of local government. In all, Holy Spirit possessions spanned over a hundred

²³ Parchment Document no. 24, Archiwum Państwowe Miasta Krakowa i Województwa Krakowskiego [The National Archive of the City and Province of Kraków]; Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 44; Tomkowicz, Szpital Świętego Ducha, [The Holy Spirit Hospital], 22.

²⁴ Wachholz, 1: 62; Tomkowicz, Szpital Świętego Ducha [The Holy Spirit Hospital], 22; Podgórska-Klawe, Od hospicium do współczesnego szpitala [From hospice to the modern hospital], 83; Antosiewicz, "Zakon Św. Ducha w Polsce Średniowiecznej," [The Holy Spirit de Saxia Order in medieval Poland], 179.

²⁵ Chotkowski, "Księdza Prymasa Poniatowskiego spustoszenia kościelne," [Primate Poniatowski's church desolations] Rozprawy Wydziału historyczno-filozoficznego Akademii Uniwersyteckiej 61 (Kraków: Akademia Uniwersytecka, 1918), 88; Wachholz, 1: 73.

lan of land. The Holy Spirit Within the Walls of Warsaw hospital maintained oil making facilities, a brewery, and a slaughterhouse even up to the 1770s.²⁶

In most instances the hospitals could dispose of their property as they saw fit, though after the sixteenth century the ecclesiastical organs began to exert considerable pressure on the financial freedom of operations of the provisors, the lay officials in charge of hospital administration, making sure that purchases and especially sales of hospital property were constantly monitored. The sale of hospital real estate was viewed as a viable option, but one that should not be entered into lightly, as the property sold would no longer generate income.

A far more common solution was to rent hospital property to private users. And so, the Holy Spirit hospital of Kraków drew income from rents on the property they owned, including on their mills. In 1530 one of those mills was rented to Andrzej Tęczyński, Kraków's voivode or governor; the other to Jan Haller, an entrepreneur, for a paper factory. Warsaw's hospitals did not remain far behind. The Holy Spirit *extra muros*, in the style of some English hospitals that accepted corrodians on their property, rented out rooms within the hospital itself as storage spaces or even as apartments. Towards the end of the sixteenth century the hospital rented out two or three chambers or storage closets. By the second half of the seventeenth century, the hospital's offer increased to nine chambers. The Holy Spirit hospital of Lublin received a weekly rent of

²⁶ Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 44; Długosz, *Liber Beneficiorum*, 3: 40-43; Podgórska-Klawe, *Szpitala warszawskie 1388-1945* [Warsaw's Hospitals 1388-1945] (Warsaw: Państwowe Wydawnictwo Naukowe, 1975), 26-27. A *lan* is a unit of cultivated land equal to between 7.5 and 30 acres, depending on the time period.

six *grosz* from the municipal authorities because the city aqueduct ran through the hospital property.²⁷

Philanthropy did not stop, of course, at bishops, magnates, and government or municipal officials. The middle classes, artisans and merchants, as well as their wives, were instrumental in assuring the survival of Polish institutions of mercy and accounted for a very great portion of funds flowing to hospitals. Urban dwellers endowed their local charities with rents from tenements, shops, butcher's stalls, and malt houses, and, of course, with immediate sums of money from donations, wills and testaments. A major indicator of the importance of charitable endeavors to burghers was the proliferation of such testamentary foundations, which represented an attempt to break the traditional patterns of inheritance. The relationship between the number and type of charitable donations in wills, and political and social forces that influenced philanthropic trends has been ascertained by Samsonowicz from the example of the arrival of the Reform movement in the sixteenth century, which altered the general view of poverty, changing forever the ways and means of giving and its justification. It is interesting to note that according to Samsonowicz's studies of the trends shown in wills and testaments for Gdańsk in the fifteenth and sixteenth centuries, the coming of Reform caused a marked decline in private donations to the poor based on wills, while the size of donations marked for devotional matters, on the other hand, rose consistently.²⁸

²⁷ Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 104; Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 84; Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 44; Karpiński, 50. Karpiński lists the names of those who in 1667 rented rooms or closets from the *S. Spiritu extra muros*. They are Stanisław Brocki, Jakub Mokoński, Jan Gieczewski, and Karczewski Szmuklerz.

²⁸ Henryk Samsonowicz, "Mieszczkańska Dobroczynność Prywatna w Polsce Późnego Średniowiecza," [Urban private charity in late-medieval Poland], in *Cultus et Cognitionis. Studia z dziejów*

Still, though the changing religious environment might have altered the traditional Catholic view of charity in some cosmopolitan centers such as Gdańsk, private donations to hospitals, motivated either by attempts on the part of the donors to help them achieve their heavenly reward, or to help municipal organizations to deal with the growing social problems of crime and vagabondage, continued without interruption. The Catholic nobility still built village hospitals with the expectation that such foundations absolved them of sins committed against their serfs in the first place. Urban donations proliferated as well. The 1595 registry for Kraków's Holy Spirit hospital noted 56 tenements, three butcher's stalls, and three shops paying rents to the hospital provisors. In 1628 another registry mentioned 98 tenements, nine malt houses, seven shops and seven butcher's stalls. Another frequent method of hospital support included the transfer of the unused portion of the funds slated for funerary expenses of the donor to the hospital. The income the hospital drew from middle class donations over the years must have been considerable indeed.²⁹

The same can be said about the means of support for hospitals of faiths other than Catholic. The high point of evangelical hospital construction lasted from the end of the sixteenth to the beginning of the seventeenth century, waning considerably and almost disappearing with the success of the Counter-Reformation, though individual hospitals were erected even as late as 1784 when king Stanisław August approved an evangelical hospital in Lublin. While they lasted, Reformed hospitals were founded and maintained

Średniowiecznej Kultury [Studies in the history of medieval culture], ed., Stefan Kuczyński (Warsaw: Państwowe Wydawnictwo Naukowe, 1976).

²⁹ Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 47; Manuscript no. 3399, pp. 8-28. Regestr Szpitalny Ś. Ducha ad 1629 [The Registry of the Holy Spirit Hospital of 1629], APMK; Góralski, Szpitala na Lubelszczyźnie [Lublin area Hospitals], 93.

by private donations from interested individuals and communities. These hospitals existed in most major urban centers such as Kraków and Lublin.

Jewish hospitals, even more so than their evangelical counterparts, were latecomers to the Polish hospital scene, and only began to be noted by surviving sources from the seventeenth century onwards. They too partook extensively of private middle-class philanthropy. Perhaps the most famous such case involved Izaak Maj, a brilliant and successful seventeenth-century medical doctor living in Lublin who purchased from the local *starosta* (subprefect) enough land to build a synagogue, a school, and a hospital for the Jewish community of the city.³⁰

If the monetary gifts to hospitals involved more than just one-time allotments, middle class hospital patrons usually located the amount of money so slated into holdings based on land or real-estate. An especially useful type of holding, favored by many middle class donors throughout the centuries utilized tenement rents as collateral. Called a *wiederkauf* (*wederkaf*, *wyderkuf*, *wyderkaf*), such an investment could provide the hospital with years of set donations, and since the holding could be naturally transferred from one owner to another, sales of the tenements to third parties should not have affected the sum derived from rents slated to the hospital in any way. Through such means it became possible in certain cases for various Jewish communities, the new owners of the tenements, to become responsible for regular payments to Catholic hospitals. In the eighteenth century, the hospital in the village of Świerczyn enjoyed interest on 300 Polish florins (300 *złoty*) invested in the nearby Synagogue. A similar

³⁰ M. Balaban, *Die Judenstadt in Lublin* (Berlin: N.p., 1919), 9-10, 25; J. Riabinin, *Materiały do historii miasta Lublina, 1317-1792* [Materials in the history of the city of Lublin 1317-1792] (Lublin: N.p., 1938), 74; Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 31-32.

case existed in the town of Modliborzyce where the Jewish community (*kahal*) held in their hands all the resources slated for the local hospital, the hospital priest, and the organist. Just like tenement houses, synagogues were also a favorite place for donors to locate their *wiederkaufs*. The Jewish communities' reputation for good fiscal management convinced many donors that the placing of capital sums with synagogues would assure steady and timely payments of interest to the hospitals. The collective monetary responsibility of all members of the Jewish *kahal* for the sums so gained formed a sort of a guarantee of the *wiederkaufs*' longevity. Of course, not every synagogue lived up to its side of the bargain. A 1781 visitation of the Międzychodzie hospital located in the Poznań archdiocese noted that the local synagogue paid lower interest than it should, and owed the hospital the sum of 175 florins.³¹

The success and proliferation of *wiederkaufs*, which were used to support hospitals throughout Poland from the fourteenth century onward, could also be attributed to the considerable degree of control that a donor held over the amount and stated purpose of funds. One could not only set the percentage of the total allocation that was to be paid out from the rents and the specifics of their collection (usually per annum), but also, as in modern practices, one could stipulate the purposes for which the donations were to be utilized by the receiving institution. Common functions included money for firewood, clothing, and "*pro victu pauperum*." A 1662 *wiederkauf* for 500 florins for the

³¹ Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 93; Manuscript no. 2. k. 4v, Księga Miasta Modliborzyc [The Codex of the town of Modliborzyce], WAPL; Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 84; Surdacki, *Opieka Społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 250, 279; Acta Visitationes 32, 260, AAP; Męczkowski, "Szpital św. Ducha i św. Trójcy w Kaliszu," [The Holy Spirit and Holy Trinity Hospitals in Kalisz], 196. In 1691 the Jewish community in Kalisz donated to the Holy Spirit monks the sum of ten thousand *złoty*. The reason for this considerable donation is unclear.

St. Lazarus Hospital in Poznań sponsored an official whose duties included seeking out the poor and sick laying in refuse and leading them to the hospital.³²

One ought to be reminded, however, that the proliferation of *wiederkaufs* did not necessarily provide the hospital with foolproof revenues. On the contrary, because of the possibility of the sale and resale of property on which the *wiederkauf* was based, unscrupulous new owners often found it easy enough to cease the payment of interest or even to deny obligations relating to the principal. In 1362 the Holy Spirit of Kalisz hospital went to court to recover interest payments that were in arrears for forty-eight years.³³

Monetary donations were not the only type of aid given to hospitals or their caretakers by the nobility and the urban-dwellers. Offers in kind proliferated as well, and donations of livestock, grain, herrings, flour, sauerkraut, meat, butter and legumes, among others, flowed to hospitals from concerned citizens, often satisfying the most pressing and immediate needs of the sheltered poor.³⁴ Antosiewicz's comparison of names of particular donors to the Kraków's Holy Spirit hospital with confraternity membership rolls speaks to the high level of involvement of lay brotherhoods, such as Kraków's Holy Spirit Confraternity, in supplying and maintaining hospitals either with

³² Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 93; Surdacki, *Opieka Społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 276, 278, 285; Acta Visitationis 34, 18v, AAP.

³³ Męczkowski, "Szpital św. Ducha i św. Trojcy w Kaliszu," [The Holy Spirit and Holy Trinity Hospitals in Kalisz], 213-214.

³⁴ Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 48; Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 99, 100.

money or with donations in kind, or, following that confraternity's charter, with visits aimed at keeping up the paupers' spirits.³⁵

Besides the villages owned directly by them, many hospitals associated with churches or monastic orders could also depend on continuous income from tithes. Already in the fifteenth century Kraków's Holy Spirit monks partook of tithes from the villages of Bielczyce, Bogucice, Czarnohowice, Falkowice, Jawczyce, Śledziwice, Stadniki, Sułów, Surówki, and Szczygłów,³⁶ and until 1528 used the resources so gained for the maintenance of the hospital. After the 1528 municipal take over of the Holy Spirit hospital, the monks reserved this particular income for themselves, thus seriously abridging hospital resources. Even provincial hospitals depended on tithes as a steady part of their income. The Holy Spirit hospital in Hrubieszów received a 1547 royal privilege allowing it to collect tithes from the villages of Jarosławiec and Rohatycza. In the sixteenth-century tithes from four villages and also from the town itself supported the hospital in Kock.³⁷

The fact that hospitals could own villages and their labor placed them in a particular position of landowners at the time during which the re-feudalization of Eastern European agricultural lands strengthened the institution of serfdom. In 1518 the Royal Assessor Court heard a case that had profound consequences for Poland's social environment and the type and quality of charitable aid available to the peasants and the

³⁵ Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 49; Manuscript no. 6771 II, Registrum confraternitatis Sancti Spiritus anno Domini 1540-1566, ABJ.

³⁶ Długosz, *Liber Beneficiorum*, 3: 43-45; Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 44; Tomkowicz, *Szpital Świętego Ducha* [The Holy Spirit Hospital], 31.

³⁷ Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 47; Góralski, *Szpital na Lubelszczyźnie* [Lublin area Hospitals], 83-84; Giedroyc, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 28.

poor, distinguishing Polish charitable and philanthropic practices from their Western European counterparts. Katarzyna, a miller's wife from the village of Olszówka sued her noble landlord, Piotr Brzeski, for the right to leave his village. When the court dismissed her case, declaring itself to be incompetent to hear cases brought by peasants against their lords, the court also removed the protection of royal law from the great majority of Polish subjects in the process. Though serfdom did exist in Poland since the time of the early development of the apparatus of state, it began to have a pronounced social effect only after this case. This legal abrogation of royal rights combined with economic reasons, such as the devaluation of money stemming from the price revolution, to cement serfdom as the established model of Eastern European village life.

Hospitals took part in this process, consistently guarding and enlarging their rights and privileges in relation to peasants under their control. Already in 1409, for instance, king Władysław Jagiełło issued new privileges for the Kraków's Holy Spirit monks, removing the property of the order, including the hospital, its villages, and all those who lived on them from all public duties, and gave the hospital administration the right to enserf the said peasants. From then on the Holy Spirit hospital, in the person of the order's provost, could forcefully command their labor as it saw fit.³⁸

This is not to say that all the peasants living on Holy Spirit property would continuously work for the monastery. Actually, considering the spread of serfdom of the time, the responsibilities of villagers to their parent institution were rather minor. Most paid the banalities they owed in cash or kind as a rent for the land they utilized. Only in

³⁸ Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 46; Męczkowski, "Szpital św. Ducha i św. Trójcy w Kaliszu," [The Holy Spirit and Holy Trinity Hospitals in Kalisz], 213.

three of the seven villages owned by the order and mentioned by Długosz did the peasants perform any sort of forced labor or corvée (*pańszczyzna*) on the fields of their lords, and that only one day a week, and with an added stipulation that the labor could be turned into a monetary payment of one *grzywna*.³⁹

Table 5: Types of income derived from their villages by the Holy Spirit of Kraków.⁴⁰

Village	Monetary Rents	Rents in Kind	Labor ⁴¹	Tithes
Bielczyce				✓
Bogucice				✓
Czarnohowice				✓
Falkowicze				✓
Jawczyce				✓
Krowodrże	✓		✓	✓
Kurdwanów	✓			
Prądnik	✓	✓		✓
Rzanka	✓			✓
Śledziowice				✓
Sulów				✓
Stadniki				✓
Szczegół				✓
Winary				✓
Wola	✓			
Wronin Duży	✓	✓	✓	
Wronin Mały	✓	✓	✓	
Zborów				✓
Zabłocie				✓

³⁹Długosz, *Liber Beneficiorum*, 3: 48-50; Antosiewicz, "Zakon Ducha Świętego de Saxia w Polsce Średniowiecznej." [The Holy Spirit de Saxia Order in medieval Poland], 181-182.

⁴⁰ These villages were owned by the Holy Spirit order. The Holy Spirit hospital and the Holy Spirit monastery formed separate economic institutions. It is, however, impossible to distinguish which resources derived from villages were used to maintain the monastery and which the hospital. Only in 1528 do we learn, as already stated, that the monks decided to keep the tithes from some of the villages for the exclusive use of the monastery.

⁴¹ In Krowodrże the labor consisted of sowing the fields twice a year and harvesting them. In Wronin Duży some of the peasants could turn their labor requirement of one day in a week (*pańszczyzna*) into a payment of one *grzywna*. Likewise in Wronin Mały. Polish legal statutes divided villagers into categories depending on their rights and privileges. In the villages owned by the Holy Spirit order peasants known as *Kmiecie* could turn the labor requirement into a monetary payment, while the serfs known as *Zagrodnicy* could not.

There were also instances that required the hospital inmates to work on the lands owned by the hospital, or to perform unpaid menial labor for the priests and the provisors.

The normative church instruments, mostly the post-Trent synods, were of two minds concerning labor done by patients on behalf of the hospital administration. The Hospital Constitutions promulgated by the 1672 synod held in Poznań supported the idea of manual labor, especially in hospital orchards and gardens, while statutes of the 1733 council of Płock forbid parish priests to utilize inmate labor on hospital grounds and in the fields.⁴²

With time the responsibilities of peasants living on hospital property increased from what were the original requirements. This happened throughout the lands of the Commonwealth, as villagers who were required to work one day a week on their lord's fields at the beginning of the sixteenth century found themselves working two or three days at its end, or even five or six days a week in the eighteenth. Villages owned by hospitals underwent a parallel process compounding serf responsibilities to the parent institution. At the same time, due to a process of aggrandizing noble and church possessions, the amount of lands left in the hands of peasants continued to decrease. The Premonstratensian monastery of Nowy Sącz, in charge of the Holy Spirit hospital there since 1412, forced serfs to work on the hospital property even on Sundays. That such an amended and often confusing relationship between the hospital administration and people living on its property could generate serious social upheavals became apparent in 1543

⁴² Męczkowski, "Szpitale dawnej Rzeczypospolitej w uchwałach synodów Polskich" [The hospitals of the old Commonwealth in the Polish synodal statutes], 18; Podgórska-Klawe, Od hospicium do współczesnego szpitala [From hospice to the modern hospital], 39. According to the 1672 Constitutions the paupers could pay replacements to do the prescribed work for them.

when the peasants of Krowodrże revolted against their treatment by the Kraków Holy Spirit monks, killing one of their officials. In 1581, the provost of the order, Matheus Regiomontanus imprisoned a dozen peasants for their refusal to comply with work-orders.⁴³

In the countryside, the traditional *gromada* collective peasant organizations were often required to pitch in to support the local hospitals as part of their all-around responsibilities for village mutual-aid. In the lands owned by the eighteenth-century magnate Anna Jabłonowska, the village community was responsible to provide the old housed in her hospitals with eight wagons of firewood each week in the winter, and four in the summer, as well as with clothing and some food.⁴⁴

Sometimes individual peasants stepped out of the collective nature of their responsibilities to each other that were encompassed in the *gromada* organizations and made donations to the local village hospital in their own name. This occurred very rarely due to the general depressed economic status of the un-free peasantry, and has been often marked by historians as an interesting anomaly. Góralski, for instance, mentions a 1611 donation of a pasture made by a peasant, Marcin Myrocha, to a hospital in Markuszów, in return for prayers for the salvation of his soul.⁴⁵

Village hospitals blessed with the attention of a noble patron, such as Jabłonowska, often received from their benefactor a prescribed amount of foodstuffs and other supplies, called an *ordynaria*, in a year. Jabłonowska's *ordynaria*, given to those

⁴³ Wachholz, 1: 72; Rajman, 58-60.

⁴⁴ Góralski, *Szpitałe na Lubelszczyźnie* [Lublin area Hospitals], 87; Anna z Sapiechów Jabłonowska, *Ustawy Powszechne dóbr moich rządców. Vol. 8* [Statutes for the governors of my lands] (Warsaw: Gröll, 1787), 115.

⁴⁵ Góralski, *Szpitałe na Lubelszczyźnie* [Lublin area Hospitals], 96.

poor in her hospitals whose children were unable to help with their care, in 1787 included three bushels of rye, one-half bushel of barley groats, one-half bushel of buckwheat groats, a bushel of flour, two pots of salt and twenty pounds of bacon, per person per annum. The 1629 *ordynaria* of Jan Tęczyński, voivode (governor) of Kraków, for the *prepozytura* hospital in Końsowola offered a bushel of rye flour, a bushel of hulled and crushed barley, a bushel of buckwheat groats, a quart of salt, and a barrel of beer each quarter with an additional 200 *złoty* per person for clothing each year. The *ordynaria* did not need to include just food, but could also be composed of money or articles in kind. The *ordynaria* for the Tykocin hospital for retired soldiers included a yearly donation of thirty bushels of grain, forty carts of firewood, twelve *złoty*, and a donation of articles of clothing for two poor every other year. The *ordynaria*, varying in size from hospital to hospital and noble to noble, became a stable resource for the sheltered poor within the peasant community.⁴⁶

Eventually, *szlachta*'s attempts to convert the in-kind *ordynaria* their ancestors slated for hospitals to ones in cash became a marked phenomenon, due to the rising prices of commodities in the seventeenth and the eighteenth century. Providing foodstuffs out of their own pocket turned out to be far more expensive for the manor, especially since the prices they paid kept rising, than the provision of a certain set sum that did not have to take into account stiff inflation. The nobility thus came out ahead on these transactions while still maintaining their image as philanthropists. The hospitals, of course, suffered

⁴⁶Ibid., 87; Janina Bergerówna, *Księżna Pani na Kocku i Siemiatyczach. Działalność gospodarcza i społeczna Anny z Sapiechów Jabłonowskiej* [The Princess of Kock and Siemiatycze. The social and economic works of Anna z Sapiechów Jabłonowska] (Lvov: Towarzystwo Naukowe, 1936), 253; Jabłonowska, 115; Giedroyć, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 4-5.

the consequences. The chart below offers a comparison for sixteenth- and seventeenth-century prices in the area of Lublin of some of the more important commodities hospitals were concerned with:

Table 6: Prices of Select Commodities in the Seventeenth and Eighteenth Century⁴⁷

Commodity	Amount	Price (first half of seventeenth century)	Price (first half of eighteenth century)
Barley	Bushel	41 <i>grosz</i>	203 <i>grosz</i>
Buckwheat	Bushel	113.5 <i>grosz</i>	323 <i>grosz</i>
Peas	Bushel	108.5 <i>grosz</i>	450 <i>grosz</i>
Cheese	Three-score	227.5 <i>grosz</i>	1020 <i>grosz</i>
Beer	Barrel	109.5 <i>grosz</i>	136 <i>grosz</i>

Polish hospitals also enjoyed other rights and privileges given to them by princes and monarchs throughout the centuries. Once again, the Holy Spirit hospital of Kraków could serve here as an example. An old privilege of the thirteenth-century duke Leszek Czarny (ruled 1279-1288), later confirmed in the fourteenth century by kings Władysław Łokietek and Kazimierz Wielki (the Great), freed the hospital from any wartime requisitions. Both monarchs also freed the Holy Spirit hospital of Kalisz from similar responsibilities.

In an above discussed example, in 1409 king Władysław Jagiełło freed the Kraków hospital and its possessions from any public responsibilities in peacetime as well as in war, in return for spiritual services, such as the saying of masses by the *S. Spiritu* monks following the monarch's death. Property owned by hospitals also received tax-exempt status, especially the tenement houses which, beyond normal taxes, were also freed from the responsibility of housing troops in times of war or, as in the case of

⁴⁷ Góralski, [Lublin area Hospitals], 90; Manuscript no. 110, p. 275, *Księga wizytacyjna 1739 roku* [The Visitation Book of 1739] and Manuscript no. 105, pp. 896-897, *Księga wizytacyjna 1781 roku* [The Visitation Book of 1781], AKBL.

Warsaw after Zygmunt III's reign, during times of the meetings of the Royal Sejm. In 1520 Zygmunt I Stary (the Old) freed the Holy Spirit Beyond the Walls from all taxation. In 1570 king Zygmunt II August declined taxes due him from the Holy Spirit Within Wall's purchases of wood from the Vistula river trade. In 1614 king Zygmunt III Vasa ordered all Armenian merchants and butchers living in and around the fortress city of Kamieniec Podolski, located in the wild steppes of Podolia, to pay a toll for the sustenance of their own hospital in the city. In 1638 king Władysław IV gave to the Holy Spirit Within Walls hospital of Warsaw the privilege of keeping a boat and transporting people across the Vistula, which really meant that the hospital did not have to pay the tolls associated with bridge and river travel.⁴⁸

In other instances, hospitals were also released from taxation, and, as in the case of the *prepozytura* hospital in Parczów and many other institutions throughout the Commonwealth, could be given the privilege of maintaining their own brewery. Making beer was a considerable privilege in Poland, as the nobility monopolized virtually all alcohol-making facilities in a system called propination (*propinacja*). Other hospitals partook from taxes on alcohol making. The city of Ratno near Kovel received a privilege of making alcohol from Zygmunt III in 1615, with an added stipulation that a part of the profit would be handed over to the alderman (*starszy*) of the local Polish hospital.⁴⁹

⁴⁸ Wachholz, 1: 71; Męczkowski, "Szpital św. Ducha i św. Trójcy w Kaliszu," [The Holy Spirit and Holy Trinity Hospitals in Kalisz], 192; Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 46; Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 84, 86; *Szpitala warszawskie* [Warsaw's Hospitals], 24, 45; Tomkowicz, *Szpital Świętego Ducha* [The Holy Spirit Hospital], 41; Giedroyc, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 29, 89. The Armenian hospital located there received three *grosz* from all horses traded by the merchants, and from the butchers, two and one *grosz* each for large and small animals sold. The hospital also relied on tolls from the local wood trade.

⁴⁹ Giedroyc, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 51; Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 97; Manuscript no. 184.

Many urban hospitals also received monetary gifts from the municipal organs. In the second half of the sixteenth century the Holy Spirit Hospital of Lublin received, for instance, a quarterly subsidy of 6 *złoty* and 12 *grosz*. Such gifts, of course, played an important part in the cementing of municipal lay authority's control over city hospitals between the fourteenth and sixteenth centuries, as will be discussed in the next chapter. Kraków's Holy Spirit partook of municipal funds throughout the fourteenth century, as the city's expense rolls attest.⁵⁰

Some income could be drawn from penalties and fines imposed on convicted criminals. When the municipal council collected such fines they were often turned over to the local hospital as a sign of the council's favor. This occurred in most major cities such as Poznań, Kraków, and Lublin, where the urban government showed particular care for the charitable institutions under their control. In Lublin, for instance, the royal privilege of Zygmunt II August given in 1564 allowed the Holy Spirit hospital to partake in the proceeds derived from the confiscation and sale of tools of those who attempted to ply a trade within the city without being admitted to the local guild. Later, king Stefan Batory ordered the confiscation and transfer for hospital use of all meat products sold

pp. 104-105, *Księga wizytacyjna 1800 roku* [The Visitation Book of 1748], AKBL. Propination not only left alcohol-making and selling in the hands of the nobility through a chain of village inns, but also, in a practice similar to the French *gabelle*, required the peasantry in the villages to purchase a specified amount of vodka and other alcoholic beverages in a year. Propination, it would seem, became a system of social control, providing the peasants with a forced outlet for their energies – drunkenness, as opposed to a possible rebellion.

⁵⁰ Tomkowicz, *Szpital Świętego Ducha* [The Holy Spirit Hospital], 44; F. Piekosiński, and J. Szujski, ed., *Najstarsze Księgi i Rachunki Miasta Krakowa od r. 1300-1400* [The oldest codices and accounts of the city of Kraków from 1300 to 1400] (Krakow, N.p., 1878): 4 (1300-1301), 24 (1312), 28 (1312), 32 (1314), 34 (1314), 43 (1317), 45 (1317), 46 (1317), 61 (1321), 80 (1325), 83 (1326), 87 (1327), 95 (1328), 103 (1330), 112 (1332), 126 (1336), 128 (1336), 145 (1339), 148 (1340), 159 (1342), 164 (1343), 196 (1358); Góralski, *Szpitałe na Lubelszczyźnie* [Lublin area Hospitals], 104; W. Adamczyk, *Gospodarka finansowa Lublina w latach 1569-1580* [The fiscal economy of Lublin between 1569 and 1580] (Lublin: N.p., 1939), 54.

outside of specially delineated zones. In 1660, the confiscated catch from fishermen not belonging to the local guild wound up in Warsaw's hospitals. In his possession of Kiejdany Prince Bogusław Radziwiłł, best known for betraying Poland to the Swedes in 1655, ordered the payment of six *grosz* to the local hospital as a penalty for those not participating in the prescribed sweeping of the city streets every Saturday. All loaves of bread confiscated in the territory of Anna Jabłonowska for failure to comply with controlled business practices were turned over for the use of her hospitals. In 1693 the hospital in Tomaszów Lubelski received the fields and vegetable garden of a condemned thief. In 1792 as a fine for dancing and music during the celebrations of Advent, the city of Warsaw collected 500 *grzywna* in penalties for the local hospitals.⁵¹

A heavy penalty was paid by the nobleman Wojciech Richwalski, who in 1526 killed Jakub Gwiazdowski, the parson in the town of Uniejów, a site of a hospital for old and retired priests. The guilty party agreed to pay the sum of 20 *grosz* each year to the local hospital, though it is hard to tell whether the beneficiary of this fine was the old priests' hospital or the Holy Spirit hospital originally set up by bishop Jakub Świnka.⁵²

In the villages, hospital alms-boxes were also filled by income received from fines relating to law cases. Especially heavy were penalties for adultery issued by the *gromada* and *gmina* law courts, which were then paid by both the transgressors to the

⁵¹ Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 104, 106; J. Riabinin, 77, 84; Giedroyc, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 30; Bergerówna, 296; Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 85-86; Manuscript no. 860, *Obwieszczenia marszałkowie* [Marshall's Proclamations], Warszawa Ekonomiczne [Warsaw Economic], AGAD; Janusz Peter, "Dawne szpitale w Tomaszowie Lubelskim i w jego powiecie w granicach obecnych," [Old hospitals in Tomaszów Lubelskie and in its contemporary district borders], *Kwartalnik Historii Kultury Materialnej* 2 (1946), 9.

⁵² Giedroyc, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 61, 101; MK, bk. 140, f. 118.

hospital. In 1668, the adulterous Jan Głębnik, a *szafarz* (steward or cellarer in the local church) in the town of Bełżyc, paid twenty *grzywna* as a penalty for his crime of passion for the repairs of the local Catholic hospital, with an added fine of six *grzywna* going for the upkeep of the poor in the said hospital, and another four going for the upkeep of the poor at the local evangelical hospital. His partner in crime also had to pay ten *grzywna* to the Catholic hospital.

Other offenses that could conceivably enrich village hospitals included assaults and theft. In 1595 the Holy Spirit hospital in Kalisz received money and two barrels of beer from Stanisław Świeżyński for bodily harm done to Wawrzyniec Gąski. In 1785 Michał Chmielowski paid four *grzywna* to the hospital in Lubartów for his assault on the wife of Jan Jakubowski. Tomasz Płonka paid six *grzywna* to the hospital in Sucha Krakowska for beating his own father. For taking a sheaf of grain that fell off a wagon during the harvest in the villages of Zegrze and Rajtarów the guilty party had to pay a fine of six *grosz* to the hospital. For each sheaf of rye and wheat stolen from a shock of fifteen sheaves, the penalty paid to the hospital jumped to one *złoty*. For contracting oneself into service and not fulfilling one's obligations, the hospital received one *złoty*. The 1778 statutes issued by nobleman Stanisław Poniatowski for his villages of Olszewnica, Krubin, and Janówek, indicated that the hospital ought to receive two *złoty* from anyone guilty of leaving the Sunday mass, five *złoty* for not confessing oneself during Easter, and four *złoty* for poor family life. In 1711 a baker in the town of Kamionka was warned that should he continue to bake bread on Sunday, all his products would be taken from him and given to the hospital.⁵³

⁵³ Góralski, *Szpital na Lubelszczyźnie* [Lublin area Hospitals], 107-108; Manuscript no. 8, pp. 59-60, *Księga Miasta Bełżyc* [The Codex of the town of Bełżyc], pp. 17v-18, *Księga Miasta Kamionki*

Administrative penalties were also known to enrich hospital coffers. After the formation of the city of Warsaw's Economic Department in 1768, its members were fined the sum of fourteen *grzywna* to be given to the *Sanctus Spiritus extra muros* hospital for failing to show up for the Department's scheduled conferences.⁵⁴

In 1793 the last Sejm of independent Poland normalized the matter of penalties by removing most such proceeds from the specific use of hospitals and slating them for the general expenses associated with the upkeep of cities and municipal institutions. In return for the loss of income relating to the above provision, the Sejm re-issued old sumptuary laws penalizing the nobility for conspicuous consumption by a fine of two thousand *złoty*, half of which were to be given over to the local hospital.⁵⁵

Besides fines, some hospitals could also be maintained by income drawn from tolls on bridges, waterways and business practices. The newly founded hospital of Birzwienna, located in the Ukraine, received a 1546 privilege from king Zygmunt I, allowing it the use of revenues derived from collected bridge tolls. A part of the bridge toll equal to four *złoty* was given to the hospital in Błonie near Warsaw by the privilege of king Jan Kazimierz in 1653. In the eighteenth century the Jewish community in

[The Codex of the town of Kamionki], WAPL. *Gmina* was the village political unit. See also B. Ulanowski, "Księga sądowa gromad państwa suskiego," [The Gromada Court Books of the Suski properties] in *Starodawne prawa polskiego pomniki*. Vol. 12 [Ancient monuments of Polish law], 21, 126-127, 130-131; Archiwum Komisji Prawniczej. Vol. 11 [The Archive of the Legal Commission], 264-279; A. Skalkowski, ed., *Archiwum Wybickiego*. Vol. 1 [The Wybicki Archive] (Gdańsk: N.p., 1948), 86-87; Giedroyc, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 5.

⁵⁴ Podgórska-Klawe, *Szpitala warszawskie* [Warsaw's Hospitals], 86; Manuscript no. 10, Summaryusz z działań Komisji Boni Ordinis – rok 1770 [The summary of the works of the Boni Ordinis Commission – year 1770], Warszawa Ekonomiczne [Warsaw Economic], AGAD; Manuscript no. 287. Odpis XIII, 41, Zbiór Rękopisów [Manuscript Collection], APMW.

⁵⁵ Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 104-106; Konstytucje Sejmu Grodzieńskiego 1793 [The Constitutions of the Sejm of Grodno] Part 2. Komisja Skarbowa [Treasury Commission], ca. 10, Oszczędność krajowa [National savings], Volumina legum 10: 231.

Warsaw paid a toll for the privilege of conducting business in the capital. The income from that toll ended up in the coffers of the Baby Jesus hospital.⁵⁶

The hospitals could also rent their property out to others. Especially interesting were deals reached between the hospital administration and street vendors, who often paid the hospital a certain amount, mostly in kind, for the privilege of selling their wares near or on hospital property. The sight of butchers and honey-sellers was a common occurrence on the courtyard of the Holy Spirit Within Walls of Warsaw. Though the 1610 synod of Warsaw forbid hospitals from renting their property to vendors, the income received from such deals more than guaranteed the continuation of those practices. Others who often contracted with hospitals for the use of their space included tenants or corrodians, whose presence, especially in the cramped village institutions, considerably limited hospital capacity to serve the poor and the sick.⁵⁷

Arable fields owned by the hospital were an especially prized possession that could, through rents and leases, bring in considerable income. Due to continuous gifts and alms some hospitals developed into major local landholders, sometimes owning considerable stretches of land that the hospital staff or even the inmates themselves were incapable of maintaining. The utilization of hospital serfs solved the problem, but only in those institutions that were rich enough to own villages and their labor. Smaller village hospitals often had to rent the unused arable lands to others.

⁵⁶ Giedroyc, Zapiski do dziejów szpitalnictwa w dawnej Polsce [Notes from the history of Old Polish hospitals], 18-19, 68; MK, bk. 40, f. 921/814, bk. 70, f. 608v; Podgórska-Klawe, Od hospicium do współczesnego szpitala [From hospice to the modern hospital], 87; Tabele dochodu... anni 1795 [Income tables...year 1795], Teczek – Szpital Dzieciątka Jezus [Baby Jesus Hospital Folder], ASMW; Manuscript no. 877, Warszawa Ekonomiczne [Warsaw economic], AGAD.

⁵⁷ Męczkowski, "Szpitale dawnej Rzeczypospolitej," [The hospitals of the old Commonwealth], 17; Podgórska-Klawe, Szpitala warszawskie [Warsaw's Hospitals], 29-30; Surdacki, Opieka społeczna w Wielkopolsce Zachodniej [Social welfare in western Greater Poland], 142-143.

Contracts about renting or leasing hospital lands were quite common in the seventeenth- and eighteenth-century villages, and usually involved the payment in kind of a fraction, usually one third, of the produce derived from such fields. In the *prepozytura* hospital of Miejska Góra in the archdiocese of Poznań, the leasers promised to hand over to the hospital every third sheaf. Depending on the locality, virtually anyone could become the renter of hospital land. In the above-mentioned Miejska Góra, the hospital provisors themselves became the leasers. Elsewhere one could find instances of town burghers, local noblemen, or even free peasants. In 1777 in the town of Bnin, also in the archdiocese of Poznań, a local villager paid the hospital one quarter of the harvest and also supplied it with firewood as the condition for his lease of arable lands. Sometimes leases and rents in kind were converted into cash payments, though such stipulations were on the whole rather rare and were used mostly in *prepozytura*, and not parish, hospitals.⁵⁸

Pastures were usually treated pretty much in the same way as arable lands, with rents and leases being quite common. Hay, the chief produce of these pastures fed hospital animals throughout the year. Contracts dealing with the leasing of pastures stipulated how many carts of hay per year were to be supplied back to the parent institution. Just like in the case of arable lands, cash could be substituted for rents in kind.

Vegetable gardens, orchards, lakes, and forests were other types of real estate the hospitals could rent out to interested parties. Some hospitals owned many such assets, as did, for instance, the Holy Spirit Hospital in the town of Rogóżno, which owned no less

⁵⁸ Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 255-256; Acta Visitationis 33, 633v, AAP.

than fifteen gardens. The inmates were mostly responsible for taking care of orchards and gardens themselves. Forests, which were quite expensive an upkeep and hence owned by only the elite minority of hospitals, required professional attention. Leasing stipulations followed the same slant as did contracts dealing with arable lands and pastures. Renters, among whom we often find provisors and hospital priests, committed themselves to providing the hospital with a fraction of the produce, be they vegetables, fruit, fish, or fire- and building-wood, or, in some cases, with a cash payment. For many hospitals renting out their property became the best possible utilization of their real estate resources.⁵⁹

On a few rare occasions hospitals attempted to limit their own expenditures on the poor by privatizing certain aspects of resource provision. In 1792, for instance, the St. Lazarus Hospital in Warsaw contracted a private entrepreneur to feed, cloth, and heat the inmates, with a salary of fifteen *grosz* per person per day. The experiment failed, as the hospitals actually lost money on the deal while the businessman prospered. After just a year of such management, the hospital did not extend the contract and took back resource provision into its own hands again.⁶⁰

Another source of immediate revenue utilized by hospitals involved the so-called *wkupne*, or an admission fee charged to those entering the shelter, and paid either by the inmate or by the inmate's sponsor. The ecclesiastical organs, especially after the Council of Trent, denounced the *wkupne*, ostensibly because they claimed charity should be given

⁵⁹ Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 258-261.

⁶⁰ Giedroyc, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 8.

for free and not for payment but also because the practice circumvented the religious qualifications for entry into a hospital as anybody who paid would be welcomed regardless of their religious affiliation. Nevertheless the practice proliferated in many institutions, both village and urban. The necessity to pay the *wkupne* was often hard on the poor, and led to many incidents and quarrels with the administration, as the case against Father Grotowski of the Warsaw's Holy Spirit Within the Walls, to be discussed in the next chapter, attests.

Common revenue associated with most hospitals, which ought not to be discounted as too obvious, was alms taking. Most hospitals, municipal or otherwise, were associated with churches. The Holy Spirit Hospital in Kraków, for instance, was associated with two, namely the Holy Spirit, and the larger Holy Cross. The Holy Spirit Within the Walls of Warsaw was built right next to the Church of St. Martin's. The alms boxes in these associated churches were partially at the disposal of the hospital, and often provided revenues for certain functions not sustained by other means. Every Friday an inmate of the Holy Spirit Beyond the Walls of Warsaw carried the alms-box into the city to beg for alms. The St. Valentine's hospital of Kraków utilized alms to complement the diet of poor women sheltered within. Their bread, beer, and firewood came from precisely that source. In the villages, alms boxes often provided the only means of hospital support and were usually found either on the hospital premises, or in the nearby parish churches. Their contents were turned over for the use of the poor.⁶¹

⁶¹ Wachholz, 1: 48; Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 48; Podgórska-Klawe, *Szpitala warszawskie* [Warsaw's Hospitals], 49; Manuscript no. 5, 188, *Księga Wizytacyjna 1781 roku* [The Visitation Book of 1781], AKBL; Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 104, 105. To support Lublin hospitals, alms boxes were sometimes located in municipal buildings, such as the *Rada Miejska* (City Council) building, and in the courthouse.

Also, the hospital paupers themselves were allowed, and even sometimes required, to beg for alms near certain churches. In urban centers, where the numbers of poor often led to small scale turf wars over who was to beg where, many seventeenth-century synodal councils actually delineated areas usable by beggars from particular hospitals. In some parishes of Greater Poland the poor were also authorized to go door to door to beg for alms. There were also hospitals, such as Kraków's shelter for Old Widows and Old Maids, where the poor women augmented their meager provisions by selling their handiwork.⁶²

In the last decades of the eighteenth century some large hospitals began to enjoy a new type of revenue. Simply put they started charging for the services performed for ill inmates. As the numbers of sick residents within these institutions grew, some hospitals came to be recognized as premier places dispensing medical care and medications, thus attracting even more people. Towards the end of the eighteenth century some hospitals, therefore, began to acquire the role we are familiar with today. Charging a fee became one way these changing institutions kept up with the increasing expenses associated with drug procurement and the need to pay salaries to medical professionals. In 1792 the St. Lazarus hospital of Warsaw, specializing in venereal diseases, required its patients to pay a fee. In 1796 that fee was set for 20 *grosz* per day, per patient.⁶³

⁶²Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 48; Góralski, Szpitala na Lubelszczyźnie [Lublin area Hospitals], 104; Surdacki, Opieka społeczna w Wielkopolsce Zachodniej [Social welfare in western Greater Poland], 181-182; Podgórska-Klawe, Od hospicium do współczesnego szpitala, [From hospice to the modern hospital], 85; Bąkowski, 93. In 1550, for instance, poor students from the St. Anne and All Saints parochial schools in Kraków, all utilizing prescribed begging to augment their meager resources, entered each other's territory, leading to a veritable battle in the town square that drew in students from additional schools.

⁶³ Michałowski, 189.

Finally, many hospitals profited from the death of their inmates. It was a common practice that upon their demise, all property belonging to the poor that was not slated for other purposes by testaments reverted to the hospital. Though this applied to many hospitals, both village and urban, only a few of them could justify their actions by claiming privileges that legalized and institutionalized such practices beyond a traditionally applied and understood *ius spoli*. The Warsaw's St. Benon hospital, for instance, looked to a 1636 privilege granted by king Władysław IV, which stated that should someone die in the hospital without a will, his or her earthly belongings would become hospital property. The Warsaw's St. Lazarus hospital looked to a similar decree issued in their case by the same king in 1641, while the Holy Spirit Within the Walls hospital could rightly claim its privilege to dispose of inmate property dated back to a statute of king Zygmunt I Stary promulgated in 1539. Another reason hospitals often found it easy to dispose of property left after an inmate's death was that the tradition of writing wills and testaments did not take very well to the generally illiterate masses of paupers sheltered by those institutions. Very few exceptions to the rule come from peasant hands. Most are rather from well-off and at least somewhat educated town- or city-dwellers that possessed enough resources to worry about their status following their own demise.⁶⁴

⁶⁴ Manuscript no. 16, pp. 13-13v, *Księga Miasta Czemierniki* [The Codex of the town of Czemierniki], WAPL; Giedroyć, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 5; Podgórska-Klawe, *Od hospicjum do współczesnego szpitala* [From hospice to the modern hospital], 85-86; Manuscript no. 447, p. 284v, *Stara Warszawa* [City of Old Warsaw], AGAD; Karpiński, 60; Góralski, *Szpital na Lubelszczyźnie* [Lublin area Hospitals], 48, 181. Góralski includes an example of a testament written in 1689 by one Piotr Gadzała, an inmate of the village hospital in Czemierniki in the Lublin district. It would seem that Piotr possessed some monetary resources that were lent out to various individuals, including noble landowners, creating, as Góralski put it "a paradoxical situation where landowning *szlachta* were in debt to a hospital-kept old man (*dziad szpitalny*).” In his testament Piotr ordered the executors of his will to collect all due debts from the interested parties.

Yet even inmate wills were not immune from the influence of hospital rules. The 1642 ecclesiastical Synod of Poznań, for instance, decreed that all personal properties held by the inmate at the hospital, including the property enumerated in wills and slated for named third parties, would still revert to the hospital upon the person's death. Will provisions were thus ignored in favor of the hospital, though in some instances family members might have been given a *pocieszenie*, or a small portion of the property to keep them happy. Depending on the hospital, the administration or the inmates divided the balance among themselves.⁶⁵

It might be supposed that hospital income derived from retaining the property of those who died within its walls would constitute but a marginal portion of resources commanded by the institution. Though in most cases that appeared to be true, there were plenty of instances where the administration was able to attain a sizeable bounty from the possessions of the departed inmates. Not all of those sheltered in Polish hospitals were outright destitute, and most possessed a modicum of money or goods in kind. The practice of *wkupne*, utilized by many hospitals upon the entry of a prospect upon their premises, points to the fact that most of those welcomed in had to command at least some resources, especially since the entry fee could reach an astounding sum of seventy *florins* (*złoty*) in certain of Warsaw's seventeenth-century hospitals. The 1672 Hospital Constitutions for the Poznań diocese mention an even higher payment of no less than 10 *grzywna* or about 80 *złoty*. Perhaps the largest amount of *wkupne*, noted by Surdacki, occurred in the town of Kościan in the Poznań diocese. There, at the time of the visitations conducted by Bishop Młodziejowski between 1777 and 1787, prospective

⁶⁵ Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 195.

inmates had to pay between 100 and 150 florins for the privilege of admission. Even adjusting for inflation, the Kościan hospital derived considerable income from the money the residents paid to get in.

Some sources indicate that many hospital inmates possessed considerable resources that would then be turned over to the institution upon their death. A contemporary sketch of Warsaw's Holy Spirit Within the Walls offered by one of Polish seventeenth-century humanistic authors reveals the presence of *szlachcianeczki*, or female nobles (the form of the expression could also suggest their relatively youthful age) on the hospital premises. Some were quite wealthy and had considerable sums of money owed them by various creditors. In 1634 one of them, a certain Zofia Gumińska, paid the sum of 100 florins (100 *złoty*) for the privilege of being buried in the crypt of the St. Martin's church.⁶⁶ Village hospitals, where *wkupne* could not be so high, found themselves less able to utilize the more meager possessions of their dead patients. Usually the few articles that devolved to village hospitals through such means were divided among the remaining poor.

A note of caution should be raised about continuous hospital income from rents and leases. Though these mechanisms were designed to generate income as long as other parties utilized the farmlands, buildings, or even farm animals belonging to the hospital, the administration often found itself incapable of collecting the due amounts. This

⁶⁶ Karpinski, 61; Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 39; Podgórska-Klawe, *Szpitaly warszawskie* [Warsaw's Hospitals], 38-39; J. Łukasiewicz, *Krótki opis historyczny kościołów parochialnych, kościołków, szpitali i innych zakładów dobroczynnych w dawnej diecezji poznańskiej*. Vol. 1. [A short historical description of parish churches, small churches, hospitals, and other charitable institutions in the old Poznań diocese] (Poznań: N.p., 1863), LXIII-LXV; Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 46-49; Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 116-117; *Acta Visitationis* 32, 264, 1361, AAP.

occurred because of the disinterest of those who used hospital property to keep up the steady payments. The hospitals usually could find recourse in such cases to courts of law, just like they did when charitable provisions in wills and testaments went ignored, though the process was long and arduous, often requiring generations to litigate. A more insidious and enduring reason stemmed from the general social dissolution of the eighteenth century. As some eighteenth century visitations noted, especially the 1727 visitation of the hospitals of Nowy Sącz, the poverty of the region was such that neither the town nor the peasants had resources enough to pay the hospitals the rents they owed.⁶⁷

Hospitals as Lending Institutions

A word should also be mentioned about the role local hospitals played in the economy of the region as lending institutions. Agrarian and industrial self-help mechanisms existed in the Kingdom of Poland since medieval times. Attention should be drawn, for example, to lead and silver miners' associations, which, as the sixteenth-century re-feudalization began to force cooperatively owned mines into the hands of magnates, created Miner's Mutual-Help Banks (*Kasa Wspólnej Pomocy Między Górnikami*) to support infirm and sick miners, their widows and orphans, and to generally defend the miners' rights and privileges against any sort of encroachment. Charitable credit associations, such as the Godly Bank of Łowicz (*Bank Pobożny w Łowiczu, montes pietatis*) undertook to provide loans without interest to needy peasants and monetary gifts

⁶⁷ Kumor, "Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 247; Michałowski, 188; Manuscript no. 60, Visitatio 1723-1728, AKMK.

to those affected by natural disasters such as fires or floods. Cooperative peasant and artisan associations, including the *gromada* village self-government and mutual-aid services were thus a common sight in pre-partition Poland. Some hospitals, finding themselves in possession of considerable resources necessary to the economic well being of the community they served at times of pestilence and war, also functioned as credit institutions.

In the same way that hospitals could rent their property to others, they could also lend out money, often becoming the only local source of loans beyond the services provided by the Jewish community. Various provisors were sometimes in command of vast sums, and were accustomed to making loans with interest as a normal part of the hospital economy.

Who asked for and received such loans depended upon the location of the hospital. Urban shelters, especially those that were well founded and endowed, could lend money even to the king himself, as it happened in 1526 when the St. Hedvig hospital of Kraków lent two thousand Polish florins (two thousand *złoty*) to Zygmunt I Stary, and to the municipal organs, as it happened in 1656 in Warsaw when the St. Lazarus Hospital lent the City Council the sum of three thousand *złoty* in order to pay a forced war contribution to the occupying Swedish army. Most of the time, however, urban hospital loans went to support individuals in dire need of cash, though quite often these individuals played some part in the governance of the city. And so next to artisans and merchants taking advantage of the lending opportunity we find *lawnicy*, *rajcy* (two types of municipal councilors), or even the *burmistrz* (mayor) himself. The city government of Kraków, enjoying a particularly close relationship with the Holy Spirit hospital, was free

to utilize and invest its funds pretty much as it saw fit. The town council of Warsaw, on the other hand, acted as a bank for the *Sanctus Spiritus extra muros* hospital. The burghers borrowed money, usually in multiplications of sixty *grosz* (*kupa groszy*), located their debt on real estate they owned, and paid back a yearly interest to the hospital. Interest from large borrowings would be paid directly to the provisor of the hospital, from smaller sums, into the hands of the city *rajcy* (councilors, *proconsules*).⁶⁸

In smaller towns peasantry and nobility took up considerable space on hospital debtor rolls. Village hospitals, due to their rather poorer financial position, were not as involved as city institutions in this particular endeavor.

On the whole it would seem that the practice of lending money with interest did not necessarily help the hospitals. On the contrary, the many various problems associated with monetary management under such conditions put considerable stress on their already diminishing resources, especially in the tough seventeenth and eighteenth centuries. Some hospitals might have been accused of requesting interest on loans well above the levels commonly held as in agreement with Christian principles. Hospitals accused in participating in such unseemly monetary practices (*lichwa*), could have their reputations blackened and thus lose the support of the local community, an event that could have brought with it dire consequences as the survivability of a hospital often depended on the goodwill of its neighbors.

⁶⁸ Góralski, *Szpitałe na Lubelszczyźnie* [Lublin area Hospitals], 115; Giedroyc, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 83, 107-109; Bk. 40, f. 327v, ACAV; Podgórska-Klawe, *Szpitałe warszawskie* [Warsaw's Hospitals], 19; Rubin, "Development and change in English hospitals, 1100-1500," 48. Hospitals served as lending institutions elsewhere as well. In England, for instance, some of the hospitals' lending activities were motivated by a desire to lessen Christian dependence on Jewish moneylenders. No such reasoning has been found in Polish sources.

Far greater difficulties presented the problems of managing hospital loans. Provisors were sometimes incompetent in their work, forgetting about certain sums lent by their predecessor or simply losing the legal paperwork involved.⁶⁹ This occurred quite often in smaller institutions at the time of changes in administration, when one provisor replaced another. There were also instances of debtors simply refusing to return the sums they owed, leading to long law cases that further drained hospital resources. Certain provisors, realizing the expenses involved in some attempts to wrest the money once lent from individual hands and return it to the hospital, simply did not even initiate the process. This became especially common if the debtors turned out to be nobles. Virtually untouchable by law, they could dispose of hospital property as they saw fit without having to worry about such niceties as interest or principal.

Cases against the nobility brought in their wake not only the matter of expenses and time (law suits in Poland of the time could take decades), but also a question of executing the verdict once it was pronounced against the debtor. Even when legally victorious, hospitals often found themselves facing the difficult question of precisely how to make the nobles give up the money they owed. In such a situation hospitals and their provisors and provosts had recourse only to constant nagging and the threat of possible spiritual repercussions.

They had better luck when dealing with peasant debtors, who could not long resist attempts by the hospitals to reclaim property owed to them. The most common defense utilized by peasants in suits initiated by the hospital involved their professed inability to pay back the sums they borrowed. In such cases the hospital administration often

⁶⁹ Góralski, Szpitala na Lubelszczyźnie [Lublin area Hospitals], 124.

executed a favorable verdict by confiscating peasant houses and fields until the principal owed returned to its rightful owner. Such action did not, of course, endear the hospital to the villagers.⁷⁰

Conclusion

Hospitals survived on their ability to fund their functions. Because they were seen as belonging to the ecclesiastical sphere, they automatically enjoyed certain protections, such as ecclesiastical privileges and immunities. Most of the time, however, more was needed, so hospitals had to depend on the generosity of others. The right of anyone to fund hospitals assured as diverse pool of donors as possible. Burghers and nobles of both sexes, bishops, kings and queens supported hospitals with their charity. The presence of Episcopal and royal charters made sure no major institution could be erected without the necessary funds.

In order to attract benefactors hospitals offered them important spiritual and social services. The first assured the donors of religious intercession due those performing acts of mercy, while the second segregated and controlled possibly disruptive marginal elements.

Hospitals drew their income from various sources: wills and testaments, alms in kind and money, tithes, real estate, and interest on loans. Interestingly, while the professed reasons for donating to hospitals changed over time, the mechanics of giving generally remained the same from the twelfth to the eighteenth century.

⁷⁰ Ibid., 121; Księgi miejskie lubelskie [Lublin city books], *Advocatia* no. 8, 246, WAPL.

Large urban *prepozytura* hospitals that formed their own economic units usually had access to better funding, and from more sources, than the smaller village institutions that constituted a part of the parish. Village hospitals generally found themselves in more precarious financial positions than their urban counterparts. Usually not as well founded, they had to depend more on the nobles' periodic patronage and on charitable donations. Visitations performed in village parishes often noted the unfavorable state of hospital institutions, their lack of resources and their continual decline, especially during the long process of societal disruptions of the seventeenth and eighteenth centuries.⁷¹

⁷¹ Góralski, Szpitałe na Lubelszczyźnie [Lublin area Hospitals], 84.

CHAPTER THREE: The Administration of Polish Hospitals

While founding assured the hospitals' material survival, administrative practices reflected their functions. The often competing ideologies of the Polish noble, ecclesiastical, and municipal elites, however, left these functions neither completely nor clearly defined. Depending on one's point of view, hospitals acted either as conduits to heaven for the souls of the benefactors, places of religious indoctrination, or social control mechanisms. This chapter traces aspects of hospital administration from its separation from the monasteries to the attempted late eighteenth-century reforms. Questions of hospital control, whether lay or ecclesiastical, inform the greater part of this account. Social and religious ideas reflecting changes in a heretofore stable and conservative society served as the main impetus for developments in hospital administration. The Reformation and Counter-Reformation especially formed a major watershed that irrevocably altered hospital administrative practices. The chapter ends on a discussion of the extent and scope of the doomed hospital reforms of the eighteenth century.

The Church's Surrender of Administrative Control

Is the history of Polish hospitalization nothing more than the history of the religious orders that ran these hospitals? So the material presented to this point may suggest. There is nothing further from the truth. Though monastic orders wrote themselves heroically into the pages of charity, most Polish hospitals weren't associated with any of them. From the beginning of the fourteenth century the vast majority of

Polish institutions were at least partially administered by the laity, which, with varying degrees of success struggled to retain its independence from the religious establishment till the end of the eighteenth century.

Between the thirteenth and the fifteenth century the Catholic Church in Poland seemingly surrendered its authority over hospital governance to developing urban institutions. Such a turn of events might seem unusual since in Poland, as in the rest of Europe, the church maintained wide-ranging rights over all aspects of hospital administration. No hospital had any legal standing without the approval of its foundation documents by the ecclesiastical organs.¹ After all, hospitals were seen as institutions of Christian charity that lay entirely within the domain of the Church. That municipal councils found a way to push their own administrative conceptions is due to such diverse factors as the Polish church's inability to sustain its monopoly over charitable governance in the face of mounting social pressures, its rather general lack of interest in hospital management prior to the Council of Trent, and to a wish on its part to maintain friendly relations with the propertied classes.

The earliest Polish hospitals were, of course, wholly provided for and administered by the monastic institutions to which they were attached. The monks were in charge of the entire hospital establishment, funding it with alms given by the locals as well as from village tithes and other banalities. All aspects of care provision became the

¹ Rubin, Charity and Community in Medieval Cambridge, 101-04. Spiritual services offered by hospitals also necessitated ecclesiastical approval. This pertained to Poland, England, and elsewhere. Since churches were attached to, and formed an integral part of, all Polish hospitals, Episcopal approval of hospital foundation, unlike in England, was at least theoretically necessary in all cases. Orme and Webster, The English Hospital 1070-1570, 34. Polish Royal confirmations played a similar part, but unlike church approvals that occurred everywhere a hospital foundation was concerned, they appeared in only certain cases. Again this differed from English practices where, after the Statute of Mortmain, all founders had to seek royal confirmation.

responsibility of the internal monastery administration. As long as the monasteries maintained the only hospitals, their administrative control went unchallenged. The rise of noble-founded hospitals outside of monasteries, as explained in chapter one, soon broke that monopoly.

Beginning in the thirteenth century the new phenomenon of urbanization challenged the ecclesiastical and noble control over hospital governance. By the end of the twelfth century some Polish cities became independent cultural centers. Drawing power from the developing trade routes and natural resources in their area, municipalities struggled to exert influence over what they considered civic functions but were hampered in their campaign by low demographics, and their inability to defend themselves against determined foes during times of war and invasion.²

Conditions changed in their favor only in the middle of the thirteenth century. The influx of German colonists following the disastrous Mongol raids of 1241 into the depopulated towns of Greater and Little Poland brought in its wake a veritable urban burgeoning. The Brandenburg Law, upon which these growing cities, like Kraków, were settled, was somewhat more urban- and merchant- friendly than the more agriculturally oriented Polish Law settlements or even those of the Danish Law than dotted the Pomeranian coastline. Under this so-called “German Law”, town councils found it easy to amass power and responsibility over most civic concerns.³

² Wachholz, 1: 27; Góralski, Szpitala na Lubelszczyźnie w okresie przedrozbiorowym [Lublin area Hospitals before the Partitions], 51; Podgórska-Klawe, Od hospicium do współczesnego szpitala [From hospice to the modern hospital], 31.

³ Męczkowski, “Szpital św. Ducha i św. Trójcy w Kaliszu,” [The Holy Spirit and Holy Trinity Hospitals in Kalisz], 193. Similar developments were occurring in fifteenth-century Holland, as shown by Ad Tervoort in “On Whose Authority? Power relations in social and medical care,” Paper presented at the International Medieval Congress in Leeds, 14-17 July, 2003, 5. In the city of Leiden, for instance, town

The placing of hospital administration under secular control altered traditional perceptions of charity as modes of spiritual exchange, leading to the separation of poverty from its heretofore-accepted social functions. The holy poor became a source of annoyance for municipal organs engaged in solidifying their authority within the urban setting. No longer seen as a part of a spiritual barter system, the paupers were viewed by municipal officials as shirkers of social responsibility, disruptors of public peace, and a drain on available labor resources. In the eyes of fourteenth- and fifteenth-century town councils civic control over the growing masses of beggars and vagrants became a prerequisite of good city governance.⁴

Besides their law, the new German town-dwellers brought with them other traditions associated with dispensation of charities and hospital administration. Already in the thirteenth century a *Spitalmeister*, an official chosen from among the townsmen, administered urban German hospitals. The town council supported the *Spitalmeister*'s position by giving him helpers, the so-called *Pflegers*, chosen from its own administrative body. Eventually, as the municipal organs assumed more and more responsibility over all civic institutions, the mayor and town council (*Bürgermeister und Rath*) appointed themselves as *Oberpflegers*, placing the hospitals squarely within their sphere of

councils took over hospitals and alms distribution from ecclesiastical administrators in the first two decades of the fifteenth century.

⁴ Hugo Soly, "Continuity and Change. Attitudes towards poor relief and health care in early modern Antwerp," in Health Care and Poor Relief in Counter-Reformation Europe, ed. Ole Peter Grell and Andrew Cunningham (London and New York: Routledge, 1999), 90. Proponents of the socio-economic approach point to the events associated with the rise of cities as proof of their theory. Growth of civic control over charitable institutions, they say, is a function of urban economic development. This methodology is especially popular with post-Reform studies of Northern Europe, where important industrial towns are seen to take leadership roles in poor-care reforms, as explained by Miri Rubin in Charity and Community in Medieval Cambridge, 72.

competence.⁵ Later there appeared special commissions within town councils designed specifically to run and maintain urban hospitals. These administrative developments were transcribed wholesale onto the Polish model. Polish princes and magnates well understood the importance of a stronger economy associated with the rise of cities and the German immigrant influx, and were more than happy to let the newcomers design and run their own institutions accordingly.

Another reason for the transfer of hospital governance to lay mechanisms involved the question of discipline. Sometimes problems of controlling the often-unruly paupers motivated the hospital priests or monks to accept the services of lay officers responsible for maintaining order.

Simple material considerations also played a role. As more and more superfluous village labor flooded the cities, wages fell and urban indigence rose. The consequent increase in the number of sick and destitute put the already prohibitive cost of maintaining hospitals well beyond even the wealthiest monastery establishment. Hospitals were also hurt when the monasteries misappropriated donated funds. Often the monastery administration siphoned monies slated specifically for hospitals to be used instead for general purposes of the order. Whereas the monastery thus did not recognize the institutional boundaries separating hospitals from the rest of the complex, such abuses often caused the town administration to step in. Sometimes the monasteries were so strapped for cash that they had to accept help offered by the municipal organs whether they liked it or not. This happened, for instance, to the Holy Spirit of Kraków in 1528.

⁵ Wachholz, 1: 27; Męczkowski, "Prowizorowie szpitali w dawnej Polsce," [The hospital provisors in Old Poland], 231; Góralski, Szpitala na Lubelszczyźnie w okresie przedrozbiorowym [Lublin area Hospitals before the Partitions], 51.

Of course, the funds so gained came at the price of increased lay supervision over the hospital so helped. City elders wished to protect their often-considerable investments by exercising stricter control.⁶

While the flow of municipal money into hospitals assured the presence of civic officials on their premises, the cities also had another important reason for attempting to enlarge their financial control over these institutions. Not all hospitals lacked for cash. In fact, many, such as Kraków's Holy Spirit and others, were constantly receiving more gifts and donations than they could use. This excess usually passed on to the church, and, as far as the municipal authorities were concerned, was wasted on matters totally inappropriate. The attempt by city councils to control hospitals financially would thus assure a considerable source of income to be utilized for the needs of the urban community, or even lent out for interest. Financial control over hospitals represented quite a prize.⁷

The Provisors

It should be stressed that at first the church itself condoned lay interference in hospital administration, as it also did in financial matters of churches. The *Quia contigit* decree of Pope Clement V, made at the Council of Vienne in 1311, exempted hospitals

⁶ Tomkowicz, *Szpital Świętego Ducha* [The Holy Spirit Hospital], 24; Flynn, 82. Flynn also sees the transfer of charitable ventures in sixteenth-century Spain from ecclesiastical and private to municipal control as an issue of resources. If so, such a transfer occurred two centuries later than in Poland. See also Góralski, *Szpital na Lubelszczyźnie w okresie przedrozbiorowym* [Lublin area Hospitals before the Partitions], 16; Rubin, *Charity and Community in Medieval Cambridge*, 8; Prescott, 49.

⁷ Piekarczyk, *Początki miejskiej opieki społecznej w średniowiecznym Krakowie* [The Beginnings of Urban Social Care in Medieval Kraków], 116; Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 69.

from being given as benefices to priests and virtually required specialized secular administrators whose competence lay in careful day-to-day management of a hospital's material property. Such a self-exclusive promulgation, appearing hard on the trail of similar considerations taken at the Council of Arles in 1240 and the Council of Ravenna, also in 1311, could be explained by the church's ardent wish to limit what it perceived as gross corruption and incompetence of its own priestly administrators. Polish edicts normalizing the relationship between ecclesiastical and secular spheres in hospital administration such as the 1373 synod presided by Florian Mokrski, bishop of Kraków, and the 1420 Wieluń-Kalisz provincial council of primate Mikołaj Trąba, all accepted the necessity of lay involvement, asking only that the chosen specialists be amicable to the church establishment. The secular authorities were more than happy to provide such specialists.⁸

Provisors, as those functionaries were usually called (other Polish names for the provisor or *provisor* included *ekonom*, *witrykus*, and *szafarz*, and in Latin such an official was also referred to as the *curator*, *oeconomus*, *director*, *tutor*, *orphanotrophus*,

⁸ Rawcliffe, *Medicine for the Soul*, 68; Rubin, *Charity and Community in Medieval Cambridge*, 170. It would appear that the *Quia contigit* was interpreted differently in various countries. While in Western Europe and especially in England the papal decree strengthened the ecclesiastical element in hospital administration by requiring Episcopal audits, the developing municipalities in Poland managed to focus more on the fiscal side of the prescriptions, successfully introducing secular financial controllers into hospitals and churches. Orme and Webster are also of the opinion that the Catholic Church was rather lax in its exercise of hospital governance at this time in *The English Hospital 1070-1570*, 32; Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 294; Kumor, "Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 224, 236, 250, 251; Jan Fijałek ed., *Najstarsze statuty synodalne krakowskie biskupa Nankera z 2 X 1320 r.* [The oldest synodal statutes of bishop Nanker from 10/02/1320] (Kraków: N.p., 1915), 55; Stanisław Sołtyśzewski, "Geneza instytucji witrykusów w polskim ustawodawstwie synodalnym," [The genesis of the *witrykus* institution in Polish synodal legislation] *Prawo Kanoniczne* 1-2:2 (1959), 430; Manuscript no. 5., Acta visitations 1596, AKMK; Góralski, *Szpitałe na Lubelszczyźnie w okresie przedrozbiorowym* [Lublin area Hospitals before the Partitions], 52; Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 32-33; *Conciliorum oecumenicorum decreta* (Bologna: N.p., 1962), 350-352; E. Friedberg, ed., "Clementinarum Liber III," in *Corpus iuris canonici*, Vol. 2. (Leipzig: N.p., 1879), 1170-71.

dispensator, *petitor*, and *vitricus*), being the representatives of municipal councils, received official powers to enforce peace, force the recalcitrant to work, or even to ensure the dismissal from the premises of those found to be incorrigible.⁹

The rise of provisors shadowed the development of the position of *vitrici* (*witrikus*, *witryk*). A *witryk*, in fourteenth and fifteenth century, was a well respected layperson acting as a local church's treasurer and financial manager. Once again the ecclesiastical organs were more than helpful in the establishment of such a position, seemingly so antithetical to their independence. The reasons for the *witrykus*'s success might lay in the attempts to lessen the administrative burdens of church priests, such as the necessity to divide their attention between religious and material concerns. The establishment of the *vitrici* in the fourteenth century helped to avoid such a necessity and allowed the members of the parish to participate in the financial disposition of their donations. In a way the church thus protected itself from claims of corruption and misallocation of funds.

The presence of the parallel position of *vitrici* in the churches enabled the easy development of provisors within the cadre of hospital administrators. That at first provisors were, in fact, considered to be *vitrici* specializing in the financial administration of hospitals rather than churches and were even called *vitrici* in many early documents describing their functions and privileges, relates the close relationship between the two.

⁹ Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 60; "Zakon Ducha Świętego de Saxia w Polsce Średniowiecznej," [The Holy Spirit de Saxia Order in medieval Poland], 194; Kumor, "Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 249; Góralski, "Opieka społeczna i szpitalnictwo w dawnej Polsce," [Social care and hospitals in Old Poland], 92; Męczkowski, "Prowizorowie szpitali w dawnej Polsce," [The hospital provisors in Old Poland], 82, 87.

Even in later centuries provisors were intermittently called *vitrici*, especially in the cases of village hospitals, where they might have performed both functions at the same time.¹⁰

Beginning therefore in the fourteenth century, lay officials chosen by town councils became the administrators of virtually all urban hospitals. The name *provisores* seems to have appeared for the first time in the statutes of the Kraków's diocesan council presided by bishop Nanker in 1320. In 1421 *viros probos honestos* were noted as lay provisors in the Holy Spirit Hospital in Poznań. The Holy Spirit Hospital of Kraków accepted lay control only in 1528 after a major fire ruined the hospital buildings, leaving the hospital no choice but to lean on the municipal authorities. But much earlier than that the Holy Spirit had to accept certain levels of lay involvement. After receiving considerable municipal donations the order had to allow a *petitor infirmorum*, a lay administrative official, on their premises already in the first half of the fourteenth century. The town councilors took their pretensions over hospital administration seriously, calling themselves protectors and controllers of such institutions in official city documents.¹¹

¹⁰ Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 70-71; Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 306-307; Sołtyszewski, 425-435; "Prawa i obowiązki witykusów w polskim ustawodawstwie synodalnym," [The rights and responsibilities of the *witrykus* in Polish synodal legislation] *Prawo Kanoniczne* 112 (1960), 263-265; Bks. 40, 62, 111, 184, 308, 1049, ACAV.

¹¹ Rubin, *Charity and Community in Medieval Cambridge*, 147, 167-68. The phenomenon of secular organs taking over hospital administration occurred simultaneously in a number of Northern European locations such as England, Flanders, and Northern Germany. In England, however, hospital administrators, called Masters (*custos*, *magister*, prior) were never secular officials but rather the spiritual heads of the community; Wachholz, 1: 29, 63; Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 293; Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 60; Męczkowski, "Prowizorowie szpitali w dawnej Polsce," [The hospital provisors in Old Poland], 84, 85. In 1339 Spicimir, Kraków's castellan gave a tenement house he owned to the Kraków's Holy Spirit hospital with a condition that the lay overseer (*petitor infirmorum*) turn half of the rents gathered from the building for the use of the poor in the hospital: "*Nos Spithimirus, Castellanus Cracoviensis, in remedium nostre nostrumque predecessorum omnium animarum, Domum lapideam prope muros in Hospitali Civitatis Cracoviensis de pecunia nostra constructam, eidem Hospitali contulimus*

The provisors, and there were usually two attached to each institution, though there could be instances of anywhere from one to four, were most often selected in conjunction by ecclesiastical and municipal authority from among the town councilors. Where the town councils were divided into the town councilors proper (Polish *rajcy*) and a secondary voting body (Polish *ławnicy*, Latin *scabini*), the provisors could also be chosen from either. The most common practice, it seems, was to select one provisor from the *rajcy*, and one from the *ławnicy* faction. Town mayors (*proconsules*) also often held the post.¹²

Depending on local environment, of course, there could be exceptions to the rule. And so, based on bishop Zadzik's 1638 visitation of Kraków's hospitals, we find that the provisors were selected from the general body of Kraków's citizens (*pospólstwo*), as, the bishop went on to argue, sometimes town councilors were too busy with their own professions or their own pleasure (*zabawy*) to fulfill their functions as provisors. The election of provisors in Lublin's Holy Spirit hospital generally followed the same lines. The verdict of the Receivership Court in 1565 set the precedent of the mayor, *rajcy*, and the *pospólstwo* selecting two provisors, one from the *rajcy* faction, and one from the

perpetuo possidendam, ordinacione per omnia subscripta ita, videlicet: quod Magister Hospitalis predicti periter cum petitore infirmorum, qui per Consules Civitatis eiusdem fuerit constitutus, cuicumque ipsam domum exponere debebunt, Isque petitor seu tabulator medietatem ipsius census integraliter ac indimute a conventore dicte Domus accipiens, annis singulis pro usibus et refeccione ibidem egrotantium fideliter convertet infirmorum; Alteram vero medietatem fratres antedicti pro suis usibus retinebunt, de qua tamen Domum premissam reformare tenebuntur." Under the date of January 23, 1466, Wachholz and Męczkowski tell us we can find in the Kraków City Books, this sentence: "*Wir... Rathmanne iung und alt der Stad Cracow Bekennen offintlich mit disem briffe, das wir als vorwesir und vormunde des Spittels zum heligen Geiste...*"

¹² Wachholz, 1: 29; Męczkowski, "Prowizorowie szpitali w dawnej Polsce," [The hospital provisors in Old Poland], 232; "Szpital św. Ducha i św. Trójcy w Kaliszu," [The Holy Spirit and Holy Trinity Hospitals in Kalisz], 232; Góralski, *Szpital na Lubelszczyźnie w okresie przedrozbiorowym* [Lublin area Hospitals before the Partitions], 53; Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 306, 309; Peter, 2.

general body of citizens. A 1651 amendment made one of the provisors elected from the body of city suburbanites. By 1691 the predominance of the *rajcy* faction became further abridged when a “transaction” between the city magistrates on one hand and the head of the regional political village administrative entity (*wójt*), the *ławnicy*, and *pospólstwo* of Lublin on the other, decided that from then on one hospital provisor would be named by the *wójt* from the suburbanites, and the other from among the *ławnicy*. In either case the so-nominated official could decline the honor, but only upon the payment of a special monetary penalty.¹³

An even further penetration of the office into the lower strata of society occurred in the archdiocese of Poznań. There, in the sixteenth and seventeenth centuries, one could find the local *sołtys* (*sculterus*) or village alderman, the miller, the inn-keeper (*tabernator*), or even peasants (*villanus*) as provisors.¹⁴

A document originally cited by Męczkowski and pertaining to the selection of provisors by the magistracy of Kalisz, a city in the Greater Poland province and one of the oldest cities in the Commonwealth, written in 1597, could serve as an example of the ways and means of the selection process. The document states that “The Honorable Mayor and Town Councilors of Kalisz, out of their own will and their authority to all the orphans, poor, those unable to work, and also those who preside in the hospital under

¹³ Wachholz, 1: 29; Góralski, *Szpitala na Lubelszczyźnie w okresie przedrozbiorowym* [Lublin area Hospitals before the Partitions], 65; Manuscript no. 242, pp. 76v-77, *Liber privilegiorum tum decretorum tum assesorialium quam commissarialium aliorumque jurium Civitati Lublinensi pro iudicii advocatiali et scabinali serviens, ex originalibus sumptu nobilis advocati et scabinarum Lublinskiensium praescriptus. Anno domini 1763. varia, WAPL.* “*Szafarza zaś do tego szpitala JM Pan Wójt cum suo subselio ex communitate z panów przedmieszczan corocznie in octiduo po rocznej elekcji obierać będzie, któremu także jeden z panów Ławników przez urząd wójtowski na to uproszony praeerit.*”

¹⁴ Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 310-311; *Acta Visitationis*, no. 16, p. 36v, no. 26, p. 132, no. 27, pp. 5, 85v, no. 29, pp. 486, 652, no. 15, p. 34, AAP.

their jurisdiction, in agreement with the will of all the guildmasters of the city of Kalisz, select and nominate as protectors for the poor present in the Holy Trinity hospital the Honorable Wawrzeniec Siekiera, *rajca*, and Sebastian Krawiec, *ławnik*, citizens of Kalisz, so as to better watch over the fortune, life, and clothing of the poor, and also so that the property of the hospital would not be wasted and lost through a lack of administration by proper guardians and protectors.”¹⁵

Provisors were usually chosen for a three-year term of office, though one and four-year appointments were also known. Unsatisfactory administration could result in the replacement of the provisor with someone new. Those who were successful at their post could be re-hired for another term, though, according to the visitation records, no provisor should hold the job for more than three years.¹⁶ Still, the presence of such proscriptions in the visitation records could indicate that it might have been a common practice for provisors to hold on to their posts for longer periods of time. In the Holy

¹⁵ Męczkowski, “Prowizorowie szpitali w dawnej Polsce,” [The hospital provisors in Old Poland], 87. “*Spectabiles Domini proconsul et consules civitatis Calissiensis motu et autoritate sua propria quam in omnes orphanos, oegenos, operari non volentes, nec non hos qui in xenodochiis sub sua iurisdictione commorantur, exercent habentque, ex concensu et voluntate omnium Archimagistrorum Civitatis Calissiensis, Xenodochio sanctiss. Triadis atque adeo oegenis in eodem xenodochio existentibus, quo melius uberiusque eorum, incolumitati nec non victui et amictui providere queant, et ne bona supradicti xenodochii ob non administrationem vigilantissimorum custodum et tutorum dilapidentur labefiantque, eidem xenodochio in tutores Famatos Laurentium Siekiera Consulem et Sebastianum Sartorem scabinum, cives Calissienses, praefecerunt et assignaverunt.*” Prosopographical evidence could be used to trace the background of both provisors – the Polish word *Siekiera* meaning an axe, and *Sartor*, or Polish *Krawiec*, a tailor.

¹⁶ Wachholz, 1: 30; Góralski, “Opieka społeczna i szpitalnictwo w dawnej Polsce,” [Social care and hospitals in Old Poland], 93-94; Męczkowski, “Prowizorowie szpitali w dawnej Polsce,” [The hospital provisors in Old Poland], 88; Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 314, 316; Acta Visitationis no. 31, p. 50, no. 26, p. 241, AAP; Consularia no. 110, pp. 143-143v, Księgi Miasta Lublina [Codices of the City of Lublin], WAPL.

Spirit Hospital of Kalisz, for instance, provisors Kasper Górecki and Marcin the Organist performed their duties from 1591 to 1600.¹⁷

Village hospitals, and this must be stressed, for the most part remained under the administrative control of the parish priest, as they were usually too inadequately funded or too small to be in need of more than a single administrator. There were many exceptions, however. Father Januszowski's 1618 visitation of the village hospital of Podegrodzie located in the province of Little Poland, finding no provisors on the premises, established two such officials. Elsewhere in the countryside, lay caretakers of church property (*witrykusi*) chosen from the more astute members of the general parish-going population, served in the role of hospital protectors. Where municipalities owned close-by villages, city magistrates controlled the nominations of village hospital provisors.¹⁸

In privately founded institutions of mercy, such as proprietary hospitals, the process of naming provisors would usually be delineated in the foundation documents. In many such cases the founders reserved extensive administrative privileges for themselves and their descendants including, besides controlling the selection of provisors, the right of *prezenty*, or the right to chose the hospital priest (provost).

¹⁷ Męczkowski, "Szpital św. Ducha i św. Trójcy w Kaliszu," [The Holy Spirit and Holy Trinity Hospitals in Kalisz], 232; Surdacki, Opieka społeczna w Wielkopolsce Zachodniej [Social welfare in western Greater Poland], 306.

¹⁸ Kumor, "Szpitalnictwo w Sądecczyźnie w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 252; Manuscript no. 39, Visitatio 1618, AKMK, "*Procuratores pauperum deligantur duo, qui rationem domino archidiacono et advocato scabinisque villae de perceptis et expensis quotannis faciendam curabunt*"; Góralski, "Opieka społeczna i szpitalnictwo w dawnej Polsce," [Social care and hospitals in Old Poland], 92; Szpital na Lubelszczyźnie w okresie przedrozbiorowym [Lublin area hospitals before the partitions], 55, 57, 66; Męczkowski, "Prowizorowie szpitali w dawnej Polsce," [The hospital provisors in Old Poland], 88.

The best example of such private institutions were the twelve hospitals for 128 poor endowed by Mikołaj Spytko Ligeza, the castellan of Sandomierz, between 1619 and 1631 in the towns and villages of Dąbrowa, Głopów, Krasne, Maław, Nockowa, Otwinów, Przybyszówka, Rzeszów, Sędziszów, Staromieść, and Świncza.¹⁹

In a few cases selection of provisors depended on particular local conditions. In some cities of the Lublin district the provosts (hospital priests) and the town councilors shared the responsibilities for nominating provisors. In the town of Markuszow the 1608 hospital foundation documents enumerated three provisors, one being the hospital priest, one being a member of the town magistracy, and one being the representative of the local landowner.²⁰

Hospitals set up by confraternity chapters, such as the Warsaw's St. Lazarus hospital, founded by Piotr Skarga's Brotherhood of Mercy, jealously guarded their administrative rights. But even they maintained provisors, chosen either from the Brotherhood members, as in the St. Lazarus, or even from the ranks of city councilors. In Warsaw's *Sancti Spiritus intra Muros* the provisors were members of the Cathedral Chapter. In fact, as Podgórska-Klawe noted, most provisors in Warsaw's hospitals weren't lay at all. Only the Holy Spirit Beyond the Walls, a recognized municipal institution, maintained two lay provisors well into the eighteenth century. This would

¹⁹Wachholz, 1: 29; Góralski, "Opieka społeczna i szpitalnictwo w dawnej Polsce," [Social care and hospitals in Old Poland], 93; Góralski, *Szpitala na Lubelszczyźnie w okresie przedrozbiorowym* [Lublin area Hospitals before the Partitions], 58; Męczkowski, "Prowizorowie szpitali w dawnej Polsce," [The hospital provisors in Old Poland], 91-92; Giedroyc, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 4, 53.

²⁰ Góralski, *Szpitala na Lubelszczyźnie w okresie przedrozbiorowym* [Lublin area Hospitals before the Partitions], 63; Manuscript no. 1420, Biblioteka Łopacińskiego w Lublinie [The Łopaciński Library of Lublin]; Manuscript no. 18, k. 325-325v, Akta konsystorza [Consistory Acts], AKBL; Giedroyc, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 102; Bk. 40, f. 601, MK; Michałowski, 187.

suggest that over time, at least in Warsaw, the position of a provisor lost its ties with a lay institution and became a standard administrative position filled by the organs exercising control over a particular hospital.²¹

Following their administrative take-over of Kraków's Holy Spirit hospital, all incoming provisors were to take a special oath of office prepared for them by brother Baseus of Szczepczyszyn, the provincial of the Holy Spirit Order. The lay officials swore to "faithfully protect the possessions of the Holy Spirit hospital and use them only in the service of the current unfortunates housed therein, or for those who will arrive in the future."²²

The provisors' functions soon grew quite extensive, making them responsible for supplying food, firewood, furniture, apothecary materials; for the hiring and firing of the staff, for the admission and dismissal of inmates, for the care of the hospital buildings and inventory, including any livestock; finally they were responsible for the comfort and security of the patients as well as their moral upbringing, though regarding the latter they usually deferred to, or sometimes worked together with, the hospital priest. They were the ones into whose hands alms-givers would place their gifts to the poor.²³

²¹ Karwasińska, 48; Góralski, Szpitałe na Lubelszczyźnie w okresie przedrozbiorowym [Lublin area Hospitals before the Partitions], 34; Podgórska-Klawe, Od hospicium do współczesnego szpitala [From hospice to the modern hospital], 71.

²² Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 63; Manuscript 8905, IV. cap. 3-18, Statuta kanoników regularnych braci szpitalnych Św. Ducha dla prowincji polskiej zatwierdzone przez Zygmunta Augusta w 1569 roku [The statutes of the regular monks of the Holy Spirit hospital brotherhood for the Polish province, confirmed by Zygmunt August in 1569], ABJ.

²³ Podgórska-Klawe, Od hospicium do współczesnego szpitala [From hospice to the modern hospital], 71; Wachholz, 1: 29; Męczkowski, "Prowizorowie szpitali w dawnej Polsce," [The hospital provisors in Old Poland], 86; "Szpital św. Ducha i św. Trójcy w Kaliszu," [The Holy Spirit and Holy Trinity Hospitals in Kalisz], 233; Góralski, Szpitałe na Lubelszczyźnie w okresie przedrozbiorowym [Lublin area Hospitals before the Partitions], 70; Rajman, "Szpital i klasztor św. Ducha w Nowym Sączu w późnym średniowieczu," [The hospital and monastery of Holy Spirit in the late middle ages], 42; Manuscript no. 105, p. 425, Księga wizytacyjna 1781 roku [The visitation book of 1781], AKBL. In the

In certain larger hospitals the provisors would often divide the labors amongst themselves, one taking over the financial duties, and the other keeping to the actual management of the hospital. Sometimes such a division in competencies led to the provisor responsible for finances being known as the ‘Elder’ (*Starszy*) or ‘General’ (*generalny*) provisor, or in some localities as a Dispensator. His colleague would be called the ‘Local’ (*Miejscowy*) or ‘Younger’ (*Młodszy*) provisor.²⁴

In the richest and best-endowed hospitals the provisors would usually have a full slate of minor officials and helpers to aid their work. Variouslly called *hospitalarius* (*szpitalnik*), *seniors* (*starszy*) or *praefectus* (*przełożony*, *szafarz*), they would oversee the day to day internal management of the hospital, concentrating on keeping the locale clean, providing the poor with necessary supplies, and maintaining internal order by preventing arguments, fights, and apparently what was the bane of Polish hospitals, drunkenness. In the propriatory hospitals the day to day management was reserved for a lay hospitaler (*szpitalnik*) chosen for a year-long term of office by his own peers, with the approval of the parish and the manor. The eighteenth-century responsibilities of the *szafarz* in the St. Lazarus hospital in Warsaw, for instance, would include waking the cook at four in the morning, making sure breakfast was promptly served at seven, and making sure all inmates received their fair portions. Other hospital helpers included cooks, washerwomen, and the like. Two female cooks, two handymen, a shepherd and a chicken coop attendant worked in the St. Lazarus hospital in Lublin. In 1793 in

eighteenth-century hospital in Urzędów, provisors, together with the provost, watched over the inmates’ religious practices.

²⁴ Góralski, *Szpitala na Lubelszczyźnie w okresie przedrozbiorowym* [Lublin area Hospitals before the Partitions], 68, 69; Manuscript no. 23, p. 95, Akta konsystorza [Consistory Acts], AKBL.

Warsaw's Holy Spirit Within the Walls one could come across three female cooks, two washerwomen, and one man each for heating the hospital and for burying the dead. Before 1787 there was also a butcher whose yearly salary surpassed that of the hospital surgeon. These helpers would be hired from among those interested regardless of their gender. Often one of the poor housed in the hospital aspired to the position of *starszy*, thus giving the inmates a representative in the administration.²⁵

As their responsibilities derived from town councils, each year the provisors gave account of their actions to those governing bodies. In places where the municipalities shared responsibilities with church structures, provisors gave their accounts in front of the magistrates and representatives of the ecclesiastical organs. In some situations such reports could be given on a quarterly basis. There were also instances, where the provisors gave their reports in front of town councilors and the gathered hospital poor (as in the case of the *prepozytura* hospital of Kostrzyń in the Poznań archdiocese), or town councilors and the representative of the hospital founder (in Wieleń, also in the Poznań archdiocese).

Originally the position of provisors was a purely honorary one. With time, however, these officials would be paid a salary in both money (*salarium*) and kind, including a house to live in and a portion of produce grown on hospital property. They would also eventually come to enjoy other concessions, including tax incentives, trading

²⁵ Męczkowski, "Prowizorowie szpitali w dawnej Polsce," [The hospital provisors in Old Poland], 229; Góralski, *Szpitala na Lubelszczyźnie w okresie przedrozbiorowym* [Lublin area Hospitals before the Partitions], 67, 156; Manuscript no. 105, pp. 156-157, *Księga Wzytacyjna 1781 roku* [The Visitation book of 1781], AKBŁ; Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 76; *Szpitala warszawskie* [Warsaw's Hospitals], 118; Manuscript no. 232, p. 155v, no. 234, p. 438v, no. 236, p. 374-374v, *Archiwum Królestwa Polskiego* [The archive of the Kingdom of Poland], AGAD.

preferences, and the release from other public and national burdens, such as the ones dealing with military service.

The quality of provisors depended, of course, on the qualities of the persons holding the position. Their responsibilities were immense and the resources at their disposal sometimes less than adequate, but the success or failure of their mission often depended squarely on the individual characters of those so employed. Next to conscientious workers minding their charges with spirit and devotion there stood plenty of bad apples, more concerned with their own advancement or monetary gain than with the well being of the institutions they were assigned to govern. Complaints against bad provisors proliferated, especially from church institutions, which never really reconciled themselves with lay organs maintaining so much power and control over establishments associated with Christian modes of charity.

The city magistracy of Kraków's appropriation of control over the Holy Spirit hospital in 1528 provided one instance of what eventually became a constant source of contention between the new lay provisors and the ecclesiastical organs. The Holy Spirit Order strictly guarded its independence.²⁶ The ecclesiastical establishment looked especially unfavorably at the agreement made between the Holy Spirit provost Jan z Raciborza and the City Council following the fire that destroyed the hospital. Since the deal that cemented the city's influence over the hospital was made without the approval of the general council of the Order, the General of the *S. Spiritu* in Rome, John Santorius,

²⁶ Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 63; Męczkowski, "Prowizorowie szpitali w dawnej Polsce," [The hospital provisors in Old Poland], 90. The French city magistracy of Dijon attempted in 1596 to force the hand of the Holy Spirit Order of the city by pushing for the election of a rector favorable to the urban council. Such action, however, occurred during the closing stages of the French Wars of Religion and therefore at the time of considerable social upheaval and was perceived as an infringement of the order's rights and privileges requiring the intervention of a papal delegate.

attempted to invalidate the proceedings by invoking Papal intervention. His labors did not meet with success, however, and lay provisors maintained their administration over the hospital.

Sixteenth- and seventeenth-century visitation records are replete with calls against the greed and incompetence of lay provisors. The aforementioned visitation of Bishop Zadzik implores them not to appropriate funds slated for the maintenance of the poor.²⁷ Baseus, in his work, points to the provisors' lack of interest in quickly executing wills and funds donated to the hospital, as well as their general failure to collect rents on buildings the hospital owned.²⁸ Baseus' account, of course, should be taken with a grain of salt, since as the provincial of the order he would find himself at the frontlines of the ecclesiastical struggle against lay control. On the other hand the frequency of accusations must be taken as a sign of existing problems. Some donations, such as the affluent estate left by the nobleman Rozdrażewski in 1553 to six of Kraków's hospitals, including the Holy Spirit, never went claimed and had to be withdrawn by the royal Sejm in 1591.²⁹

As long as the position of a provisor remained an honorary one, many so appointed took it upon themselves to make sure they would leave their posts rather richer than when they began. In 1568 the visitation of Kraków's hospitals performed by bishop Filip Nowina Padniewski noted that the provisors took for themselves the belongings of deceased inmates, that they seemed not to provide either food or clothing for their several hundred patients, that they have allowed awful conditions to exist in the infant ward

²⁷ Manuscript no. 43, *Acta visitatione Jacobi Zadzik*, AKMK.

²⁸ Baseus, 1: 28.

²⁹ Wachholz, 1: 73; Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 51; Piekosiński, 2: 767; Tomkowicz, *Szpital Świętego Ducha* [The Holy Spirit Hospital], 33.

which led to the death of over half of the children, and, what seems to be even more appalling in the eyes of bishop Padniewski, that they accepted anyone onto the hospital premises without first ordering a confession and a holy communion, thus allowing heretics to partake of shelter.³⁰

The same visitation also accused the provisor of the St. Roch Hospital for Students of similar moral and monetary misconduct. In the words of the document provisor Erazm Czeczotka appropriated hospital income for his own needs and used hospital funds to maintain his own staff and servants, instead of the sick and poor. Similar accusations proliferated in other hospitals throughout the country.³¹

The 1573-1583 legal case brought against the provisors of the Holy Spirit hospital of Kraków by Maciej Regiomontanus, the then *praepositus* (provost or hospital priest) of the hospital and the parson of the Holy Cross church illustrated additional abuses. The provisors, Marcin Urbankowicz and his colleague Gabrjel Słonski, a prominent sixteenth-century architect, were accused of allowing the physical dilapidation of the hospital buildings. The extent of the damages was supposedly so expansive that the hospital floor was covered in animal dung and frequent rains flooded the schoolhouse through the leaky roof. Other accusations included starving the poor - and especially the children - in their care, who went on without food for days; appropriation of alms slated for the maintenance of the paupers, and improper usage of hospital resources. The sheltered

³⁰ Wachholz, 1: 76; Manuscript no. 1, pp. 23-24, 31-37, 77-78, *Liber visitationis ecclesiarum in civitate ac dioecesi Cracoviensi Dei gratia episcopi Cracoviensis Philippi Padniewski*, AKMK; Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 64; Tomkowicz, *Szpital Świętego Ducha* [The Holy Spirit Hospital], 33.

³¹ Wachholz, 1: 77; Karpiński, 59; Tomkowicz, *Szpital Świętego Ducha* [The Holy Spirit Hospital], 33; Although not particular to Poland, these problems found rather less exposure in the histories of hospital institutions elsewhere. In England, for instance, many historians, like Carole Rawcliffe in *Medicine for the Soul*, xvii, emphasized the satisfactory conduct of hospital administrators.

poor and sick, brought in as witnesses, attested to the terrible conditions they found themselves living under and added that in order to survive they had to leave the hospital and go on begging in the city. In 1583 the verdict of the court found Słonski innocent of any wrongdoing, probably because of his previous services to the city, and laid all the blame on Urbankowicz, who was forced to sell a building that he owned in order to pay a penalty of 300 *złoty*. The verdict also held responsible the entire town council for naming incompetent people to the job of provisors, and ordered that body to perform all necessary building renovations at their own expense and to pay the considerable sum of 1000 *złoty* in damages. According to Tomkowicz, the verdict ended with the enumeration of the failures of the administration and the accusation that the provisors *“occasionem dederunt pueris inedia macerates per plateas turmatim discurrendi, et victum amictumque quaerendi... ad furta et alia latrocinia sese convertendi, unde usu operaque ipsorum venit, miseros ac minores pauperes ex eodem hospitali... ex inedia et miseria propulsatos frequentissime ultimis suppliciis affici.”*³²

Outside of Kraków the situation repeated itself. A 1608 visitation of hospitals within the province of Little Poland discovered that the provisors of the Holy Cross hospital of Stary Sącz appropriated for themselves the princely sum of sixty *grzywna* of

³² These numbers are presented by Wachholz and copied by Antosiewicz. Tomkowicz, basing his research on the still extant at the time of his writing acts of the legal process found in a manuscript in the library of the Hospital for Retired Priests – Szpital Księży Emerytów – and Męczkowski, who follows him, up the penalties. According to them Urbankowicz was able to pay the 300 *złoty* out of pocket, but had to sell his house to pay the remainder of the penalty in the sum of 133 (or 122 according to Męczkowski) *złoty*. The Town Council also had to pay a far stiffer penalty of undisclosed amount (Regiomontanus sued for 30,000 *złoty*) of which it was unable to pay the last 1000 *złoty* because of depleted resources. A tenement owned by the council was put up as collateral for the remaining 1000 *złoty*. Wachholz, 1: 77; Antosiewicz, “Opieka nad Chorymi i Biednymi,” [The care for the sick and the poor], 51; “Zakon Ducha Świętego de Saxia w Polsce Średniowiecznej,” [The Holy Spirit de Saxia Order in medieval Poland], 194; Tomkowicz, *Szpital Świętego Ducha* [The Holy Spirit Hospital], 34-36; Męczkowski, “Prowizorowie szpitali w dawnej Polsce,” [The hospital provisors in Old Poland], 84; “Szpital św. Ducha i św. Trójcy w Kaliszu,” [The Holy Spirit and Holy Trinity Hospitals in Kalisz], 234.

alms-money slated for the hospital poor. Other provisors accepted onto hospital premises people who were healthy and not necessarily poor, sometimes even their own friends and relations. They rented out hospital rooms to private individuals, used hospital premises for wild parties, did not feed the poor within their care (or if they fed them they might have purchased second-rate foodstuffs for a much lesser price and pocketed the difference), and in general, consumed the slim monetary supplies of the institutions they were charged to run.³³

Either through incompetence or neglect some provisors did not collect rents or interest due the hospital from property it leased or loans it made. They lost necessary documents proving hospital ownership over real estate or old foundation and donation letters required for the continuance of some payments. Due to poor record keeping some forgot or just weren't aware of where the hospital invested its money. Some were simply illiterate, as in the case of the provisor of the Holy Spirit Hospital of the town of Dolsk in 1777. Others were very much aware of the hospital sources of income, and utilized such knowledge for their own enrichment. Even though bishop Zadzik's decree of 1638 made the post of the provisor a paid one with a yearly salary of 60 *złoty*, monetary abuses continued.³⁴

Not all provisors, of course, lacked qualifications or morals. On the contrary, a vast majority performed their functions with due diligence and understanding. The

³³ Kumor, "Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period] 229; *Acta episcopalia* vol. 38, pp. 463-466, AKMK; Góralski, Szpital na Lubelszczyźnie w okresie przedrozbiorowym [Lublin area Hospitals before the Partitions], 79, 141; *Advocatia*, no. 18, pp. 201v-211, *Księgi Miejskie Lubelskie* [The city books of Lublin], WAPL; Manuscript no. 23, pp. 150v-159v, *Akta konsystorza* [Consistory Acts], AKBL.

³⁴ Góralski, Szpital na Lubelszczyźnie w okresie przedrozbiorowym [Lublin area Hospitals before the Partitions], 140-141; Surdacki, Opieka społeczna w Wielkopolsce Zachodniej [Social welfare in western Greater Poland], 311; *Acta Visitationes*, vol. 32, p. 267, AAP.

presence of so many instances of noted abuses serves as evidence they were seen as exceptional and thus worthy of strong censure by the community, and actually pales in comparison to the number of officials who adequately performed their assigned duties. Another reason for the existence of so many accusations relating to the work performed by lay provisors stems from the fact that a great majority of such comments were issued by ecclesiastical officials, be it hospital priests or the visitors themselves. At a time when the struggle between the ecclesiastical and secular organs for control over civic institutions gathered momentum, as it did in the sixteenth and the seventeenth centuries, it is not surprising that sources written by the ecclesiastical side would underline the abuses and inconsistencies in hospital management perpetrated by their secular counterparts and perhaps explain away, or even ignore, all the good things done by such administrators.

Hence signs of competent and well-meaning provisors are rather more difficult to come by. They are present, however, in municipal books, especially when long-serving provisors who performed their functions and responsibilities with distinction were rewarded at the end of their distinguished careers with other official positions, life-long membership on city councils, or with gifts of property. Stanisław Lichański, a provisor of the Lublin's Holy Spirit hospital, received lifetime membership on the city council in 1614 by order of king Zygmunt III Waza himself.³⁵

³⁵ Wachholz, 1: 30; Góralski, "Opieka społeczna i szpitalnictwo w dawnej Polsce," [Social care and hospitals in Old Poland], 94; Szpitala na Lubelszczyźnie w okresie przedrozbiorowym [Lublin area Hospitals before the Partitions], 75; Męczkowski, "Prowizorowie szpitali w dawnej Polsce," [The hospital provisors in Old Poland], 92; Podgórska-Klawe, Od hospicium do współczesnego szpitala [From hospice to the modern hospital], 80.

Sometimes provisors had to assure their own good memory through concerted actions, as in the 1593 case of Mikołaj Dusiło, the provisor of the Holy Spirit hospital of Kraśnik, who, in front of the municipal court, accused a certain citizen of the town for libel when that individual spread rumors maintaining that Mikołaj cheated and stole from the poor. A special commission made up of town officials interrogated the hospital inmates, discovering the provisor's administration brought with it nothing but success and respect from the ones he helped. According to inmate testimony, provisor Mikołaj was considerate of their well-being to the extent that he even made sure no crumbs remained on his coat when he cut the bread for his charges, or that no grain remained in his shoes when he worked in the hospital stackyard.³⁶

The Hospital Priests

The hospital priest (*praepositus Ecclesiae hospitalis*), also known as the provost, represented the spiritual side of hospital administration. Where there were no provisors, as was the situation in some village hospitals, all of their functions devolved onto the provost. As all hospitals were attached to a church, they all possessed this spiritual guide whose chief duty was to protect and enrich the Catholic faith of the inmates.³⁷

In his work the provost was supported either directly from the tithes associated with the hospital church, or, if the hospital was a private foundation, from funds slated for

³⁶ Góralski, *Szpitala na Lubelszczyźnie w okresie przedrozbiorowym* [Lublin area Hospitals before the Partitions], 145.

³⁷ Góralski, "Opieka społeczna i szpitalnictwo w dawnej Polsce," [Social care and hospitals in Old Poland], 93; *Szpitala na Lubelszczyźnie w okresie przedrozbiorowym* [Lublin area Hospitals before the Partitions], 59-60; Męczkowski, "Prowizorowie szpitali w dawnej Polsce," [The hospital provisors in Old Poland], 232.

this purpose by the benefactor. He was sometimes paid in cash, but also often in kind. He had the right to make use of the fields owned by the hospital church, or even sometimes of those owned directly by the hospital. Though his selection had to be confirmed by the local bishop, he was usually chosen for his position either by the private hospital founders, should the hospital be a proprietary one, or by the town council if in an urban setting. This latter method of selection indicated considerable lay control over the functions of the hospital priests, and as long as this control lasted, the priests and the provisors complemented each other in their duties, though almost never without some difficulties and disputes.³⁸

The events associated with the founding of a hospital in the town of Urzędów in the archdeaconate of Lublin can serve as an example showing the nomination process of a hospital provost. In 1447 the magistrates of the town advised the bishop of Kraków, Zbigniew Oleśnicki, that they have already erected and founded a wooden hospital to serve the needs of the local poor. That they have already completed the construction of the said hospital without seeking ecclesiastical approval beforehand shows that the *rajcy* of the town of Urzędów felt hospital creation fell squarely within their domain as would any other civic institution. More importantly, as the founders of what was in effect a proprietary hospital, the magistrates, fully aware of their rights on this issue, selected and nominated a certain Maciej z Kamienia (Mathias a Lepide) for the office of hospital provost. Bishop Oleśnicki approved father Maciej in his post and confirmed the

³⁸ Góralski, Szpitala na Lubelszczyźnie w okresie przedrozbiorowym [Lublin area Hospitals before the Partitions], 33, 71-72, 74.

foundation in November of 1447, thus ending a process thoroughly dominated by the municipal organs of the city.³⁹

The quality of the *praepositus*, just like of the provisor, depended on the quality of the man himself, and often enough, that man was suspect. The sixteenth-century provost of the Kraków's Holy Spirit, Jan z Wiślicy, became a target of frequent complaints and jibes as a simple man prone to drinking and gambling.⁴⁰ The Holy Spirit monks sometimes followed the lead of their provosts, leading a dissolute lifestyle where drinking bouts and fist fights predominated. This behavior did not reflect well on their mission in the hospital. The general slackening in the performance of their responsibilities was already noted in the 1595 visitation of Cardinal Radziwiłł, whose report re-emphasizes their simple duties to serve the poor and the sick; to apportion the beds between those present; to separate the sick from the healthy; to bring up the children and teach them the articles of faith; to send older children either to school or to teach them a trade; and to make sure that the sick inmates do not leave the hospital without the establishment's knowledge.⁴¹ The constant reiteration of the monks' responsibilities to the sick and poor leads us to suspect these responsibilities were neglected.

The periodic infractions of the Holy Spirit monks in Kraków were overshadowed by the behavior of the Premonstratensian monks who administered the Holy Spirit hospital of Nowy Sącz. The only Premonstratensian run hospital in Poland did not necessarily become a model for other such institutions. Known for dissolute

³⁹ Ibid., 33.

⁴⁰ Tomkowicz, *Szpital Świętego Ducha* [The Holy Spirit Hospital], 36-37; Męczkowski, "Prowizorowie szpitali w dawnej Polsce," [The hospital provisors in Old Poland], 233.

⁴¹ Wachholz, 1: 73.

drunkenness, for hiding their habits under secular clothes, and for inviting women into the monastery proper, the Premonstratensian monks of Nowy Sącz even broke into and stole money from their own alms boxes. This sad event, duly noted in the visitation records, occurred in 1600 when “brothers from the monastery took from the poor five *złoty*, after opening the alms box through violence.”⁴²

For many provosts there apparently existed a lack of distinction between church and hospital property. Both seemed to have been considered a singular source of enrichment. Many village provosts withheld for themselves a portion, or the entire harvest from hospital fields, even when hospital stipulations clearly stated the fields belonged to the poor, and not to the priests.

Often the provosts withheld considerable sums from the hospital. With the signing of the 1528 agreement between the Holy Spirit canons and the city council of Kraków, the monks slated rents from real estate the hospital owned and proceeds from the alms boxes of the Holy Spirit Church for the running of the hospital. Moreover they agreed to provide the inmates with their daily bread. But the greater part of their income, based on tracts of land, tithes, and private donations to the hospital, the monks retained for their own uses, claiming the funds were given to the monastery, and not to the hospital.⁴³ This selective reasoning led to the intensification of the conflict between lay and spiritual establishments, especially since town councils began to believe they were simply being taken advantage of by the provosts.

⁴² Rajman, 62; *Acta Visitationis Capituli*, vol. 5, pp. 176, 211, AKMK.

⁴³ Wachholz, 1: 74; Antosiewicz, “Opieka nad Chorymi i Biednymi,” [The care for the sick and the poor], 47.

As stated above the monks of the Holy Spirit agreed to provide the poor and sick with a daily allotment of bread. The provosts found it easier, however, to withhold the bread rations for their own use and in their stead give each of the inmates one *denar* per day, forcing the poor to arrange the bread purchases themselves. The provosts claimed they could do so due to a provision that should there not be enough bread to feed all the inmates, the poor would be given money instead. As it was cheaper to give all a *denar* than to purchase the required bread, this practice became a standard in the Holy Spirit hospital. The fact that a single *denar* could not buy enough bread to make up the portion withheld by the monks formed the insidious part of this equation. Such particular practices were brought to the attention of the Kraków's highest ecclesiastical levels already in 1530, when, while issuing a new charter for the Holy Spirit Order to take the place of the one lost in the fire of 1528, bishop Tomicki ordered the monks to give the poor a bread larger than the one that could be purchased with one *denar*.⁴⁴ The monks did nothing. The failure of bishop Tomicki to solve this controversy over bread eventually necessitated royal intervention. In 1617 king Zygmunt III Vaza required the *S. Spiritu* provosts to provide bread in kind to their charges.⁴⁵

The same lack of professionalism characterized ecclesiastical administration elsewhere. Some provosts went so far as to simply appropriate their hospitals, eliminating their independent administrative standing and illegally incorporating them to

⁴⁴ Chotkowski, "Księża Prymasa Poniatowskiego spustoszenia kościelne," [Primate Poniatowski's church desolations] *Rozprawy Wydziału historyczno-filozoficznego Akademii Uniwersyteckiej* 61 [Disputations of the history-philosophy department of the University Academy 61] (Kraków: Akademia Uniwersytecka, 1918), 87; Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 47.

⁴⁵ Wachholz, 1: 75; Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 47.

the property of the order. Such misappropriations occurred in the city of Kraśnik, where in the first half of the eighteenth century the local Holy Spirit hospital became thoroughly consumed by the monks' encroachment. The order took over all movable and immovable property of the hospital, and turned its rents and alms for its own uses. The same process marked the Premonstratensian control over the Holy Spirit hospital of Nowy Sącz, acquired by the order from the city's municipal council in 1412. The Premonstratensians considered hospital property as their own and used its resources in ways antithetical to the needs of the poor. The town council of Nowy Sącz, noting the improper usage, went so far as to put the monastery on trial in 1512, and when the ecclesiastical court's decision did not satisfy the councilors, they appealed directly to the king. In 1518 Zygmunt I's compromise confirmed the monastery in possession of hospital property but also confirmed the town council's right over hospital administration through provisors, and required the Premonstratensians to slate a segment of the resources from the real estate belonging to the Holy Spirit hospital for its exclusive use.⁴⁶

In the Holy Spirit Within the Walls Hospital in sixteenth-century Warsaw, the elderly priest Jan Grotowski opened himself to charges of dereliction of duties and inability to feed the poor and sick under his protection while at the same time using ample funds to endow a new church and a new altar. Beginning in 1539 Warsaw's ecclesiastical establishment eventually had to conduct weekly visitations in the Holy

⁴⁶ Góralski, *Szpital na Lubelszczyźnie w okresie przedrozbiorowym* [Lublin area Hospitals before the Partitions], 149; Rajman, "Szpital i klasztor św. Ducha w Nowym Sączu w późnym średniowieczu," [The hospital and monastery of Holy Ghost in the late middle ages], 60-61; *Summarium privilegiorum, inscriptionum, transactionum conventi Sandecensis Ordinis Praemonstratensis*, pp. 21-22, *Archiwum parafii św. Małgorzaty w Nowym Sączu* [The archive of the St. Margaret parish in Nowy Sącz].

Spirit with the aim of putting the hospital's pecuniary policies on sound footing.⁴⁷ Still, in 1626, bishop Jan Wężyk's visitation of Warsaw's premier houses of healing found major deficiencies in the administration's responsibilities of providing food and clothing to their charges. The poor themselves accused the members of the Warsaw's Cathedral Chapter, the administrators of the Holy Spirit Within the Walls, of misappropriating resources. More important to the visiting bishop at that time, however, was the astounding find that the hospital did not even support a priest to hear the confessions of the inmates.⁴⁸

A 1781 visitation of the Holy Spirit hospital in Kazimierz nad Wisłą, made on behalf of prince bishop Michał Poniatowski ended with a sarcastic remark that the local hospital priest should stop eating bread for the next twenty-three years, as it is only fair that he who took bread away from the hospital poor and ate it himself, would now fast as penance for his sins for a similar amount of time. In the same year another visitation caught the provost of the Urzędów hospital, Franciszek Pikulski, in a scheme to limit the number of poor sheltered in his hospital and to turn all the received alms and most of the rents for his own purposes. In 1675 in the city of Kock, Grzegorz Soczawski, the local provost, abandoned his post and ran away, just a few weeks before a scheduled visitation, leaving the hospital to its own devices. Some provosts illegally sold hospital property, others took it over for themselves, especially land, and utilized the poor housed within their hospitals as field hands. Many hospitals were thus turned into virtual benefices

⁴⁷ Manuscript no. 3, p. 59v (1531), pp. 149v-150 (1538), pp. 169, 185, Protokół posiedzeń [Session Minutes], and Manuscript no. 6, pp. 81-82, Archiwa Komisji Prawniczej [The archives of the Legal Commission], AKW; Karpiński, 59.

⁴⁸ Karpiński, 59; Łukaszewicz, 3: 108-109; Podgórska-Klawe, *Szpitałe warszawskie* [Warsaw's Hospitals], 40-42.

from which the provosts derived gain, and the hospitals under their care were eventually turned into ruins, unable to offer more to their charges than the proverbial roof over their heads.⁴⁹

It should also be stated that even some bishops did not escape criticism. A 1554 provincial synod noted that some of them withheld alms slated for hospitals. Especially hurt by this abuse was the St. Valentine hospital of Kraków.⁵⁰

Most of the time, when the abuses perpetrated by the provosts came to light, usually during the visitation process, the clerical authorities defended even those most intransigent. Very few were actually punished. In the above examples the same visitor who wrote such sarcastic comments about the provost in Kazimierz nad Wisłą, defended the man by noting his abject poverty and insured his retention as the provost for the next seven years. From the above examples only father Pikulski met with censure, losing his administrative competencies to the provisors, though he retained his position as the provost.⁵¹

⁴⁹ Męczkowski, "Prowizorowie szpitali w dawnej Polsce," [The hospital provisors in Old Poland], 387-88. "*Należałoby na czas długi X. Mikołajowi Szczepanikowi, kapelanowi szpitalnemu, chleb całkowicie odjąć, a ten kościółowi spustoszonemu i szpitalowi zruinowanemu oddać, wszakże kto przez lat 23 przeszło cudze zjadał, przez tyleż sprawiedliwie głód cierpieć winien:*" Męczkowski, "Szpital św. Ducha i św. Trójcy w Kaliszu," [The Holy Spirit and Holy Trinity Hospitals in Kalisz], 266; Góralski, Szpital na Lubelszczyźnie w okresie przedrozbiorowym [Lublin area Hospitals before the Partitions], 62, 74, 144, 148; Manuscript no. 99, pp. 115v-116, Księga wizytacyjna 1675 roku, and Manuscript no. 105, pp. 425, 749, Księga wizytacyjna 1781 roku., AKBŁ; Peter, 3.

⁵⁰ Męczkowski, "Szpitale dawnej Rzeczypospolitej w uchwałach synodów Polskich," [The hospitals of the old Commonwealth in the Polish synodal statutes], 16.

⁵¹ Góralski, Szpital na Lubelszczyźnie w okresie przedrozbiorowym [Lublin area Hospitals before the Partitions], 146-147.

Hospital Self-Government?

Recently there developed a considerable debate in Polish historiography around the question of whether the hospital poor maintained their own internal organization. Some nineteenth- and twentieth-century authors took it almost for granted that the ranks of the poor were organized in veritable corporations similar to guild structures with male and female elders presiding over their fellows. More modern writers approached such pronouncements with some skepticism, citing a general lack of sources dealing with that particular issue.⁵²

Although it would seem that at present there are no extant sources supporting the existence of major corporate structures within the walls of hospitals on the lines of brotherhoods of mercy and Beggar Brotherhoods that did maintain themselves in major cities such as Kraków, there nevertheless are hints of rudimentary forms of the hospital poor organizing themselves to maintain internal order and also to lead a dialogue with the hospital administration in matters of mutual concern. Interestingly, the initiatives leading to the establishment of such behavior seem to have originated with the hospital administration itself. Certain seventeenth-century hospital constitutions, such as those promulgated by Stefan Wierzbowski, the bishop of Poznań, speak to the election of an elder from among the hospital men or women. Other instances come from descriptions of village hospitals, or even visitations performed in urban institutions.

And so, the Warsaw shelter for widows apparently maintained such an alderwoman (*starsza*), freely elected from among the inmates, who managed the day-to-

⁵² Prescott, 66; Góralski, *Szpitałe na Lubelszczyźnie w okresie przedrozbiorowym* [Lublin area Hospitals before the Partitions], 67. Giedroyc, Wachholz, and Męczkowski thought corporate entities existed, though the latter held such practices were not universal. Góralski and Karpiński doubted a general presence of such bodies as well. Inmate self-government existed, of course, in other European hospitals such as those in England, where senior bedesmen could serve as so-called priors.

day affairs of the women. At the beginning of the sixteenth century the Holy Spirit Within the Walls of Warsaw maintained sleeping chambers for *seniores hospitalis*, by which Podgórska-Klawe understood hospital elders. Father Januszowski, visiting the Holy Spirit and St. Valentine hospitals in Nowy Sącz in 1608, ordered the provisor to chose one of the male patients and one of the female patients as an alderman and an alderwoman to mind internal peace, advise the administration of any difficulties encountered, and, in case of the absence of a provisor, to manage the daily activities of the rest of the poor. The St. Margaret hospital for widows in Nowy Sącz also included a matron, selected from the inmates, whose term of office lasted one year. Góralski, researching hospitals in Little Poland, found traces of internal administration in some village hospitals in the voivodeship of Lublin. In 1719, Poznań's bishop Krzysztof Szembek discussed the position of a hospital senior (*starszy*, or *starsza*, if a woman) as someone chosen by the provisor from among the gathered poor whose responsibilities included making sure no internal strife, argument, or fight rattled hospital walls, and to lead the rest of the poor in religious observances, singing hymns and the saying of the mass. The same responsibilities were to be assumed by the *starszy* in the Holy Spirit and St. Lazarus hospitals of Poznań after the 1781 visitation called one into being.⁵³

Often aldermen and women chosen from the hospital poor were established by the expressed wish of the hospital founder. This occurred, for instance, when the founder of the Tykocin hospital for retired soldiers, the Lithuanian Marshal Krzysztof Wiesiołowski indicated in 1633 that one of the inmates would serve as an elder, selected either by Wiesiołowski himself, or, after his death, by the subprefect (*starosta*) of Tykocin. A

⁵³ Appendix II shows the responsibilities of the hospital *starszy* in the context of general hospital regulations as presented by that visitation.

similar example came from hospitals endowed by Anna Jabłonowska on her possessions of Kock and Siemiatycze, where a *starszy* would be chosen from among the poor to oversee internal order. In some instances the *starszy* or *starsza* actually wielded some greater power, as in the case of the hospital in Kraśnik where the representatives of the inmates had to be present during all transactions relating to hospital property. In the same hospital self-administration extended to other official as well. Besides the seniors (*starszy*), who were involved in the financial decisions, there also existed two procurators, also selected from among the poor, to mind internal peace and order.⁵⁴

Royal Administration

Though up to the end of the eighteenth century the administration of hospitals very rarely involved the intercession of governing organs (the hospitals being ecclesiastical, private, or corporate institutions), there were infrequent occasions when the monarchical element did in fact concern itself with the organization of such establishments. In 1518 a royal decree of Zygmunt I Stary concerning the Holy Spirit hospital of Nowy Sącz, though not eliminating the prevalent practice of *wkupne*, or of an

⁵⁴ Karpiński, 57; Kumor, "Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 251-252; Manuscript no. 25, p. 250, Visitatio 1608, AKMK; Góralski, "Opieka społeczna i szpitalnictwo w dawnej Polsce," [Social care and hospitals in Old Poland], 93; *Szpitala na Lubelszczyźnie w okresie przedrozbiorowym* [Lublin area Hospitals before the Partitions], 156-157; Męczkowski, "Prowizorowie szpitali w dawnej Polsce," [The hospital provisors in Old Poland], 229; Podgórska-Kławe, *Szpitala warszawskie* [Warsaw's Hospitals], 27; Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 186; Manuscript no. 7, pp. 68, 228v-229, no. 10, p. 388, *Księga miasta Kraśnika* [The book of the city of Kraśnik], WAPL; Manuscript no. 96, pp. 429-430, *Księga wizytacyjna 1603 roku* [The Visitation book of 1603], AKBL; Bergerówna, 32; Giedroyc, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 7, 26. To support his thesis Giedroyc mentions a late seventeenth century visitation record made by Father Gniński in the village hospital of Gołębin where the visitor calls upon a certain Elżbieta to act as an elder (*starsza*) and inform the parish priest about unruly inmates.

entry fee demanded of all newly accepted poor, nevertheless assigned its proceeds for the use of the poor, together with all the alms collected in their name which until that time were misused by the *praepositus* for his own purposes.⁵⁵ The monarchs, after all, performed the function of the highest hospital protectors (*supremus omnium xenodochiorum patronus*) and were, in theory, responsible for the people within their kingdom. They also confirmed the existing hospital institutions in their rights and privileges and were the final court of appeals in all cases relating to hospital administration and management. In fact, no major new hospital foundation could come into effect without their approval and confirmation. Especially in the Middle Ages this concern translated itself into a number of royal hospital foundations, such as the ones enumerated in chapter two.⁵⁶

Sometimes the crown and the Sejm interfered directly in hospital administration, as was the case in 1570 with the hospitals of Gdańsk where, because of provisor negligence, royal commissioners were appointed to put the hospital finances on sound footing. Officials directly responsible to the royal court probably governed two of Warsaw's hospitals, one built and situated near the Royal Castle by Zygmunt II August, and the other set up in 1582 by Stefan Batory for old and retired soldiers. In 1595 Zygmunt III Vaza, advised of the poor state of hospitals within his kingdom, convened a grand commission with Lublin's governor (*wojewoda*) Mikołaj Żebrzydowski at its helm to look into the many allegations against the administrators of the Kraków's Holy Spirit

⁵⁵ Kumor, "Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period] 242.

⁵⁶ Unlike in England, where *leprosaria* were the chief beneficiaries of royal patronage, Polish kings and queens did not seem to focus their efforts on a single type of institution. See Rubin, *Charity and Community in Medieval Cambridge*, 113; Orme and Webster, 34.

hospital and their management. The commission did in fact find the alleged abuses and “*magna negligentia*” to be true in most cases, especially those pertaining to the failure of the provisors to assume funds given over to the hospital by wills and testaments.⁵⁷ These royal interferences, however, as in the case of Zygmunt I Stary or Zygmunt III Vaza, were usually done as a last resort, or when the monarch maintained a particular connection to a given institution.

Such was the case of the Holy Spirit Within the Walls of Warsaw. With the end of the ducal line of the Mazovian Piasts at the beginning of the sixteenth century, the rights and privileges of the family devolved on king Zygmunt I Stary (the Old) who took very seriously his assumption of all responsibilities of the dukes as patrons of charitable institutions, and especially of the Holy Spirit (also known as the Ducal, and from then on as the Royal) hospital. As such the monarch, operating as a defender and a protector of the hospital, in 1539 issued royal statutes formulating a prescription to which the hospital was to adhere itself from then on. Zygmunt ordered the augmentation of the hospital's size, prescribed administration procedures, discrimination between sturdy and needy beggars in the acceptance process, as well as allowed the Warsaw's Cathedral Chapter, in charge of the hospital's daily activities, to perform weekly visitations.⁵⁸

⁵⁷ Wachholz, 1: 78; Męczkowski, “Prowizorowie szpitali w dawnej Polsce,” [The hospital provisors in Old Poland], 385; Góralski, Szpital na Lubelszczyźnie w okresie przedrozbiorowym [Lublin area Hospitals before the Partitions], 55-56; Giedroyc, Zapiski do dziejów szpitalnictwa w dawnej Polsce [Notes from the history of Old Polish hospitals], 89; Podgórska-Klawe, Szpital warszawskie [Warsaw's Hospitals], 36.

⁵⁸ Podgórska-Klawe, Od hospicium do współczesnego szpitala [From hospice to the modern hospital], 36-37; Szpital warszawskie [Warsaw's Hospitals], 25-26, 119; Giedroyc, Zapiski do dziejów szpitalnictwa w dawnej Polsce [Notes from the history of Old Polish hospitals], 102-103; Manuscript no. 151, Opis szpitalów warszawskich [A description of Polish hospitals], Archiwum Królestwa Polskiego [The archive of the Kingdom of Poland], AGAD; Urządzenie Szpitala św. Ducha przy kościele św. Marcina w Warszawie i oddanie go pod zarząd kapituły kolegiaty św. Jana przez N. Zygmunta I, króla polskiego, w środę po Narodzeniu N. Panny Maryi 1539 r. [The organization of the Holy Spirit hospital, located by the Church of St. Martin, and its transfer under the administration of the St. John Cathedral

Many could see King Zygmunt's 1539 decree as part of the then current Europe-wide centralizing process of poor controls that followed the Protestant Reformation and included decrees by Charles V in Germany (1525), Francis I in France (1531), and Henry VIII in England (also 1531). Such a conclusion, however, might not be entirely warranted in the case of Poland. Prescriptive royal decrees advising discrimination in charitable poor relief in Poland predate the advent of Reform and have their origin in labor legislation of king Jan Olbracht of 1496, later repeated and confirmed by other monarchs in 1519, 1523, and 1588, that required hospital administrators in cities and parish priests in the villages to make sure the poor capable of work were handed over to the local government in order to be included in public-works and defensive projects. Additionally, king Zygmunt's decree pertained only to a single hospital, that of the Holy Spirit Within the Walls, and became the exception, rather than a rule in terms of hospital administration, until the end of the eighteenth century when the reforming government of

Chapter by His Grace Sigismund I, King of Poland, on Wednesday after the Birth of the Virgin Mary 1539], Teczka – Szpital św. Ducha [Folder - Baby Jesus Hospital], ASMW; Bk. 59 f. 133v, *Decretum seu ordinatio pro hospitali S. Spiritus penes exemplum S. Martini in civitate Warschoviensi sito*, MK. The particulars of the statutes dealt with increasing the number of paupers supported by the institution to eighty; as “the income is rather considerable”, with regulations about the acceptance procedures so that only those “worthy of holy alms” (*godni świętej jałmużny*) were to be admitted, meaning only those “who through true illness or old age reached such poverty that they cannot live without the help of others”; that the sick who returned to health were to leave the hospital, so as to make room for others; that the paying of *wkupne*, which was a monetary payment made to the hospital at the moment of admission on the part of the pauper, was categorically forbidden, as “holy alms are not given for pay or money” (*jałmużny świętej nie udziela się za pieniądze, ani za zapłatę*); that the hospital was also to maintain twelve poor students of the Jagiellonian University's collegiate school in Warsaw; and that the Warsaw's Cathedral Chapter was responsible for the financial administration of the hospital. A later royal decree in 1544 amended the statutes, confirming the Warsaw's Cathedral Chapter practices of naming two provisors from amongst themselves, one of which was to supervise the hospital's landed estates while the other administered the hospital proper. According to documents in the Archiwum Główne Akt Dawnych, the hospital's care for poor students lasted all through the time of independent Poland. In 1791 it was also noted that among the twelve supported there were also female students.

Stanisław August Poniatowski took a long, hard look at charitable institutions in order to bring them under more rational, bureaucratic controls.⁵⁹

Women and Hospital Administration

The sporadic role of women in hospital administration also deserves attention. Female donations of time and money to hospitals could propel some women into positions of power within the hospital administration. At the highest levels these included the honorary titles of “hospital protectors” given to noble, pious women of good standing, such as in Warsaw’s St. Lazarus’ hospital. The job of the women and men holding these titles was to participate in regular meetings to discuss adequate service provisions in the hospital. Female members of the St. Roch Brotherhood that run the St. Roch hospital in Warsaw often held the official title of visitors (*wizytatorki*), who were responsible for identifying those in need of hospital’s assistance.⁶⁰ A rather more common role played by many women in the running of hospitals was as overseers of wet nurses and children, a position available in most urban hospitals. Female overseers were responsible for maintaining the areas of the hospital set aside for expectant mothers coming in from the street and for hospital-hired women given the job of wet nurses to foundlings and abandoned babies. They could also function as the so-called prefects (*praefectae, przełożona*), assistants to the lay provisors, and responsible for the minute

⁵⁹ Karpiński, 48; Malinowski, 9; In Holland city ordinances forbidding begging also appeared in the fifteenth century. The presence of such decrees in fifteenth-century Poland and Holland challenge the prevalent notions that suggest these ordinances were a product of ideological changes born out of the Reformation. See Tervoort, “On Whose Authority?” 6.

⁶⁰ Michałowski, 187; Czajewicz, 15.

parts of hospital management, such as the distribution of food and other resources to the poor, and making sure of internal order. The hospital thus could serve as a career choice for pre-modern Polish women. Other available positions included such common duties as washer and cleaning women, and shepherds for the hospital's stock; all paid from the hospital funds.⁶¹

The Reemergence of Ecclesiastical Domination

Sixteenth-century social and religious events transformed Polish hospital administration. The power, prestige and wealth of urban centers decreased in the last decades of the sixteenth century, and many hospitals shared in that decline. A number of factors, both foreign and domestic accounted for this retrograde movement. War especially became a common occurrence in the lands of the Commonwealth. Though the end of the sixteenth century and the beginning of the seventeenth saw Polish arms on the offensive, aggressively striking at the Swedes, Muscovy and the Turks, ending in the eventual capture of Moscow and the Kremlin in 1610, nevertheless at mid-century the fortunes of war changed, and it was Poland which had to defend itself against her foreign foes. Constant invasions and depredations, such as the great Cossack uprising in Ukraine in 1648, the so-called Swedish "Deluge" of 1655-60, and the Great Third Northern War of 1701-1721 ruined most Polish cities and depopulated the countryside by as much as a third.

⁶¹ Wachholz, 1: 93; Kumor, "Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 252; Męczkowski, "Prowizorowie szpitali w dawnej Polsce," [The hospital provisors in Old Poland], 229.

Hospitals participated first-hand in this wartime decay. Frequent passage of foreign armies, such as those of Sweden, Russia, Saxony and Austria through Kraków between 1650 and 1711 disrupted hospital resources by burning and dismantling property, causing the loss of title deeds, and by forcing of contributions. Some troops, such as a Muscovy officer in 1711, had to be paid off in order to prevent his soldiers from demolishing the hospital property of Kraków's Holy Spirit.⁶² Village hospitals, even more vulnerable to historical vagaries, suffered disproportionately more. A Poznań synod of 1720 noticed with bitterness the steady decline of parish hospitals. Often village hospitals disappeared entirely, leaving the local poor to congregate around parish churches, creating the phenomena of *dziady* or *baby koscielne*, or male or female paupers dependant for their survival on a particular village church.⁶³

Added to the picture of international decline must be some internal developments, which at first froze, and then began to subvert the rights of the merchant classes and the municipalities. Both aristocratic and ecclesiastical imperatives played a role in these trends, undermining hospital medical practices in the process as well. Merchants and city-dwellers ceased to be economically viable strata of society. The landed *szlachta*, which saw in the urban centers a threat to its developing monopoly of power, forbade them to own land or to make a greater profit than seven percent per annum. The cementing of an alliance between the nobility and the church organs became an even greater threat. Building on some medieval royal decrees that were designed to Polonize the mostly foreign complement of early monks and abbots, the nobility eventually

⁶² Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 52.

⁶³ Męczkowski, "Szpitale dawnej Rzeczypospolitej," [The hospitals of the old Commonwealth], 25.

reserved for themselves all the highest ecclesiastical positions in the church structure. By the end of the seventeenth century the Polish church became an arm of the highest Polish aristocracy, leading to the continuation and strengthening of reactionary initiatives not only in religious and cultural, but also in economic and social aspects.⁶⁴

Late seventeenth-century city populations grew as a result of continuous migration and serf escapes from the countryside, while the municipal institutions, hamstrung by the *szlachta*'s actions, could no longer integrate the newcomers into an urban setting or successfully manage instruments of social control. Unable to become meaningful citizens the incoming masses turned to a marginal existence, swelling the ranks of criminals, beggars, and vagabonds, straining the remaining city resources to a breaking point. Foreign visitors traveling through Poland in the eighteenth century invariably noted the constant presence of beggars and paupers on the streets of Polish cities. The countryside experienced a similar social and economic collapse stemming from wartime destruction and the appropriation of all political power by the *szlachta*, as well as a cultural decline caused by the triumph of the reactionary minded Catholic Counter-Reformation. Social pauperization became especially noticeable in the countryside, where the average peasant land holdings shrunk between the sixteenth and the eighteenth centuries from between fifteen and thirty morgues to half that. The size and frequency of *odłogi*, or fields withdrawn from cultivation due to lack of hands or the destruction or abandonment of surrounding villages increased dramatically, so that in

⁶⁴ Jerzy Kłoczowski, "The Polish Church," in Church and Society in Catholic Europe in the Eighteenth Century, eds. William J. Callahan and David Kriggs (Cambridge: Cambridge University Press, 1979).

certain areas they represented over fifty percent of potentially arable land, thus seriously stifling farm production.

Because of general national, and especially urban decline, resources slated for hospitals thus diminished at the time when the need for them was at its greatest. The first half of the eighteenth century arrested the parish hospital boom experienced in the preceding decades, and even reversed it. Numbers of hospitals declined, while the numbers of those they were designed to help rose proportionately. Lay control, unable to support the failing institutions, and under assault from both the *szlachta* and the church, withered. Taking advantage of this inability on the part of municipal organs, the church once again stepped into the developing vacuum, becoming the dominant player in hospital administration until the end of the eighteenth century.⁶⁵

The stated reasons for the ecclesiastical establishment's re-entry into hospital administration were, of course, more spiritual than economic. The middle of the sixteenth century saw great shifts in the Polish religious environment. The Reformation, originating in Germany following Luther's nailing of the 95 Theses to the castle church's door at Wittenberg, traced greater and greater circles, eventually seeping into Poland where it fell on fertile ground. Large segments of the nobility assumed that the political freedoms they were in the process of cementing also included religious freedom. With its Ukrainian lands predominantly Eastern Orthodox and the Bohemian borderlands open to Hussite penetration, and a considerable segment of its population Jewish, Poland already

⁶⁵ Góralski, "Opieka społeczna i szpitalnictwo w dawnej Polsce," [Social care and hospitals in Old Poland], 84; Szpitala na Lubelszczyźnie w okresie przedrozbiorowym [Lublin area Hospitals before the Partitions], 16-17, 86; Męczkowski, "Prowizorowie szpitali w dawnej Polsce," [The hospital provisors in Old Poland], 384; Peter, 4; Surdacki, Opieka Społeczna w Wielkopolsce Zachodniej [Social welfare in western Greater Poland], 32, 71, 103.

appeared used to a multi-religious experience. Just as the Reformation began to split the unity of Western Christendom asunder, the 1517 Constitution of Warsaw clearly stated that the monarch was a king of his subject's bodies, and not of their conscience. Roman Catholicism would remain the state religion of Poland, but it had to peacefully coexist with all other faiths. There were to be no religious wars in the Commonwealth.

In such an environment the leadership of the Counter-Reformation depended not on governmental actions to establish the pre-Luther religious situation but rather on the socially oriented features of the Catholic Church itself. Armed with a newfound mission following the Council of Trent, the Church decided that one of the strategies to limit Protestant penetration would be to increase the Roman Catholic control over various social institutions. Hospitals were at the forefront of this strategy. By wresting control over hospital administration from municipal councils, many of which were quite susceptible to the new religious ideas (*nowinki*) coming in from the west, the church attempted to limit the spread of Protestantism among the population.⁶⁶

The church's ideological preference for matters of the soul over those of the body were clearly demonstrated by reimposition of the findings made at the 1279 Synod of Budapest of bishop Filip Firman, which concluded that a medical professional called to the side of a sick patient ought to immediately convince his charge that a doctor of faith should be called first, and any medical remedies ought to follow spiritual ones. The physician was also banned, under the pain of eternal damnation, to suggest to the patient

⁶⁶ Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 37; Męczkowski, "Szpital św. Ducha i św. Trójcy w Kaliszu," [The Holy Spirit and Holy Trinity Hospitals in Kalisz], 273; In sixteenth-century Holland a parallel development took place, except it was the triumphant Reformed Church that attempted to subvert control over poor relief from secular authorities. Though in both countries hospitals were always considered at least theoretically a part of the ecclesiastical sphere, the respective churches were attempting to restore an administrative state that the church willfully abandoned some two centuries before. See Tervoort, "On Whose Authority?" 7, 8.

any remedy that might jeopardize the soul, or to administer aid without the prior confession of his charge. Bishop Janusz Załuski's synodal council of the Kiev diocese in 1762 made priestly ministrations more important than those of a physician, requiring that a priest should attend to the bed of a sick pauper before a doctor would.⁶⁷ Such prescriptions formed an important part of the post-Trent offensive aimed at wresting hospitals from lay authorities and imposing a holistic control mechanism over all aspects of their governance.⁶⁸

The Council of Trent raised the question of hospital administration during five different sessions, namely on the seventh (1547), fourteenth (1551), twenty-second (1562), twenty-fourth (1563), and twenty-fifth (1563). The conclusions reached strictly limited the administrative capacities of lay provisors, basically reducing them to little more than ciphers. The role of the hospital priest as a guardian of the faith intensified, as did his other responsibilities. A person who for whatever reason wished to enter a hospital would now have to identify himself or herself as a practicing Catholic, fluent in ritual and articles of the faith. With time the priest assumed a lot of administrative functions originally associated with the lay provisors, whose remaining responsibilities were further abridged by the Catholic Church's assumption of the role of hospital patron, and its replacement of the town council as the highest institution of hospital governance.

The local bishops, as the church's representatives were granted the authority to oversee all financial dealings conducted by hospitals, as well as to initiate periodic

⁶⁷ Surdacki, "Źródła Normatywne Kościelne," [The church's normative sources], 67.

⁶⁸ Surdacki, "Źródła Normatywne Kościelne," [The church's normative sources], 8; Męczkowski, "Szpital św. Ducha i św. Trójcy w Kaliszu," [The Holy Spirit and Holy Trinity Hospitals in Kalisz], 279. *"Ceterum autem, quum anima sit multo potior corpore, sub interminatione anathematis prohibemus, ne quis medicorum pro corporali salute aliquid aegroti suadeat, quod in animae periculum convertatur."*

visitations of hospital institutions with the exception of those directly under royal patronage; to make sure their operations conformed to newly imposed methods of governance; to receive yearly accounts given by hospital administrators; and to separate parish hospitals from any attempts by the secular-minded town councils to enlarge their authority in the countryside, though hospital provosts (*praepositus*) of *prepozytura* hospitals were to maintain their independence of parish priests. The bishops thus became final arbiters over hospital governance, mobilizing hospital resources for the greater social and religious struggle.⁶⁹

Following the dictates of the Council of Trent, Polish synods threw themselves into the fray. The chief issue discussed by these local councils concerned the assumption of hospital governance by the ecclesiastical organs and the formulation of a Poland-wide strategy to promote, through the hospital institutions, the campaign against the spread of Protestantism. The weapons employed were mostly dependant on the church's spiritual authority. Councils of Włocławek 1586, Płock 1593 and 1733, and Chełmno 1745, called on the provisors to subject themselves to the will of the bishops or suffer eternal punishment. Provincial Councils of Piotrków 1551 and 1557 reminded the bishops to take seriously their role as hospital overseers.⁷⁰ Councils of Wrocław 1589, Włocławek 1586 and 1589, Płock 1593 and 1733, Kraków 1601, 1621 and 1711, Przemyśl 1636,

⁶⁹ Surdacki, "Źródła Normatywne Kościelne," [The church's normative sources], 58; *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 296; Męczkowski, "Prowizorowie szpitali w dawnej Polsce," [The hospital provisors in Old Poland], 234; "Szpitale dawnej Rzeczypospolitej," [The hospitals of the old Commonwealth], 7; Kumor, "Szpitalnictwo w Sądeckim w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 237; Góralski, *Szpitale na Lubelszczyźnie w okresie przedrozbiorowym* [Lublin area Hospitals before the Partitions], 6, 52; Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 50.

⁷⁰ J. A. Wichert, ed., *Constitutiones synodales Warmienses, Sambienses, Pomesanienses, Culmenses mecon provinciales Rignenses...* (Brunsberg: N.p., 1899), 73; Surdacki, "Źródła Normatywne Kościelne," [The church's normative sources], 58; Góralski, *Szpitale na Lubelszczyźnie w okresie przedrozbiorowym* [Lublin area Hospitals before the Partitions], 53-54; Malinowski, 8.

Lvov 1641 and 1765, Poznań 1642 and 1738, and Chełmno 1745, reminded the provisors to give detailed accounts of their administrating practices and pecuniary policies to the bishops or their representatives, while the Councils of Kraków 1601, 1621 and 1711 Piotrków 1607, Warmia 1610, Przemyśl 1636, Lvov 1641, Żmudź 1647 and 1752, Płock 1733, and Chełmno 1745, instructed the provisors on hospital admissions policy with a special admonition, made at the Councils of Warmia 1610, and Żmudź 1752, that all those accepted be spiritually sound, meaning fluent in the articles of Catholic faith, and finally, according to the Council of Poznań 1642, that the potential inmates be approved by the hospital priest who had a veto and final say on who should be admitted.⁷¹ The Councils of Poznań 1642, and Kraków 1711, forbade the provisors to dispose of hospital property unless allowed to do so by ecclesiastical permission and, should the lay administrators be recalcitrant in their submission to the ecclesiastical organs, the Councils of Włocławek 1589, and Przemyśl 1636, gave bishops the authority to impose on them monetary sanction or even remove them from their posts. The 1642 Council of Poznań removed the election of the provisor from the municipal magistracy and transferred it into the hands of the local bishop, while reinforcing the administrative competencies of the parish priest in the countryside. The role of city councils in hospital governance was thus all but ended. When the ecclesiastically drafted *Hospital Constitutions* for the archdiocese of Poznań came into effect in 1672, lay provisors were clearly relegated to purely secondary positions behind the hospital priest, and their competencies were limited to helping the priest divide the acquired alms or to choosing an elder from among

⁷¹ Wachholz, 1: 31; Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 296-297; Zeno Chodyński, ed., *Statuta Synodalia dioecesis Vladislaviensis et Pomeraniae* (Warszawa: N.p., 1890), 130.

the poor to oversee internal cleanliness and peace. The 1621 diocesan council of Kraków, in an article entitled *De Hospitalibus*, reinforced the need for hospitals to conduct religious practices on their premises.⁷²

The bishops' responsibilities, as seen by the synods, corresponded with the dictates of the Council of Trent and included periodic visitations of hospitals within their diocese, both urban and village (Warmia 1726). The bishops were to act as guardians of hospital property, to fight poverty and even attempt to eliminate its causes (Kraków 1601 and 1628, Poznań diocesan 1689) by protecting the poor and easing their oppression at the hands of lords, both secular and ecclesiastical.

A wealth of prescriptive provisions could be culled from the synod's treatment of hospital patients. Moral considerations were afforded high importance. In order to prevent hospitals from becoming, as the synods termed it, hotbeds of immoral behavior, various councils (Kraków 1621, Vilno 1710, Kraków 1711, Płock 1733, Chełmno 1745, and Żmudź 1752) put great stress on the separation of female from male inmates. Additionally all patients were to be continuously screened for their knowledge of the dictates of faith (Kraków 1621, Poznań 1642, Warmia 1726, Chełmno 1745, Żmudź 1752). They were to be regularly confessed, and were to attend all masses performed at the hospital church, as well as to sing religious hymns such as the *Bogurodzica* (Kraków

⁷² Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 65; Surdacki, "Źródła Normatywne Kościelne," [The church's normative sources], 61-62; Kumor, "Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 234; Manuscript no. 43, pp. 310-318, *Acta visitationum... Jacobi Zadzik episcopi Cracoviensis 1638*, AKMK; Wachholz, 1: 31; Męczkowski, "Prowizorowie szpitali w dawnej Polsce," [The hospital provisors in Old Poland], 238; Góralski, *Szpitałe na Lubelszczyźnie w okresie przedrozbiorowym* [Lublin area Hospitals before the Partitions], 54, 63; Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 50. "Hospital Constitutions, also rules governing the lives of hospital poor residing in cities, towns, and villages under the ecclesiastical authority, given on the 24th of February, anno domini 1672," was the full title of the constitutions.

1621 and 1711, Chełmno 1745, Żmudź 1752). They were to maintain peace among themselves and to keep their premises clean (Płock 1733, Żmudź 1752), and not to use the money they received for the purchase of bread to buy vodka instead (Żmudź 1752).

Considerations to separate the sick hospital inmates from the healthy were rather less apparent. Besides Cardinal Maciejowski's *Pastoralna* letter of 1601, only a single synod (Warmia 1610) discussed such provisions, and only during its re-issue of the cardinal's pastoral.

Exceptions to the rules pronounced by the synods were few and far between. Chief among them were some qualifications dealing with gender separation. Bishop Lipski's pastoral letter of 1737 allowed some men and women to live and sleep in the same hospital chambers providing no breach of moral conduct existed. This stipulation probably corresponded better with the often poor material conditions of village hospitals where an imposed gender separation could strain the hospital resources to the breaking point by forcing the construction of additional space. The 1752 synod of Żmudź also eliminated the proscription if the poor were a married couple. In such a case, the living space of the partners had to be segregated from the rest of the hospital population.⁷³

Surdacki and Wójcik briefly mentioned 38 synodal councils between 1601 and 1765 that included findings relevant to hospital administration. Taken together with Męczkowski's quick description of their proceedings it is possible to list the issues most commonly discussed.⁷⁴

⁷³ Męczkowski, "Szpitale dawnej Rzeczypospolitej," [The hospitals of the old Commonwealth], 9-13; Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 152, 156.

⁷⁴ W. Wójcik, "Synody polskie w latach 1918-1968 na tle rozwoju ustawodawstwa synodalnego w Polsce," [Polish synods between 1918-1968 in the light of the development of the Polish synodal legislation], *Prawo Kanoniczne* 13:3 (1970), 133; *Ze studiów nad synodami polskimi* [From the research on

Table 7: Hospital Issues Raised by Polish Synods (Sixteenth – Eighteenth Century)

Synodal Council	Hospital-related Issues Raised
1586 Włocławek-Pomorze	Ecclesiastical responsibility for hospital property.
1589 Włocławek	Ecclesiastical responsibility for hospital property.
1593 Płock	Ecclesiastical responsibility for hospital property.
1601 Kraków	Cardinal Maciejowski's <i>De iuvandis pauperibus</i> (necessity of fair and honorable governance by provisors, accountability of provisors, admittance practices, turning out of 'false' poor from the hospitals), ecclesiastical responsibility for hospital property; new hospital foundations.
1604 Chełm	Hospital administration, ecclesiastical responsibility for hospital property.
1607 Piotrków ⁷⁵	<i>De iuvandis pauperibus</i> ; Cardinal Maciejowski's <i>Epistola pastoralis</i> (separation of sick from healthy, separation of men from women, importance of performing religious practices, call for family members to visit their dear ones at the hospital, accountability of provisors, hospital administration, admittance practices, turning out of 'false' poor from the hospital), ecclesiastical responsibility for hospital property.
1610 Warmia	<i>Epistola pastoralis</i> : hospital administration, accountability of provisors, importance of religious practices, admittance practices; ecclesiastical responsibility for hospital property.
1620 Gniezno	New hospital foundations.
1620 Włocławek	New hospital foundations.
1621 Kraków	<i>De Hospitalibus</i> (Hospitals should not admit more poor than their resources allow, importance of religious practices, patients ought to leave the hospital once healed, statutes for begging by hospital poor); <i>De iuvandis pauperibus</i> ; ecclesiastical responsibility for hospital property.
1621 Przemyśl	<i>Epistola pastoralis</i> .
1624 Chełm	Hospital administration, importance of religious practices, fair governance of provisors; <i>Epistola pastoralis</i> ; ecclesiastical responsibility for hospital property.
1628 Gniezno	<i>Epistola pastoralis</i> ; questionnaire for hospital visitations, new hospital foundations.
1628 Chełmno	<i>Epistola pastoralis</i> ; new hospital foundations.
1634 Włocławek	<i>Epistola pastoralis</i> ; new hospital foundations.
1636 Przemyśl	Accountability of provisors, hospital administration, fair governance of provisors; <i>De iuvandis pauperibus</i> ; ecclesiastical responsibility for hospital property; admittance practices; turning out of 'false' poor from the hospital.
1639 Żmudź	Questionnaire for hospital visitations.
1641 Chełmno	<i>Epistola pastoralis</i> .
1641 Lvov	Hospital administration, accountability of provisors; ecclesiastical responsibility for hospital property; admittance practices; turning out of 'false' poor from the hospital.
1641 Włocławek	New hospital foundations.

Polish synods], (Lublin: N.p., 1982), 134; Surdacki, *Opieka Społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 17.

⁷⁵ This was a provincial synod, not counted by Wójcik. Other provincial synods occurred in 1621, 1628, 1634, and 1643. Only the one held in 1628 mentioned hospitals, and only in the form of the re-issue of Maciejowski's *Epistola pastoralis*. More important was the 1689 diocesan synod of Poznań, noted above. Surdacki, "Źródła Normatywne Kościelne," [The church's normative sources], 69.

Table 7: Hospital Issues (continued)

Synodal Council	Hospital-related Issues Raised
1642 Poznań	New hospital foundations, accountability of provisors, fair governance, importance of religious services, internal hospital discipline: ecclesiastical responsibility for hospital property.
1643 Gniezno	New hospital foundations.
1647 Żmudź	Admittance practices, turning out of 'false' poor from the hospital, new hospital foundations.
1689 Poznań (diocesan)	Accountability of provisors and provosts.
1711 Kraków	Vagabondage, Hospital administration, Hospitals should not admit more poor than their resources allow, importance of religious practices, separation of men from women, statutes for begging by hospital poor, admission practices, turning out of 'false' poor from the hospital, accountability of provisors, support for those poor not housed in the hospital: ecclesiastical responsibility for hospital property.
1717 Chełmno	<i>Epistola pastoralis</i> .
1717 Vilno	Bishop Pac's <i>Modus et Ordo Boni Regiminis in Diocesim Vilnensem</i> (Hospital administration, accountability of provisors, fair governance by provisors, separation of sick from the healthy, separation of men from women, admittance practices); separation of men from women.
1720 Gniezno	New hospital foundations: ecclesiastical responsibility for hospital property.
1720 Poznań	New hospital foundations, survey of hospitals in the Poznań diocese: ecclesiastical responsibility for hospital property.
1720 Zamość	Questionnaire for hospital visitations.
1723 Przemyśl	Hospital the beneficiary or monetary fines placed on clergy.
1726 Łuków	Hospital administration, fair governance, specific pauper issues (orphaned girls): ecclesiastical responsibility for hospital property.
1726 Warmia	Hospital administration, importance of religious practices.
1733 Płock	Hospital administration, separation of men from women, internal hospital discipline, importance of religious practices, fair governance, admittance practices, turning out of 'false' poor from the hospital: ecclesiastical responsibility for hospital property.
1745 Chełmno	Hospital administration, Hospitals should not admit more poor than their resources allow, importance of religious practices, separation of men from women, statutes for begging by hospital poor, admission practices, turning out of 'false' poor from the hospital, accountability of provisors: ecclesiastical responsibility for hospital property.
1752 Żmudź	Importance of religious practices, admission practices, turning out of 'false' poor from the hospital: ecclesiastical responsibility for hospital property; new hospital foundations.
1762 Kiev ⁷⁶	Statutes for begging by hospital poor, importance of religious practices, questionnaire for hospital visitations.
1765 Lvov	Importance of religious practices, new hospital foundations, accountability of provisors: ecclesiastical responsibility for hospital property. ⁷⁷

⁷⁶ Though the city of Kiev itself was ceded to Russia after the Treaty of Andrusovo in 1667, considerable parts of its diocese still remained in Poland.

⁷⁷ Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 111; Surdacki, "Źródła Normatywne Kościelne," [The church's normative sources], 61-70; Męczkowski, "Szpitale dawnej Rzeczypospolitej," [The hospitals of the old Commonwealth], 9-20.

As soon as secular control over hospitals relaxed a little, as it began to do towards the end of the sixteenth century, the hospital priests began to encroach upon some functions of the lay officials. This did lead to eventual confusion and disagreements over the competencies of officials and priests, the former backed by the town councils, the latter by the ecclesiastical establishment. Some of such disagreements were of quite a disruptive nature, as shown by the example of the city of Lvov. There, in 1624, in appreciation of the services provided by doctor Marcin Kampian during an outbreak of sickness, the city magistracy gave him the lease of the village of Skniłówek, a property of the Lvov's Holy Spirit hospital. The local archbishop, Jan Próchnicki, eyeing that particular village for himself, questioned the city council's authority in dispensing of hospital property, ordering the magistrates to appear before him with the accounts of their hospital administration. The mayor and councilors refused to do so, pointing to their traditional privileges, and stated that only lay provisors held positions of authority over hospital administration, which was delegated to them by the town council, whose responsibilities in this matter were affirmed by royal decrees and papal approval. If the provisors were to give accounts of their administration, they would do so to the magistrates, and not to the bishop.

Próchnicki, angered by such a pointed refusal and armed with the decrees of the Council of Trent and the various statutes of Polish church councils delegating authority over hospitals into the hands of the ecclesiastical establishment, took recourse in the most heavy-handed response and excommunicated the entire town council. Such a strategy backfired, however, when the people of Lvov, feeling themselves beholden to the magistrates in general and to doctor Kampian in particular for their great efforts in

combating the recent plague, bodily dragged the priest pronouncing the excommunication from the pulpit and threw him to the ground. The archbishop then proceeded to place the entire city of Lvov under the interdict and closed all the churches.

Moved by such harsh action, the city councilors looked for accommodation with the archbishop. Through the intervention and mediation of the local magnates and *szlachta*, the magistrates reached an agreement with the bishop. Próchnicki, motivated more by the accounts of the people of Lvov turning away from the locked Roman Catholic churches and flooding to the Eastern Orthodox ones rather by any wish to compromise on his part, eventually agreed to raise the interdict. The town councilors, on their part, were to give account of their hospital administration in front of commissioners specially chosen for this occasion by the archbishop. Furthermore the *rajcy* and *lawnicy* of the council, together with a forty-member representation of the citizens, were to beg the bishop's forgiveness on their knees, and later to prostrate themselves during the saying of the mass.

The episode did not end there, however. The magistrates could not forgive the archbishop their disgrace and humiliation, and accused Próchnicki of overreaching his authority in front of a papal nuncio. The trial was a great victory for the city councilors, who were freed from ever presenting their hospital accounts to the archbishop. Próchnicki appealed the decision straight to Rome, but withdrew his case after being warned that a specially delegated commission made up of the bishops of Kraków and Kamieniec ruled against him. Therefore, in 1626, the archbishop promulgated a new

agreement with the town council in which he surrendered all authority over hospital administration to the said magistrates.⁷⁸

The case of Lvov is interesting for several reasons. On one hand it shows a successful defense of city privileges against ecclesiastical encroachment at the time when the ecclesiastical mechanisms were in the process of solidifying their control over hospitals and lay provisors. The case also shows the extent to which the city administration would go to preserve their traditional rights. City magistracies did not look with a blind eye at what they considered to be encroachment on their privileges by provosts or even by bishops. Lay provisors often did not accept the competencies of hospital priests over administrative matters, and some ecclesiastical resolutions relating to the particulars of hospital management went ignored and never executed. As important is the picture of confusion, functional duality of administrative responsibilities, and a general lack of legal standards relating to hospital administration that is provided by the example of Lvov and countless other examples of infighting between the municipal and ecclesiastical sides. Falling squarely at the time of transition from lay to ecclesiastical supremacy, the Lvov's city council's struggle for control over hospital accounts is one of the last, however great, victories of municipal over church organs.⁷⁹

⁷⁸ Męczkowski, "Prowizorowie szpitali w dawnej Polsce," [The hospital provisors in Old Poland], 240-41; Józef Bartłomiej Zimorowicz, Kronika miasta Lwowa [The Chronicle of the city of Lvov] (Leopolis Triplex), year 1624.

⁷⁹ In some Polish cities dominated by the Reform movement, such as Gdańsk, the town councils were also successful in maintaining, and even strengthening their control over hospitals and other poor relief programs. Gdańsk established a special Charity Board (*Spendeamt*) to oversee alms collection and distribution in the middle of the sixteenth century. In 1606 the magistrates placed five of the nine city hospitals under its control. In 1610 the *Spendeamt* governed all of Gdańsk's hospitals, as explained by Bogucka in "Health care and poor relief in Danzig (Gdańsk)," 206. Other struggles between city magistracies and the church over hospital administration fought at about the same time did not all go the city council's way. In 1633 the provost of the Holy Spirit Hospital of Lublin accused the lay provisors of overreaching their authority by virtually removing him from all financial decisions relating to hospital property. Lublin's City Council supported its officials, claiming that the competency over hospital

The reassertion of ecclesiastical control did not, however, better the hospitals' conditions or even arrest the circumstances of their decline. During their time at the helm of hospital governance ecclesiastical authorities were more concerned with the institutional and legal aspects of hospitals' subjection to the religious apparatus, rather than with the actual state of affairs on their premises. The hospital priests were also often incompetent or corrupt in administering the institutions under their care. Many opened themselves up to charges of advancing their own careers at the expense of the hospitals.

Appropriation of hospital property by the ecclesiastical hierarchy or private individuals became more and more commonplace and pronounced as the social and legal relaxation of the Commonwealth continued undaunted. Seemingly all one had to do was to reach out and grab as much as possible. In 1526 the city councilors of Lvov sold the village of Malechów, which formed a part of the endowment for the city-run hospital of the Holy Spirit, because "it couldn't be defended from the attacks of local nobles."⁸⁰ In some instances the hospital priests appropriated hospital property for themselves or divided it amongst their supporters. This occurred, for instance, in the village of Rozdrażewie, where in 1733, after a conflagration consumed the hospital building, the institution's lands were simply apportioned among those favored by the parish priest. Magnates such as Jan Stanisław Jabłonowski, castellan of Kraków and Crown Grand Hetman in the service of king Jan III Sobieski, partook of available opportunities by

administration belonged exclusively to the magistracy. The struggle lasted till 1647 when bishop Gębicki, following the dictates of Trent, placed the provisors under the authority of the provost in all matters, without any right to appeal. See Góralski, Szpitala na Lubelszczyźnie w okresie przedrozbiorowym [Lublin area Hospitals before the Partitions], 80.

⁸⁰ Giedroyć, Zapiski do dziejów szpitalnictwa w dawnej Polsce [Notes from the history of Old Polish hospitals], 91. "*Ab iniuriis Nobilium vicinorum commode defendere nequeunt;*" Bk. 39, f. 691, MK.

taking possession of lands belonging to the St. Stanisław hospital in Lvov and building there for himself a manorial palace.

Falling hospital buildings in the villages were often expunged of the poor and taken up as places of residence or business. Elsewhere hospitals disappeared in their entirety, leaving only a grassy field where they once stood, and their remaining property such as lands and livestock passed on to the parish. Combined with the general political malaise and social disruptions accompanying the long agony of the Polish Commonwealth in the eighteenth century, these conditions brought Polish hospital institutions to the brink of collapse.⁸¹

One weapon used quite early on against the symptoms of this institutional degeneration, namely the frequent hospital visitations performed by bishops or their appointees, could not reverse the general trends, even though the bishops' reports contained many well-conceived notions and suggestions that if carried out would have gone far in improving the general conditions. That these suggestions were rarely, if ever, adhered to, shows the extent of the moral decay associated with the decline of the nation.

Visitation accounts are our best source into the state and management of pre-partition Polish hospitals. In Poland they became a standard way for bishops to involve themselves in hospital administration, though Antosiewicz reminds us that bishops' visitations of monastery hospitals predated Trent by some two centuries.⁸² They were usually conducted in a very thorough way, including information pertaining to the

⁸¹ Męczkowski, "Prowizorowie szpitali w dawnej Polsce," [The hospital provisors in Old Poland], 387; Góralski, *Szpitały na Lubelszczyźnie w okresie przedrozbiorowym* [Lublin area Hospitals before the Partitions], 125, 138.

⁸² Antosiewicz, "Opieka nad Chorymi i Biednymi." [The care for the sick and the poor], 60; Glemma, "Wizytacje diecezji krakowskiej z lat 1510-1570," [The visitations of the Kraków diocese between 1510 and 1570] *Nasza Przyszłość* 1(1946), 44.

hospital creation, its founders and means of founding, its statutes, charters and all legal documents associated with its existence. The economic aspects of the report make available extensive information on the institution's resources and its day-do-day management activities.

A visitation would consist of several parts. The so-called *visitatio externa et interna*, compiled by the bishop's chosen assistants comprised a detailed physical description of the hospital along with all of its possessions, including the actual physical structures of the hospital buildings and of the church, the fields, livestock, the inventories, finally the status and numbers of those helped, and further inquired into the moral and spiritual status of the establishment by interviewing the provosts and provisors about their work and concerns. Following this report came the bishop's own assessment of the situation and his recommendations and decrees.⁸³ As Wachholz puts it sarcastically, only once during his research did he come upon a bishop's favorable assessment of the work done by hospital administrators, namely bishop Zadzik's positive comments about Kraków's St. Valentine hospital in 1638.⁸⁴ In all other cases the bishops' attention concentrated on the failures and mismanagement of the *praepositus*, the provisors, and the rest of the staff.

Between 1568 and 1748 there were nine major visitations conducted by Kraków's bishops to the hospitals in their diocese. They were the visitations of bishop Filip Padniewski in 1568, cardinal Jerzy Radziwiłł in 1595-99, bishop Piotr Tylicki in 1614,

⁸³ Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 62; Czesław Skowron, "Akta wizytacji dekanatu krakowskiego 1599," [The visitation acts of the Kraków deanery in 1599], in *Materiały źródłowe do dziejów Kościoła w Polsce*. Vol. 2 [Source materials for the history of the church in Poland, Volume Two]. (Lublin: N.p., 1965), 9; Góralski, "Opieka społeczna i szpitalnictwo w dawnej Polsce," [Social care and hospitals in Old Poland], 89.

⁸⁴ Wachholz, 1: 32.

bishop Jakub Zadzik in 1638 and 1642, bishop Piotr Trzebicki in 1669, bishop Jan Lipski in 1738 and 1741, and of bishop Andrzej Załuski in 1748. There were, of course, other visitations conducted throughout the Commonwealth of Poland. Bishop Jan Wężyk's 1638 visitation of both Holy Spirits forms a core of available documentation for the mid-seventeenth-century state of Warsaw's hospitals. Likewise, Marian Surdacki's recent research into the hospitals of Greater Poland unearthed information relating to visitations conducted by bishop Goślicki (1603-07), bishop Opaliński (1610-19), bishop Łubieński (1628-29), bishop Szoldrski (1638-39), bishop Tolibowski (1660-63 and 1667), bishop Wierzbowski (1672-1685), bishop Witwicki (1695-96), and eighteenth-century visitations by bishop K. A. Szembek (1718-1719), bishops Hozjusz and Czartoryski (1737-1744), and by bishop Młodziejowski (1777-87). Zbigniew Góralski, discussing the state of hospitals in the Little Polish archdeaconate of Lublin noted nine visitations between 1565 and 1782.⁸⁵

The visitation accounts usually followed a questionnaire pattern set in 1546 by Kraków's archdeacon Bartłomiej Gądkowski.⁸⁶ The records present in these visitations,

⁸⁵ Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 61; Manuscript no. 1, pp. 77-78, Liber visitationis ecclesiarum in civitate ac dioecesi Cracoviensi Dei gratia episcopi Cracoviensis Philippi Padniewski, also Manuscript no. 43, Acta visitationum... Jacobi Zadzik episcopi Cracoviensis 1638, AKMK; Manuscript no. 3455, Ordinationes et decreta visitationis hospitalis Sancti Spiritus Cracoviae: bp. Piotr Tylicki, pp. 1-3, bp. Jakub Zadzik, pp. 3-13, bp. Andrzej Trzebicki, pp. 13-25, and Manuscript no. 3457, Visitatio externa et interna hospitalis Sancti Spiritus Cracoviae, APMK; S. Litak, "Akta wizytacyjne parafii," [The acts of parish visitations], *Zeszyty Naukowe Katolickiego Uniwersytetu Lubelskiego* 5:3 (1962), 41-58; W. Müller, "Diecezja krakowska w relacjach biskupów z XVII-XVIII wieku," [The Kraków diocese in the seventeenth and eighteenth century bishops' letters], *Roczniki Humanistyczne* 13:2 (1965), 16-17; F. Machay, *Działalność duszpasterska kardynała Radziwiłła biskupa krakowskiego 1591-1609* [The spiritual activities of Cardinal Radziwiłł, bishop of Kraków, 1591-1609] (Kraków: N.p., 1936), 95-98; Surdacki, "Akta wizytacji kanonicznych," [The canonical visitational acts], 6-8; *Opieka Społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 17-18; Góralski, "Opieka społeczna i szpitalnictwo w dawnej Polsce," [Social care and hospitals in Old Poland], 89.

⁸⁶ Kumor, "Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 237.

often quite detailed and dealing with the most minute aspects of hospital life down to the description of the paintings and religious icons found in various hospital chambers, the food, clothing and bearing of the patients, and the problems of administration, form a veritable welter of source material whose importance could hardly be exaggerated. No other surviving documents offer such a wide-ranging picture of hospital life as do the many records of *visitatio externa et interna* that survived to our times. Without these records, our understanding of Polish hospitals would be grossly incomplete at best.

Another importance attached to visitation records lies in their ability to gauge the number of hospitals in a given diocese. Especially well preserved were the records utilized by Surdacki dealing with the numbers of hospitals found within parishes forming the archdiocese of Poznań. According to his research the majority of village parishes possessed a hospital, though the life of such institutions was often ephemeral.⁸⁷

The numerous bishops' suggestions for improvement offered in those visitations show a high level of awareness of the degenerating conditions of hospitals and heartfelt attempts to jolt the administration into action. The constant repetition of certain specific themes familiar to a number of visitations clearly mark the failure of these endeavors, however, as the local administrations seemed reluctant or incapable of turning the suggestions into practice. And so bishop Zadzik's call to the provisors and provosts of the Holy Spirit hospital to carefully manage the hospital's income and expenses, to receive all rents due the hospital on time, to maintain the hospital itself in peace and cleanliness, to make sure there was enough provisions for all inmates, to make sure the

⁸⁷ Surdacki, "Szpitale w diecezji poznańskiej w świetle akt wizytacji," [The hospitals of the Poznań diocese in the light of ecclesiastical visitations], 31.

sick were given a special diet prepared by the surgeon, and especially not to take for themselves money slated for the upkeep of the poor, went unheeded.⁸⁸

Others called for better treatment of the poor, segregation of the sick from the healthy, the airing, once in a while, of the hospital rooms, and respectful behavior of the hospital staff towards their patients, especially during the process of admissions. Pregnant women were to be welcomed with open arms and not with self-righteous sermons, as such behavior could cause the woman to leave and be forced into an abortion. Those bringing infants were not to be asked whose is it, or whether or not the baby comes from a legal marriage, as such inquiries brought unwanted shame to the parents.⁸⁹

Bishop Tylicki's 1614 visitation decree of Kraków's Holy Spirit established a hospital cemetery, and ordered that personal belongings left by deceased poor were to be divided among the living inmates, and were not to be appropriated by the provisors themselves. Special alms boxes were to be established at the hospital, their contents divided among the poor according to the wishes of the patrons. In order to increase hospital hygiene, the bishop ordered the construction of a canal to take various impurities away from the hospital and into the city moat.⁹⁰

The continual failures of the provosts and provisors of the Kraków's Holy Spirit in monetary management eventually necessitated bishop Lipski, in his visitation decree of

⁸⁸ Manuscript no. 43, p. 310, *Acta visitationum...* Jacobi Zadzik episcopi Cracoviensis 1638, AKMK.

⁸⁹ Manuscript no. 3457, *Visitatio externa et interna hospitalis Sancti Spiritus Cracoviae z polecenia kardynała Jana Lipskiego z roku 1739* [The internal and external visitation of the Holy Ghost Hospital performed on the orders of Cardinal Lipski in 1739], APMK; Wachholz, 1: 33.

⁹⁰ Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 65; *Ordinationes et decreta visitationis hospitalis Sancti Spiritus Cracoviae*: bp. Piotr Tylicki, pp. 1-3, APMK.

1739, to call for, among the more mundane matters of clearing the ruins of the hospital school and cleaning the open sewer that exuded “considerable fetor,”⁹¹ the establishment of a new administrative position, that of a special syndic, whose sole purpose would be to put the hospital on a sound financial footing by going after all funds and rents owed to the institution, and to supervise the trades involving hospital real-estate. The syndic was to be chosen by the provisors from two priests selected by the *praepositus*, and then confirmed in his office by the bishop.⁹² Though from that moment onward the position of the syndic appeared on the rolls of the Holy Spirit hospital with spotty frequency, Lipski’s other suggestion, a call for the hospital staff to maintain adequate records of the incoming and outgoing patients, never found actualization. An even later decree promulgated by bishop Andrzej Załuski during his 1748 visitation condemned for health reasons the placement of hospital cemetery so close to the buildings proper, since, the bishop warned, such proximity could cause “unhealthy exhales” to strike at the patients.⁹³

From time to time there appeared broader, more detailed accounts of the terrible conditions the poor found themselves in, and of ways and means to alleviate their suffering. Polish humanists such as Frycz Modrzewski and the oft-seen in Poland Kallimach railed against the persistence of poverty, seeing in it a major cause of moral and material decline of the Commonwealth, and a pressing social ill awaiting a rational solution. In some writings generally attributed to Jan Ostroróg (1436-1501), the late fifteenth-century humanist condemned the church’s position on the poor as nothing more

⁹¹ Wachholz, 1: 84.

⁹² Antosiewicz, “Opieka nad Chorymi i Biednymi,” [The care for the sick and the poor], 65.

⁹³ Wachholz, 1: 84; Manuscript no. 48, Acta visitationis Załuskiannae, Archiwum Konsystorskie krakowskie [The Kraków’s consistorial archive].

than an attempt to enrich themselves on the misery of those whose poverty they maintained, and suggested military service and civil works as a possible means of eliminating poverty and vagabondage.⁹⁴

Secular approaches stemming from the proliferation of Reformation thought in the sixteenth and early seventeenth century supported such positions, espousing the necessity to eliminate poverty by providing the poor with state-sponsored employment. Starowolski, another major figure of Polish Renaissance, identified as causes of poverty the corrupt and unfair methods of governmental administration, abuses perpetrated on the population by the soldiers, the wasteful practices of the nobles, and, primarily, the horrible treatment of the Polish peasants.

Especially Andrzej Frycz Modrzewski, the premier Polish humanist of the age and an ardent follower of Juan Luis Vives, espoused the creation of a governmental apparatus designed to administer hospitals and all other charitable and welfare organizations in the nation as part of a general state take-over of all social institutions. Being a proponent of the strengthening of royal and state power as a solution to the constantly deepening economic and political crisis, and as a means of avoiding the centripetal forces that threatened to tear the Commonwealth asunder, in his greatest work, *De republica emendata*, Modrzewski advocated the removal of ecclesiastical controls from hospital affairs, especially in the cities, as such institutions were viewed by him as an extension of municipal, civic organs.⁹⁵

⁹⁴ Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 36.

⁹⁵ Góralski, "Opieka społeczna i szpitalnictwo w dawnej Polsce," [Social care and hospitals in Old Poland], 83; Góralski, *Szpitala na Lubelszczyźnie w okresie przedrozbiorowym* [Lublin area Hospitals before the Partitions], 6, 16; Andrzej Frycz Modrzewski, "O poprawie Rzeczypospolitej," [On the

On the spiritual side, the chief proponent of reform, bishop Bernard Maciejowski of Kraków, later a cardinal and primate, found himself at the forefront of the campaign to restructure the entire Polish system of charity and alms-provision so as to make it correspond more with the dictates of the Council of Trent. In 1601 he issued, as part of the Kraków diocese's synodal acts, an appeal entitled *De iuvandis pauperibus*, which asked his fellow clerics to do more to help the unfortunates, and then went on to deal with particular aspects of the hospitals' mission to bring succor to the poor. While stringently maintaining the division between the valid and in-valid poor, meaning those who were truly devoid of any form of sustenance from those who could still work and thus could exist on their own, the bishop asked for a broadening of support issued to the "legitimate" receivers of charity. New hospital foundations were to be supported by the establishment of lay brotherhoods, such as those of Mercy and St. Lazarus.⁹⁶

Maciejowski not only concentrated on the consequences of poverty, and on attempts to assuage its impact, but also on its causes, seeing in it an extensive social ill born out of the upper class's neglect for their fellow human beings. Overburdened by excessive demands placed on them by the landowning lords, the great majority of Polish masses could no longer depend on traditional means of village support. This disruption of social norms drove those capable of doing so to operate outside of the social order, thus increasing the strain and the numbers of *ludzie luzni*, or the so-called "unattached."

improvement of the Commonwealth], in *Dzieła Wszystkie*. Vol. I [Collected works, Volume 1] (Warszawa: N.p., 1953), 167-180.

⁹⁶ Kumor, "Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 237; *Constitutiones dioeceseanae Cracovienses in diversis synodis...sanctae et promulgate, iussu Petri Tylicki ep. Crac. Praelo mandatae, Constitutiones synodi Cracoviensis A.D. 1601* (Kraków: N.p., 1643), 6-8.

Maciejowski's analysis of the roots of poverty and their identification with what could be perceived as class conflict and class oppression of the masses by temporal and spiritual lords put him in the forefront of European social theorists of the time. Yet though his findings about the causes of poverty as something artificial and born out of a relationship between classes of people might seem quite revolutionary for an early seventeenth-century Catholic bishop, his remedies followed a more conservative, though just as well thought-out and practical slant.

Though he maintained that the roots of poverty could only be weeded out by the elimination of the burdens placed on the populus by the clergy and the nobility, the methods for their removal never transcended old-fashioned appeals to charitable treatment of one's fellow man. Written in traditional language exalting good deeds and Christian charity, Maciejowski made a general call for better and fairer hospital administration, and greater accountability of provisors and provosts, as well as a call for a broad ranging cooperation between the ecclesiastical and municipal organs. Priests were to take care and hold in esteem all peasants living on church lands, while the necessity of nobility's fair treatment of their serfs was to be spread through constant preaching and remainders. Relating to hygiene, the bishop ordered that hospital patients stricken with contagious diseases be kept separate from those not yet so afflicted.⁹⁷

In the same year bishop Maciejewski wrote *De iuvandis pauperibus* he also issued a pastoral letter, the so-called *Pastoralna* (*Epistola pastoralis ad Parochos Dioecesis Cracoviensis*), in which he expanded his comments on hospitals as institutions of mercy.

⁹⁷Męczkowski, "Szpitale dawnej Rzeczypospolitej," [The hospitals of the old Commonwealth], 25; Kumor, "Szpitalnictwo w Sądeckim w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 239; Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 105-106.

In one of *Pastoralna*'s eighteen parts, entitled *De cura et administratione Hospitalium*, the bishop discussed certain improvements in hospital practices, including once again the separation of sick patients from the healthy, men from women, and the inadmissibility of the so-called 'false' poor, or those still capable of physical labor. That the *Pastoralna* became a favorite among ecclesiastical authorities is gathered from the several editions that the letter went through between 1601 and 1720 (Surdacki counted six) and through its constant re-use by other church officials, especially during later synodal councils.⁹⁸ There is also no question that Maciejowski's pastoral letter served as a basis for numerous visitation decrees, including those of Zadzik, Lipski, and others.

In 1621 Kraków's bishop Marcin Szyszkowski added to the debate about the role and forms of charity by instructing in his *Reformationes generales* on the importance of Christian charitable upbringing and its necessity as part of elementary schooling even in young children. Such a wish could only find realization in the continuing program of parish school building, which by the seventeenth century dotted the Polish village countryside with considerable frequency. To offer immediate aid to the paupers, priests were to read and explain to their parishioners Maciejowski's *De iuvandis pauperibus*, and implore them to provide help in the form of increased alms giving.

⁹⁸ Surdacki, "Źródła Normatywne Kościelne," [The church's normative sources], 60; *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 106; Męczkowski, "Szpitale dawnej Rzeczypospolitej," [The hospitals of the old Commonwealth], 16; Kumor, "Szpitalnictwo w Sądeczyźnie w Okresie Przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 254; Fijałek, "Pastoralna Księdza Bernarda Maciejowskiego w Redakcji z Roku 1601 i Korekturze Rzymskiej z Roku 1608 Zatwierdzona Przez Papieża Urbana VIII w Roku 1629. Z Historii Recepcji Prawa Trydenckiego w Kościele Polskim," [The 1601 edition of Bernard Maciejowski's *Pastoral* and its 1608 Roman edition confirmed by Pope Urban VIII in 1629. From the history of the reception in Poland of the rules promulgated at Trent], *Pamiętnik IV Powszechnego Zjazdu Historyków Polskich w Poznaniu 6-8 grudnia 1925* (Lvov: N.p., 1925); Góralski, *Szpitala na Lubelszczyźnie w okresie przedrozbiorowym* [Lublin area Hospitals before the Partitions], 173; Peter, 4.

Bishop's Witwicki's diocesan council of Poznań in 1689 also stands out for its attempt to delineate the causes of poverty through stark introspection. Taking a page out of Maciejowski, Witwicki concentrated on the sumptuous living of the higher clergy who used up resources theoretically owned by the poor to support their lavish lifestyles and who considered hospitals and churches as nothing more than benefices created for their pleasure and enjoyment. Bishop Sierakowski's Lvov synod of 1765 also implored the clergy not to enrich themselves on the backs of the poor.⁹⁹

Calls for stopping the illegal appropriation of hospital property color many sixteenth- and seventeenth-century council decrees with a brush of desperation and helplessness. Bishop Rupniewski (Łuków 1726) ordered those who infringed upon hospital property to be punished by excommunication. Bishop Załuski (Płock 1733) echoed such proscriptions, adding that only the Pope himself would have authority to absolve a sinner guilty of appropriation of hospital property. Bishop Sierakowski (Lvov 1765) repeated the call.¹⁰⁰

Surdacki correctly noted the great popularity of the works of bishop Maciejowski, *De iuvandis pauperibus* and *Epistola pastoralis*, especially in the first half of the seventeenth century. Their slow disappearance in the eighteenth century was due to a changing political and social environment as well as increased importance of local matters and concerns in the discussions of the synodal councils. There is also little question that the triumph of serfdom as the premier economic system of the

⁹⁹ Kumor, "Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 240; Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 106-108.

¹⁰⁰ Męczkowski, "Prowizorowie szpitali w dawnej Polsce," [The hospital provisors in Old Poland], 390.

Commonwealth and the clergy's close alliance with the Polish *szlachta* lessened the impact of bishop Maciejowski's causal theory of poverty.¹⁰¹ That most topics of debate did, nevertheless, broadly correspond to ways of fighting the consequences of poverty as detailed in Maciejowski's writings, serves as a remainder of the constancy of the ecclesiastical model for the function of hospitals.

The major lacuna present between the councils of 1647 and 1711 can be explained by the Polish Commonwealth entering upon a long period of warfare which lasted from the Cossack uprising of Bohdan Chmielnicki in 1648 all the way to the Great Northern War, ending in 1721. Though the military operations conducted by the belligerents on Polish soil did account for immense human losses and almost overwhelming social disruption, it is nevertheless unfortunate that the ecclesiastical apparatus, far less affected than the political, agrarian and municipal organs of the kingdom, found itself incapable of meeting the challenges faced, and would not undertake new charitable initiatives during the time of the most pressing need.

Hospital Reform and the Fall of the Commonwealth

In 1763 Stanisław August Poniatowski ascended the Polish throne. Young, intelligent, well educated, Poniatowski owed his good fortune to the simple expediency of being the erstwhile lover of the Russian Empress Catherine the Great, whom he met as the Polish ambassador to St. Petersburg. Once the czarina's personal wishes in the matter

¹⁰¹ Surdacki, "Źródła Normatywne Kościelne," [The church's normative sources], 69; Kumor, "Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 240.

became clear, there was no difficulty in pushing through the young man's election to the throne through the gathered assembly of the nobility or *szlachta*. Yet if the empress expected in her protégé a willing instrument of her East European policies or a rubber-stamp king responsive to her wishes whose only duty was to preside over the further decomposition of the Polish Commonwealth until it became nothing more than a Russian appendage, she was sorely disappointed. That in the end the wily Catherine achieved all her goals, including the dissolution of the Commonwealth, did not come to pass with the compliance of the new Polish king, but rather in spite of his greatest efforts.

After two generations of disastrous rule by the Saxon kings Augustus II the Strong¹⁰² and Augustus III, Poland had ceased to matter on the international arena and by 1750 became, besides an international joke, a battleground for rival powers. Economically devastated by movements of foreign armies, bad harvests, and the continuous exploitation of the serfs, Poland looked rather more like an inviting, helpless morsel for others to take advantage of, than a state. Russian, Prussian and Austrian interests predominated, and Polish politics were conducted under the constant threat of foreign intervention. That at the moment of this extreme national emergency Poland required a leader of stronger fiber than Stanisław, whose fear of committal against Russia precluded him from taking certain necessary steps before the fateful year of 1791, and whose refusal to rule in absolute fashion predisposed him to support the resolutions, often contradictory and quite ineffectual, of his councils, was not yet apparent, and could not be all blamed on the character of the king who did as much as he could with the resources at his disposal in an international situation devoid of any hope of success.

¹⁰² He was known as the Strong not because of the efficacy of his policies but rather because of his physical prowess which included the fathering of some 300 illegitimate children.

Following the conclusion of the War of the Austrian Succession and the Seven Years War, campaigns in which Poland did not participate as a belligerent but which nevertheless cost her immense material losses due to foreign depredations, the early years of the new king's reign allowed for some breathing ground for the economy to improve from the desperate state it found itself in under the rule of the Saxon monarchs. New, enlightened political philosophies of such writers as Hugo Kołłątaj, Ignacy Krasicki, and the exiled ex-king Stanisław Leszczyński called for a spirit of national renewal and a reformation of traditional political institutions which, already anachronistic in the eighteenth century, were seen as chief architects of the social and political collapse. Appeals for the changes in the way kings were elected, for the replacement of the serfdom with rents or for its outright abolition, and especially for the end of the nefarious *liberum veto*, which made impossible the passage of necessary reforms, proliferated in the salons of leading Polish families just as much as in urban inns frequented by the growing numbers of educated bourgeoisie.

The court was not antagonistic to these propositions. The king himself attended and sponsored salons, patronized leading poets and artists and participated in the strengthening of the cultural life of the country. Industrial production of the nation picked up, accompanied by a slow but steady improvement of the cities. Yet these early successes were arrested when Russia, displeased at the signs of life coming from its western neighbor interfered again, and through the so called Mute Sejm forced resolutions cementing the old abuses in place, at the same time putting itself as a guarantor of what it called traditional Polish "golden liberties."

Patriotic Polish nobles struck back at the continuing Russian involvement by forming the so-called Confederation of the Bar. Though a national movement at heart, the Confederation espoused traditional slogans, interested only in the removal of the foreign, non-Catholic element from the Polish soil, while preserving the pre-eminence of *szlachta* in state affairs. The king, caught between a rock and a hard place, eventually supported the Russian repression of the movement which, though it included such personalities as Count Kazimierz Pułaski of later American Revolutionary War fame, was quickly put down. In 1772, after the end of the revolt, Russia engineered the First Partition of Poland. Working together with the rulers of Prussia and Austria, Catherine stripped a third of Polish lands from the unfortunate country.

But if such a move was designed to humble what remained of the Polish state, it had the opposite effect. Patriots within all the strata of Polish society, realizing the peril of the situation, redoubled their efforts on the literary, intellectual and political fronts. The king, not wishing to preside over the death of a state, threw himself into a policy of strengthening the political infrastructures and national power. No other twenty years of Polish history, with the possible exception of the interwar years and the time after the collapse of Communism in 1989, witnessed such a feverish stream of reform. Aspiring to the highest enlightened principles, in 1788 the so-called Four Year Sejm initiated a string of new laws that strengthened the monarchical element and at the same time placed it within rational constitutional boundaries. The culmination of these endeavors resulted in the promulgation in 1791 of the Third of May Constitution, the first constitution of modern Europe, that abolished the dreaded *liberum veto*, strengthened the army, gave

political power to the municipalities, and placed the country's serfs under royal protection.

Russia reacted with a declaration of war in defense of Polish "golden liberties" and put itself at the head of the Confederation of Targowica, a loose amalgam of discontented nobles co-opted for this purpose by Catherine. Though the Russian forces were defeated by the Royal army at Złocieniec and again bled at Dubienka, the king never entertained any hope of victory over the Russian Empire. Overruling the voices on his council calling for increasing the war effort and the introduction of a French-style levee-en-masse, the king joined those who felt only through surrender and accommodation could the nation still be saved. Orders went out to cease fighting.

The result of these failed maneuvers brought on the Second Partition of Poland in 1793. The Confederation of Targowica became the official, Russian-dominated government, and the king was forced to undo all the dramatic changes of the past twenty years. When news that Russia ordered the disbanding of most of remaining Polish forces reached the army commanders, a spontaneous rising under the Polish and American hero General Kazimierz Kościuszko flared across the land. After a number of victories Kościuszko was defeated and captured at Maciejowice in 1794 and, later that year, the Russians under Suvorov stormed the heroically defended capital of Warsaw. The king abdicated, and in 1795 the Third Partition of Poland erased the country from the map of Europe for the next one hundred and twenty-seven years.

While it lasted for only a short period of time, this brief spurt of reform had profound consequences on the administration of Polish hospitals. Charity, just like education, was to be placed on a firm, enlightened footing by the creation of

governmental organs designed to supervise the existing institutions and incorporate them into a single rational system. Finally poverty began to be seen as a public ill, and not as a religious certainty and a normal and accepted part of human existence.

First attempts to prepare charitable institutions for greater governmental involvement occurred even before Stanisław August's ascension. In 1758 there existed a project to build a General Hospital in Warsaw and to place all hospitals in the capital under an Administrative Commission. The General Hospital of Warsaw, taking over the buildings of the Baby Jesus Hospital, was to possess an attached medical doctor who, in the absence of the titular head, a canon of the Cathedral Chapter, presided over the Hospital Council. Most other hospitals of Warsaw were projected to become a part of this new General Hospital, thus regulating and rationalizing all administrative functions, from admissions to responsibilities of the staff. A secular clerk would be granted the authority over the financial aspects of the institution, while two lay *ekonomi*s were to mind the hospital's real estate in and outside the city. All members of the staff were to be paid a fair salary for their work. The healthy poor, keeping to the then current social trends, were to be employed in small manufactures like cotton weaving and the like, while orphans and older boys were to be taught a trade.

These proposals radically altered the prevalent notions of hospitals as places of Christian piety and charity, and turned the function of a hospital from a philanthropic organ of Christian spirituality into a more modern expression of a social care institution designed to combat the consequences of poverty. The project's failure stemmed from the resistance of the ecclesiastical organs, which did not want to see a loss in their prestige and power. A watered down version of the proposals eventually came into operation, and

the General Hospital, known still as Baby Jesus, began to function according to a 1761 Royal privilege. That privilege, however, clearly a work of the victorious ecclesiastical faction, left the administration entirely within the sphere of the religious organs, and even removed any mention of an attached medical doctor. With such changes in place there really was no need to join other institutions to the General Hospital, which once again acquired the role and function of a medieval shelter for all sorts of poor. The resulting retreat to Christian charitable values eliminated the idea of work provision for the poor and even tightened the definition of acceptable poor and needy, removing from their circle pregnant women, as caring for those seemed to have been below the station of the priests.¹⁰³

The failure of the Warsaw's General Hospital project in 1761 showed that the old enshrined version of Christian charity still dominated hospital discourse and that even concerted efforts on the part of the reformers to bring about changes had to fail in view of strong resistance on the part of the ecclesiastical organs and the large and influential segments of the society that still viewed hospital administration as a function of spiritual endeavors. Once Poniatowski became king of Poland, however, such revolutionary ventures gained royal approval and patronage.

In the 1770s the government slated, for the very first time, a steady yearly subsidy for the hospitals. Of various amounts, the subsidy could, however, represent a considerable sum as it did in the Baby Jesus hospital in Warsaw, where the hospital

¹⁰³ Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 52-53, 73-74; *Szpitala warszawskie* [Warsaw's Hospitals], 81-83; *Erekcja Szpitala Nowego Generalnego dla Ubogich w Mieście Stołecznym Warszawskim pod Dyрекcją W. W. XX Congregationis Missionis*, r. 1761 [The erection of a New General Hospital for the Poor in the capital city of Warsaw under the direction of the *Congregationis Missionis* fathers], ASMW; Manuscript no. VI, 14, I, *Zbiór Korotyńskich* [The Korotyński Archive], APMW; Manuscript no. 703/I, pp. 54-94, Biblioteka Państwowej Akademii Nauk w Krakowie [The national library of the Research Academy in Kraków].

received over forty thousand *złoty* per annum from the royal coffers. Even earlier, in 1765, Stanisław August created the St. Stanisław Order, the members of which were to pay for the privilege the sum of 25 red *złoty* to the Baby Jesus upon reception, and 4 red *złoty* every year thereafter. In return, the government lifted the tax-exempt status of hospitals, placing them formally in the fiscal mechanisms of the nation. Finally, in 1791 the Four Year Sejm slated a part of the proceeds of the newly instituted National Lottery, in the amount of 800 *złoty* each month for the use of the Baby Jesus.¹⁰⁴

Then, in a decisive step, in 1768 the Royal Sejm ended the centuries-long church domination of hospitals by removing them from under the authority of the ecclesiastical organs and placed them under government appointed *Boni Ordinis* Commissions (*Komisja Dobrego Porządku*), who were to maintain internal order and smooth institutional functions. In Warsaw the *Boni Ordinis* reorganized the town council, creating an Economic Department whose under-treasurer became the administrator of all of the city hospitals. This rapid secularization of every single one of Warsaw's hospitals could not, of course, go unchallenged by the ecclesiastical organs that were victorious over such attempts as recently as 1761. Besides having powerful enemies, being underfunded, and never fully defined in their competencies, the *Boni Ordinis* Commissions suffered from a lack of focus and too much bureaucracy.¹⁰⁵

¹⁰⁴ Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 86; *Szpitala warszawskie* [Warsaw's Hospitals], 93, 97, 120-121; *Tabela dochodu rocznego w Opatrzności Boskiej na Szpital Generalny Warszawski* [The table of income from charity of the General Hospital of Warsaw], *Teczka – Szpital Dzieciątka Jezus* [Folder - Baby Jesus Hospital], ASMW; Manuscript no. 236, p. 337, *Archiwum Królestwa Polskiego* [The archive of the Kingdom of Poland], AGAD; Malinowski, 14.

¹⁰⁵ Męczkowski, "Szpital św. Ducha i św. Trójcy w Kaliszu," [The Holy Spirit and Holy Trinity Hospitals in Kalisz], 293; Podgórska-Klawe, *Szpitala warszawskie* [Warsaw's Hospitals], 87; *Volumina Legum*, Vol. 7. (Poznań: N.p., 1952), 754. The rather general stated functions of the *Boni Ordinis*

In 1775 the Sejm, recognizing the failures of the *Boni Ordinis* in relation to hospital administration created two separate Hospital Commissions, one for the lands of the Polish Crown, the other for the Grand Duchy of Lithuania. Armed with full powers and competencies, and staffed by purportedly knowledgeable professionals, these two commissions were presented by many historians of Polish eighteenth century hospitalization movement as the European standard for the administration of health-care institutions, as well as the products of the very first European decree encapsulating all aspects of hospitalization. The work of these commissions, set by the decrees of the Sejm, focused on registering hospitals and attempting to reclaim hospital property and resources lost by those institutions over the centuries.

Finally recognizing that the primary function of hospitals, besides sheltering the local poor, also included taking care of the sick, the Sejm proposed for the Commission the implementation of a long ranging plan to simplify the existing net of hospitals by eliminating the small village parish institutions, most of which were either already defunct or quickly turning towards dissolution, and replacing them with large, modern General Hospitals, each serving a single voivodeship. Administration in these new hospitals was to fall to a physician, assisted in fiscal matters by the once again strengthened lay provisor, now called a procurator (*prokurator*). Two surgeons, one of whom specialized in natal care, would help the physician in his duties. An active component in the services rendered by these newly proposed General Hospitals involved care for pregnant women and smallpox inoculation. An apothecary would be placed in

Commission included "to look into the state of hospitals in cities, towns and villages, and to check into their well being, make sure of order and comfort for the poor and the sick..."

charge of the hospital pharmacy. Though the position of the hospital priest was not eliminated, the provost's powers would be limited to purely spiritual concerns.

Additional resolutions cemented the increasingly important role of the physician. The medical doctor would be responsible for periodic sweeps of the surrounding districts, looking to the well being of the local population and even their livestock, especially at the time of pestilence. He would conduct visitations of the local pharmacies, making sure each had access to necessary drugs and dispensed them at fair prices.

The poor would be admitted to such general hospitals after supplying a written proof of their need signed by the parish priest or the local magistrate. All others would enter after consultation with the physician in charge. Protestants and members of other faiths were to be admitted if in true need. If healed, the patients were to pay a set recompense for services received and leave the institution. Besides healing the sick and sheltering the poor, these proposed hospitals were also to serve as maternity wards, orphanages, shelters for the mentally ill, and workhouses for the beggars and vagabonds. Additionally they were to serve as teaching grounds for new surgeons, midwives and apothecaries.

The Hospital Commission would maintain considerable bureaucratic control over these proposed institutions. A specialized college of doctors responsible for choosing all the physicians, surgeons, and apothecaries would be established by the Commission to supervise the selection process, and to combat the growing throng of pretenders and miracle healers so popular in the rural countryside. The college would also be in charge of accepting and admitting foreign doctors for positions in Polish hospitals.

Proposed along the lines enumerated above, the Polish version of new General Hospitals would thus serve a number of disparate functions, the chief among them being the satisfaction of social needs felt by a large poor segment of the local population, health care provision, academic instruction, and poor control.

Governmental squabbles, insufficient founding, bad personnel decisions and the ephemeral nature or reform reversed these provisions, never allowing the general hospitals to leave planning stages. Most members of the Hospital Commissions, described in its publications as “trustworthy and possessing of knowledge for good hospital administration” were in fact highest dignitaries and noblemen almost totally uninterested and ignorant as to the matter of social care, and not the professionals others made them out to be. Some were out for their own gain.¹⁰⁶ The Sejm instructions to the Commissions, themselves written by true professionals very well aware of the issues, thus went unheeded.

The Hospital Commission for the Crown of Poland met exactly four times, on the second of June and the twentieth of October 1775, and on fifteenth and twenty-fifth May of 1776. The first meeting set up the mechanics of official hospital visitations that were to be conducted by the magistracies of each town and by priests in each village of every voivodeship. Since by the second and even the third meeting only a minuscule number of such visitations actually took place, the Commission decided to fully transfer the competencies over visitations into the hands of the ecclesiastical apparatus, hoping that bishops’ representatives would get more done than town officials. Failing in that, the

¹⁰⁶ The Hospital Commissions were to convert some residences and buildings confiscated from the Jesuit Order after their expulsion from Poland into hospitals. Needless to say the old Jesuit possessions were a focus for a number of land swindles and criminal acts.

Commission, during its fourth and final meeting, ordered the promulgation of statutes concerning begging in Warsaw.¹⁰⁷ And that was that. The Sejm's enlightened directives never found execution in either the Commission for the Crown Lands or in the Lithuanian Commission, which, as far as we know, never actually met at all. By 1780 the already long-defunct Hospital Commission ceased *de jure* operations and hospital administration was back in the hands of the re-vamped and somewhat improved *Boni Ordinis* Commissions, whose members organized their own visitations to ascertain and augment the functioning of health care institutions.¹⁰⁸

The reforms of the 1770s also touched upon the creation of permanent and temporary military hospitals, known as lazarettos (*lazarety*). They were to be set up wherever there was a military camp and subsidized by the government to the sum of 1200 *złoty* per annum paid to each regiment.¹⁰⁹

In the 1780s the royal government, inspired by best Enlightenment ideology, and following the ideas of establishing a medical commission inherent in the failed directives to the Hospital Commission of 1775 decided to extend some sort of rational control over the so-far unmanaged pharmacies and medical professionals. In order to structure some guidelines for the growing number of city pharmacies, in 1783 Grand Crown Marshal Stanisław Lubomirski issued a decree ordering all apothecaries to sell medications only

¹⁰⁷ A translation of this document appears in Appendix VI.

¹⁰⁸ Czajewicz, 56; Góralski, "Opieka społeczna i szpitalnictwo w dawnej Polsce," [Social care and hospitals in Old Poland], 87; *Szpitala na Lubelszczyźnie w okresie przedrozbiorowym* [Lublin area Hospitals before the Partitions], 7, 17, 42, 175; Męczkowski, "Prowizorowie szpitali w dawnej Polsce," [The hospital provisors in Old Poland], 393; "Szpital św. Ducha i św. Trójcy w Kaliszu," [The Holy Spirit and Holy Trinity Hospitals in Kalisz], 293-295; Malinowski, 13, 14; Podgórska-Kławe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 43, 53-54; *Szpitala warszawskie* [Warsaw's Hospitals], 81, 88-91.

¹⁰⁹ Podgórska-Kławe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 126.

when presented with a valid prescription and only from a physician known to them. Potentially dangerous medications such as arsenic were subjected to even more stringent controls. Just a bit later, in 1784, the manifesto of Władysław Gurowski, the Grand Marshal of Lithuania, proclaimed the establishment of a medical commission made up of seven distinguished professionals, who, together with the medical departments of the Kraków and Vilno academies, were responsible for testing and issuing of diplomas to all medical doctors, physicians, surgeons, apothecaries, and dentists. Any one not certified by the established commission could not ply the trade of a physician.¹¹⁰

Although these manifestos came only partially into life, their presence attests to the considerable interest the highest governmental hierarchies felt for the matter of rational and professional health-care provision. Though these statutes could not eliminate entirely the legions of popular *znachor* and *felczer* charlatans who roamed the economically and culturally depressed countryside offering miracle cures to the unwary, they nevertheless created a professional medical elite that formed the basis for later, nineteenth-century health-care and hospitalization transformations.

Much confusion relating to the rapid pace and the unfinished business of reform assured the placing of hospital management at this time in an administrative limbo. While the *Bonnis Ordinis* and the Hospital Commissions considered hospitals pretty-much as civic institutions, hence under the ultimate authority of municipalities (at least until the third meeting of the Polish Hospital Commission), their replacement, the Civil-Military Commissions in 1789 and the Police Commission of Both Nations in 1791

¹¹⁰ Podgórska-Klawe, *Szpitałe warszawskie* [Warsaw's Hospitals], 100.

returned to the notion that hospitals, as places of charity and care, come under the competence of church organs, and especially of parish priests and provosts.¹¹¹

In order to achieve their stated aim, that of the elimination of poverty and begging, the Civil-Military Commissions, just like the Hospital Commission and the *Boni Ordinis* Commissions, ordered a series of inspections into the state and material resources of hospitals. The visitations took time and became, in effect, the only official act of the Civil-Military Commissions as far as hospitals were concerned, because by the time the reports flooded back to the central committee, the Four Year Sejm transferred the competencies over health care provision to the newly instituted Police Commission of Both Lands.

One of the first acts of the Police Commission included the creation, in November of 1791, of a specialized General Deputation for the State and Founding of Hospitals of Warsaw, which immediately conducted a census of all hospital institutions in the nation. According to its conclusions in 1791 there were 497 hospitals in the Kingdom of Poland, of which 90 were said to exist in the province of Greater Poland, 213 in Little Poland, and 194 in Lithuania. Together they served 5621 sick and poor at the yearly expense of 466,035 *złoty*, 28.5 *grosz*, and controlled capital in the amount of 2,619,651 *złoty* and 16 *grosz*. Lately a number of historians took issue with this finding, claiming that the Deputation did not visit the hospitals or even send their representatives to ascertain their true numbers, but rather just issued a call and waited for local hospital administrators to respond. The numbers of responses were thus assumed to represent the numbers of

¹¹¹ Góralski, *Szpitala na Lubelszczyźnie w okresie przedrozbiorowym* [Lublin area Hospitals before the Partitions], 56-57; Manuscript no. 1/20954, pp. 162v-163, *Diariusz Komisji Cywilno-Wojskowej 1790-1791* [The journal of the Civil-Military Commission 1790-1791], WAPL; Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 55.

existing hospitals. Such methodology could not provide the real state of affairs. Góralski especially questioned the Deputation's findings, pointing to his own research which indicated that in the second half of the eighteenth century there existed more than one hundred hospitals in the voivodeship of Lublin itself, hence there must have been more than just a hundred or so hospitals in the rest of Little Poland.¹¹²

Whatever the true numbers might be, the General Deputation, unlike the *Boni Ordinis* and the Hospital Commissions, managed in its short lifespan to play a leading role in normalizing the functions and administration of hospitals. While looking into the numbers and material state of Commonwealth hospitals the Deputation did not ignore questions dealing with the definition of health care, the role of physicians, and the codification of rules and regulations. The Deputation made sure of the continuation of some traditional methods of hospital funding, such as Royal donations, and especially of charitable contributions from the masses that would now be placed into new, stylishly made alms-boxes designed by a leading architect. Also unlike the preceding commissions, the Deputation allowed medical doctors into its ranks, and sponsored specialized visitations conducted by professional physicians into the status of Warsaw's hospital residents and the general state of health-care they received.¹¹³

Armed with the experiences of the Warsaw's Deputation, as well as with incoming reports of the Deputations for Lithuania, and Greater and Little Poland, the Police Commission, in March of 1792, proposed a number of resolutions relating to

¹¹² Wachholz, 1: 21; Góralski, *Szpitala na Lubelszczyźnie w okresie przedrozbiorowym* [Lublin area Hospitals before the Partitions], 17-18; Giedroyc, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 2; Podgórska-Klawe, *Szpitala warszawskie* [Warsaw's Hospitals], 105; *Volumina Legum*, 9: 277-287; Manuscript no. 208, pp. 213-215, 265, Archiwum Królestwa Polskiego [The archive of the Kingdom of Poland], AGAD.

¹¹³ Podgórska-Klawe, *Szpitala warszawskie* [Warsaw's Hospitals], 106-107.

Polish hospitalization. Many issues already brought up by the Sejm's instructions to the Hospital Commission of 1775 were reexamined. The overall numbers of hospitals were to be diminished. This concerned especially the vast amounts of village institutions. Their reduction would be made good by increasing the resources of the large city hospitals that were to continue to play the leading role in health care provision. Reduction in unnecessary spending, conservation of resources and general improvements in management, as well as complete and total separation of hospitals for the sick from shelters would become the cornerstones of the new policies.¹¹⁴ The last part particularly deserves attention, as it constituted proof of the recognition of the separation of health-care provision from the general notions of charity. Many hospitals that for at least the past fifty years have been slowly moving towards becoming places only for the sick, would now achieve official recognition of their functions, and become, in effect, modern institutions of health care.

The political events of 1792 did not allow any of the resolutions reached by the Police Commission to come into effect and so, after the Russian victory, the Confederation of Targowica-dominated government had to again wrestle with the hospital problem and begin the process of reform anew. In May of 1793 a new Hospital Deputation, this time virtually controlled by ecclesiastical influence, began its operations by once again calling for a census of hospitals and the state of their foundations and legal documents. The new experiment ended almost as soon as it began and by June the newest Hospital Deputation ceased its functions.¹¹⁵

¹¹⁴ Ibid., 107.

¹¹⁵ Ibid., 109-110.

The last Sejm of independent Poland, the 1793 Sejm of Grodno, tried to play a middle course between lay and religious interests and while maintaining ecclesiastical involvement in hospital management, it nevertheless assumed overall responsibility for hospitals rested with municipal institutions, and, on a higher level, with governmental organs. And so, just months before Kościuszko's uprising, the Targowica-dominated Sejm once again removed hospitals from the domain of the church and placed them in the hands of the city magistracies, which were to give accounts of their administration to the national Crown Police Commission. The government therefore, represented by the Police Commission, assumed full responsibility over hospitals, and issued immediate orders to again gauge and catalogue hospitals and their property. Calls went out for monthly reports of the state of income and expenditures, as well as personnel. Working on this project together with the local administrators of hospitals were special visitants, appointed by the Commission. For the last time in the history of free Polish hospitals lay provisors and hospital priests were made to give accounts of their administration, on this occasion, however, to a national agency. These last visitations hide a wealth of details about late eighteenth-century health care and provide a full picture of the state of Warsaw's hospitals, together with their finances and personnel.¹¹⁶

Before the loss of independence other commissions existed and worked in specific locales. In Kraków for instance, the Lochmann commission of 1786 laid some of the groundwork for future changes, gathering information on the deplorable conditions of

¹¹⁶ Góralski, *Szpitala na Lubelszczyźnie w okresie przedrozbiorowym* [Lublin area Hospitals before the Partitions], 56-57; Podgórska-Klawe, *Szpitala warszawskie* [Warsaw's Hospitals], 110-111; Komisja Policji. Dyrekcja nad szpitalami [Police Commission. Hospital Administration], *Konstytucje sejmu grodzieńskiego 1793 roku, część II* [The Constitutions of the Grodno Diet, Part 2]; *Volumina Legum*, 10: 201.

municipal institutions and pointing out obvious failures of administration. Even before that, in 1780, Dr. Andrzej Badurski, a physician of Kraków, supported by a leading reformist Hugo Kołłątaj, finalized his long-standing wish of modernizing Polish medical practices by the founding of the St. Barbara's Academic Hospital on the premises of the Jagiellonian University. This small research hospital was to serve the sick professors and students of the Academy, and at the same time advance medical learning by incorporating the latest western practices Dr. Badurski himself witnessed during his long foreign studies in Italy and subsequent travels.

Though at first too small to dutifully fulfill its mission, this clinical hospital, first of its kind in Poland, soon grew through Badurski's selfless energy and the addition of the Sisters of Charity to the staff. Students, supervised by elder physicians, were to assist in the treatments and thus enlarge their medical knowledge. An in-house apothecary and an anatomical lab existed to help them in their studies. The administration itself consisted of a committee made up of University and ecclesiastical officials.

In 1787 the hospital, originally designed to maintain only two beds, outgrew its locale and had to be moved to a Carmelite convent in the Wesola borough of Kraków. This move, personally supported and arranged by the Primate of Poland, prince Michał Jerzy Poniatowski, became a prelude to the primate's grand design of modernizing and compressing the various municipal hospitals into a single large General Hospital of St. Lazarus.

In a decree dated April 9, 1788, prince Poniatowski took the Holy Spirit Hospital out of the hands of the *S. Spiritu* canons, virtually ending the reason for their existence and realigned the functions of the other hospitals to meet the goal of the General

Hospital. Besides the Academic Hospital of St. Barbara, the new institution would also house the orphan and maternity ward removed from the Holy Spirit.¹¹⁷ The General Hospital thus became something more akin to modern institutions where, except for the foundlings and expectant mothers, only the sick were admitted. The hospital managed to survive the political catastrophe that ended the national existence just eight years after the move to Wesoła, and served well the needs of Kraków through the turbulent nineteenth century, finally once again finding itself in an independent Poland after the end of World War I.

The end of the *S. Spiritu* presence in the Holy Spirit hospital became the final act in a long process of the order's decline. Already in 1741 Pope Benedict XIV took the Polish and Spanish houses out of the jurisdiction of its general, residing in Rome, and placed them under the local bishops.¹¹⁸ Their disappearance ended a notable history of the order's service, most of it good, some of it not so, to the poor of the Polish cities, and only momentarily preceded the end of the Holy Spirit Hospital itself.

Though empty and devoid of use the buildings of Kraków's Holy Spirit hospital, the flagship of that city's medieval charitable institutions, survived till late in the nineteenth century. In June of 1886, the town council decided to demolish the hospital remains in order to build in its place a new theater and an opera house.

The decision was vehemently opposed by Vienna's Central Commission for the Preservation of Antiquities, as well as by the professors of the Jagiellonian University,

¹¹⁷ Wachholz, 2: 20-26; Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 125-26; Zaremba, 361.

¹¹⁸ Antosiewicz. "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 35; *Acta Visitationis conventus Cracoviensis canonicorum regularium ordinis S. Spiritus de Saxia*. D.2, s.1., *Archiwum Generalne SS. Kanoniczek Ducha Świętego w Krakowie* [The general archive of the Sisters of the Holy Spirit in Kraków].

who felt the gothic buildings possessed a high historical value. The famous painter Jan Matejko added his voice to the outcry, but neither he nor his friends in Kraków or Vienna could stem the modernizing tide of the municipal council. The last vestige of the venerable institution, the Holy Spirit Church itself, was dynamited on the twenty-third of May 1892. As a sign of his considerable disappointment, Matejko returned to the magistrates the honorary citizenship granted him by the city council of Kraków some time before.¹¹⁹

Conclusion

Hospitals, because of their origins as monastery *infirmaria*, were seen as ecclesiastical institutions whose governance and functions were defined by the church organs. Monastic orders such as the Holy Spirit, chiefly responsible for running many early Polish hospitals utilized a specialized hierarchy to aid their administration. Under ecclesiastical control hospitals operated as places promoting Catholic ethics where donors, through charitable giving, promoted their spiritual advancement.

Nevertheless, the thirteenth- and fourteenth-century rise of Polish cities and the accompanying increase in the numbers of poor and destitute challenged ecclesiastical control over charities. Continuing the process of political centralization of civic functions, town councils assumed greater and greater responsibility over all public

¹¹⁹ Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 43; Tomkowicz, Nieco o Zabytkach Krakowskich [A little about the historical monuments of Kraków] (Kraków: N.p., 1888), 5-6; Szpital Świętego Ducha [The Holy Spirit Hospital], 48; A. Chmiel, Szkice Krakowskie [Notes from Kraków] (Kraków: N.p., 1939-47), 154-156; J. Ginter, Jan Matejko. Biografia w Wypisach [Jan Matejko. A biography in extracts] (Kraków: N.p., 1966), 459.

concerns, including relief mechanisms. A serious political clash between ecclesiastical and lay elites was averted, however, by the church's virtual surrender of its administrative competencies to the secular associations. Reasons for this retreat included material considerations as well as accusations of corruption and incompetence.

From the fourteenth century onward city councils dominated hospital administration through officials known as provisors. During the period of their control, the spiritual aspects of hospitals, personified by the hospital priest or provost, visibly lessened in importance, so much so that in many instances the religious identity or education of the inmates ceased to matter. This became apparent especially after the advent of Reform when hospital administrators, some of whom were recent converts themselves, admitted both Catholics and Protestants into their institutions.

Such actions, coming at a time when new confessional ideas found wide resonance in different strata of Polish society, endangered the principal hospital functions as defined by the Catholic Church, including both the hospital's role in the salvation of benefactors and as a place of religious instruction.

Strategies formulated at the Council of Trent fueled what was in effect a political struggle between bishops and town elders, but was portrayed as a struggle for the salvation of souls and to stop the spread of heresy. The royal government, itself besieged by the growing political power of the nobility, hardly got involved. With the success of the Counter-Reformation in Poland, the Catholic Church restored its primacy over all social and cultural institutions, hospitals included; a position it has not held in centuries. Once again hospital functions became singularly focused on the spiritual, to the detriment of all other considerations.

Finally, towards the end of the eighteenth century, the Enlightenment-inspired government of StanisławAugust Poniatowski attempted a number of spirited reforms to bring hospitals under centralized and bureaucratic controls. Due to financial difficulties, the resistance of church organs, and general political confusion these efforts failed even before Russia, Austria, and Prussia put an end to Polish national existence.

CHAPTER FOUR: The Experience of Polish Hospitals

Previous chapters analyzed the development, founding, and administration of Polish hospitals from the perspective of the elites - the nobility, the ecclesiastical and municipal establishment. There still remains the discussion of the experience of the hospitals themselves, meaning their internal and external physical description, as well as the experiences of the people these institutions were meant to help. The elites' often-competing agendas regarding hospital functions and administration greatly impacted the lives of the inmates and were instrumental in the hospital institutions' integration into the local community as both a physical and a social presence. The questions of how one entered the hospital, what one did once inside, how was one fed, how one behaved, how was one punished for transgressions, and finally, how and under what circumstances one left the institution, are the subject of this final chapter.

Location

Functional dictates, defensibility, and access to resources influenced the physical location of early Polish hospitals. Originally, in the Middle Ages, almost all Polish urban hospitals were situated outside of city walls, which was in full accord with practices held throughout Europe. Even monastery hospitals were usually localized outside the walls of the main complex. This could be explained by a number of reasons, like proximity to waterways, often the town moat, which could carry away the refuse and impurities generated by the large numbers of densely-packed people. Hospitals that served as hospices for travelers were built near major communication tracts leading out of the city.

Since many Polish hospitals played the part of landowners, it also became easier to situate a hospital near the fields and villages it would come to own, than in the middle of the urban center. The closeness to its dependencies could ensure the hospital an easy access to necessary supplies. On the other hand, there is little to indicate that most early hospitals, with the possible exception of *leprosaria* that were placed at some distance from the urban centers to segregate the infected from the rest of the population, were built outside the walls because of any sort of a developed concept of hygiene on the part of the builders. The conception of the poor and beggars as a separate order within the Christian society, however, did have an influence on the placing of hospitals outside of the local centers of community, as did the independent administrative and economic standing of early *prepozytura* hospitals in relation to the local urban parishes.

With time, of course, many institutions that had their origin outside of town walls, such as Kraków's Holy Spirit for instance, eventually found themselves incorporated first into the suburbs and then into the center of the towns. The most natural reason for this translocation became, of course, the urban growth experienced by the Polish cities after the thirteenth century. As settlements increased in size, they would often engulf buildings and institutions that were once situated outside. Warsaw's Holy Spirit Beyond the Walls serves as an example of a hospital that began its life in the city's suburbs and retained its popular name attesting to that status even after its change. Another reason for the transfer of hospitals from the outside to within cities dealt with defensibility in times of wars and invasions. The Holy Spirit of Kraków was transferred into the city due to its indefensible location following the Mongol raid of 1241. As cities spread, the location of newly founded institutions became more haphazard, and the early motivations associated

with placing hospitals outside of city walls, with the exception of *leprosaria*, lessened considerably. Only in the eighteenth century did a new sense of urgency lead to the founding of hospitals outside of zones of settlement, this time based on issues regarding hygiene. The location of the proposed General Hospital of Warsaw in 1758 clearly supposed an open area outside of the city. In 1788 Kraków's new General Hospital of St. Lazarus began operations in one of the city's suburbs.¹

Village parish hospitals, which began to proliferate in the seventeenth century, were usually, though not always, centered in the middle of the parish, near the parish church. The sources illuminate their relationship with the parent church institution with such phrases as *versus Ecclesiam*, and *circa Ecclesiam*. The hospital, along with the parish school, became a common feature in the parishes of the seventeenth century, and a primary front line institution in the war against the Reformation.²

Physical Description

Sadly it is impossible to establish with any certainty the physical layout of most hospitals up to the time of the priestly visitations towards the end of the sixteenth century. Of course it stands to reason that unless a part of a monastery complex, first medieval hospitals were small and wooden, only later taking on the appearance of their early

¹ Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 91-93; Rawcliffe, *Medicine for the Soul*, 35; Orme and Webster, *The English Hospital 1070-1570*, 41-45; Rubin, *Charity and Community in Medieval Cambridge*, 106-07; Surdacki, *Opieka Społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 205-206; Manuscript no. 451, pp. 86-88, Warszawa Ekonomiczne [Warsaw Economic], AGAD.

² Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 200-201.

modern, larger, brick and masonry versions. The St. Hedvig hospital in Kraków was upgraded to brick at the very beginning of the fifteenth century. The Holy Spirit started the transformation in 1474. Many village hospitals maintained their wooden frames throughout their lifetimes. Some urban institutions remained locked in that medium until relatively late. Only the largest of Warsaw's institutions were rebuilt with stone and brick, and only beginning in the sixteenth century.³

Even when, from the sixteenth century onward, visitation records become available, a number of difficulties dealing with the way hospitals looked present themselves as many records of *visitatio externa et interna* are missing or simply were never written down. And so the first view of the material and physical condition of the Kraków's Holy Spirit hospital, for instance, came from bishop Lipski's 1739 visitation. The authors of the *visitatio externa et interna*, bishop Wacław Sierakowski and his colleague, Dr. Jacek Łopacki, a theologian and a physician, delved into minute detail regarding the state of the hospital buildings. Incidentally, this Doctor Łopacki was a son of his namesake who, as shown in the chapters above, became the first physician employed by the same Holy Spirit Hospital in 1648 and who died in 1702. The visitors' attention to each and every feature provided a plethora of facts and findings and offered an invaluable trove of knowledge.

In 1739, the Holy Spirit hospital consisted of two wings attached to each other at an obtuse angle. One of the wings had an immediate access to the Holy Cross Church located just next door. The smaller Holy Spirit church with its chapel and choir linked

³ Karpiński, 49; Tomkowicz, "Klasztor szpitalny Św. Jadwigi," [The Hospital Convent of St. Hedwig], 6; Klemens Bąkowski, *Kościół Św. Krzyża w Krakowie* [The Holy Cross Church in Kraków], (Kraków: Biblioteka Krakowska, 1904), 44; Prescott, 5. Prescott suggests major English hospitals were built of stone already in the twelfth century.

both wings together in the middle, to which was also attached a red brick building probably dating to the fifteenth century which might have (here the visitation officials are vague) quartered the monastery's chapter house. The eastern wing of the complex housed the monastery proper and the hospital took the northwestern one. The main hospital entrance, a late gothic stone gate, opened up on the north-western side onto a causeway, quite properly named Hospital Street (*Ulica Szpitalna*) and which exists to this very day. In front of the hospital wing and of the Holy Spirit church existed a field, the so-called Holy Spirit Square, on which in the seventeenth century the hospital administration established a cemetery for foundlings.

A second hospital entrance led from the foundling cemetery, through a seventeenth-century gate built during a reconstruction of the hospital conducted by bishop Trzebnicki, and into the first ward, located just on the other side of the Holy Spirit church.⁴ This ward, which beginning with this visitation was to be officially called St. Elizabeth's Chamber (*Izba św. Elżbiety*), but was known more commonly as The Vault (*sklep*) from its considerable barrel vault, maintained at this time fourteen beds separated from each other by linen curtains. On the deal floor stood a green-tiled heating stove while four large windows provided illumination during the day. According to the visitation decree St. Elizabeth's Room, as it connected to the Holy Spirit church, housed invalids and old folks, "so as it would be easier for them to go to the church."⁵

On the opposite side an antechamber connected The Vault to the infirmary or *niemocnica*, whose chief feature represented an altar dedicated to the Virgin Mary. The

⁴ Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 40; Manuscript no. 3434, p. 54, APMK.

⁵ Wachholz, 1: 81, "*Aby wygodniej do kościoła chodzić mogły.*"

walls of this St. Kunegunde's Chamber, as was to be its official appellation, were covered in paintings representing the Passion of Christ. Once again a green-tiled stove provided the heat and four large windows opened up to the outside. Fourteen beds, segregated by linen curtains, were to offer succor to those sick with fever. Those too ill to walk would be carried in a special chair, should a necessity to move them arise.

From St. Kunegunde's, a hallway led to the St. Frances Chamber, commonly known as the Room Under the Wet Nurses (*pod Mamkami*)⁶, adorned with a small altar depicting Jesus crowned with thorns and the Virgin Mary in mourning. Thirteen beds with linen curtains between them, three large windows with iron bars and a tiled oven completed the equipment found in this room. At the time of this visitation the Room Under the Wet Nurses served exclusively those with epilepsy and paralysis.

Next in line, the White Chamber (*izba biała*), or St. Hedwig's, as the visitation wanted the ward to be called from then on, housed a small baldachin-covered altar honoring the Trinity and a simple crucifix. A painting of the Virgin covered the wall next to the altar, while an artwork depicting the Crucifixion, "simply painted"⁷, capped another door leading out of the room. Inside, three windows, a green-tiled stove, four benches, and twelve beds with curtains served the needs of those in constant need of a surgeon.

Leaving the White Chamber one stepped into a large hallway connecting to the Royal Chamber (*izba królewska*), or St. Barbara's chamber, as the visitation wished the room to be known, which housed those with 'incurable' and communicable diseases,

⁶ *Pod Mamkami* literally means under the wet nurses. The name might possibly come from the placement of this room under the room that did in fact house the wet nurses.

⁷ Wachholz, 1:82, "*obraz Crucifixi prostego malowania.*"

such as scurvy and consumption. Those sick with the *prurigo*, an itch mite, and those with venereal diseases were not to be admitted here, as “for those there are other hospitals.”⁸ Next to the altar depicting an old painting of Virgin Mary, on a laced cloth sheet casing the very first bed in this ward, lay a figure of Jesus Christ taken from the cross. The room had four windows, a stove covered with multi-colored tiles, a new floor, a ceiling supported by two masonry columns, and fifteen beds with curtains. Each inmate in this ward also should have had, according to the visitation decree, at their disposal their own eating and drinking utensils, which, unlike elsewhere, they were not to share among themselves.

From the hallway situated between the infirmary and the Room Under Wet Nurses, next to a small hanging bell, a flight of stairs led to the second story of the hospital. The stairs opened into a hallway, from which an entryway led to a room of four windows with a brick floor, empty of occupants in 1739. From there two doorways opened into the Orphans’ Chamber. The visitors seemed especially critical of this particular ward, making sure in their account to underline that the green-tiled stove was of poor quality, as were the three windows and the six rather ordinary beds, and twenty or so cradles of varying sizes.

Stairs located in this room led to the attic while another entryway connected with Wet Nurses’ Chamber where, as the name suggests, wet nurses attended to their charges. That room featured one painting of Virgin Mary and Child, and another of St. Joseph; three windows with rotten frames, an old tiled stove, eight beds for the midwives, six

⁸ Ibid., 83, “*gdyż na tych są inne szpitale.*”

cradles, a child stroller of “Tatar make,”⁹ two chests with locks but no keys, an empty closet and two tables. The wet nurses had at their disposal fourteen down comforters and twenty small pillows for children, sixteen comforters and eight pillows for themselves. The wet nurses lived on the other side of the empty room, above the first floor’s Room Under the Wet Nurses.

Outside of the main complex stood a pantry, next to it a kitchen with an immense oaken basin for water, a stone hearth with a solid chimney above, a tree-chopping block, and a small stove for heating water that ran through pipes into the bathhouse. Behind the kitchen stood a hallway leading to the caretaker’s apartment as well as the apartments of both gravediggers employed by the hospital. In the yard stood a well, the bathhouse with a “bad” stove¹⁰, and further behind, the stables. The complex’s only basement extended under the pantry, near which also stood the outhouse, a “*locum secretum*, in sore need of repair.”¹¹

As far as Warsaw’s hospitals are concerned, the best physical description of one comes from a 1791 inspection performed by the Hospital Deputation of the Police Commission of Both Nations in the Baby Jesus General Hospital. As opposed to Kraków’s episcopal visitations, secular governmental organs performed this particular inspection, thus representing a considerable change in the spirit of the times.

According to the inspectors, a guardhouse staffed by two soldiers protected the hospital’s entrance. Next to the guardhouse, somewhat separated from other structures, a

⁹ Ibid, “*tatarską robotą*.”

¹⁰ Ibid., 84, “*w której piec jest zły*.”

¹¹ Ibid., “*locum secretum, które potrzebuje znacznej reperacyi*.”

small chamber sheltered young boys sick with chicken pox. The gates remained closed at night, though next to them a special baby depository made sure anybody wishing to leave unwanted infants could do so at any time of the night. Two attendants and a heated chamber waited patiently for the tiny deposits on the other side of the chute.

Beyond the gates, in the hospital's courtyard, a large free-standing structure included a dormitory housing thirty-eight older boys, rooms for those who paid for their stay, and four women paid for by Royal expense accounts. Near this dormitory stood eight small rooms for the mentally ill.

On the left side of the main gates one could find a room staffed by a Sister of Charity responsible for accepting new patients, the paying of salaries to the hospital wet nurses, and the reception of infants abandoned during the day. Leaving that chamber, a hallway connected to a stairway leading to the cellar that acted as a storage place for the weak beer served to the poor and sick, and to the refectory, used as the dining chamber for the Sisters and for all those who stayed in the hospital for a payment. Then came the Sister's private kitchen and the water-pump and fireplace equipped general kitchen, followed by a room to house the four female cooks, and then another kitchen used to roast meat and fatty things. Next, a bakery preceded the first *stuba magna*, the Saint Vincent chamber, rather large, with altogether eighteen windows and fifty-four beds, forty-one of which were segregated from each other by curtains for better privacy. The inspectors noted the presence of sixty sick in this room, indicating some overcrowding. A small chapel utilized as a place of religious instructions for the children raised by the hospital could be accessed from the St. Vincent chamber, as could the second *stuba magna*, the St. Alexis chamber that housed fifty-seven sick, old servants, and a mangle.

The third main chamber, of St. Roch with sixty-eight beds, and a smaller room for nine cases of *prurigo*, adjoined the St. Alexis.

Near the St. Alexis, located above each other on two stories, were placed four small chambers for expectant mothers wishing to give their birth in secret. In between them the Sisters placed a laundry, and the quarters of the hospital carpenter and a wheelwright. Another staircase led up from the St. Roch chamber to the second story room dedicated to St. Kunegunde and housing seventy-two beds. From there one could enter a smaller chamber with ten beds, and a “dark” corridor leading to a special room for thirteen “smelly and not very well behaved” people. This dark corridor also accessed the St. Barbara chamber where twenty-eight adult women and sixty-seven younger girls found shelter and care. Up on the attic, following a set of stairs from the St. Barbara’s chamber, the visitors entered the room for wet-nurses and their charges that included ten large beds, presumably for the wet-nurses, and ten large cradles capable of holding four infants each. Further, beyond a small kitchen, one entered a chamber for older children and their caretakers. At the time of the inspection this chamber housed thirty-six small boys, six small girls, and their five caretakers. From here stairs, under which were located the pantry and a few small rooms for very young girls, led down to the second floor and to a hallway that connected to the two main dormitories for girls, with thirty-two and forty-two beds each respectively, a smaller chamber for nine beds, a room where the girls ate and sowed, and to the hospital church.

On the other side of the church, a similar hallway connected to chambers slated for the use of small boys. The more talented were taught arithmetic by a priest that lived next to the church. The rooms adjoining the hallways once again included two main

dormitories, and then a refectory and a room for schooling. From the hallway a set of stairs led up to the archives, and rented apartments, one of which where a certain “Ms. Golszteyn sleeps together with three others who are there for her care and supervision.” One could only suppose that Ms. Golszteyn might have been a mentally ill resident whose stay and specialized care were paid for by her family.

Another dormitory for girls and a room where they sewed and did other handiwork, the Sisters of Charity infirmary, three dormitories, the chambers of the Sister Superior, wardrobes for the priests, the Sisters, and the children, as well as small storages and magazines for flour, are rather more difficult to place in the plan of the hospital, though from the description present in the inspection, they seemed all to have been located near each other and not far away from the boy’s wing.

The priests lived in their own wing. They had their apartments, their refectory and an oratorio, together with a small library. Steps led down to the pharmacy and the laboratory, where certain medications were prepared.

Beyond the hospital proper stood other buildings important to the institution’s survival, including stables, a brewery, pigsties, a mill, chicken coops, a slaughterhouse, a granary, and a coach house.¹²

There exist many more descriptions of various hospitals done by visiting bishops. Sometimes there are multiple physical descriptions of the same hospital done at different times, as in the case of Kraków’s St. Sebastian and Roch hospital for those afflicted with

¹² Podgórska-Klawe, *Szpitala warszawskie* [Warsaw’s Hospitals], 110-115; Manuscript no. 232, pp. 221-225, *Opisanie szpitala generalnego stosownie do Uniwersału Przświetnej Deputacji w Komisji Policji Obojga Narodów* [A description of the General Hospital made in light of the Proclamation of the Deputation of the Police Commission of Both Nations], *Archiwum Królestwa Polskiego* [The archive of the Kingdom of Poland], AGAD.

syphilis, which allows the historian to trace the progress, or, sadly, in many cases the decay of these institutions over time, as is the above case.¹³ Though it would be tedious to include all such accounts, they nevertheless form the best sources for our current understanding of the physical conditions of these important institutions of mercy.

It is also difficult to generalize about the physical condition of the many smaller urban or village institutions, some of which were quite ephemeral, and which were never depicted in as minute details as the representative city hospitals in the visitation records. Nevertheless, from an amalgam of sources, a few things could be said about these less impressive structures. For one, hospitals were always associated with churches. Most often both institutions adjoined each other, so that one had to go through the church or chapel to enter the hospital proper. In some extreme cases, even if the parish lacked a hospital building, a few poor could always find shelter directly in the church.

A vast majority of hospitals were simple single story buildings, made of brick and mortar or wood in the cities and towns, and mostly wooden in the villages, with a single or a double room (to separate the men from the women) housing the poor and the sick together (only the largest even attempted to segregate the healthy from the ill in an *infirmaria*, and mostly only on special occasions of dire emergency), in a manner similar to the English “infirmarium-hall” design. Exceptions to the single-or-double-room hospitals existed of course, as the Holy Spirit of Kraków indicates, but were reserved for the

¹³ According to the 1599 visitation of Cardinal Radziwiłł, the St. Sebastian and Roch hospital consisted of six buildings, the first three of which were utilized for the care of the syphilitics, the fourth for treating those sick with other communicable diseases, the fifth was given over to the hospital accountant with his family and also for the maintenance of some healthy poor, and the sixth housed the hospital priest and the surgeon. Bishop Łubieński's 1702 visitation finds only two buildings, one for the syphilitics and the housekeeper, and the other entirely taken over by the hospital priest. The other four no longer existed.

better-to-do city *prepozytura* hospitals. Those structures could possess three, four, or even more main rooms.

Stuba magna, or the large chamber, often called a *hypocaustum* or a heated chamber, usually the principal room of the hospital, provided the center around which revolved the life of the inmates. The chief features of these living quarters, besides the beds of course, would be provided by a heating stove and also possibly an altar, two things well represented in Lipski's visitation of the Holy Spirit. The stoves were made of clay, stone, or bricks, rarely of colored tiles, as they were in the Holy Spirit of Kraków. Religious works such as paintings and drawings also found their way onto the altars and walls of these rooms, ensuring the patients a steady presence of inspirational materials, and turning these hospitals into repositories of local art, now, unfortunately, almost entirely lost. Slogans advertising the presence of the hospital and asking for charity from passers-by, would sometimes be engraved above the entryways.

Smaller chambers called *camerae* that flanked the main rooms were another feature common to most hospitals. These were often but niches to house the beds, or even just curtain partitions to provide the poor with a semblance of privacy. Sometimes, however, they were actual additions, called a *komoda*, with their own lock and key. The hospital staff might have also utilized such rooms as priestly quarters or as storage areas.

Larger town and city institutions could also boast additional improvements, such as an atrium or a kitchen (*culina*). Though kitchens did exist in some parish hospitals, they were rather uncommon, as they represented an investiture in resources and upkeep that few village institutions could afford. In such cases the *stuba magna* of *hypocaustum* served as the place for cooking and food preparation.

Especially in the small village institutions there seemed to have been no thought given to the improvement of the inmates' lives by modernizing the traditional hospital architecture. Góral ski finds that the floor plans of sixteenth-century hospitals he researched in the archdeaconate of Lublin were no different from the ones built in the eighteenth century. Building hospitals in the pattern of a cross as was done at the *Ospedale Maggiore* in Milan was virtually unknown in Poland, while the format of a square surrounding a courtyard did not become popular until the latter part of the eighteenth century, and that, of course, only in the major cities. In most of the village institutions no logical steps were taken to increase the area given over to the poor, even though their numbers increased over the decades and centuries.¹⁴

As most hospital buildings, especially the ones found in the countryside were made of wood, their survival often depended on matters of chance, the climate, and the local community's available resources and willingness to use them. As it turned out, wooden buildings rather quickly succumbed to the elements, and where the community or the church did not react equally quickly to renovate them, eventually collapsed into ruin, leading to the abandonment of the hospital. Brick structures enjoyed better longevity, sometimes becoming an architectural attraction, as did Kraków's Holy Spirit

¹⁴ Zbigniew Góral ski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals before the Partitions], 36; Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 94; Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 207, 215; Prescott, 4, 5, 55; Orme and Webster, 91. In England, for instance, even late medieval hospital design was moving towards providing the staff and inmates increasing comfort and privacy. Also, from the fourteenth century onward, a design that included the courtyard in the middle dominated English hospital building programs. Smaller Polish hospitals simply did not have the resources to make those adjustments.

hospital until its destruction in the nineteenth century, and as is the still standing building of the hospital in Kazimierz nad Wisłą.¹⁵

On the other hand there were also instances of brick hospital buildings reverting back to wooden ones. This usually occurred in the countryside after the destructive wars of the early eighteenth century. Many hospitals, sometimes even the well endowed and properly built ones, turned into ruins due to the devastation caused by the Swedish, Saxon, and Russian armies in the Great Northern War. Local communities, mindful of the need that hospitals filled, were quick to rebuild their fallen institutions, but the war left them often too poor and lacking for resources to recreate the buildings in their previous state. Surdacki's research led him to believe, for instance, that in the case of the province of Greater Poland the overall numbers of brick hospitals were greater in the seventeenth century, than in the eighteenth century. War devastation and the collapse of Polish economy in the latter part of the seventeenth and the early part of the eighteenth century accounted for this apparent retrograde movement.¹⁶

Hospital roofing also deserves our attention. Here, like everywhere else, there existed a wide gap between village and urban institutions. Even in the eighteenth century the majority of roofs of village hospitals were still covered with straw, or a straw-thatch combination. Thatch, though also used, did not seem to have been as popular as straw. Brick tiles and wooden shingles dominated the roofs of town and city hospitals. The poor quality of most village hospital roofs, of course, constituted the principal cause for the

¹⁵Karpiński, 49; Podgórska-Klawe, *Szpitałe warszawskie* [Warsaw's Hospitals], 10; Zbigniew Góralski, "Opieka społeczna i szpitalnictwo w dawnej Polsce," [Social care and hospitals in Old Poland], 98; Góralski, *Szpitałe na Lubelszczyźnie* [Lublin area Hospitals], 39.

¹⁶Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 221-222.

short lifespan of the building. Vulnerable to both fire and rain, straw roofs were grossly inadequate for their function, but due to the depressed social and economic condition of the seventeenth- and eighteenth-century Polish villages, they were the most that could have been done under the circumstances.¹⁷

Another common feature of the vast majority of Polish hospitals was their inability or unwillingness, at least well into the eighteenth century, to segregate the sick from the healthy poor. This was, of course, due in large measure to the lack of space and resources on the part of most village and some urban institutions. Nevertheless the ignorance of the consequences of such a mixing on the part of the hospital staff, and their continuing efforts to provide general care for everyone keeping with the spirit of Christian charity, augmented the problem. Only the best administered, and, one might add, the best-funded institutions of mercy, such as Kraków's Holy Spirit, which, based on Lipski's visitation, had specialized wards, were able to follow the exhortations of visiting bishops and cardinals on this issue. The St. Roch hospital in Warsaw had enough funds and resources, for instance, to maintain two separate chambers for sick inmates, one for the normal cases, and one for the so-called "difficult sick," or those who "did not behave too well and smelled bad."¹⁸

¹⁷ Ibid., 222, 230.

¹⁸ F. Groër, "Opis Szpitala św. Ducha w Warszawie," [The description of the Holy Spirit Hospital in Warsaw] In Rys historyczno-statystyczny szpitali, Vol. 1. [Historical-Statistical account of hospitals] (N.p.: n.p., 1788), 508-512, "smrodliwych i niepięknje się zachowujących," Karpiński, 50; Podgórska-Klawe, Od hospicium do współczesnego szpitala [From hospice to the modern hospital], 101; Manuscript no. 232, pp. 140-145, 221-225, Opisanie Szpitala Generalnego Warszawskiego [The Description of the General Hospital of Warsaw], Archiwum Królestwa Polskiego [The archive of the Kingdom of Poland], AGAD.

The Inmates

As stated in the preceding chapters, most hospitals offered rather general services, meaning they accepted the sick, and also the old, the invalids, the poor, orphans, and foundlings of both sexes, as well as newly expecting mothers. In the twelfth and thirteenth centuries hospitals also acted as stopovers for pilgrims and poor travelers, and because of that function were usually constructed outside of city walls on the major merchant trails and tracts. Such hospices offered a place to spend the night, or even a place where one could outlast a sickness caught on the trail. Pilgrims traveling between places associated with a religious cult and later merchants and their associates traveling after profit ensured that early hospitals arose near large concentrations of population. As the prevailing social conditions, including warfare, sickness, and natural disasters created a sizable pauper population within any city, and since placing oneself into the care of a charitable institution would alleviate the poor's most pressing needs and even provide them, as hospital wards, with the same tax-exemptions that the hospitals came to enjoy, many hospitals soon faced overcrowding.

Because of the lack of sources due to hospitals not keeping a running record of their inmates, a fact already lamented by bishop Lipski, it is impossible to note with certainty the total number of those supported by hospital institutions over the centuries. Nevertheless it is feasible to calculate the approximate number of patients in a few hospitals based on their size and, more importantly, on many visitation records.

The number of inmates in any given hospital depended on a variety of complex issues. The local environment played, of course, an important function in determining the size and capacity of hospitals and the numbers of those wishing to find succor.

Though, as Surdacki believes, there existed an undeniable relationship between hospital creation and the social need felt in a geographical area, nevertheless such an equation had to undergo modification due to a number of factors.

Hospitals, it should be noted, were but a single version of social care present in the lands of the Commonwealth. In the villages, older, traditional forms of communal care, such as the *wymowa*-style old age care, and the *gromada* peasant collectives, and in the towns and cities low-interest credit associations and Confraternities, provided for some of the people that otherwise would be helped by the hospitals.¹⁹

Before the seventeenth century, traditional village cooperatives and already existing *prepozytura* hospitals had to take care of the vast masses of village poor for whom parish hospitals were still not yet created. Because of the multiplicity of social-care approaches existing in the countryside, especially ones associated with the traditional *gromada* peasant organizations that revolved around self-help, the population of the agrarian parish hospitals never really equaled the population of the urban institutions.

Geographical and historical events also played a part. The frequent wars fought by Poland between 1648 and 1721 could create a greater need for hospitals by increasing

¹⁹ See Andrzej Wyczyński, "Opieka nad ludźmi starymi na wsi polskiej w XVI wieku," [Old age care in a sixteenth century Polish village] in Hanna Zaremska ed., *Biedni i Bogaci: Studia z Dziejów Społeczeństwa i Kultury* [The Poor and the Rich: studies of culture and society] (Warsaw: Wydawnictwo naukowe PWN, 1992). *Wymowa* consisted of accepting certain obligations, usually involving the promise of a living space, monetary security and health care, on the part of a family member taking over a farming establishment from an older member of the community. These guarantees, being legally binding, also included a provision for assuming all debts and duties of the older person receiving the *wymowa*, and were subject to a monetary penalty should any stipulation on the part of the younger beneficiary of the farm and land be not fulfilled. Though most *wymowa* existed within a hereditary environment, thus ensuring that the care for the old would be carried out within a familial context, often enough the persons giving the *wymowa* were strangers who had to conform to the requirements in order to purchase land or a farm from an older land-holder. The system virtually guaranteed a form of care for the older members of the peasant community who otherwise would find themselves destitute because of their diminished work potential. As with many other peasant traditions and customs, the *wymowa* survived in Poland well into the twentieth century.

the numbers of poor in one area, or entirely depopulate the next region, leaving the hospitals as empty husks. Noble whim, contained in the foundation documents of many institutions, could set the numbers and kind of poor the hospitals could accept without any recourse to or consideration of the prevailing local conditions or the social need of those so helped. Eventually, however, the financial and material position of a particular institution acted as the final arbiter of the hospital population. Partially dilapidated and resource-strapped village parish hospitals simply could not support the same number of inmates as could the much better endowed urban *prepozytura* institutions. Misuse of hospital space, such as renting of rooms to tenants or persons associated with the administration also severely limited hospital capacity.

In many instances the numbers of poor to be helped depended more on religious symbolism than on a consideration of the local social need. Standard hospital capacity often included three beds, a symbol of the Holy Trinity, or twelve, a symbol of the Twelve Apostles. With the passage of time, of course, as the influx of the poor increased or decreased according to the prevalent social conditions, so did hospital capacity.

According to bishop Padniewski's 1568 visitation, the Holy Spirit hospital in Kraków housed about 300 patients in winter and 150 in summer, in addition to about thirty or forty children. The seasonal disparity, present in other hospitals as well, was due to the influx of migrant laborers into the cities following the conclusion of the harvest in the countryside. The registers kept by Regiomontanus, *praepositus* of Kraków's Holy Spirit in 1582, support this number, as they show around 450 souls served by the hospital. Bishop Lipski's 1739 visitation of the same institution found about a hundred sixty inmates, only a few of them actually ill. The majority of those helped were therefore

healthy poor, some of whom came to the hospital to seek shelter only for the night.

Bishop Załuski's visitation in 1748 found ninety-four adults and some children. A quick perusal of some end-of-eighteenth-century *perceptorum et distributorum* records made by Wachholz revealed the presence of between fifty and eighty people on any given occasion in the hospital.²⁰

Other institutions were considerably smaller than Kraków's flagship hospital.

The original Augustinian building of the Holy Spirit Within the Walls of Warsaw possessed room enough for only twelve poor, which, as explained above, played a symbolic function. In the sixteenth century king Zygmunt the Old (*Stary*) issued a decree ordering the Warsaw's Cathedral Chapter that run the hospital to increase the number of paupers taken care of to eighty, as, in his view, there were enough resources to do so. Still, whether that number was ever reached remains a mystery, as there are very few sources that actually indicate how many poor were served by the Holy Spirit Within Walls in Warsaw, even after the extensive augmentation to the hospital done in the middle of the sixteenth century. As far as the Holy Spirit Outside the Walls is concerned,

²⁰ See Wachholz, 1: 86, 87. On December 22 1780, at the Holy Spirit of Kraków, there were 61 inmates, including 29 sick, invalid or blind, 12 older children, 9 nursing infants, 8 wet nurses, 2 pregnant women and a single midwife. In December of 1781, there were 59 patients, of whom 23 were ill. In 1782 the total number of patients was 63, of whom 26 were sick, 26 were classified as infirm elderly, 8 wet nurses, 2 expectant mothers, and a midwife. In 1784, there were 62, including 24 sick, and 9 wet nurses. In 1785 the number was 54, including 24 sick, and, again, nine wet nurses. In 1787 the hospital sheltered 87 people, or 50 sick, 23 blind and invalids, 10 wet nurses, 8 boys old enough to attend school, and 2 pregnant women. A 1786 commission counted 8 older children, 21 nursing infants, 9 wet nurses, 18 sick, and 37 invalids. It is interesting to note that hospital staff was always included in the general numbers. This was done because, just like patients, the wet nurses and midwives lived on the premises and used up hospital resources; Manuscript no. 1, pp. 77-78, 32-39, *Liber visitationis ecclesiarum in civitate ac dioecesi Cracoviensi Dei gratia episcopi Cracoviensis Philippi Padniewski, AKMK*; Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 67; "Zakon Ducha Świętego de Saxia w Polsce Średniowiecznej," [The Holy Spirit de Saxia Order in medieval Poland], 193; Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 30; Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 133, 139; Preference for symbolism in hospital capacity and design underlines the greater importance attached to the matters of the spirit than the body. See Prescott, 3, and Brodman, 2, for a discussion how this affected English hospitals.

Karpiński estimated that the hospital population declined from about thirty in 1590 to less than twenty in the 1660s.²¹

The second largest hospital in Warsaw, that of St. Lazarus, could probably maintain a few dozen poor, which was far more than the remaining institutions in the city. In the sixteenth and seventeenth century, the Holy Cross hospital could sustain up to a dozen paupers, that of the Most Holy Virgin about the same, while in 1641 the St. Benon hospital had enough beds for only five beggars. Provincial hospitals were just as small. In the seventeenth and eighteenth century the Holy Spirit hospital of Nowy Sącz housed about a dozen sick persons, which was comparable to its neighbor, the St. Valentine's. Other hospitals in Nowy Sącz could maintain only about half that many. The Holy Spirit of Lublin supported a dozen inmates in 1781, while the hospital in Kazimierz nad Wisłą, whose building exists to this very day, could house but six.

Village hospitals were usually even smaller. It must have been an extraordinary village hospital that supported more than ten poor, with the usual number hovering between half a dozen and ten. Though some foundation documents quantified the number of poor the institution meant to serve, the reality, driven by availability of resources and military and social catastrophes, often did not entirely correspond to the wishes of the founders. Some village hospitals found themselves overburdened by far more inmates than they could maintain, while on few rare instances a village locality

²¹Karwasńska, Szpital Świętego Ducha w Warszawie [The Holy Spirit Hospital in Warsaw], 52-53; Karpiński, 47.

could claim the presence of a hospital, but no poor to house therein. Of course the latter example was rare indeed.²²

As the eighteenth century drew to a close, the numbers of poor and sick taken care of in hospitals seemed to have increased, putting great strain on available resources. In 1791, a combined Civil-Military *Boni Ordinis* Commission of the Warsaw Province noted severe overcrowding during their visitation of Warsaw's hospitals. In the St. Roch Hospital, with beds available for thirty-two patients, six Sisters of Charity and a single surgeon strained to take care of hundred thirty two ailing poor, and to bring up and educate twenty one orphans. According to articles found in a leading Warsaw newspaper of the time, *Gazeta Warszawska*, the number of poor and sick taken care of by the Baby Jesus, or the General hospital, increased between 1785 and 1789 from one and a half thousand per year to over two thousand.²³

²² Bogucka, "Health care and poor relief in Danzig (Gdańsk)," 207. Hospitals in Gdańsk were also rather small. The St. Jacob's Hospital for sailors housed only about a dozen. Bogucka estimated that all nine of the city's sixteenth-century institutions could provide shelter to at most three to four hundred inmates at a time. Karpiński, 46; Giedroyc, *Rys historyczny szpitala św. Łazarza w Warszawie* [A historical account of the St. Lazarus hospital in Warsaw], 59; *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 6; A., Wejnert, *Starożytności Warszawskie*. Vol. 2. [Stories of Ancient Warsaw. Vol., 2.] (Warszawa, N.p., 1872), 283-285; J., Łukasiewicz, *Krótki opis historyczny kościołów parochialnych, kościółków, szpitali i innych zakładów dobroczynnych w dawnej diecezji poznańskiej*. Vol., 3. [A short historical description of parish churches, small churches, hospitals, and other charitable institutions in the old Poznań diocese. Vol. 3.], (Poznań: N.p., 1863), 138-139; Ż., Grotowski, *Rozwój zakładów dobroczynnych w Warszawie* [The development of charitable institutions of Warsaw] (Warsaw: N.p., 1910), 27; Kumor, "Szpitalnictwo w Sądecczyźnie w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 256; *Tabellae eorum 1747*. Vol. 3, *Acta visitationis decanatus Bobovensensis 1766*, AKMK; Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 41-42; Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 119; Manuscript no. 105, p. 750, *Księga Wizytacyjna 1781 roku* [The visitation book of 1781], AKBL; Bohdan Michałowski, "Rys historyczny szpitala Św. Łazarza w Warszawie," [A historical account of the St. Lazarus hospital in Warsaw], 188. A 1792 census of the Warsaw's St. Lazarus noted 48 men and 57 women in the venereal ward, 13 men and 15 women otherwise ill or invalid, and 25 men and 30 old and poor women.

²³ Czajewicz, 56; Podgórska-Klawe, *Szpitala warszawskie* [Warsaw's Hospitals], 94; *Gazeta warszawska* [The Warsaw Gazette], 1785 no. 1; *Gazeta Warszawska* [The Warsaw Gazette], 1789. no. 2.

Because of the limited amount of space available, even such large hospitals as Kraków's Holy Spirit could not alleviate completely the social ills they were designed to combat. As the strength of the Polish Commonwealth's municipal organizations decreased beginning in the seventeenth century, and war ravages and cultural decline sapped the vitality of the nation, hospital institutions entered upon a long period of decay at a time when services they offered were needed the most by the pauperized population. As shown above the number of poor the Holy Spirit of Kraków supported actually decreased, while their total numbers were on the rise.

In order to reconcile the available resources with the general social need, many hospitals took recourse in a number of expedients. Due to the destruction of a hospital in the town of Międzychód the poor were transferred to a private residence. The Holy Spirit Within the Walls in Warsaw also initiated an outpatient services program where the poor were supported in their own places of residence. Provisor Jan Grotowski initiated this practice in the 1540s, but had to abandon it once the Cathedral Chapter, which run the hospital, decided against it on the grounds that such assistance did not correspond with the original function of the foundation.²⁴

Village hospitals, of course, did not have Cathedral Chapters to watch over them, and so placing of inmates in private peasant residences at times of need became more pronounced. Such actions might have won more acceptance in the countryside, as the traditional peasant *gromada* collectives were used to support their own.

Because of the general nature of most hospitals the inmates offered a wide cross section of the Polish society. One did not even have to be poor or sick to partake of

²⁴ Karwasińska, 53; Surdacki, Opieka społeczna w Wielkopolsce Zachodniej [Social welfare in western Greater Poland], 148.

hospital care. Some could buy a place in a hospital so as not to spend their last days alone and uncared for. For them hospitals truly acted as old age homes. In 1495 the town council of Warsaw helped an old woman to sell her property and be admitted to the city's Holy Spirit Beyond the Walls.²⁵

This ease of acceptance did not always correspond with the administration's wishes, however. Throughout the centuries, the provisors, the provosts, and later the bishops, issued call after call for greater selectiveness in the acceptance process. King Jan Olbracht's statutes of 1496 proscribed stricter discrimination in hospital admission standards. In a now unfortunately lost to us 1591 book issued by the Brotherhood of Mercy to govern the admission process for their recently opened St. Lazarus hospital in Warsaw, the lay brothers enumerated the order of acceptance. "First they [the Brotherhood] are to accept the sick rather than the healthy," the document, preserved in a nineteenth-century monograph, went on, "first those who became poor because of some misfortune, rather than those who were their misfortune's cause; first those who practice good living, rather than those who live badly; first those who themselves gave alms... first those who, being poor, tend towards some sin, than those who do not." Some healthy poor capable of work could have been received into hospitals, but only, so went hospital statutes prepared by Cardinal Radziwiłł, if they became the servants and helpers of the inmates who were unable to fend for themselves.²⁶

²⁵ Podgórska-Klawe, *Szpitala warszawskie* [Warsaw's Hospitals], 21-22; A. Wolff ed., *Księga radziecka miasta starej Warszawy*. Vol 1. 1447-1527 [The council book of the city of Old Warsaw. Vol. 1., 1447-1527], (Wrocław: N.p., 1963), 90.

²⁶ Wacław Męczkowski, "Prowizorowie szpitali w dawnej Polsce," [The hospital provisors in Old Poland], 86, 385; Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 41; Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 36; *Volumina Legum*, 1: 267, 390, 502, 2: 1243; Karpiński, 48; Malinowski, 9; Giedroyć, *Rys historyczny szpitala św. Łazarza w Warszawie* [A historical account of the St. Lazarus hospital in Warsaw], 19. The Polish original says,

The provisors were entitled to accept new inmates at all times of day or night. That they did so, however, apparently without any scrutiny of the actual needs of those who asked to be taken in, can be derived from the visitation decrees which, one after another, issue forth prescriptive measures governing acceptances and hence limiting the powers of the lay administration in that aspect.

This selectiveness became especially apparent in the sixteenth and seventeenth century, when the pressures of urban decay and loss of political rights by the municipalities pauperized many towns and cities. Kraków itself, once a bustling capital of the Commonwealth, underwent a period of decline that did not reverse itself until the end of the eighteenth century. Whereas in the countryside, following the 1518 ruling of the Royal Assessor Court, the aristocracy utilized the strengthened bonds of serfdom to control peasant vagabondage, the weakening urban centers were flooded by an influx of poor in such numbers that the existing charitable institutions were hard pressed to deal with them all. Active selection of hospital patients became a paramount issue.

One of the leading causes for turning supplicants away, especially after the Council of Trent brought spirituality to the forefront, was religious profession. Members of faiths other than the Catholic were to be turned away, hopefully to find shelter in institutions created by their co-religionists. The process of discerning the spiritual identity of a prospective newcomer lay in the hands of the *praepositus*, whose insistence on immediate confession of the subject during the admission process had the aim of weeding out those of different sects. That this procedure did not always work, or was not

“Pierwej mają odprawować chore niżeli zdrowe, pierwej te co z samego nieszczęścia zubożeli niżeli te, którzy sami przyczynę dali, pierwej te, które dobrze żyli, aniżeli te co źle, pierwej te co sami jałmużnę czynili... pierwej te którzy będąc w nędzy do grzechu się jakiego skłaniają, niż te, którzy są w samej cielesnej nędzy.”

even followed, is attested from the innumerable mentions made by the visiting bishops. Certain claims against the provisors, such as the attack against Erazm Czacotka at the Kraków's Holy Spirit in the sixteenth century, maintained they allowed access to heresy within the walls of the hospital. That particular provisor became, in the eyes of the ecclesiastical establishment, a veritable boogey-man, whose financial misdeeds paled in comparison to his lack of proper religiosity. Called '*maius hereticus*' himself, he became the favorite target of the bishop's attacks.

In order to lessen the hospital burdens by eliminating from its premises those no longer needing help, in his visitation decree of 1599 Cardinal Radziwiłł ordered that women who came into the Holy Spirit of Kraków to give birth should not dally and should be sent out of the institution posthaste after having done so, if healthy, leaving their infants in the care of wet nurses. The 1638 decree of bishop Zadzik also illuminated the necessity to keep only as many patients as the hospital had room for, once again blaming the provisors for stretching hospital resources to their breaking point. That hospitals should not overreach themselves became the call of two of Kraków's synods, held in 1621 and 1711, which gave the ultimate authority over how many poor a hospital was designed to serve to the local physicians. This experiment failed, as there were simply not enough doctors associated with hospitals at the time to successfully gauge their capabilities.

Bishop Zadzik suggested that those still capable of gainful employment or those with monetary resources be refused admittance, as should those of bad temper and alcohol dependency. Cardinal Maciejowski seconded those worries, indicating that the ancient distinction between the deserving poor, namely the orphans, widows, the old, sick

and infirm, on one hand, and the so-called undeserving poor, or all those young enough and healthy enough to have some means of support or even capable of begging for themselves, be strictly maintained and that the latter should be turned away from hospital institutions. A similar decree made by Zadzik in relation to his visitation of the St. Roch Young Scholar's hospital of the same year forbade the shelter from accepting anyone other than students of the Jagiellonian Academy, obviously implying such abuses of the hospital functions were rather common. Cardinal Lipski's 1739 visitation repeated Zadzik's worries, and noting a large disparity between the sick and healthy inmates, ordered that from hence on, only those actually ill or with bodily defects should be admitted, while all the healthy poor, as long as they could still work or even beg for alms on their own, must be refused entry.²⁷

The fact that so many bishops had to repeat their prescriptions as to who should and should not get in only proves that the actual situation hardly corresponded with the theoretical models espoused by the church. As long as the lay provisors maintained even a modicum of functional independence, the ecclesiastical establishment could never be sure of timely execution of its decrees. This is not to say, however, that every single visitation decree came to naught. The increase in the numbers of sick inmates in the eighteenth century forced some hospitals to close their gates to healthy poor. The St. Lazarus in Warsaw, for instance, expelled its healthy inmates in 1760 to become, for all practical purposes, a hospital treating those with venereal diseases.²⁸

²⁷ Wachholz, 1: 86-87, 116; Karpiński, 48; Tadeusz Glemma, Z dziejów miłosierdzia chrześcijańskiego w Polsce [From the history of Christian charities in Poland], (Kraków: N.p., 1947), 29; Góralski, Szpitały na Lubelszczyźnie [Lublin area Hospitals], 42; Manuscript no. 43, Acta Visitationum II., Et Rev. D. Jacobi Zadzik, AKBL.

²⁸ Michałowski, 188.

The tradition of paying the *wkupne*, or an admission fee, proliferated through Polish hospitals even while the bishops' visitation reports railed against it. In sixteenth- and early seventeenth-century Gdańsk the *wkupne* varied between twenty and two hundred Prussian Marks. In Nowy Sącz's hospital for widows, for instance, the *wkupne* amounted to four *złoty* if the woman came from Nowy Sącz, and six *złoty* if she came from the outside. In 1601 the hospital of Kraśnik, near Lublin, accepted onto its promises a blind daughter of a local farmer, who in return for shelter signed over to the institution as *wkupne* the use of a portion of her fields for as long as she remained in the hospital. Though in many hospitals *wkupne*, which could range from a few to hundreds of *złoty* or even a payment in kind or a transfer of land, became a pauper's bane, exhorted by the administration on prospective patients, in some other cases its payment could provide the institutional health services the subject would otherwise lack. *Wkupne* thus became a favorite way for the poor or those wishing shelter in a hospital to conveniently circumvent the stringent regulations set by the bishops on who should get in.²⁹

The paying of *wkupne*, which could be paid either by the incoming patient or by anyone concerned wishing to pay the fee on his or her behalf, was also often utilized as a sign of patronage by the municipal councils and local *szlachta*. The urban councils and nobility favored certain individuals over others and the paying of *wkupne* usually assured a place in the hospital for their choices.

²⁹ Bogucka, "Health care and poor relief in Danzig (Gdańsk)," 207; Kumor, "Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 244-245; Karpiński, 48; Michałowski, 187; Góralski, "Opieka społeczna i szpitalnictwo w dawnej Polsce," [Social care and hospitals in Old Poland], 88; *Szpital na Lubelszczyźnie* [Lublin area Hospitals], 43; Manuscript no. 4, p. 57v, *Księga Miasta Kraśnika* [The book of the city of Kraśnik], WAPL.

The favored poor, of course, came in many shapes and sizes, and the reasons for municipal and noble patronage over them were varied and many. Sometimes old serfs asked their lord to place them in a shelter after years of loyal service. In the cases of urban hospitals, the candidates often hailed from the middle classes, were merchants or their widows who fell on hard times, or even former members of the municipal councils pauperized by a bad turn of events. In such cases the town administration felt obliged to take care of its own and assure them of hospital care. In villages, *gromada* cooperatives sometimes requested the placing of some of its members into shelters and hospitals. In other cases, the favored poor were local paupers and beggars, well known to the community and to their lords, and often attached for a long period of time to a particular church. These locally known *dziady* or *baby kościelne* would be shown preference over non-local vagabonds who, as the so called *ludzie luźni*, or unattached people, would stir the general medieval local apprehensions against anything foreign.³⁰

On the other hand some hospital patients might have entered the institution against their will. Once a week, in accordance with their statutes, the brothers and sisters of the Holy Spirit Order, sometimes augmented by students from the Kraków's Academy, roamed the city, finding and collecting beggars, to bring them into the safety of the hospital. These practices, utilized also in other places besides Kraków that the Holy Spirit Order maintained a hospital, like in Sandomierz, served a dual purpose. First, the brothers and sisters sought out those who, for one reason or another, were incapable of

³⁰ Karpiński, 48; H. Ruciński, "Szpital w Koprzywnicy (XV-XVIII w.)" [The Koprzywnica hospital (fifteenth - eighteenth century)], in *Materiały do dziejów społeczno-religijnych w Polsce* [Materials in the socio-religious history of Poland], (Lublin: N.p., 1974), 103; Góralski, "Opieka społeczna i szpitalnictwo w dawnej Polsce," [Social care and hospitals in Old Poland], 88; *Szpital na Lubelszczyźnie* [Lublin area Hospitals], 44; Męczkowski, "Prowizorowie szpitali w dawnej Polsce," [The hospital provisors in Old Poland], 86.

making their own way to the hospital. These “beggar hunts” might have been the only means for those unfortunates to find the relative safety of a shelter. However, the second function these hunts served was to limit the visible proliferation of poor and vagabonds in the streets of Kraków, hence to eliminate the social ills associated with the uncontrolled poor. The reaction of those so collected by the monks of the Holy Spirit to their ‘rescue’ from the streets is, unfortunately, unattested in any source that came to light so far.

In their quest to remove the sick and poor from the streets of Kraków, the Holy Spirit monks used a specially prepared chair into which they would place their newest charge, and carry him or her back to the hospital. In 1738, doctor Jacek Łopacki, visiting the hospital on behalf of Cardinal Lipski, ordered that chair replaced with a newly constructed bed, replete with a mattress, pillows, a sheet, and other amenities, to which were attached two stools. Very sick patients would be put in the bed, while less-ill individuals were to take their place on the stools, so as to be carried three at a time back to the hospital. Similar equipment and methods were used in the Holy Spirit Beyond Walls of Warsaw.³¹

Such pro-active means of targeting and finding the poor for inclusion in hospitals were not limited only to Kraków’s Holy Spirit. Collecting the sick lying in the streets became one of the responsibilities of the Jesuit-organized St. Nicodemus Brotherhood of

³¹ Antosiewicz, “Opieka nad Chorymi i Biednymi,” [The care for the sick and the poor], 67, 68; “Zakon Ducha Świętego de Saxia w Polsce Średniowiecznej,” [The Holy Spirit de Saxia Order in medieval Poland], 189; *Constitutiones provinciae Poloniae Ordinis Sancti Spiritus per Petrum Saunier* (Roma: N.p., 1652), cap. IV, VI, VII, VIII; Manuscript Nr. 633/I, *Regula Sancti Spiritus domus eiusdem ordinis in Cracovia*, Biblioteka Ossolińskich we Wrocławiu [The Ossoliński Library in Wrocław]; Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 45; Wacław Męczkowski, “Szpital św. Ducha i św. Trójcy w Kaliszu,” [The Holy Spirit and Holy Trinity Hospitals in Kalisz], 226; Podgórska-Klawe, *Szpitala warszawskie* [Warsaw’s Hospitals], 30; Długosz, *Liber Beneficiorum*, 51. Długosz notes that the monks of the Holy Spirit’s Sandomierz hospital also searched for orphans and poor through towns and villages. See also Flynn, 51. Apparently similar tactics to clear the streets of the begging poor were utilized in other European states as well. In sixteenth-century Spain aristocrats belonging to lay confraternities performed these functions.

Vilno. In eighteenth century Warsaw, the Brotherhood of St. Benon used similar tactics in periodic scouring of the capitol's streets in search of as many runaways or abandoned boys as the Confraternity could maintain in their St. Benon orphanage. The Warsaw's St. Roch Brotherhood, the founders of the St. Roch hospital, utilized male and female officials called visitors (*wizytatorzy* and *wizytatorki*) to actively seek out those in need who did not know where to turn for help. The visitors were to keep to the following statutes, promulgated by the St. Roch Brotherhood towards the end of the eighteenth century: "first the visitors are to ask the ill and the sick if they are in need of a priest to perform the Sacraments, then to ask of their material need, poverty, and sickness. The first to be registered will be the poor who are members of the St. Roch Brotherhood, then those who belong to the parish [of the Holy Cross]. First those who are faithful Catholics, then those of other faiths, though this order should only be maintained if the equality of poverty allows it. If a person of other faith should be in greater immediate need than a Catholic or a brother or sister of the Brotherhood, then that person is to receive precedence in being registered. The officials of the Brotherhood must be just in judging such cases. They are to focus on those with children, on those in danger of losing their virtue, on those poor and sick because of bad fortune, rather than on those who are unfortunate, though without children, or on those who owe their heavy misfortune to their own roguery or willful vices." Other beggar hunts, however, were less motivated by real notions of charity but rather by fear of social disruptions caused by the uncontrolled poor. And so, in the latter half of the eighteenth century the Baby Jesus hospital in Warsaw quartered a dozen royal soldiers employed in forcefully bringing beggars and vagabonds into the institution. A major hunt initiated in 1791 by the Police

Commission for Both Nations on the streets of Warsaw netted many poor into the waiting hospitals.³²

Those who, for whatever reason, were admitted to the hospital, had to fully commit themselves to uphold the often-stringent rules and regulations found within. By becoming the wards of the hospital, the inmates assumed a number of legal consequences that considerably limited their freedom of action in return for the transfer of responsibility over their well being to the institution. Polish historians rightly noted that the poor and the sick, once placed within the shelters, were expected to follow a code of conduct that reminded one of regulations found within a religious order. By placing great stress on the moral and spiritual upbringing of the inmates, as well as by ordering their daily routine and behavior, the hospital statutes and constitutions attempted to mold their charges into thankful, meek, and humble paradigms of the receivers of Christian charity. For that reason, any attempt on the part of the inmates to regain their independence, or to not follow fully the rules and regulations presented them, led to swift punishment and retribution.

Since most of the hospital regulations were similar in nature it is possible to list some of their more pertinent parts dealing with inmate behavior. The sick and the poor were expected to follow all of the administration's orders, whatever they might be. They were to co-exist in perpetual peace with each other, resolving all interpersonal conflicts by recourse to the administration's opinion. Those healthy were to take care of those

³² Czajewicz, 21; Giedroyć, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 11, 63; Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 46; Erekcja Szpitala Nowego Generalnego dla Ubogich w Mieście Stołecznym Warszawskim pod dykcją W. M. XX Congregationis Missionis, r. 1761 [The erection of a New General Hospital for the Poor in the capital city of Warsaw under the direction of the *Congregationis Missionis* fathers], Teczka – Szpital Dzieciątka Jezus [Baby Jesus Hospital Folder], ASMW; Manuscript no. 208, Archiwum Królestwa Polskiego [The archive of the Kingdom of Poland], AGAD.

who were sick. Swearing, arguments, theft of personal property, and acts of bodily harm were strictly forbidden, as was drunkenness, a vice that appeared quite often in protocols and visitations. An interesting crime the administration was often on a lookout for, and prescribed heavy penalties for, was the use of sympathetic magic and fortune telling among the patients. Found mostly, but not exclusively among women, the perpetrators, after a warning given to first-time offenders, were expelled by the priest from the hospital premises.³³

The inmates were expected to advise the administration of any attempt to leave the hospital grounds and could do so only after receiving consent. Once outside the poor were expected to mind alms-boxes and beg for alms themselves at specially designated areas, mostly near churches associated with the hospital. Under no circumstances were they to enter beer-halls or inns. Should it be proven to one that he “danced in a public inn, the first time he’s to be punished, the second time he’s to get nothing to eat, and after the third time he’s to be sent away [from the hospital] by the priest.”³⁴

The above prescription of what to do with an inmate who visited one too many inns also gives us an inkling into the types of punishments most commonly seen in a hospital setting. The expulsion from the institution was, as can be expected, its highest form, especially when combined with a sort-of blacklisting that would prevent one from entering any local hospital. There were also other measures the administration could utilize against recalcitrant inmates. Most common ones involved the so-called *skarcenie*

³³ Kumor, “Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym,” [Hospitals of Nowy Sącz in the pre-partition period], 256-257; Manuscript no. 25, pp. 56, 80, 251, Visitatio 1608, AKMK.

³⁴ Kumor, “Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym,” [Hospitals of Nowy Sącz in the pre-partition period], 257; “Nawojowa” (1739), Archiwum Diecezjalne w Tarnowie [The Tarnów diocesan archive]; Manuscript no. 25, pp. 56, 80, Visitatio 1608, AKMK.

or removal of the offender from a share in the alms-money. They could also be removed from participation in the meals, or even incarcerated in a *kuna*, or a lock-up.

Some sources associated with Warsaw's hospitals lead one to believe that the poor sheltered were often divided into two categories. Some, such as those healthy enough to work or those who stayed in hospitals for a short period of time were offered only a roof over their heads and a weekly allowance for bread. The sick, the old, and anybody else deemed worthy by the administration, such as retired priests and well-to-do widows, would be admitted *na porcję*, meaning full room and board. The Holy Spirit Within the Walls of Warsaw, for instance, kept a separate chamber for old and ill royal servants, who received better treatment and food portions than the rest of the hospital population. Of course it stands to reason that such a distinction mostly existed in the rather better endowed city institutions, where magistracies and provisors could send their own candidates to be kept *na porcję*.³⁵

The plight of hospital children was often striking. Just like everywhere else unwanted babies were particularly at risk in a society that did not allow access to even rudimentary aspects of birth control. The hospital thus became, out of necessity, an institution responsible for dealing with the considerable numbers of unwanted and abandoned infants. Their survival, upbringing, schooling and eventual careers all rested within the purview of the hospital, whose responsibilities were therefore quite extensive, and whose success in the matter could only be accomplished by the creation of a system built specifically for that purpose. Since prenatal and infant care, however, were viewed from the same perspective as all other hospital functions, meaning as a single part of the

³⁵ Podgórska-Klawe, *Szpitala warszawskie* [Warsaw's Hospitals], 49-50, 97.

concept of Christian charity on which the hospital institution was based, no such unitary edifice was ever built, and the sheltering and support of children was allocated never more than a fraction of hospital resources. A fraction proved not to be enough, and the grave consequences stemming from this misallocation marred any heartfelt attempt to bring succor to those who were helpless and who needed it most.

A newborn could enter the hospital in a number of ways. First, it could have been abandoned on the hospital doorstep or in its vicinity. Large hospitals, such as Warsaw's Baby Jesus possessed the already described baby chute where anonymous mothers could leave their unwanted offspring. Bishop Lipski suggested a bell, like the one that hung in the stairway of the Holy Spirit Hospital of Kraków, which would be rung by anyone bringing in an unwanted child, day or night. The staff would then accept such a child without asking questions whose infant it was or a reason for its abandonment but would ask whether or not the child had been baptized. If not, then the hospital priest performed baptism on the premises, the surgeon marked the child with a sign of the cross on its leg, and the provisor signed it into the hospital books.³⁶

A second way for infants to be received was for expectant mothers to check into hospitals for the entire duration of their pregnancy or only in order to give birth. Major hospitals, such as Kraków's Holy Spirit, did seem to have offered the services of at least a single midwife, as a quick perusal of the eighteenth century *perceptorum et distributorum* rolls indicate. Once a child was delivered, the mother could check herself out of the hospital leaving the baby in its care, no questions asked.

³⁶ Wachholz, 1: 90.

In times of war or other social disasters the numbers of older orphans or runaways dangerously swelled the vagabond population in major cities, and especially in Kraków. At those times, as already indicated Kraków hospitals would launch a veritable hunt for such children in order to prevent their criminality. Utilizing the students of the Jagiellonian Academy as the posse, the hunts apprehended the street urchins and brought them to hospitals, where they were washed, quarantined, and dressed in clean clothing, becoming wards of the institution. Academy students who participated in such hunts were paid for their trouble by the hospitals, as the 1701-1705 Holy Spirit registers indicate.³⁷

No matter how a child found itself in the care of a Polish hospital, however, its legal status was always clear. All orphans and foundlings were considered to be legitimate children whose parent was the hospital itself. Royal privileges maintained such status of hospital children. In 1552 king Zygmunt August issued a decree for the Home for Children orphanage in Gdańsk reiterating that all children raised there were to be thought of as legitimate, and therefore capable of taking up any crafts and holding any official positions. In 1636 king Władysław IV issued a similar decree for the St. Benon orphanage in Warsaw. Giving up a child to the hospital would thus actually eradicate the taint of illegitimacy.³⁸

From the theoretical perspective, the hospital administration and especially the visiting bishops took their responsibilities for these children very seriously. The visitation decrees were replete with special injunctions on how to bring best available

³⁷ Ibid., 91.

³⁸ Bogucka, "Health care and poor relief in Danzig (Gdańsk)," 209; Giedroyc, Zapiski do dziejów szpitalnictwa w dawnej Polsce [Notes from the history of Old Polish hospitals], 11.

care to the littlest and most helpless. Besides his already quoted decree to have practicing wet-nurses checked out for possible diseases by the hospital surgeon, bishop Tylicki implored the staff to show all due considerations for the babies' health. That many such decrees did include exceptional prescriptions attests to the bishops' high level of awareness of health issues affecting their smallest charges. Tylicki suggested, for instance, that infants and small children were to be bathed at regular intervals and that their coverings should be changed as often as possible. Children's dirty laundry should not be washed in their living chambers, as such practice could lead to the emanation of sickly humors potentially bad for their health. Neglectful wet-nurses were to be quickly disciplined.

Bishop Trzebicki followed suit, noting with heavy regret that among Kraków's citizenry the Holy Spirit hospital was more commonly known as a place of children's starvation rather than a shelter. He ordered that all wet-nurses derelict in their duties (a major concern noted in frequent decrees) should forthwith be dismissed from the hospital; that the staff should not place two infants in a single cradle, as such a situation could lead to the contagion of a healthy child by a sick one; that the wet-nurses should not be burdened with more than two babies at a time; and that the infant's chambers ought to be off limits to everybody except the competent staff.

Cardinal Lipski repeated many of his predecessors' suggestions in his own 1739 decree, reminding his listeners at the same time that hardly anything has yet been accomplished as far as the prescribed improvements were concerned. He reported with great distress that it seemed to him that instead of providing care, the hospital actually played the role of executioner, that instead of offering shelter, the hospital offered the

cemetery. To better a child's chance of survival by improving the sustenance it received, the cardinal ordered to increase the portions of the wet-nurses' diet. In order to lessen the impact of hospital overcrowding, certain children were to be given over to local suburban or village women for upbringing. These women would receive a steady pay as long as they could provide a monthly report from their parish priest of the child's progress and state of well-being. Should a child die in their care the same priest ought to provide information on the circumstances of the death, and to attest that the woman was not responsible for it. The child would stay with its adopted mother until the age of six, when it would be returned into the care of the hospital for education.

An interesting suggestion of Trzebicki concerned the replacement of beer for water in the diet of older children. Lipski, apparently impressed, ordered the inclusion of beer, as opposed only to water, in the diets of the wet-nurses as well.³⁹ The 1748 visitation of bishop Załuski also noticed the glaring lack in the quality of children's care. According to his notes, in the two years preceding the visitation, out of 252 children in the hospital, 230 had died. After repeating the decrees of those who came before him, Załuski once again concentrated his comments on the role of the wet-nurses, asking the hospital to hire more younger ones. According to the bishop, in December of 1748, the wet-nurses then employed by the Holy Spirit hospital were either too old, offering poor sustenance to their charges, or actually themselves ill with such diseases as scurvy, itch mites, and even "*morbo venereo*."⁴⁰

³⁹ Wachholz, 1: 88.

⁴⁰ Ibid., 89; Antosiewicz, "Zakon Ducha Świętego de Saxia w Polsce Średniowiecznej," [The Holy Spirit de Saxia Order in medieval Poland], 195; Manuscript no. 28, p. 440, Wizytacja biskupa Załuskiego [Bishop Załuski's visitation], AKMK.

A commission headed by father Lachmann to look into Kraków's hospitals in 1786 noted that at the Holy Spirit hospital 1983 children were either brought in from the street or born on the premises within the span of thirteen years. Out of those precisely 82 survived, the rest having died in the care of the hospital.⁴¹ This incredible 95.9 percentage of mortality apparently repeated itself in other hospitals of the Commonwealth as well. The commission again offered specific instructions to deal with the problem, and again, just as in the case of the visitation decrees, hardly anything was ever accomplished before the great political upheaval of the 1790's. The disinterest of hospital management in the person of the provisors and provosts, and the apparent ignorance of the rest of the hospital staff, turned all the well-meaning and necessary suggestions inherent in visitation and commission protocols to naught. The experience of a child placed in the care of pre-modern Polish hospitals seemed to have been dark indeed.

Older children were to be maintained at the hospital until their careers could be launched elsewhere. The Holy Spirit Hospital of Kraków, for instance, supported a school for boys where talented children were taught Latin in preparation for advancement to the Jagiellonian Academy. The first mention of the hospital school comes from the fifteenth century when in 1424 the Tyniec Convent sold one of its Kraków houses lying next to the school to the *St. Spiritu* provost. Though many of his sources can no longer be checked due to the decimation of the Polish archives during World War II, Tomkowicz's nineteenth-century research showed that the school still operated at the

⁴¹ Manuscript nos. 3398-3459, *Acta Hospitalis Cracoviensis*, AADK.

beginning of the sixteenth century.⁴² According to bishop Padniewski's 1568 visitation, however, the school building lay in a state of disrepair. By the time of the Lipski visitation in 1739, it was but a ruin, though there seems to have been an attempt to rebuild and reopen it in the second half of the eighteenth century. Finally, following Poland's demise, Kraków's municipal authorities dismantled the school building in order to broaden the *Szpitalna* Street on which it lay.⁴³

Although not all hospitals possessed an attached school, as did the Holy Spirit of Kraków, some schooling for young children was attempted nevertheless. In the Baby Jesus hospital of Warsaw, young children were taught "*in primis in Doctrina Christiana, Cathesi, ac bonis moribus, deinde in literis, Scriptura ac in Arithmetica educabuntur et si possible erit in linguis latina et germanica instruentur.*" The children in the orphanage of Gdańsk were to be taught a trade or given over to studies, depending on their talents. Similarly in the Holy Spirit of Kraków pre-teens less apt for schooling would receive instructions in trade as apprentices to Kraków's artisans. Those with beautiful singing voices could have found employment at the court's of great magnates, or, if really gifted, even at the royal court. Girls were brought up to become household servants, or, if they so chose, hospital attendants. One of Cardinal Lipski's suggestions revolved around creating a special fund from which hospital-raised girls could draw their dowries in case

⁴² Wachholz, 1: 109; Tomkowicz, *Szpital Świętego Ducha* [The Holy Spirit Hospital], 52; Antosiewicz, "Zakon Ducha Świętego de Saxia w Polsce Średniowiecznej," [The Holy Spirit de Saxia Order in medieval Poland], 191; W. Kętrzyński and S. Smolka, ed., *Kodeks dyplomatyczny klasztoru tynieckiego*. Vol. 2. [The diplomatic codex of the Tyniec Monastery. Volume 2], (Lvov: N.p., 1875), 283.

⁴³ Wachholz, 1: 110. Wachholz's description of the schoolhouse shows it in very rudimentary light. The instructor's living quarters and a large classroom occupied the first floor. All together six classrooms, some large, some small, and a connecting corridor occupied the second floor.

of marriage.⁴⁴ The existence of such a suggestion in the Cardinal's visitation decree indicates, sadly, that no such fund was in place.

The presence of schools at other hospitals did not necessarily have happy consequences. Polish church councils of the sixteenth and seventeenth century demanded the creation of a chain of parish schools that would eventually cover every single parish. The lack of resources for school construction, however, often forced many rural communities to appropriate for that reason buildings belonging to the hospital. Such developments were naturally common in cases of parish hospitals, where the hospital buildings either adjoined or were situated near the parish church, and were considered as prime candidates for the new school locale. Of course, the placing of a school in the hospital building considerably infringed on the institution's ability to sustain and dispense help to the poor. The appropriation of its premises also placed limits on the number of paupers the hospital could shelter.⁴⁵

Just as in the case of children, visitation decrees also implored the hospital staff to take better care of the adult patients. Once again the bishops involved themselves in setting minute and detailed suggestions designed for the well being of the hospital charges. Once again these suggestions responded to the general disinterest or simply to the lack of enterprise in such matters shown by the hospital administration, and, once again, their constant repetition pointed to the pervasive failure of the staff to bring about the required changes.

⁴⁴ Ibid., 91; Giedroyc, Zapiski do dziejów szpitalnictwa w dawnej Polsce [Notes from the history of Old Polish hospitals], 11.

⁴⁵ Góralski, Szpitala na Lubelszczyźnie [Lublin area Hospitals], 152; Manuscript no. 105, pp. 514, 516, Księga wizytacyjna 1781 roku [The visitation book of 1781], AKBL.

The experiences of the above mentioned young girls and of women in general and their involvement in the creation and propagation of cultures of giving and receiving form a separate chapter in the history of Polish hospitals.⁴⁶ Tracing their story is an exciting and informative exposition of cultural attitudes towards the place and role of charity in a particular civil society.

The greatest services provided by hospitals to women were as shelters and old-age homes. Almost every single hospital visitation performed noted more poor women served by hospitals than poor men. This phenomenon was repeated across the whole Commonwealth of Poland until the nation's loss of independence. It made no difference whether these visitations concentrated on municipal, church, village or private institutions. There were always more women, usually old, in hospitals, than men. Women, besides living longer and having a greater chance to survive the wars that plagued the nation were also far more vulnerable to losing their social position and becoming marginalized in a traditional, patriarchal society. That left them in need of shelter and support more often, and for longer periods of time, than men.⁴⁷

There is no question that as far as women were concerned hospitals provided a vital social function. Old widows, alone and often uncared for by others, looked to the Polish hospitals as a place to end their lives with some dignity. According to Jarzębski, a

⁴⁶ The act of receiving charity has often been ignored in studies of the Polish not-for-profit sector. That is unfortunate because the questions of who receives and why, are as important as who gives, especially as far as charitable motive is concerned. The rituals surrounding reception of charity can often illuminate pertinent cultural dogmas and traditions involved in and around voluntarism and could be used as explanatory models for prescriptive behavior.

⁴⁷ Karpiński, 47; Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 149-150. Surdacki's research into the gender of the inmates in the Poznań archdiocese during the 1777-1787 visitations of bishop Młodziejowski revealed that in the 58 hospitals where the gender division was provided women comprised 78.1% of those so helped.

sixteenth-century writer, even noblewomen frequented the better of Warsaw's hospitals. Because of that, many hospitals specialized in specific care for the female members of the society. In major cities, such as Kraków and Nowy Sącz, there often existed hospitals serving exclusively poor widows and unmarried women. Confined in shelters, these women paid their way by acting as income generators and extra staff, taking up small handicrafts such as sewing and the making of candles, and by instructing younger girls in skills necessary to their upbringing.⁴⁸

Attempts were also made to educate the local population about the presence of baby chutes in select hospitals so as to reduce the numbers of babies abandoned elsewhere. These attempts were rather varied in nature, ranging from royal prescriptions to eighteenth-century newspaper articles. As an example of the first, king Zygmunt August, while promulgating privileges for the orphanage of Gdańsk in 1552 ordered that those caught abandoning infants in places other than the hospital would be severely and publicly punished, while those that through such an abandonment caused the death of the child, were to be executed. The January 13th, 1776 issue of the Warsaw Gazette (*Gazeta Warszawska*), an example of the second type of attempt, carried an official communiqué advertising the presence of a baby chute at the Baby Jesus hospital. At a time when birth control was inadequate and universally discouraged such hospitals offered women a place to leave their unwanted children. Pregnant women were accepted into most institutions for the period of their confinement. The Holy Spirit of Kraków and the Baby Jesus of Warsaw were prime examples of hospitals where pregnant women could check

⁴⁸ Wachholz, 1: 46; Kumor, "Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 245; Podgórska-Klawe, *Szpitalnie warszawskie* [Warsaw's Hospitals], 39; A. Jarzębski, *Gościniec, albo opisanie Warszawy* [The highway, or the description of Warsaw] (Warsaw: N.p., 1909), 722-725.

themselves in for the duration of her pregnancy. Hospital attendants were specially admonished to give expectant mothers, even if they were eventually to abandon their babies, all due consideration. There were even cases of hospital administrators firing staff members for loudly making moral judgments against such women.⁴⁹

Finally, a few very interesting sources lead us to believe that some women used hospitals to become more socially independent in other ways as well. The account of the 1670 visitation performed by bishop Trzebicki at Kraków's St. Szczepan Hospital noted that the administrators should put every effort to turn away some healthy male patients because "among them there are those who are still well off, not exceedingly old, and married, whose wives live in nearby towns and villages, some even here in Kraków, and live by trading and selling wares, and as they're still young and fresh, could put their married virtue in jeopardy and bring upon themselves God's wrath: some, since no longer with their husbands, even openly flaunt their freedom; so it wouldn't be too discrete to accept such married men to the hospital if it gives occasion for such women to live uncontrolled lives, as after they have put their husbands in hospitals, they consider themselves to be emancipated... and almost as if through the hospital achieve divorce."⁵⁰

Reservations about married women could be also seen elsewhere. The 1727 hospital visitors of the Poznań archdiocese categorically forbid hospitals from renting out

⁴⁹ Wachholz, 1: 89; Giedroyc, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 10, 12; Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 44; Manuscript no. 232, Archiwum Królestwa Polskiego [The archive of the Kingdom of Poland], AGAD.

⁵⁰ Wachholz, 1: 42 "Więc że między temi ubogimi znajduje sie wiele czerstwych, zdrowych et quidem niebardzo jeszcze starych y żonatych, których żony częścią po wsiach y miasteczkach, częścią tu w samym Krakowie mieszkają, niektóre z nich handlują, szynkują, a zatem jeszcze czerstwemi y młodemi będąc, pocziwość swoją małżeńską na niebezpieczeństwo y obrazę Boską narażają: niektóre też już cale bez mężów zostaiąc, iawną się swawolą paraią, że tedy to niedyskretne takowych żonatych do tego szpitala przyimowanie iest okazyą takowym białogłowom do swawolnego życia, bo wtrąciwszy męża do szpitala, sama sie już ma za uwolnioną... y nieiako przez szpital rozvodu małżeńskiego szuka."

rooms to young women, though the practice of renting out hospital property to others went unabated. The 1672 Hospital Constitutions promulgated at the synod of Poznań also included married women as those who should not be allowed in by hospitals. In fact, should the administration discover that one of their patients is married or got married while at the hospital, she was to be whipped, her possessions were to be stripped away from her, her head was to be shaved, and she was to be forthwith expelled. The 1720 provincial synod of Ruthenia also suggested that hospital administrators should weed out any women accused of witchcraft. These prescriptions, designed to protect the hospital-goers from what the religious administration classified as moral failures, clearly marked women as dangerous to the preservation of moral order.⁵¹

The experience of the mentally ill in Polish hospitals forms a separate issue. Next to attempts to understand their affliction and to provide these unfortunates shelter and sustenance, there also proliferated rather less enlightened means of dealing with, and controlling, the mentally challenged. In some hospitals, Warsaw's Baby Jesus being just one, the insane were held in tiny, poorly ventilated cells. Even in 1758, in the projected General Hospital of Warsaw, the psychiatric patients were to be subject to behavioral penalties ranging from the withholding of food to corporal punishment, and, in most pronounced cases, to being bound and chained. In Warsaw's *Bonifratr*i hospital, as part

⁵¹ Męczkowski, "Szpitale dawnej Rzeczypospolitej w uchwałach synodów Polskich," [The hospitals of the old Commonwealth in the Polish synodal statutes], 19, 27; Podgórska-Klawe, Od hospicium do współczesnego szpitala [From hospice to the modern hospital], 164; Surdacki, Opieka społeczna w Wielkopolsce Zachodniej [Social welfare in western Greater Poland], 112; Acta Visitationis 21, p. 587, AAP.

of the Easter celebrations, people from the street were invited into the institution to enjoy the sights and peculiarities of the mentally ill in a sort of an organized holiday show.⁵²

Though theoretically most Polish hospitals, if sizable enough, were divided at least into a female and a male ward, the largest were to maintain a number of rooms, each designated for particular patients. From the physical description of the Holy Spirit Hospital of Kraków, it is clear that some hospitals with the capability to do so did in fact segregate the sick with infectious diseases from the old and the invalids, from women and children, and from the healthy poor, who were all given a room of their own. That other hospitals with similar capabilities did not do so resulted in constant calls for change on the part of the visiting bishops.

Of course, the vast majority of hospitals did not have the resources that the Holy Spirit of Kraków and some of the richer municipal shelters could dispose of, nor were they large enough to effectively divide their inmates into sections based on their particular status. As already indicated most hospitals, especially those located in rural communities, were simple two-chamber affairs designed to separate the men from the women. In many cases even such division would not last for long as administrative abuses, economic necessities, and the general cultural and social decline of the seventeenth and eighteenth century continuously ate away at hospital assets. Over time many hospitals found themselves sharing their premises with rent-paying tenants, family and servants of the provisors or provosts, parish organists, private storages and

⁵² M. Łyskanowski, "Postępowanie z psychicznie chorymi w Polsce centralnej XVIII wieku," [The treatment of the mentally sick in eighteenth century central Poland], Studia i Materiały z Dziejów Nauki Polskiej B: 18 (1970); Podgórska-Klawe, Od hospicium do współczesnego szpitala [From hospice to the modern hospital], 45, 127; Szpitałe warszawskie [Warsaw's Hospitals], 80; Manuscript no. 232, Archiwa Królestwa Polskiego [The archive of the Kingdom of Poland], AGAD; E. Skrodzki, Wieczory piątkowe i inne gawędy [Friday's evenings and other stories], (Warsaw: N.p., 1962), 275-276.

warehouses, parish schools, and other interested parties.⁵³ Under such conditions it is no wonder that in some hospitals the paupers were grouped together in a single chamber, regardless of gender or their afflictions.

Though the visiting church authorities were adamant in their insistence that men should be separated from women under all circumstances, they did not seem to be so insistent in cases involving the utilization of hospital space for other purposes, treating it almost as if it were a normal and rightful usage of hospital resources. According to Góralski, only a single council, the 1610 Synod of Warmia, proscribed the renting of hospital rooms to private individuals. But private individuals continued to rent hospital space anyway. Besides paying tenants, sometimes even made up of entire families, the most common outsiders with which the poor had to share their accommodations with included parish organists, school teachers, and hospital staff such as shepherds and gravediggers. Also rare were attempts to reclaim hospital space used otherwise. In 1683, in one such rare instance, the visitor of a hospital in the village of Adamów ordered the teacher of the parish school that existed on hospital property to remove all livestock belonging to the school from the hospital chambers, as the animals were causing considerable damages.⁵⁴

The visitors' interest in the matter of the living conditions of inmates went so far as to suggest the types of furniture the hospitals should purchase. Cardinal Lipski ordered the caregivers, for instance, to make sure that hospital beds should have legs of

⁵³ Góralski, *Szpitałe na Lubelszczyźnie* [Lublin area Hospitals], 152-153.

⁵⁴ Ibid., 152, 154; Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 142-143; Manuscript no. 98, pp. 62-63, *Księga wizytacyjna 1711 roku* [The visitation book of 1711], AKBL.

iron, that wool mattresses should be covered with a sack of hay for easy cleansing of the insects that were sure to accumulate on the beds over time, and that each patient had access to two pillows.

The beds themselves, Lipski went on, were to be separated by a curtain to provide at least a semblance of privacy, and were to be spaced equidistantly from each other to allow for room to place a common table, and a common chamber pot.

Those who died in the hospital care, according to Lipski, were to be covered by a sheet and in a matter of a few hours taken to the morgue, from where, no later than twenty-four hours after death, they were to be taken for burial in the cemetery. Those who themselves could not afford it were to be buried without a coffin, in a sack. All of their possessions, unless previously distributed by a will, were to revert to the hospital.⁵⁵

Heating, Food, etc.

Hospitals not only provided roof over the heads of their poor, but also kept them warm during winter months. Again larger city hospitals were better equipped for such service than were smaller, not as well-funded village shelters. Such hospitals as the Holy Spirit of Kraków had a tile stove in almost every room, as the visitation of bishop Padniewski indicated. Luxuries of that nature were hard to find in many provincial institutions, however, where heating and fire-wood collection might have almost entirely depended on the poor themselves. In the villages the presence of one *hypocaustum* might have represented the pinnacle of luxury. During winter months, in many village

⁵⁵ Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 73; Wachholz, 1: 93.

hospitals, the poor were moved from their smaller rooms into the heated *hypocaustum*. A general paucity or even lack of windows in the village buildings conserved the heat generated by the stove in the *stuba magna*.

The difficulties associated with heating presented many problems. Even towards the end of the eighteenth century, the Holy Spirit Hospital of Lublin, one of the largest in that city, was capable of heating only two of its rooms, and that only between September 1 and March 31. Its expenses on fire-wood seemed to have been considerable, as besides subsidies from the general hospital funds, a third of the contents of alms-boxes located at the attached church were turned over monthly for that purpose.⁵⁶

Hospitals with a noble patron could count on firewood provisions issued in the *ordynaria*, or could hope for a donation in kind, but most village hospitals did not depend on such an eventuality. Rather it fell to the poor themselves to find the firewood necessary for their heating or to buy it at the market. Though the hospital in Tomaszów Lubelski, which as the name suggests lay in the Lublin diocese, possessed privileges to the nearby forests, there were no horses to bring the wood back to the hospital forcing the poor themselves to carry it on their own backs. This state of affairs led, towards the end of the seventeenth century, to a rather pointed disagreement with the local Jewish community. The poor, while trying to avoid the long distance to and from the forest, and looking for firewood close by, raided the nearby *kirkut*, and were bodily repulsed by the angry Jewish congregation that stepped out to defend their cemetery.⁵⁷

⁵⁶ Góralski, *Szpitałe na Lubelszczyźnie* [Lublin area Hospitals], 167-168; Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 193, 218; Manuscript no. 105, pp. 186-188, *Księga wizytacyjna 1781 roku* [The visitation book of 1781], AKBL.

⁵⁷ Peter, 10; Manuscript no. 250, *Akta Miejskie Tomaszowa Lubelskiego, 1694* [City Acts of Tomaszów Lubelski], WAPL.

The job of clothing and feeding its patients fell squarely on the back of the hospitals themselves. Though it was understood that the hospital was generally responsible for providing adequate garments, such service could only be performed by the largest and the best endowed. Institutions looked after by the Holy Spirit Order were committed by the monks' own constitution to clothe their patients, in woolen attire in times of winter, and linen in summer. In Warsaw's Holy Spirit hospitals of the sixteenth and seventeenth centuries, expenditures for clothing were of minor importance. Even bishop Wężyk's 1626 visitation of the Holy Spirit Within the Walls does not consider the matter of clothing as too pressing a problem, indicating that new garments for patients should be issued only once every two years. The successful implementation of these and other provisions depended, however, more on the availability of resources than on institutional charters or bishop's edicts. Smaller, not so well supported hospitals could not provide their charges with such luxuries as clothing. In those cases the poor had to depend on the scraps of clothing on their own back, those provided by their own families as in the hospitals set up by the magnate Anna Jabłonowska, or ones received through charitable donations.⁵⁸

The children of the old serfs sheltered in Jabłonowska's hospitals were to provide their parents with a pillow, a straw mattress, two sheets, three shirts, a russet coat and a sheepskin parka. In some noble-founded hospitals the poor received, along with an

⁵⁸ Karpiński, 51; Łukaszewicz, 109-110; Góralski, "Opieka społeczna i szpitalnictwo w dawnej Polsce," [Social care and hospitals in Old Poland], 99; Męczkowski, "Szpital św. Ducha i św. Trójcy w Kaliszu," [The Holy Spirit and Holy Trinity Hospitals in Kalisz], 225.

ordynaria for food, also an *ordynaria* for clothing. Others received a set amount of cash per year to supply themselves with adequate coverings.⁵⁹

There were instances, such as in the Holy Spirit Hospital of Lublin, where in order to distinguish the local hospital paupers from all other city-dwellers, and to mark their status as poor belonging to that particular institution, the administration branded the inmates with a sign of identification. At the Holy Spirit of Lublin, the mark consisted of a brass pin with the figure of the Holy Spirit, that was to be sewed to the outside of the coat. In late eighteenth century, marks of identification and plaques were featured on the clothing of the poor in the Kunowo Parish in the Poznań archdiocese. The 1776 manifesto of the Hospital Commission also included provisions for identifying the poor that were allowed to beg in a given locality. Such humiliating steps had their reasons in the attempt, made by authorities both secular and spiritual, to limit vagabondage and spread of *ludzie luźni* or loose people.

The local poor were to be taken care of by the local parish establishment. That, at least, corresponded to the spirit of Maciejowki's *Pastoralna* and its many editions, especially the one issued at the 1733 synod of Płock. The synod of Żmudź took these prescriptions one step further and ordered all the poor, vagabonds, and beggars not belonging to the parish church or hospital to be cleared and expelled to their parish of origin forthwith.⁶⁰

⁵⁹ Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 166; Anna Jabłonowska, *Ustawy Powszechne dóbr moich rządów* [Statutes for the governors of my lands] (Warsaw: Gröll, 1787), 115-116.

⁶⁰ Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 167; Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 109, 113-114, 137; Manuscript no. 105, p. 186, Księga wizytacyjna 1781 roku [The visitation book of 1781], AKBL; Giedroyc, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 130-132; Bernard Maciejowski, "Epistola pastoralis 1601," in *Constitutiones et decreta synodi dioecesis Plocensis 1733*;

Depending on the time or the locality, the patients' diets differed considerably. Hospitals located in the countryside found it far more difficult to manage as diverse a diet as some of the better supplied urban institutions. Many village hospitals, dependant entirely on the sometimes-meager resources of the parish, often kept their own vegetable gardens to supply their charges with needed sustenance. Urban institutions, larger, better organized and endowed, were at least theoretically supposed to include a sufficient diet in the services they offered, though they too often maintained a garden or an orchard all their own. The *Duchacy* were committed by their statutes to provide their charges with meat.⁶¹ Feeding the poor, just like keeping them warm, was a primary component of the function of the hospital institution, hence the resources so slated represented a considerable portion of the hospital's income.

The income and expenditure rolls of such major hospitals as the Holy Spirit of both Kraków and Warsaw provide a glimpse into everyday sustenance. The accounts of expenses suggest that in the sixteenth century the hospitals purchased beef, lard, salted bacon, butter, tallow, vegetable oil, bread, dumplings, groats, barley, sauerkraut, carrots, parsley, turnips, plums, molasses, eggs, soybeans, beets, onion, spinach, vinegar, and carp and herring on fast days. Where possible, food grown on Holy Spirit property, such as from the village of Krowodrze in Kraków, which supplied the grain for the bread and the barley for the beer, and fruits and vegetables from Dąbie, supplanted the diet.⁶²

Synodus dioecesis Mednicensis 1752., 94. See Appendix VI for the full version of the Hospital Commission Manifesto.

⁶¹ Męczkowski, "Szpital św. Ducha i św. Trójcy w Kaliszu," [The Holy Spirit and Holy Trinity Hospitals in Kalisz], 223.

⁶² Wachholz, 1: 100; Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 72; Karpiński, 52-53.

A dinner in the better-endowed hospitals, often consisting of a portion of meat with buckwheat or barley groats, peas, and vegetables, followed a breakfast of jam, cheese, bread and beer. Meat was usually served on Mondays, Tuesdays, Thursdays and Sundays. During fast days, herring, groats and dumplings replaced meat dishes. The supper usually consisted of groats, peas, and boiled beef. Towards the end of the eighteenth century the Holy Spirit Within Walls of Warsaw, one of the better endowed institutions of the capitol, fed its residents a steady and well-diversified diet of chickens, veal, sugar, milk, wine, butter, apples, tea, plums, lemons, and even oranges.

Children and wet-nurses were given to drink the so-called white beer, made of fermented oats, while infants fed on milk, honey, and sugar products. On holidays, such as Christmas, hospitals that could afford it went through the added expense of providing spices such as pepper, vinegar, or even cummin and saffron, and sweets in the form of gingerbread and long white loafes (*strucla*), while on Easter, a borsht with eggs and flat cakes was also made available, at least in the Holy Spirit of Kraków.⁶³

Veal and fresh fruits were offered to the inmates of the Brotherhood of Mercy Hospital in Lublin. The menu for the Holy Spirit Hospital, also in Lublin, included in 1622 roast beef with vegetables on Sundays, Tuesdays and Thursdays, vegetables with salted bacon on Mondays, bread and beer on Fridays, and on Wednesdays and Saturdays, flat loaves with white borscht called *zur*, made of fermented rye flour. The menu for the St. Valentine's hospital in Kraków, noted by the 1599 visitation of Cardinal Radziwiłł, showed the poor women sheltered there were fed meat four times a weak, their diet supplemented on other days by fish and vegetables. At the St. Valentine's in Poznań the

⁶³ Wachholz, 1: 100; Karpiński, 55; Podgórska-Klawe, *Szpitala warszawskie* [Warsaw's Hospitals], 98.

poor inmates received a weekly allowance of bread, were fed meat on Thursdays, Sundays and Holidays, herrings on fast days and other fish on Saturdays.⁶⁴

The 1539 Royal statute for the Holy Spirit Within the Walls of Warsaw holds an interesting provision for the feeding of hospital inmates. In it the hospital administration is reminded to issue their poor a diet to which the inmates have been accustomed during their lives before becoming institutionalized. This leads one to suppose that the hospital served a cross-section of Warsaw's population, including people who were once well off, and hence had access to better sources of food. The hospital felt itself thus obliged to maintain their standard of living at least as far as the diet was concerned.⁶⁵

Meat, the most expensive portion of hospital diet, was often acquired from donations in kind, though that almost never precluded hospitals from the necessity of buying more on their own. Another way of procuring meat was to make deals with local butchers, who, for the privilege of operating their stalls either directly on hospital property or next to it, provided their benefactors with a steady supply. This arrangement seems to have been especially successful in Warsaw, where both the St. Lazarus and the Holy Spirit Within the Walls allowed butcher stalls on their property.⁶⁶

⁶⁴ Wachholz, 1: 49; Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 164; Varia no. 291, pp. 9-16, *Regestr fundatorów Bractwa Łazarzowego* [The registry of founders of the St. Lazarus Brotherhood], WAPL; Manuscript no. 2353/II, pp. 20-20v, Biblioteka Państwowej Akademii Nauk w Krakowie [The Library of the National Academy of Sciences in Kraków]; Giedroyć, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 49; Henderson, "The Hospitals of Late-Medieval and Renaissance Florence: a Preliminary Survey," 80. According to the above citations menus in major Polish hospitals compared favorably with similar menus in English and Florentine (except for wine, of course) hospitals.

⁶⁵ Giedroyć, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 102-103; Bk. 59 f. 133v, MK.

⁶⁶ Karpiński, 54.

Although the above lists of types of food offered might appear to be of considerable worth, and on certain occasions, as the registers attest, might have in fact been fully implemented, nevertheless other accounts suggest that the hospitals did not always manage to provide their charges with adequate sustenance. Management indiscretions, such as the ones already mentioned involving both the provisors who appropriated certain resources for themselves, and the provosts and monks, who withheld the large loafs of bread from the inmates, went far to reduce the ability of the institutions to feed their charges.

The poor sheltered by the Premonstratensian Holy Spirit hospital of Nowy Sącz, for instance, seemed to have been particularly hard hit by the monastery's appropriation of hospital property. Seventeenth-century visitations noted that the order virtually ignored the hospital inmates as far as food provision was concerned. The poor received "with sadness and complaints a rather lacking breakfast every day, as there was not enough broth and carrots." Beer, a staple drink in other hospitals, seemed to have been mostly absent in the Holy Spirit of Nowy Sącz, and found itself on hospital tables only during holidays. To make up for the Premonstratensian disinterest the lay provisors of the hospital gave to each inmate the weekly sum of eight *grosz* for the purchase of meat.⁶⁷

Sometimes the hospital stores became targets of attacks by the poor themselves. Faced with considerable amounts of warehoused sustenance, the criminal elements within

⁶⁷ Rajman, "Szpital i klasztor św. Ducha w Nowym Sączu w późnym średniowieczu," [The hospital and monastery of Holy Spirit in the late middle ages], 62; *Acta Visitationis Capituli*, pp. 171-173, AKMK.

or outside of the hospitals launched frequent forays aimed at stealing the food, thus once again limiting the hospitals' ability to dispense it to those truly in need.⁶⁸

Sometimes meat became so scarce, or its supply fell into such corrupted hands, that the patients received it only on high holidays. Times of national crisis and plague amplified these inabilities often leaving the hospitals incapable of dispensing even elementary help, not to mention providing food.

In some of the more poorly endowed hospitals, such as Kraków's St. Sebastian and Roch hospital for syphilitics, as the visitation of 1702 indicated, the patients themselves had to buy all of their own food. This inability to provide their charges with adequate food was especially apparent in smaller village hospitals, which besides offering roof over people's heads simply did not have any available resources to feed those inside. The poor housed in the Babimost hospital in the Poznań archdiocese serve as an example of many such instances. Having no provisions for food in their *ordynaria* they had to look for food themselves. In such cases, there was no question of hospitals providing adequate foodstuffs, even less so of providing meat, and the poor were mostly left with an unvarying diet of groats and flour products. Donations in kind from the local community or noble *ordynaria* rarely involved gifts of meat, concentrating rather on provisions of salted bacon.⁶⁹

The one necessity patients usually had to purchase themselves was bread, which was only rarely provided by the hospitals. Duchess Anna's 1458 *ordynaria* of bread for

⁶⁸ Karpiński, 55.

⁶⁹ Wachholz, 1: 130; Góralski, "Opieka społeczna i szpitalnictwo w dawnej Polsce," [Social care and hospitals in Old Poland], 99; Szpitały na Lubelszczyźnie [Lublin area Hospitals], 163; Surdacki, Opieka społeczna w Wielkopolsce Zachodniej [Social welfare in western Greater Poland], 187; Acta Visitationes 10: 22, AAP.

the poor within the *Sanctii Spiritus intra muros* seemed to have been the exception rather than the rule. More often the institutions provided their charges with a small sum of money to purchase their bread. Gifts of money also figured prominently in certain noble *ordynaria*. It appears such a strategy actually cut the hospitals' expenses down. In certain cities, such as Warsaw, these practices were seen as common and usual ways for hospitals to run their business and lasted well into the eighteenth century, as shown by the Holy Spirit Beyond the Walls hospital that in 1792 still gave its inmates a daily bread allowance (*chlebowe*) of twenty-five *grosz*. Elsewhere they often could lead to abuses, as they did in the Holy Spirit Hospital of Kraków, eventually requiring royal intervention, which forced the monks to either make sure the patients received bread in kind, or that they received enough money to buy themselves a large, rather than a small loaf.⁷⁰

Bishops' visitations noticed many problems associated with food provision. Bishop Zadzik underlined the necessity of a healthy diet and implored the administration to provide it at all costs and in all situations. Until his visitation the sick and poor received exactly the same diet, regardless of ones' health status. The bishop therefore suggested that different patients were to be subject to different diets. The sick were to be fed borscht, groats and plums; those newly recovered were to receive, in addition to that, some beef. The 1618 visitation of hospitals in the town of Stary Sącz noted that the diet of sick patients differed from that of the healthy in being more delicate to the palate. By the time of Cardinal Lipski's visitation in the eighteenth century, each bed was to be

⁷⁰ Wachholz, 1: 92; Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 171; *Szpitałe warszawskie* [Warsaw's Hospitals], 18; Manuscript no. 151, p. 55, Archiwum Królestwa Polskiego [The archive of the Kingdom of Poland], AGAD.

equipped with a plaque on which, next to the patient's name, the surgeon noted any specialized diet prescribed for the individual.⁷¹

The bishops also often spoke out about the quality of food offered. Bishop Węzyk's 1626 visitation of the Holy Spirit Within the Walls of Warsaw noticed the poor quality of meat and implored the provisors to improve it forthwith. The bishop's edict also suggested that the hospital ought to make yearly purchases of beef cows for that purpose.⁷²

Hygiene

Just as with firewood, clothing, and food, the question of hospital hygiene depended on the size and endowments of a given hospital, though even the best-funded and largest institutions shared a great deal of the problems of the smaller. The premier Polish hospital, the Holy Spirit of Kraków, was located, as some visitations correctly put it, near an open sewer that spewed forth considerable fetor. Other hospitals also recognized problems dealing with their geography, like the St. Lazarus hospital in Lublin, whose unfortunate location at the lowest point in Lublin assured that all the waste products of the city naturally drained in its direction.⁷³ Other obvious health hazards included leaking roofs, the presence of livestock on hospital premises, and, of course,

⁷¹ Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 72; Kumor, "Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 255; Manuscript no. 39, p. 87, Visitatio 1618, AKMK.

⁷² Karpiński, 54; Łukaszewicz, 109-110.

⁷³ Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 172; Manuscript no. 105, p. 220, Księga wizytacyjna 1781 roku [The visitation book of 1781], WAPL.

something that became a plague in village institutions, the failure of the hospital staff to separate the sick from the healthy inmates.

To preserve some modicum of hygiene in the hospital institutions, the poor were required to keep their living quarters clean. This service mostly included periodic dustings. Many hospitals, such as the ones run by Jabłonowska, instituted a policy of daily cleaning. Some municipal hospitals had access to either city baths, or to baths actually built on their premises, though the number of hospitals possessing internal baths seemed to lessen with the passage of time so that they were no longer included in the Baby Jesus hospital, built in 1758. Restrooms or *loca secreta*, almost completely forgotten by visitation records and other sources, existed either as chamber pots, outhouses, or in the case of some urban hospitals, as small internal chambers.⁷⁴

Hospital Life

Besides sometimes being denied necessary sustenance the hospital inmates also had to endure other abuses. In a major twelve point list of grievances written down in 1537 by the administrator of Warsaw's Cathedral Chapter landed estates, the paupers of the Holy Spirit Within the Walls accused their ecclesiastical provisor⁷⁵, father Jan Grotowski, of serious dereliction of duties. The *gravimina* included a number of specific charges against the provisor himself, of the nature the reader is already familiar with,

⁷⁴ Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 108-109; Manuscript no. 234, Rachunki szpitala św. Ducha [The accounts of the Holy Spirit hospital], Archiwum Królestwa Polskiego [The archive of the Kingdom of Poland], AGAD.

⁷⁵ *The Sancti Spiritus intra Muros* of Warsaw did not have lay provisors.

dealing with misappropriation of funds and the like. Important to us are, however, other charges, indicating the abuse of the poor did not limit itself just to the administrative personnel, but pervaded all levels of hospital staff. The poor of the Holy Spirit lamented their treatment at the hands of the hospital helpers, especially the chief cook, who seemed to have taken advantage of her position to behave atrociously towards the ones dependant on her services. In addition the paupers requested not to be interred in the hospital lockup after any accusation, but only after a fault has been proven. They also complained about having to pay the *wkupne* (*introitale, inemtional*) and about being forced to work on hospital lands, or having to pay for a substitute to do so, especially during the time of the harvest.⁷⁶

These types of complaints became representative of the suffering of hospital inmates. The twelve point list of grievances from the Warsaw's Holy Spirit is doubly important, as it represents the voice of the poor themselves, and enumerates steps that the hospital inmates felt would improve their lot. As such, the list complements the ecclesiastical visitation decrees, adding popular prescriptions to the top-down attempts at improvement stipulated by the bishops. What effect did the cries of the poor have on social care provision within Polish hospitals is difficult to mark, as just not enough documents list their grievances and whether or not something was done about them.

A famous case of the city commoners demanding concerted action to reduce the effects of poverty occurred in Gdańsk in 1525. Inspired by poor economic conditions, price increases, the stirrings of Reform among the German population of the city and the general peasant and commoner murmurs and uprisings that covered large areas of Central

⁷⁶ Korwasińska, 56; Karpiński, 59; Podgórska-Klawe, *Szpitala warszawskie* [Warsaw's Hospitals], 25.

Europe, the crowd demanded an immediate end to begging and an increase in the efficacy of social care provisions in the city. Faced with imminent conflict, the city magistracy bowed to the demands, forbade the practice of begging and initiated a campaign to provide the poor with hospital room or employment.⁷⁷

The Gdańsk case was most pronounced. Other cities experiencing the same social upheaval, such as Warsaw, did not have similar demands presented. At least in the case of Warsaw's Holy Spirit Within the Walls petition of 1537, the Cathedral Chapter discussed the allegations and, finding them all trustworthy and proven, initiated steps to improve the conditions of the hospital charges. The chief cook was fired, her place taken over by an older, kinder woman, known for a gentler disposition. Father Grotowski, whose services to the hospital in other areas of administration were unblemished⁷⁸, received instructions to better mind the finances and to become personally involved in the day-to-day activities of the institution. As far as other complaints were concerned, punishments were to be moderated while the sick were no longer to work in the fields. To make sure these changes were maintained, the Cathedral Chapter conducted weekly visitations of the hospital, as prescribed by the royal statutes of 1539.⁷⁹

To this short list of original complaints put forward by the poor ought to be added the 1667 statements made by the inmates of both the Holy Spirit and the parish hospital

⁷⁷ Podgórska-Klawe, *Szpitala warszawskie* [Warsaw's Hospitals], 24; S. Sokół, 230; Bogucka, "Health care and poor relief in Danzig (Gdańsk)," 204-05. Punishments for those caught begging included ear branding and life in prison.

⁷⁸ He was responsible for the erection of a smaller hospital at Ceglów outside of Warsaw to bring succor to sick and invalid peasants.

⁷⁹ Giedroyc, *Zapiski do dziejów szpitalnictwa w dawnej Polsce* [Notes from the history of Old Polish hospitals], 102-103; Bk. 59, f. 133v, MK; Manuscript no. 3, f. 169 (1540), 185, *Protokół posiedzeń* [Session Minutes], AKW.

in the town of Śrem in the Poznań archdiocese. There, besides lamenting the leaky roof at the parish hospital, the poor of both institutions also pleaded for improvements in the quality and quantity of food provided.⁸⁰

Many visitations make it clear the poor of Śrem were not alone in their suffering. Poor conditions predominated elsewhere. The visitation report of the Baby Jesus General Hospital in Warsaw, written on behalf of the Civil-Military Commission of Warsaw in 1791, noted the cramped condition of the institution. Even though two poor shared each bed, the cramping forced the management to put some beggars into the corridors. Tiny cells designed to hold the insane were too small, damp, and in a state of collapse, leading to several accidents. In the same year the St. Lazarus Hospital, with room for only sixty, sheltered over one hundred and thirty poor.⁸¹ If these were the standards of living present in a leading hospital of the capitol, one could only surmise the state and suffering of those inmates seeking shelter in smaller, less well-endowed village hospitals. Their plight, however, has very rarely been recorded.

The poor were also entrusted by the hospitals with the maintenance of internal cleanliness and order. Often they were utilized as cheap labor in conducting minor repairs, or even as field hands on hospital property, especially on its lands and gardens. Unscrupulous provisors and hospital priests sometimes used them as personal valets or servants, often assigning them labors otherwise performed by paid professionals, thus limiting hospital expenses. Most insistent on these requirements were village parish

⁸⁰ Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 192.

⁸¹ Podgórska-Klawe, *Szpitałe warszawskie* [Warsaw's Hospitals], 103; Manuscript no. 232, pp. 195-209, 216, *Archiwum Królestwa Polskiego* [The archive of the Kingdom of Poland], AGAD.

hospitals whose priests saw in the gathered poor a cheap means to maintain their church. The poor were used in keeping the church clean, serving in the sacristy, taking care of religious items and icons, and in mending priestly vestments. Often the hospital sheltered only those who agreed to perform the said duties, as it happened in the parish hospitals in Tuchowicz and Częstoborowice near Lublin. Though most church councils vehemently forbid it, some priests also used the hospital poor as unpaid workers on their own private property.⁸²

In smaller institutions such as village hospitals that did not have resources to maintain a full hospital staff, the poor played the part of caretakers as well, cooking the food, chopping the wood, working in the hospital orchards, and minding the old and the ill.⁸³

Many hospitals tried to provide the mobile poor with productive employment. Because of Counter-Reformation's triumph this did not involve setting up of hospital workhouses where menial labor or small-scale trade could be practiced in the tradition of the sixteenth- and seventeenth-century Dutch *tuchthuis* or North German *Zuchthaus*. Very few Polish cities, and only those open to Reform influence (such as Gdańsk whose workhouse opened in 1629) possessed such institutions. Of considerably more importance seemed to have been work of spiritual and symbolic nature, such as the participation of hospital poor at the funerals of important local personages. The patients

⁸² Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 159-160; Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 176. Possibly the only church document supporting priests using hospital inmates as workforce on their own private possessions would be the 1672 Hospital Constitutions; Manuscript no. 104, pp. 524, 534, no. 105, pp. 95, 187, *Księga wizytacyjna 1781 roku* [The visitation book of 1781], and Manuscript no. 184, p. 374, *Księga wizytacyjna 1800 roku* [The visitation book of 1800], and *Ekstrakt szpitalów* [Hospital excerpt] pp. 40v-43, 45v-47, AKBL.

⁸³ Karpiński, 56-57; Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 158.

partook in the preparations and the ritual of the funeral, as well as in the formal procession that followed it. Usually a monetary recompense rewarded their involvement.⁸⁴

Another recourse was to institutionalize begging by the hospital patients. It often took place in front of the hospital or the associated-with-it church and provided an opportunity for the poor to augment their meager resources. Some synodal decrees, such as those of Kraków in 1621, made it a point that the hospital poor were first to listen to the mass before collecting alms in front of the church. Similarly, the 1752 Synod of Żmudź forbid the poor to beg during the mass, as such actions would negatively influence their religious training. During the mass, they were to quietly listen at the very back end of the church, and try not to disturb anybody during the proceedings.

Of course, such prescriptions were clearly a sign that the actual behavior of the poor differed considerably. The decrees of the 1762 synod of the Kievan diocese ordered them not to move about the church begging for alms during the mass and in effect relegated them outside of the gates until the end of the services.

Generally speaking, alms-seeking came in two forms. Some poor would seek them on their own, keeping the proceeds for their own use. Others would sit by special alms-boxes that were placed at the hospital's door or inside and outside churches. The content of such boxes would then revert to the hospital administration for whatever use they saw fit. The presence of these boxes within their reach would sometimes prove too

⁸⁴ Bogucka, "Health care and poor relief in Danzig (Gdańsk)," 210; Jonathan Israel, "Dutch influence on urban planning, health care and poor relief. The North Sea and Baltic regions of Europe, 1567-1720," in Health Care and Poor Relief in Counter-Reformation Europe, ed. Ole Peter Grell and Andrew Cunningham (London and New York: Routledge, 1999), 71-72; Karpinski, 57; Góralski, Szpitala na Lubelszczyźnie [Lublin area Hospitals], 158.

much of a temptation for the poor who sat by them. Thefts of their contents were a common occurrence.⁸⁵

The existence of officials responsible solely for the upkeep of internal order and peace, such as the seniors chosen from among the poor, and the constant emphasis on morality that came from the spiritual side of the administration indicate that hospital life was fraught with many potentially disruptive incidents. Vagabonds and criminals shared their quarters with morally upstanding, sometimes very devout, individuals.

Disagreements and even fights broke out between people who were forced to live together for long stretches of time, maybe even their entire lives. Incompatible characters of individuals involved, eccentricities, former habits, the depressed nature of their existence, the helplessness of many older inmates, the lack of control over one's own life, presence of psychological and behavioral difficulties, eventually the abuses suffered at the hands of the administration, the hospital staff, or even other inmates, all bred an atmosphere of conflict that often translated itself into open disturbances.

Arguments, fights, lewdness, and especially drunkenness were behaviors that plagued even best organized and run hospitals, saying nothing of village institutions which often had no staff to get in between a potential problem. Theft and fights were a particularly acute issue. Sometimes the difficulties arose because of the hospital's lack of attention for the well being of its inmates, who then went on to voice their displeasure through unusual means, or even due to the management's improper use of hospital

⁸⁵ Karpinski, 56; Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 179-180.

facilities, as when some hospitals rented out rooms for rather loud parties attended by the local noblemen.⁸⁶

Ways to limit such unseemly events centered on hospital priests' constant repetitions of religious and moral prescriptions, though they seemed to have had but a marginal effect on interpersonal relations among the inmates. Much more pronounced were attempts to house together people of similar status, such as the creation of hospitals specialized in the care of widows or old soldiers, and the recognition that even a hospital inmate was a person in need of at least some privacy. The Holy Spirit hospital of Kraków provided its charges with beds and tables separated from each other by a curtain. The hospital for retired soldiers in Tykocin went even further, giving each of its inmates a small room all their own expressly to avoid conflict.

Finally, fights and lewdness were seen by many as consequences of idleness. Religious prescriptions, begging, and work, were to form a regimented system of behavior whose purpose lay in ordering the institutional life of the poor in such a way as to virtually deprive them of any possible free time.

The Catholic Church normalized the internal life of the hospital inmates through the work of the provosts, pastoral letters like that issued by Cardinal Maciejowski in 1601, and the visitation and synodal statutes. From the church's point of view, the most meaningful services offered by the hospitals revolved around the provision of spiritual guidance, as shown by the positions of many synodal councils beginning with the 1279 synod of Budapest. The *Sancti spiritus* brothers were reminded by their own statutes to

⁸⁶ Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 169; *Advocatia* no. 18, p. 209v, *Księgi miejskie lubelskie* [Lublin city books], WAPL; Manuscript no. 3539, *Akta różnych szpitali* [Materials for various hospitals], APMK.

confess and give communion to every single new hospital inmate even before taking them to their bed.⁸⁷

The religious well being of hospital inmates lay in the domain of the hospital priest. Depending on the time and the place his specific instructions might have varied slightly, but the general mission remained the same, namely the care for the soul of those sheltered. In the Kraków's Holy Spirit, for instance, the inmates were to be confessed twice a month, they were to be led in a morning and an evening mass, were to constantly say prayers for their benefactors, both living and dead, and were to hear periodic lectures on the catechism. Every afternoon, for at least fifteen minutes the brothers and sisters of the Holy Spirit were to read to their charges from a book with a religious content. A praying throng of attendants and fellow-inmates, whose job was to continue their calls to heaven until the subject breathed his or her last, surrounded those inmates close to death. Elsewhere, confession, catechism, and the singing of religious hymns and participation in prayers for the church and one's benefactors as well as for one's country were a common occurrence among the hospital poor. In hospitals visited by the lay Brotherhood of Mercy, its members exhorted the hospital population to greater acts of patience, honesty, and humility.⁸⁸

The hospital priest's spiritual prescriptions, however, often fell on deaf ears as the sheltered poor gave very little attention to the salvation of their souls and were more

⁸⁷ Męczkowski, "Szpital św. Ducha i św. Trójcy w Kaliszu," [The Holy Spirit and Holy Trinity Hospitals in Kalisz], 223.

⁸⁸ Antosiewicz, "Opieka nad Chorymi i Biednymi," [The care for the sick and the poor], 67, 77; Kumor, "Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 257; Manuscript no. 9, pp. 140, 159, Acta visitationis 1597, AKMK; Góralski, Szpital na Lubelszczyźnie [Lublin area Hospitals], 46, 59-61, 160-162; Manuscript no. 633, I, cap. 36, Regula Sancti Spiritus domus eiusdem ordinis in Cracovia, Biblioteka Zakładu Narodowego imienia Ossolińskich [The Library of the national Ossoliński institute],

concerned with their more earthly needs and necessities. As this apathy towards the religious aspects of their care became something of a chronic matter, hospital priests were often instructed by their superiors to punish the most recalcitrant cases, those “*personae rudissimae et prima fidei principis ignorantes*.” Thus Bishop Zadzik’s 1638 admonitions included a passage requiring priests to lower the rations of those inmates most guilty of avoiding their religious instructions, as such “ingrates of God’s Mercy were unworthy to consume hospital bread.”⁸⁹

The necessity of the ecclesiastical organs’ watch over the religious well-being of their hospital charges became even more pronounced in the wake of the Reformation crisis. Hospitals became institutions at the forefront of the religious struggles, and were seen as such by the ecclesiastical establishment. Their role as guardians of religious orthodoxy was often supported by synodal and visitation decrees which stressed their religious nature and emphasized the necessity of greater religious control over the lives of the patients. The process of admission into one of the institutions automatically conformed the new inmate to a whole new set of moral prescriptions and religious responsibilities. Cardinal Maciejowski’s *Pastoralna* summed up these prevalent points about the poor in an appeal that “in order that the soul not to be ignored when one heals the body, the parson or chaplain should exhort them to have patience, and teach them things important to salvation. They should pray regularly and at least once a month, after confession, participate in the Holy Communion.” The Warmia Synod of 1610 forbade the admission of anyone without a prior examination of their knowledge of the articles of

⁸⁹ Męczkowski, “Prowizorowie szpitalni w dawnej Polsce,” [The hospital provisors in Old Poland], 233. “*A gdzieby sie wtey mierze uporny który w tym znalazł, aby umknieniem porciey był karany, gdyż taki niewdzięcznik dobrodzieystwa Boskiego nie godzien zażywać chleba szpitalnego.*”

faith. The 1672 Hospital Constitutions normalizing hospital inmate behavior for the archdiocese of Poznań remind one of stringent monastery regulations. The inmates were to be under constant religious supervision, were to attend regular confessions, be adequately enlightened about the Ten Commandments, and were to sing religious hymns three times a day.⁹⁰ As we have already seen the separation of men from women become one of the more repeated pronouncements, not only in Maciejowski's *Pastoralna*, but also in the decrees of the 1621 synod of Kraków where the sexes were not only to be kept separate, but also couldn't even enter each other's rooms. Still, the presence of male and female patients in single *stuba magna* or *hypocaustum*, especially in small village parish hospitals, seemed to have been an unshakable practice.

The rather stringent religious qualifications of those who could and could not be admitted to hospitals presented above were somewhat more relaxed in hospitals run by some monastic orders and in large, municipally-run institutions such as the Holy Spirit in Kraków, where the town council and provisors could from time to time squeeze in someone who otherwise could not get in. In the cases of orders, the hospitals under their management accepted the poor of other faiths with the expressed purpose of converting them to Catholicism. As hospital inmates were regularly inundated with religious teachings and practices, such strategy often bore fruit. In the St. Lazarus hospital in

⁹⁰ Karpiński, 56, "Aby zaś gdy sie leczy ciała, dusze nie były zaniedbane powinien proboszcz lub osobny kapelan napominać ich do cierpliwości i pouczać w rzeczach potrzebnych do zbawienia. Powinni się modlić regularnie i przynajmniej raz w miesiącu po uprzedniej spowiedzi przystępować do komunii świętej." Appendix IV shows the spiritual responsibilities of the inmates of the Holy Spirit Church of Przeworsk, a town in the Przeworsk diocese, during the 1755 visitation.

Lublin, run by the Sisters of Charity, between 1761 and 1780 the good sisters managed to convert four Protestants and three Jews.⁹¹

The 1752 synod of Żmudź promulgated a particularly interesting statute regarding the maintenance of religious competency among the poor. The synod ordered Żmudź's ecclesiastical organs to interrogate all paupers found begging for alms, and should that person be spiritually unenlightened, he or she were to be taken to the local hospital, and held there in confinement until they acquired all the knowledge necessary to the salvation of their immortal souls.⁹²

The hospital authority over their inmates was to be so overwhelming that any outside influence was categorically forbidden. The poor, according to the 1672 Constitutions, were to be denied the privilege of receiving visitors, even if such visitors were their own children. Towards the end of the sixteenth century, hospitals became an arm of the Roman Catholic Counter-Reformation movement in Poland, barred to those of other faiths, and requiring a profession of faith, a confession, and continuous participation in religious practices on the part of the inmates.⁹³

⁹¹Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 162-163; Manuscript no. 105, pp. 222-223, *Księga wizytacyjna roku 1781* [The visitation book of 1781], AKBŁ. We even know the names and the place of origins of the four converted Protestants. They were Krzysztof from Hesse, who converted from Calvinism; Salomon Rathaus of Saxony, a convert from Lutheranism; Marianna Zarębska, a noblewoman from Prussia (probably East Prussia), who was converted at the hospital from Lutheranism by a certain Father Wagner; and Krzysztof Mecner of Saxony, also converted from Lutheranism by Father Wagner.

⁹² Męczkowski, "Szpitale dawnej Rzeczypospolitej," [The hospitals of the old Commonwealth], 18.

⁹³ Grell and Cunningham, 5-7, show the poor in Protestant countries subjected to a similar loss of privacy and freedom, depending on whether lay or Reformed organs exercised hospital control. Paupers helped by civic organizations were not necessarily subjected to a religious test. Those helped by the church, on the other hand, were. This situation arose out of a functional duality exercised in Protestant countries, where care provision was divided between both secular and ecclesiastical institutions; Glemma, *Z dziejów miłosierdzia chrześcijańskiego w Polsce* [From the history of Christian charities in Poland], 29; Kumor, "Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym," [Hospitals of Nowy Sącz in the pre-partition period], 260; Góralski, "Opieka społeczna i szpitalnictwo w dawnej Polsce," [Social care and

Leaving the Hospital

The poor could leave the hospital in one of three ways. Many times, as in the case of those who sought hospital's protection for only a limited time, like pregnant women, seasonal workers, and those who actually managed to get better, they could leave the institution of their own accord, after letting the people in charge know of their desire. It is difficult to establish the length of hospital stay for someone actually cured by the institution, as such things depended on the type and intensity of the affliction, and the level and competence of care offered. Obviously hospitals that used the services of trained monks or of surgeons or other medical professionals offered a much better chance of success and recovery, but the time of stay could still be very long. Even in 1794 a broken leg could take two years to heal and a broken hand an entire year in such a respectable institution as the Holy Spirit Within the Walls of Warsaw. In some cases, as in the above-mentioned hospital, the administration presented the departing inmates with a small gift of alms, though such niceties did not seem to have been widely repeated.⁹⁴

Sometimes the poor were forcefully evicted by the administration. This mostly concerned those who could not adjust themselves to the communal life within the walls of the institution, those who broke the peace or hospital rules, and those who were at some point deemed no longer welcome. The 1733 Synod of Płock dictated that all healthy men behaving immorally should be expelled forthwith. The 1752 Synod of

hospitals in Old Poland], 87; Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 59-60; Podgórska-Klawe, *Od hospicium do współczesnego szpitala* [From hospice to the modern hospital], 39; *Szpitala warszawskie* [Warsaw's Hospitals], 38; Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej* [Social welfare in western Greater Poland], 151-153, 166, 169-170.

⁹⁴ Podgórska-Klawe, *Szpitala warszawskie* [Warsaw's Hospitals], 98, 122; Manuscript no. 234, *Rachunki Szpitala Św. Ducha of 1771 r. do 1792 r.* [The Holy Spirit hospital accounts from 1771 to 1792], *Archiwum Królestwa Polskiego* [The archive of the Kingdom of Poland], AGAD.

Żmudź went even further and had all peace-breakers expelled not only from the hospital, but also from the parish. The most difficult cases were dealt by blacklisting the perpetrators so they couldn't find shelter in any local hospital institution.

The numbers of those forcefully ejected grew as hospitals slowly transformed themselves into places of healing. Beginning in the sixteenth century, following innumerable visitation resolutions, the healthy poor found less and less support given them, especially by the major urban hospitals, which, like the Holy Spirit of Kraków, eventually turned entirely towards sheltering only those afflicted with some ailment. This shift did not mean that all Polish urban hospitals turned overnight into health-care-dispensing institutions instead of general shelters. That process was long and arduous, and was not fully implemented until the middle of the nineteenth century. Smaller, less well-funded urban institutions and the vast majority of village hospitals took much longer to convert themselves than did the premier municipal hospitals.

Finally, the vast majority of poor sheltered within hospital walls usually stayed there until their deaths. Mortality rates were, as expected, quite high, especially during the difficult winter months between December and March when the hospital resources were usually stretched to their limits, and the health of the poor susceptible to the seasonal cold. The frailty of the aged patients combined with inadequate care lead to sometimes astounding mortality rates.

The burials of hospital patients were a simple affair, including a procession of the body accompanied by the priest and the mobile poor to the place of the final rest, which was usually a parish cemetery unless the hospital possessed one of its own. Coffins were rarely used because of the expense in procuring them. Wrapping the body in a sheet

became an accepted substitute. The hospital conducted the ritual out of its own pocket, though sometimes it used money previously collected by the patients themselves for their final expense.⁹⁵

Jabłonowska's Hospitals

Though life in village hospitals has not been as well documented as patient experiences in larger, urban institutions, there nevertheless exist some sources that could illuminate the behavior and every-day concerns of poor sheltered in those smaller, vulnerable houses of care. Some noble patrons actually maintained well-kept records of their charitable endeavors, throwing much light on a life in a small village. The hospital institutions of Ana Jabłonowska, one of the greatest of eighteenth-century Polish philanthropists, could serve as an example.

While hospital creation dominated Jabłonowska's time, health care provision became just one service such hospitals offered her subjects. The hospital institutions in Kock and Siemiatycze, for instance, concentrated instead on providing shelters for the elderly serfs who spent their lives working for the manor, and on the provision of mid-wife services to the serf women. Both of these approaches enjoyed Jabłonowska's attention, from her involvement in their minute details, to the writing of their charters and regulations. Because these works survived the historical vagaries of nineteenth- and

⁹⁵ Karpiński, 60; Góralski, "Opieka społeczna i szpitalnictwo w dawnej Polsce," [Social care and hospitals in Old Poland], 100; Szpitala na Lubelszczyźnie [Lublin area Hospitals], 180; Podgórska-Klawe, Od hospicium do współczesnego szpitala [From hospice to the modern hospital], 169; Surdacki, Opieka społeczna w Wielkopolsce Zachodniej [Social welfare in western Greater Poland], 184; Manuscript nos. 975, 976, 979, Warszawa Ekonomiczne [Warsaw Economic], AGAD; Manuscript no. 181, p. 21, Archiwum Królestwa Polskiego [The archive of the Kingdom of Poland], AGAD.

twentieth-century Polish history, they provide us with an extremely complex picture of late eighteenth-century agrarian institutions of mercy.⁹⁶

Though she wrote that she “would be very happy if such statutes were made unnecessary when the children of the old, appreciative of Christian values, would not allow me to overtake their responsibilities to their parents,” she nevertheless understood that often it became impossible for a peasant family to continue performing work for the manor and at the same time maintain their sick and infirm elders, and so “finding no such examples of home care in my lands, I’ve decided to help them out that if children find no place for the old, incapable of work parents in their homes, they can comfortably locate them elsewhere and share with them the bread that their parents, while working, provided them with.”⁹⁷

To improve these conditions, she created a number of old age homes on her lands. They usually consisted of two rooms, one for old men and one for old women, and were under the immediate supervision of female governesses, chosen by Jabłonowska and directly accountable to her. The responsibilities of the male governor included finding candidates for these homes throughout the villages owned by Jabłonowska. Should some elder members of the village community have gone begging, their relatives were to find them and immediately transfer them to the care of the hospital. Every new patient’s

⁹⁶ These works include a number of economic treatises. The most important one is the treatise she wrote for her functionaries about the running and maintenance of her lands, the so-called *Ustawy Powszechne dóbr moich rządów*, or “General Statutes for Governors of my lands.”

⁹⁷ Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 43-44; Jabłonowska, 113. “Byłoby więc szczęśliwością wielką, żeby dziś do podobnej ustawy przyczyniła się ażeby dzieci wszystkie czule na obowiązki chrześcijańskie uprzedzić mi się usługą dla rodziców starych w własnych domach nie dali; lecz że tego przykładu nieszczęśliwie w dobrach moich nie znalazłam, do niej więc ułatwić zadałam drogę, ażeby, gdy w domu szczupłym nie będą mogli gdzie mieścić starych i do prac niezdolnych rodziców, mogli o nich do śmierci wiedzieć wygodnie ulokowanych i dzielić z nimi ten kawałek chleba, który rodzice pracujący swobodnie im zostawili.”

provisions included a so-called *wyprawa*, donated by children or relatives, which consisted of clothes, undergarments and blankets, which were to be re-supplied by the family every one to two years. The old also had to provide their own bowls, a knife and spoon, and plates. The hospital provided places to sleep, food, which included flour, lard, salt, buckwheat, barley and rye products, and firewood for heating. Those elderly lacking relatives were entirely supported from the funds gathered for the hospital by the village community civil government or *gmina*. The personal possessions of those who died in the care of the hospitals would automatically revert back to the hospital. The governesses and aldermen and women specially chosen from among the patients were concerned with the internal administration of hospitals, especially with the division of labor and moral life. All those cared for were to perform the menial work associated with the day-to-day running of the hospital. Women were to cook and do the laundry, men were to clean the rooms, cut firewood, and watch over the heating stoves. Should there be some free time left, it would be taken up by cotton weaving, the proceeds of which would be used by the hospital.⁹⁸ As expected, religious rituals were of primary importance and were strictly maintained. The day began when the *starszy* woke all for morning prayers. After making the beds and cleaning the floors, the inmates were to participate in the singing of the rosary. All those capable of doing so were required to attend the church daily. The local village priest visited those incapable of doing so every day.⁹⁹ The spiritual well-being of the patients in the lands of Anna Jabłonowska was afforded the same primacy as

⁹⁸ Bergerówna, 253; Góralski, *Szpitala na Lubelszczyźnie* [Lublin area Hospitals], 157.

⁹⁹ Bergerówna, 254.

in church institutions throughout Poland. Hymn singing and common prayers for the soul of the benefactress were constant occurrences in the hospitals she endowed.

Keeping with the tradition of institutions of mercy encompassing many aspects of care, Jabłonowska's hospitals also provided the village community with the services of trained midwives. The emphasis placed by Jabłonowska on this particular side of health care was considerable. It included opening up a midwife academy in her possession of Kock, where local and foreign¹⁰⁰ serf-girls wishing to learn the trade were given tuition-free courses by well-established medical professionals. Jabłonowska brought Dr. J. P. Haydatel, for example, who performed this function from 1783 to 84, to Kock specifically for this reason. Good candidates for the position of midwives were to possess three simple characteristics, namely that "they should have healthy hands, no internal and external defects, and that they be neither too old or too young."¹⁰¹ The courses lasted for four months and consisted of two parts; only after the successful completion of the second part of study would a candidate receive a diploma entitling her to perform her new profession.¹⁰²

¹⁰⁰ In this case the word "foreign" simply indicates women belonging to other landowners. Each magnate felt their landed estates formed their own countries. The word "*państwo*" or "nation" was used to denote both the Polish Commonwealth in general and the individual lands owned by the great families. Considering that the nobility maintained legal and legislative banalities on their lands, including private armies and foreign policies, such an understanding was not far from the truth.

¹⁰¹ Gazeta Warszawska [Warsaw Gazette], 8 November 1788.

¹⁰² Bergerówna, 296-7.

Conclusion

Polish hospitals followed a pattern of localization similar to institutions elsewhere. At first situated outside of city walls, they soon moved into the urban areas. With only the best endowed capable of building in brick, most Polish hospitals, and especially village institutions, led an ephemeral life at the mercy of natural and man-made disasters. Because of the insecurity of their existence very few hospitals managed to rise beyond the single- or double-room infirmary-hall type that housed at most a dozen inmates, a number that reflected deep symbolic associations. However, the larger institutions, the Holy Spirit of Kraków being one of the largest hospitals of its kind in Europe, were able to provide their charges with a modicum of support, including a roof over their heads, heating, and a stable menu that, on the whole, compared favorably with menus offered in other parts of Europe.

The behavior of inmates was regimented by stringent hospital regulations. This occurred because the inmates were never fully viewed as subjects or actors, but rather as objects either of societal fear and concern, or of spiritual mercy that propelled others (those who gave alms) to heaven. Seen as potentially disruptive social elements (which they often were) the poor were thus controlled and made dependent. As part of a complex spiritual interplay the poor had to properly perform their part, that of morally and religiously worthy intercessors on the behalf of their benefactors' souls.

Although during the phase of municipal control over hospitals the spiritual dimensions constraining inmate behavior were somewhat relegated to the background, the triumph of the Counter-Reformation in Poland brought them back into focus, turning all aspects of care provision into religious weapons used by the Catholic Church to

combat the spread of Protestantism. Even hospitals run by private individuals reflected this religious re-orientation of hospital functions.

CONCLUSION

From their beginning as monastery *infirmaria*, hospitals proved to be some of the most successful charitable institutions in Europe. A large part of their success depended on offering donors a very safe place for their investments, protected by the hospitals' association with the ecclesiastical establishment, its immunities and privileges. Moreover, hospitals presented a tightly controlled environment where prevalent charitable concepts could be exercised within an institutionalized setting.¹ Hospitals thus acted as societal mirrors, reflecting current attitudes towards the poor and translating shifts in such perceptions into functional, and eminently quantifiable, actions. Hospital patrons, informed by socio-economic or confessional stimuli, could rest assured that the highly ritualized charity dispensed by hospitals would be given only to those they themselves considered worthy. Discrimination became part and parcel of the ritual of giving and changes in its patterns could thus be seen as explanations on how charitable choices were made. By studying hospitals, in the words of Miri Rubin, "we shall uncover the language of *relief*."²

The analysis of pre-modern Polish hospitals presented here provides a fuller picture of the European social environment between the twelfth and the eighteenth century. By tracing the directions of philanthropic and social changes accompanying the birth and development of Polish hospitals, this dissertation challenges the traditional

¹ Barry and Jones, 7.

² Rubin, "Imagining Medieval Hospitals," 16; Cavallo, 47-48. Sandra Cavallo is one of few historians who discounts the explanatory nature of hospitals in relation to prevalent modes of charity. Instead of paradigm shifts, or one pattern of charity entirely replacing another in hospital functions, she sees concurrent and complex interactions of meanings. Orme and Webster tend to agree with Cavallo's interpretations, suggesting that while one conception of the poor might have held ascendancy over others at a particular point in time, "diverse views of the poor were timeless." See Orme and Webster, 57.

notion of pre-modern European hospitalization as principally either religiously or economically inspired. The role that ecclesiastical organs, secular civic officials, and the hospital inmates themselves played in the creation of charitable and social-welfare instruments draws a deep and meaningful picture that informs today's debates about the establishment of a "European" pattern of social welfare and civil society. The history of European hospitalization no longer ends at the river Elbe, or accounts of "European" charity limit themselves only to Western European models.³

The presentation of developments in administrative practices of Polish hospitals within these pages combines the re-integrationist theory, an explanation of poverty-relief based on religious ideology, with the labor market-focused socio-economic approaches of Western and Polish historians into a single analytical framework. To a greater extent than Polish historiography previously admitted, or Western historiography was aware of, religious tribulations had long-lasting effects on Polish charitable initiatives. The sanctity of charity and the spiritual benefits it was expected to bring to those alive and dead were of prime importance to hospital institutions, especially at the time of religious upheaval brought about by Counter-Reformation pressures. An analysis of private philanthropy, to a great extent female, re-emphasizes the vital significance spiritual theories had on the definition of charitable norms.

While difficulties in resource allocation and growing urban concerns played a prominent part in the triumph of secular administration in the thirteenth and fourteenth

³ Flynn, 84-85. Natalie Davis, Brian Pullan, Miri Rubin, and especially Maureen Flynn aim to prove this theory by indicating that in a number of sixteenth-century cities under study, including Lyon, Venice, and Zamora, Catholics did not object to reforming principles that removed the aura of reciprocity and good works from charitable initiatives aimed at regimenting and controlling the poor. The present study indicates, however, that while Catholic municipal authorities in Poland might have viewed the poor principally in terms of a public concern, the ecclesiastical organs did not. The almost unchallenged ecclesiastical control over Polish institutions of mercy following the Council of Trent precluded the exercise of more secular-minded charitable conceptions.

centuries, the success of Counter-Reformation in Poland assured a prevalence of dogmatic interpretations. The hospitals' constant presence within the religious sphere allowed ecclesiastical organs to fully dictate hospital functions once the Council of Trent decided unified action necessary to combat the spread of Protestantism.

Medicalization, a term very loosely used by historians, but one that implies an organic institutionalized association between hospitals as places of healing and physicians, fell victim as well to the Catholic Church's strengthened position in post-Trent Poland. While town councils and private founders actively promoted the relationship between hospitals and the growing numbers of medical professionals, the church's insistence on the primacy of religious over physical healing cemented an ambiguity towards medical practitioners that survived well into the eighteenth century, as the 1762 Synod of Kiev attests. Though, as elsewhere, the presence of professional surgeons and doctors on the premises of Polish hospitals increased over time, it is hardly proper to speak of Polish medical institutions before the latter part of the eighteenth century.

Scholars writing from the socio-economic perspective will thus have difficulties placing the history of Polish hospitalization entirely within their preferred patterns once the Counter-Reformation returned dogmatic confessional principles to the fore. It was at precisely that time that Polish hospitals took a backward step of 250 years that upsets functional explanations of charitable practices based on societal perceptions of the poor within an economic market. The process of re-feudalization of the Polish countryside, running concurrently with the Counter-Reformation, closed that market, while the

nobility's successful monopolization of political power within the Commonwealth destroyed the municipal economic base.

Market-inspired alterations in the societal view of the poor, a cornerstone of the socio-economic approach often used to describe Western European hospital centralization efforts of the sixteenth century, cannot therefore fully explain changing models of hospital behavior in post-Trent Poland. Public perceptions could only be effective if translated into charitable action by the elites in charge of hospital administration. In Poland this occurred before the sixteenth century, at a time when municipal organizations held power in most urban hospitals, and viewed the poor in terms of a mounting civic concern. Following the Council of Trent, the political struggle between lay and ecclesiastical administration defined both hospital function and the societal and spiritual role of the sheltered inmates. The Catholic Counter-Reformation's success in cultural, social, and especially political sense was so overwhelming that it imprinted charitable definitions on Polish hospitals and inmates alike for the next two centuries. In medieval Italy, on the other hand, urban elite control over hospital administration assured a medicalized approach to hospitalization. It was therefore political conflict over administrative hospital control that informed the scope and function of pre-modern charitable initiatives.⁴

Yet the socio-economic analysis of post-Trent Polish hospitalization still has utility. As many premier Polish historians note, economic and social considerations such as times of dearth and need affected the function of hospital institutions throughout the Commonwealth, lending credence to the socio-economic approach. The same could also

⁴ Cavallo, 51-53, 58. "Initiatives towards the poor may also thus be viewed as a secondary result of, or a vehicle for, tensions within the elites."

be said of times during which the church chose not to exercise its influence over matters of hospital administration, as happened between the fourteenth and the mid-sixteenth century, when secular Polish municipal organizations assumed that responsibility.

This dissertation therefore positions the institutional existence of Polish hospitals within the secular/religious political struggle over hospital governance that defined the scope of all charitable initiatives. In the matter of hospital administration the Catholic Church focused on major nation- or continent-wide religious and ideological currents to the detriment of purely local problems and conditions. The secular administrators, representing city councils and guild structures, on the other hand, tended to discount ideology and instead emphasized the particular issues and aspects of economic supply and demand as well as chance historic events. In other words the Catholic Church viewed hospitalization mostly from the perspective of religious dogma to which all shelters, and inmates, had to be conformed. The local administration, much better aware of the prevalent social and economic environment, approached their institutions more pragmatically, often ignoring prescriptive ideological dictates in order to utilize all available resources to ensure hospital survival.

Unfortunately for Poland, the struggle between secular and ecclesiastical organs over hospital administration, conducted through Episcopal visitation records and court trials as in the case against the Holy Spirit provisor and “*hereticus maius*” Erazm Czczotka, or through the vicious fighting between the city councilors of Lvov and archbishop Próchnicki, did nothing to improve the lives of people these institutions sheltered. The most serious problems relating to Polish hospitals arose when the ecclesiastical authorities felt it necessary to impose their dogmatic image of

hospitalization on the local administrative units, as they did after the Council of Trent, leading to what could only be described as a growing culture of conflict that led to a dissipation of concerted charitable action and harmed the inmate population by negatively affecting the social care features present within the institution.

The fault for the inability to define concretely the hospitals' purpose lay with the amorphous structure of hospital administration. Throughout the period discussed in this dissertation ecclesiastical organs, secular officials, and, to a far lesser extent, the hospital inmates themselves conferred, argued, and struggled to identify and promote their particular visions concerning the features of Polish hospitalization. As already stated, the church felt hospitals were designed to save souls, while the secular officials more often than not viewed hospitals as places of segregation and social control meant to alleviate local crises. It remained up to the hospital inmates themselves, in voices often muted by illiteracy and silenced by the perception that they were more objects than subjects, to ask, and sometimes even to demand better treatment.

Life within hospitals was therefore structured by interaction between these three often-competing elements. When such interactions remained more or less balanced as when the church recused itself from hospital administration allowing for secular dominance, hospitals were able to function adequately and overcome many of the pressing problems they faced. When the balance between secular and ecclesiastical interests collapsed after the Council of Trent imposed single-minded administrative practices, hospitals found themselves severely hampered in their attempt to help those they sheltered by being unable to adjust their operations to fit newly emerging situations. For most of their existence, therefore, the performance of Polish hospitals was influenced

by conflict and confusion stemming from poorly defined and often changing functional and administrative goals.

Throughout all this, it was the poor and the sick who suffered the most. Though there is no question that at the height of secular dominance, municipal councils used hospitals to exercise social control over the inmate population, it was only after the church's administrative coup that life in the Polish hospital became thoroughly subsumed to a singular regiment. While in Protestant countries such as England secular authorities ordered pauper existence from the perspective of productivity and labor control⁵, the Polish Catholic church organs maintained similarly severe, if not even more coercive mechanisms, but designed with religious goals in mind. In lands taken over by Reform the poor suffered for the sake of capital; in Poland they suffered for the sake of faith.

⁵ Rubin, Charity and Community in Medieval Cambridge, 293; "Imagining Medieval Hospitals," 24.

APPENDIX I

**Granting of Privileges to the Holy Spirit Hospital in Kalisz by Duke Przemysław II
in 1282¹**

Przemysław II, Duke of Poland, June 6th, 1282 in Kalisz:

In nomine Domini amen. Human endeavors worthy of eternal memory are usually forgotten if not written down. That is why We, Przemysław II, *dei gracia dux Polonie*, make it known to everyone, both to those who are here and to those who will, in the future, read this page, that for the Glory of God and of the Holy Spirit, and also to fulfill the wishes of the honorable father Filip Firman, a bishop and legate of the Apostolic See, it is Our true will that for Our and Our descendants' salvation, We give to the Holy Spirit hospital, located in the city of Kalisz, the right of ownership of the seven *łan*, already used by the hospital, so that this land and all its fruits, those already existing and those that will come to it in the future, will serve this hospital. We also wish that the hospital would possess freedoms on par with the city of Kalisz and the village of Tyniec relating to the usage of the forest, pastures, and other advantages. We also permit the hospital to employ a fisherman. Since We have, for Our salvation, taken this hospital under Our particular care, We wish that no one would dare to harm it. We also wish, that the hospital's superior would have the right to judge all cases and establish and execute all fines relating to all the current and future material possessions of the hospital. So that Our gift will never be violated, We have decided to affix our seal to this privilege. And

¹ Męczkowski, "Szpital św. Ducha i św. Trójcy w Kaliszu," [The Holy Spirit and Holy Trinity Hospital in Kalisz], 164.

if one of our subjects would decide to violate Our just decisions, he should know, he will not be held in Our good graces.

Land Grant in 1283²

Przemysław II, Duke of Poland, December 31, 1283 in Kalisz.

In nomine Domini amen. As long as the written word lasts, so will the deed noted in this writing, and its presence increases the memory and multiplies great deeds. That is why We, Przemysław II *dei gratia dux Polonie* make it known to all those here present and all those who will read these pages in the future, that for the Glory of God and of the Holy Spirit, and for the forgiveness of Our sins, and also in order to fulfill the wishes of the honorable brother Lipold, the provincial of the order for Austria, Hungary, and Poland, we give, offer, and affirm the parcel of land and field next to the gates of Our city Kalisz, on the right hand traveling from the village of Tyniec, into the eternal possession of the Holy Spirit hospital to maintain there the poor and the sick. And so that this gift or affirmation of Ours would last eternally and without violation, We have decided to affix our seal to this document.

² Męczkowski, "Szpital św. Ducha i św. Trójcy w Kaliszu," [The Holy Spirit and Holy Trinity Hospital in Kalisz], 168.

APPENDIX II

The Statutes of the St. Lazarus Hospital in Poznań¹

1. The election of the hospital aldermen is to take place every year the day after the blessing of the St. Lazarus church, in the presence of the hospital provisors and the parson, who are to choose by majority vote from the more healthy, godly, willing to do work, and stable hospital residents, with the understanding that those who have successfully fulfilled their functions so far, can be retained at their post.

2. The responsibility of the hospital aldermen is to gather alms and then, without delay, hand the full sum over to the hospital priest.

3. Those persons afflicted with illness, upon their admission to the hospital and with the knowledge of the parson, are to be given comfortable beds, and should they be ill with a contagious disease, they are to be kept apart from the rest.

4. The aldermen ought to motivate their fellow poor to partake in spiritual matters, especially in the hearing of the Holy Mass every Sunday and

¹ Surdacki, Opieka społeczna w Wielkopolsce Zachodniej [Social welfare in western Greater Poland], 186, 341-342; *Visitatio generalis decanatus Poznaniensis auctoritate Antonii Onuphredii de Okęcie Okęcki episcopi Poznaniensis et Varsaviensis...* 1781. Towarzystwo Przyjaciół Nauk w Poznaniu, Wydział Teologiczny, seria 1, poszyt 2/3, 1000, Materiały (Poznań: N.p, 1918). The document itself predates the visitation account in which it is found by about a hundred years.

during Holidays, and also to make them confess and improve their lives.

5. The aldermen ought to visit the ill, check on them, and commit the dying into God's hands, let the priest know of any fellow poor nearing death, faithfully hand over all the possessions of the dead into the hands of the parson, so that he could arrange, in the presence of the provisors, for the funeral.
6. All the resident poor ought to listen to their aldermen, respect them in the same way that they respect their priest, keep clean the church and the cemetery, and if disobedient are to be punished by kneeling or by the suspension of rations, and the incorrigibles are to be, with the priest's approval, expelled from the hospital.
7. The poor are to confess themselves to their priest on every Ember Day and Easter, and should one not trust his parson in such matters, one could give confession elsewhere providing that on Easter he'd go to confession in his own church.
8. Around two in the afternoon on every Sunday and all Holidays, the poor, under the penalty of being locked up, ought to go to their church and hear the catechism. After the catechism they are to say the litany:

on Sunday, Thursday, and Friday to Lord Jesus, on Monday and Tuesday to All Saints, on Wednesday and Saturday to the Most Holy Virgin, and later they are to sing the *Bogurodzica*, are to say five prayers in honor of the living donors, and five for the dead, and to pray daily in the church, not in the hospital, for the dying and the sinful. They are also to listen attentively to readings from God's commandments, and the mystery of the Divine Trinity.

9. The poor are to trust, respect, and love one another, and not to participate in drunkenness, parties, or superstitions.

In order to maintain these responsibilities of the aldermen and of the poor, they are to be read in front of all the poor either in the church or in the hospital on every Ember Day.

APPENDIX III

Charter of the St. Roch Hospital in Warsaw¹

In the name of God. Amen. For all eternity's remembrance. On Monday, St. Bartholomew's Day, 24th of August, in the Year of our Lord 1711, on Krakowskie Przedmieście Street in Warsaw, at the hospital of the St. Roch Confraternity next to the parish church of the Holy Cross, presided over by the Very Reverend and Honorable Father Kownacki, the parson of the parish church of the Holy Cross and the superior of the chapter of the Brothers of Mercy, in attendance of the Honorable Wawrzeniec Benik, the chaplain of the chapter of the Brothers of Mercy and the Promotor of the above mentioned Confraternity, in the presence of male and female seniors and other brothers and sisters of the Confraternity, all signatories of this document, and in the presence of the Superior and Sisters of Mercy of the hospital for orphaned girls located in Solec, chosen by the Confraternity to serve the sick in the hospital of St. Roch, the aim of the above mentioned hospital was decided and decreed in the manner described below.

The intention, fundamental aim, and the goal of the founding of the hospital by the St. Roch Confraternity is: Firstly, that the poor members of the Holy Cross Parish and those who are members of the Confraternity, in sickness and poverty be able to partake of Christian Charity. Second, that the hospital would give to all Brothers and Sisters of the Confraternity an opportunity and a want to practice acts of Charity towards the poor and

¹ Czajewicz, Rys historyczny szpitala Świętego Rocha w Warszawie [The history of the St. Roch hospital in Warsaw], 40-43. Words in Latin and French were left in the original to maintain the cosmopolitan linguistic flavor of the document. Petronella Gęsinowiczowa, Zofia Małecka, and Maryanna Kowalska placed signs of the cross instead of signing their names.

the sick in the manner of our patron, St. Roch. So that to maintain better order and to serve the poor and the sick in the hospital the mentioned Confraternity chooses the Sisters of Charity, as those who are aware of hospital dispositions in other countries, and gives them to administer all real estate properties the Confraternity will purchase for the hospital. So as not to give occasion for itself to forget its charitable practices the above mentioned Confraternity retains all rights of governance (*salvis omnibus Constitutionibus et Regulis earundem Deodicatarum Sororum tam quo ad Superioritatem, quam quo ad directionem internam Perillustri Domino Praeposito et Superiori Congregationis Missionis earumque Superiorissae in toto reservatis*) over the said properties. So that these dispositions would be inviolate and preserved by both sides, that is by the Confraternity, and by the Sisters of Charity, it ought to be maintained that:

1st- The Sisters of Charity are to treat the Brothers and Sisters of the Confraternity and all the sick visiting the hospital with due respect, assisting all they can, and in return be pledged the same respect due them as to those who do God's work by the Confraternity.

2nd- Management over new construction, alienation of hospital property, and all extraordinary matters belongs to the Hospital administration; in ordinary matters general decisions will depend on the provisor chosen by the Confraternity, and in more difficult cases he will decide with the aid of the Promotor and the Parson of the Holy Cross parish, and *cum consilio* of the Confraternity.

3rd- No sick person shall be admitted to, or expelled from, the hospital, and no departed will be buried, or even that no one will be able to leave the hospital, or return to it, without the consent of the said provisor.

4th- Also when one Sister is to succeed her predecessor as the Sister Superior of the hospital, the one who is to succeed must be presented to the provisor of the hospital.

5th- The Sister Superior shall make a quarterly presentation of all the precepts and expenses of the hospital and all its properties in the presence of the Senior Promotor of the Confraternity, the provisor, and, if necessary, of the parson of the Holy Cross church.

6th- The number of Sisters employed by the hospital shall not be greater than three without the consent of the provisor. However if the poor were to increase *in quantum*, and a school be started on the hospital premises, then the numbers of Sisters ought to increase as needed. The Sister Superior of the Sisters of Charity at the hospital is to be dependant on the advice of the Senior Sister of the Confraternity.

7th- Although according to the Constitutions of the Sisters of Charity no laity will be allowed to work with the sick, nevertheless the poor maiden Marianna Arnautówna (who from the beginning of the hospital served so) is to be maintained in her obligations made to the Confraternity. Also if there were a deserved Confraternity Sister well experienced in godly life, and who in her later years wished to find *reclinatorium* in the hospital, then with the common consent of the Confraternity and the Sisters of Charity she can be admitted, providing that she will spend her life in godly and worthy pursuits and in obedience to the Sisters; Otherwise she will be removed from the hospital.

8th- That the sick should not be admitted to the hospital by the provisor without the knowledge and consent of the Confraternity's Promotor and of the Sister Superior of the hospital.

9th- Those Sisters of Charity who fall ill while tending to the sick, or who, God forbid, die in their service, shall be buried at the Hospital's expense according to the normal practices of the Sisters of Charity.

10th- The St. Roch Confraternity is to provide the Sisters of Charity with a foundation of one thousand *tynfs* to each sister that serves the ailing, to be used for white veils and habits, on the condition that the Sisters shall have no further pretensions relating to hospital property.

11th- That a virtuous, agreeable male member of the Confraternity be selected to help with the male patients, and, of course, that a surgeon, or even a Doctor, if necessary, be called to a patients side with the common consent of the Sisters, the Promotor, and the provisor.

12th- Pertaining to the pharmacy and to the Parish members, who come to the pharmacy seeking medications, a mutual agreement of the whole Confraternity and the Sisters of Mercy decided that only the truly poor or those who sacrificed for the Confraternity are to be given medications free of charge, while others are to receive free drugs only with the consent of the provisor, or if the Sister Superior thought conditions arose to merit such a gift; otherwise the needy are to pay a small honorarium for the medications.

13th- So that the pharmacy would not cease to function the Sisters are to use the money slated for the pharmacy on nothing else except for new ingredients for medications.

14th - From this time onward the Confraternity of St. Roch will not be able to alienate the Sisters of Charity from the hospital without their free consent, nor the Sisters will be able to abandon the hospital without the free consent of the said Confraternity.

15th - That upon the admission of anybody to the hospital the Sisters of Charity will register and write down all of their belongings, then put them in storage, until their return at the moment of the person's departure from the hospital. In case of the person's death while at the hospital, the belongings will be given to the hospital.

Therefore all these above mentioned points discussed and decided by both sides, in order to better assure their perpetual observance, and to make sure that neither side would ever reject them, are undersigned by both sides with their own hands in these Acts of the St. Roch Confraternity as witnessed by the Very Reverend in God Michał Kownacki, the pastor of the Holy Cross church, the Superior of the Warsaw congregation of the Brothers of Charity and the said congregation's Visitor of the Polish and Lithuanian provinces under the auspices of the said Very Reverend parson's Visitations Department. *Actum et datum ut supra.* Wawrzeniec Stanisław Benik, Promotor of the St. Roch Confraternity and of the Hospital. Jan Bige, Prefect of the St. Roch Confraternity. Sebastyan Filipowicz, Vice-prefect. Benedykt Łoyko, Provisor of the Hospital of the St. Roch Confraternity. Michał Kowalski, Under-Treasurer. Stephanus Bartholomaeus Wiśniowski *Confraternitatis S. Rochi Consiliarius primus*. Laurentius Gredek *consiliarius*. Franciscus Mażyński *Confraternitatis S. Rochi Secretarius*. Katarzyna Łoyko, Senior Sister of the Confraternity, Petronella Gęsinowiczowa, Assistant of the St. Roch Confraternity. Zofia Małecka, Under-Treasurer. Maryanna Kowalska, Provisor of the Sick. Agnieszka Gorecka, Counselor to the St. Roch Confraternity. Marie de Bay,

Supérieur de l'hôpital des Orphelines. Marguerite Potel, Assistente de l'hôpital des Orphelines. Charitate Bonvedem Proviseur de l'hôpital des Orphelines. Claude de Varenne, Supérieur de l'hôpital S. Rochi.

APPENDIX IV

**The spiritual responsibilities of the inmates in the Holy Spirit hospital of Przeworsk,
in the Przemyśl diocese, based on the 1755 visitation of bishop Sierakowski¹**

- 1) A special bell was to wake up the poor at four in the morning during spring and summer, and five in the morning during fall and winter. After waking up, in the fall and winter, all the poor were to march down to the hospital common room, and in spring and summer to the Church of Holy Spirit, where, in Polish, priests were to read to them from spiritual works.
- 2) Afterwards the poor were responsible for the singing of one part of the Hail Mary rosary.
- 3) After the rosary they were to gather for an early Holy Mass in the parish church. They would walk there by twos, women at the front, men behind.
- 4) After the Holy Mass they were to return, in the same order, in the spring and summer to the Holy Spirit church, in the winter and fall to the hospital common room, and there, in front of the picture of the Holy Virgin, sing religious hymns, such as *Welcome, Queen of Heavens, Be Blessed, Thou Holy Maiden, and Of Shelter*.

¹ Surdacki, Opieka społeczna w Wielkopolsce Zachodniej [Social welfare in western Greater Poland], 169-170; Wizytacja Sierakowskiego, 1755, [The Sierakowski visitation of 1755] Archiwum Diecezjalne w Przemyślu [The diocesan archive of Przemyśl].

- 5) The poor were to consume their dinner in a hypocaustum [a heated common room]. While dining they were to be read Saints Lives. None of the poor could excuse themselves from the table before the conclusion of the day's reading.
- 6) After dinner all the poor were to go, by twos, to the Holy Spirit Church and sing *The Angel's Blessing*, and then, to honor the Most Holy Sacrament, they were to sing *To You, Oh Lord*, and *Your Honor and Glory*.
- 7) Then, in front of the Altar to the Holy Virgin, they were to sing *The Litany to the Blessed Virgin Mary* to receive a happy death, and, on Fridays, *The Litany to the Name of Jesus*.
- 8) At four in the afternoon, or later, and depending on the time of year either in the common room or in church, they were to sing *The Crown*, and later *To You, Oh Lord, Jesus Fainting in Gethsemene*, and also to St. Joseph, *Happy, who himself Joseph*.
- 9) After supper they were to repeat all that they've done after dinner, with the addition of singing *Angelus*.
- 10) Then, during the next half an hour, they were to be read spiritual texts, to which the poor were to listen while on their knees, with the Crucifix in front of them. Before going to bed they were to take account of their conscience.

- 11)* The poor were to attend, by twos, the special early mass of the Holiest of Holy, known as the privileged mass, performed at the Przeworsk parish church throughout the year on Thursdays.

APPENDIX V

Inventory of the St. Lazarus Hospital in Lublin made during the 1781 visitation¹

The current material state of the St. Lazarus hospital located at the Church of St. Adalbert.

The hospital, made of bricks, is built next to the church in the form of a square, of two stories, the lower one of which has a painted gate, made by a carpenter, with a lock and key, from which leads another door to the outside, over which there is a garret. Going from the gates through the corridor on the first floor there are locked doors to the kitchen and the storeroom, and from the kitchen there is a lobby going to the refectory's window, next to which there are doors to the cellar, then a new refectory, though its walls and ceiling are scraped. From the refectory there are doors leading to the laboratory, from the laboratory doors with a lock and hinges lead to the guest room. From the guest room lock-equipped doors lead to the corridor. All these chambers have a stove with a chimney. From the corridor large doors lead to the morgue [*pratelnia*] from both sides opposite of church doors, used to take out the deceased, and a third set of doors lead to the cemetery.

Next to the first floor corridor there is a school for orphaned girls, with doors, a table, and a stove. Next to it there is a remodeled storeroom.

On the third side of the corridor there is a granary. Next to the granary there are doors to the second brick cellar. Next to the cellar there are stairs leading to the second

¹ Góralski, *Szpitala na Lubelszczyźnie w okresie przedrozbiorowym* [Lublin area Hospitals before the Partitions], 185-189; Manuscript no. 105, pp. 219-221, 955-958, *Księga wizytacyjna 1781 roku* [The visitation book of 1781] AKBL.

story. A large chamber, with new windows, doors, and a stove with a chimney is attached to the church wall. A corridor divided by a carpenter-made partition that is painted and has hinges and a lock then follows the church wall.

Behind the partition there are doors with a lock leading to the choir. Following the walls, there is a pantry on a porch, with two windows on the street, and one on the corridor. The windows of the corridor facing the street have bars in them. On the other side of the corridor there is a small room with two windows, one towards the street, the other to the courtyard. Another room, with a single window, a stove and a chimney houses the chambers of the Sister Superior.

Following that there is a pantry above the kitchen in which there is a chimney leading from the kitchen, next to which there are stairs leading to the outside, to the other side of the first-story corridor. Next, the dormitory, with six beds for the Sisters of Charity. A painted partition with a lock and key separates the dormitory from the fourth side of the hospital walls, with a large *infirmaria* for women, which has four windows, ten beds, and a stove with a chimney. A door takes one to the storage area where one can keep one's things. There are also large double doors with a lock here, one wooden, the other made of glass, which lead to the chapel.

In the chapel, in which the sick listen to the Holy Mass, there is a single large plate glass window and a little altar dedicated to the Most Holy Virgin Mary. Behind the altar, church implements are kept in a closet with drawers. The walls are painted with various scenes and there is a portrait of the Honorable departed Mikołaj Wyżycki, the archbishop of Lvov.

From the chapel a second set of glass and wooden double doors, with hooks and bolts, leads to the chamber for men. In this chamber or men's *infirmaria*, built on the other side of the chapel, there are ten beds for sick men, and two doors, one leading to the corridor, the other to the storage. In the storage there is a place to keep things. The doors leading to the corridor have hinges and a doorknob. On the other side there is a vestry with a plate glass window, with painted closets for storing headclothes, a heating stove and doors with a French lock and key.

Next to the vestry there is a pharmacy with closets and apothecary vessels containing various medications. Next to the pharmacy a staircase leads to the attic. One enters the attic through doors that are closed with a padlock. The attic has a wooden roof and a brick floor. There are ten chimneys leading to the roof. Here there's the refectory bell. Over the dormitory there are two bins made of rough wood to store dirty clothes.

There are two canals that are built to carry the waters seeping into the valley on which the hospital and convent are located. They run through the garden and empty into another canal that eventually joins the river. A fence runs through the courtyard and encloses the garden. Next to the garden there is a cemetery that is used to bury those who die in the hospital. In the middle of the cemetery there is a statue. The cemetery is enclosed in a fence. Leaving the cemetery towards the city castle there is a small courtyard that was once a manor bought by the convent from the Honorable Gorzkowski, which was later taken apart due to the fire danger it presented.

Higher, looking away from the bathhouse in the direction of the city, there is a new fence, next to which there is a shoemaker's house with windows and doors facing our courtyard. Coming away from the house there is another fence with a gate next to the

church. On the other side there is also a fence, in which there is a gate with a lock, next to which are stables and a coach house.

In the courtyard there are two residencies, one for the staff, and the other for the chaplain, both with alcoves.

In that residence there is a small brewery. The house and the courtyard was bought for two thousand from the Honorable Cieszkowski.

Inventory of the *prepozytura* hospital in Markuszow made during the 1781 visitation

The material and financial state of the hospital church in Markuszow.

A wooden building of two rooms, with wood tiles, erected not too long ago, and still in a good state. The chaplain lives in one of the rooms, where there is a brick fireplace, a heating stove and windows, all in good condition. A small alcove with a small window. In the kitchen, niches for two cooking stoves. A hallway, from which one goes to the second room, in which are housed the helpers. There's a tile heating stove, a fireplace, windows, a stove for baking bread, a large chimney, and no floor covering. The first room has a floor. Everything in the second room is of simple make.

The two-chamber building in the courtyard is roofed with hay. One is empty, has a boarded up window, a simple heating and a bread making stove, and a good second window. A clay chimney rises above the roof; there is also a floor and a small cellar.

The second room has been turned into a storeroom. In this building bread is baked for the poor.

There is a newly dug well in the middle of the courtyard, boarded with oak planks, and a bucket with iron fittings.

There is a new granary next to the orchard and in front of the barn. There is a floor, a ceiling, also stair leading up, doors, a French lock. All is well under the sheaves.

A small stable near the barn. Its left side lacks a floor.

Behind the small stable there's a coach house. A place for tools. All is still good under the sheaves.

Gates. In front of them a small bridge towards the barn. Beyond the gates on the left side a chaff house, and a shed take up half of an old field. A good new barn, with two fields, is in the garden. In its rear, a stable.

A second, old barn also has two fields. It has been repaired on the left side. There's a granary for four bays, closed with a padlock and bolts. Beyond the second field there's an old shed turned into a stable. Beyond and going towards the gates are four pigsties. There is a fenced-in garden with a small orchard.

The hospital received new wood tiles during the stay of the previous priest. It has a small hall, two rooms and windows, one green heating stove, two chimneys. Six doors, which are still good. A brick chimney over the roof. There is also a small chamber with a tile heating stove and windows and doors and a chimney on the left side. It is still in good order. There is a large closet here and good doors. Beyond it, a brick cellar. Three doors lead into the cellar that also has a wood tile roof.

Beyond the hospitals there is a building with a hay roof, a small hallway, two rooms with chimneys, another straight chimney, heating and bread baking stoves, windows, doors, and closets, all in good state. The cemetery and the hospital are separated from each other by a fence with a gate.

There are two, quite large gardens, beginning in the field next to the cemetery fence that follows the long alley that leads into the fields from the town. A crisscrossing road divides the gardens in two. They are bound by a sturdy fence, and in good condition.

The Inventory of Livestock and Farm Equipment.

A pair of oxen, a cow, one calf, one pig, one piglet, one oxen-driven cart, one colter and a wooden plow missing an iron blade, one harrow, three carts. Other equipment was taken away by the previous priest, since they were his.

The Sowing of Grain.

Two bushels of rye remain for the winter planting, besides which there are no other grains left (also there was nothing left for the previous chaplain), while all the fields belonging to the hospital church usually take thirty-four bushels, at most thirty-five, as it has been sown this year and in the records of years past: eight bushels of rye, two bushels of wheat, five bushels of barley, thirteen bushels of oats, six bushels of buckwheat, one quart of peas, three quarts of hem seed, two pots of millet, two pots of rapeseed. And if additional fields were not rented to plant, there wouldn't be enough bread.

And there will not be as much hay in the future, because a new land redistribution that went into effect in this current year 1781 about the twelfth of September removed into peasant hands a small field that provided two haystacks, and which the hospital had no documents to prove its ownership over except tradition and good faith and the fact that it was worked by previous priests as if belonging to the hospital. Ten or twelve years ago a rising waterline near the mill in the village of Kaleń and the rising water on another pasture cost the loss of five carts worth of hay and caused damage to the fields, lessening their productivity (as attested by the writings of the Honorable Radzimiński, the erstwhile huntmaster of Lublin and currently the sergeant of the Urzędów banner).

Even before that, at the time of the previous chaplain, a field known as the 'hospital pasture' that gave a cart worth of hay each year, located among town fields, was taken away and nothing given in return.

It is impossible to show a profit based on present income. It is rather due to God's Mercy that the Bełżyce *kahał* [Jewish community] provides yearly the sum of seventy Polish *złoty*, of which thirty-nine are slated each year for taxes; that is twelve *złoty* for *podymne*, twelve for *czopowe*, eight for charitable subsidies, and two for a peasant in the village of Kaleń whose land was given to the hospital, though all this is based on rather poor documents. The rest goes for the needs of the poor, for two festivals of the church patron's, and six helpers (besides the shepherds and swineherds, as they are paid per head) who are kept here.

APPENDIX VI

The Manifesto of the Hospital Commission¹

The hospital commission that was created by the last *Sejm*, busy with matters indicated in its constitutions, when inspections into all hospitals and their funds recommended by its manifestos through all crown voivodeships were surprisingly, through a lack of trust and virtue on the part of those to whom the statutes were addressed, not implemented, must make sure of the success of the hospital inspections through other means; meanwhile based on local experience and the experience of other cities, it will act upon statutes pertaining to those who live by begging in the capital city of Warsaw and in the rest of the nation, where a great number of healthy beggars still capable of work take away food from those who are in real need of it and also limit the number of hands available to work for the nation, will act to diminish this drain on the workforce and to support the truly needy by turning away the healthy poor. This resolution is strengthened by the decree of His Highness the king and his permanent council to execute the Statute of His Highness king Olbracht of the year 1496 *volumine Primo folio 267* entitled “*De Laicis seu mendicis mendicatum euntibus*”, and the Constitution of His Highness king Zygmunt III of the year 1588 folio 1243 entitled “*Żebracy*”, so the Commission brings and issues to the general public, which showed itself so concerned with the fullness of the law and the charitable help of the needy, news of this Manifesto concerning beggars that now has the full power of a Decree.

¹ Giedroyć, Zapiski do dziejów szpitalnictwa w dawnej Polsce [Notes from the history of Old Polish hospitals], 130-132; Bk. 103, p. 268-272, ACAV.

Primo. Because the above nation-wide Statutes dealing with allowing the poor to exist on charity ought to concern only those who lost their strength through old age or some other accidents and thus could not feed themselves, and who are thus helped and supported by alms, love, and public laws, it is necessary to remove that part of blind but unfair mercy that makes no distinction between the poor and which allows loose individuals who do not want to work for their bread, who abandon their farms or leave servitude find shelter in the statute, and who together with the sick and the cripples that have no other means of support beg and use the charity of others, though they are not and never will be worth it, so that it must be known that the above mentioned Statute (of Olbracht) and the Constitution of the year 1588, which apply only to the poor who through old age or other accidents lost their health and have no other means of support save through alms and begging, will be executed according to the following method. To other persons of both genders, whether from the noble, gentry, or peasant order, who are still capable of work or of service, no alms shall be given, and begging shall be forbidden to them under the penalty noted later. *Secundo.* So that every beggar truly in need of alms ought to be known in his locality, in large and small royal-, ecclesiastical-, and noble-owned cities, he ought to immediately present himself in front of the magistrate and demand approval for his begging, while the magistracies of the larger cities, advised by a medical doctor or a surgeon, and the magistracies of smaller towns where there are not so many people, resting on their own competence, ought to examine the applicant, and if through such an exam find that the strength of the applicant is insufficient for work or for any sort of service, will issue a written document to that effect and in their small or large town allow him to beg. In royal-, ecclesiastical-, and noble-owned villages all poor

seekers of alms ought to present themselves in front of the parish priest or the owner or possessor of the village or its manager and receive a written document allowing begging. Such documents the poor will be allowed to take with them when traveling to other places, not with the aim of seeking alms elsewhere, but to receive shelter for a while in other parish churches in which there's room. And so that besides the written document the beggar would be easier distinguishable from other alms-seekers, he is to be given a small wooden or metal plate undersigned and inscribed by the giver in such manner – "Poor [Name of beggar] of the Parish [Name of Parish] is allowed to beg for alms [Signature of the giver]," and which is to be carried by every poor on a ribbon or a cord over their clothing and which is to be acquired on a yearly basis. *Tertio*. Such persons who are equipped with the plate and the written document allowing them to beg are to permanently remain in their parish and not to transfer to other parishes. *Quarto*. Any beggar who begs without the attestation of a document and a plate allowing such actions is not only not to receive any alms, but also in accordance with ancient laws can be apprehended by anyone and used in any private labor, or be turned over to the magistrate and employed in public works such as fortress and canal building. *Quinto*. All poor born into a noble state, who have well-off relatives, and who could be sustained by such relatives, ought to be put into their care. *Sexto*. Since the 1588 Constitution added a penalty of one hundred *grzywna* to the Statute of 1496 against negligent officials, so the same fine will be put on all subprefects and magistrates, city and otherwise, which are hereby reminded of their duties. *Septimo*. So that these statutes will immediately come into effect in all the voivodeships, they are to be promulgated through all the cities and city magistracies, through publications and from the pulpit, giving the poor four Sundays

from the moment of publication to acquire the necessary attestations and external markers of their condition, and if any should be found begging after that date without the said attestations and markers, they are to be apprehended in the manner enumerated in the fourth point and used as labor in towns and villages, and if there should not be enough work for such vagabonds, they are to be expelled from that locality and should suffer corporal punishment and loss of property if found begging there again. Given in Warsaw, May 25th, 1776.

SELECT BIBLIOGRAPHY

MANUSCRIPT SOURCES

Archiwum Akt Dawnych w Krakowie [The Kraków Archive of Historic Acts], Kraków, Poland.

Dokument Henryka Sandomierskiego [The Document of Henryk Sandomierski].
Manuscript no. 236.

Manuscript no. 3455, *Ordinationes et decreta visitationis Hospitalis s. Spir. Cracoviae*.

Manuscript nos. 3398-3459, *Acta Hospitalis Cracoviensis*.

Archiwum Archidiecezjalne w Poznaniu [The Archive of the Poznań Archdiocese], Poznań, Poland.

Acta Visitationes, Vol. 10, 15, 16, 21, 26, 27, 29, 31, 32, 33, 34.

Archiwum Biblioteki Jagiellońskiej [Archive of the Jagiellonian Library] Kraków, Poland.

Manuscript no. 6771 II, *Registrum confraternitatis Sanctii Spiritus anno Domini 1540-1566*.

Manuscript no. 7044 I, *Kodeks mniszek zakonu Ducha Świętego* [The Codex of the Sisters of the Holy Spirit].

Manuscript no. 8905 IV, *Statuta kanoników regularnych braci szpitalnych Św. Ducha dla prowincji polskiej zatwierdzone przez Zygmunta Augusta w 1569 roku* [Statutes of the Regular Brothers of the Holy Spirit Order of the Polish Province approved by king Zygmunt August in 1569].

Acta Civitatis Antiquae Varsaviae.

Bks 6, 7, 40, 62, 103, 111, 184, 308, 1049.

Archiwum Diecezjalne w Przemyślu [The Diocesan Archive of Przemyśl], Przemyśl, Poland.

Wizytacja Sierakowskiego, 1755 [The Sierakowski visitation of 1755].

Archiwum Diecezjalne w Tarnowie [The Archive of the Tarnów Diocese], Tarnów, Poland.

Nawojowa, 1739.

Archiwum Generalne SS. Kanoniczek Ducha Świętego w Krakowie [The general archive of the Sisters of the Holy Ghost in Kraków], Kraków, Poland.

Acta Visitationis conventus Cracoviensis canonicorum regularium ordinis S. Spiritus de Saxia.

Archiwum Główne Akt Dawnych [The Main Archive of Historic Acts], Warsaw, Poland.

Archiwum Królestwa Polskiego [The Archive of the Kingdom of Poland].

Manuscript nos. 140-45, 151 "Opis szpitalów warszawskich" [A description of Polish hospitals], 181, 208, 224 "Rachunki Szpitala św. Ducha" [The Accounts of the Holy Spirit hospital], 232 "Opisanie szpitala generalnego stosownie do Uniwersału Prześwietnej Deputacji w Komisji Policji Obojga Narodów" [Description of the General Hospital According to the Statutes of the Hospital Deputation of the Police Commission of Both Nations], 234 "Rachunki szpitala św. Ducha od 1771 r. do 1792 r." [The Accounts of the Holy Spirit Hospital from 1771 to 1792], 235, 236.

Dokumenty pergaminowe [Vellum documents] nos. 1778, 2100, 2102, 2104, 2106.

Komisja Wojewódzka Mazowieckiego Wydziału Policji, no. 490 [Police Commission of the Mazovian Province].

Opisanie instytutów miłosierdzia w mieście stołecznym Warszawie pod opieką Komisji Wojewódzkiej Mazowieckiej zostających [The description of charitable organizations in the capitol city of Warsaw operating under the auspices of the Commission of the Mazovian Province].

Manuscript no. 447, Stara Warszawa [City of Old Warsaw].

Manuscript no. 860, Obwieszczenia marszałkowskie [Marshall's Proclamations].
Warszawa Ekonomiczne [Warsaw Economic].

Manuscript no. 10, Summaryusz z działań Komisji Boni Ordinis – rok 1770 [The summary of the works of the Boni Ordinis Commission – year 1770].

Manuscript nos. 451, 975, 976.

Manuscript no. 979, Rejestr Szpitala św. Ducha [Registry of the Holy Spirit Hospital].

Archiwum Kapituły Metropolitalnej w Krakowie [The Archive of the Kraków Cathedral Chapter], Kraków, Poland.

Regula Fratrum Hospitaliorum Sancti Spiritus de Saxia.

Archiwa Kapituły warszawskiej [The Archives of the Warsaw Cathedral Chapter].

Manuscript no. 3, Protokół posiedzeń [Session Minutes].

Manuscript no. 6, Archiwum Komisji Prawniczej [The Archive of the Legal Commission].

Archiwum Konsystorskie krakowskie [The Consistory Archive of Kraków], Kraków, Poland.

Manuscript no. 48, *Acta visitationis Załuskiannae.*

Archiwum Kurii Biskupiej w Lublinie [The Archive of the Episcopal Curia in Lublin], Lublin, Poland.

Ekstrakt szpitalów.

Manuscript no. 18, 23, Akta konsystorza [Consistory Acts].

Manuscript no. 96, Księga wizytacyjna 1603 roku [Visitation Book of 1603].

Manuscript no. 98, Księga wizytacyjna 1711 roku [Visitation Book of 1711].

Manuscript no. 99, Księga wizytacyjna 1675 roku [Visitation Book of 1675].

Manuscript no. 103, Księga wizytacyjna 1748 roku [Visitation Book of 1748].

Manuscript no. 104-105, Księga wizytacyjna 1781 roku [Visitation Book of 1781].

Manuscript no. 184, Księga wizytacyjna 1800 roku [The Visitation Book of 1800].

Archiwum Kurii Metropolitalnej w Krakowie [The Archive of the Kraków's Metropolitan Curia], Kraków, Poland.

Acta episcopalia.
 Acta Visitationis Capituli.
 Acta visitationis decanatus Bobovensis 1766.
 Manuscript no. 5, Acta visitations 1596.
 Manuscript no. 9, Acta visitations 1597.
 Manuscript no. 25, Visitatio decanatus Sandeccensis et Novi Fori externa per Joannem Januszowski, a. 1608 expedita.
 Manuscript no. 39, Visitatio 1618.
 Manuscript no. 43, Acta visitationum... Jacobi Zadzik episcopi Cracoviensis 1638.
 Manuscript no. 60, Visitatio 1723-1728.
 Wizytacja biskupa Załuskiego. [The visitation of bishop Załuski].
 Liber visitationis ecclesiarum in civitate ac dioecesi Cracoviensi Dei gratia episcopi Cracoviensis Philippi Padniewski.

Archiwum Państwowe Miasta Krakowa i Województwa Krakowskiego [The National Archive of the City and Province of Kraków], Kraków, Poland.

Parchment Document no. 24.
 Manuscript no. 3399, Regestr Szpitalny S. Ducha ad 1629 [The Registry of the Holy Spirit Hospital of 1629].
 Manuscript no. 3434.
 Manuscript no. 3455, Ordinationes et decreta visitationis hospitalis Sancti Spiritus Cracoviae: bp. Piotr Tylicki, bp. Jakub Zadzik, bp. Andrzej Trzebicki.
 Manuscript no. 3457, Visitatio externa et interna hospitalis Sancti Spiritus Cracoviae z polecenia kardynała Jana Lipskiego z roku 1739. [The internal and external visitation of the Holy Ghost Hospital performed on the orders of Cardinal Lipski in 1739].
 Manuscript no. 3539, Akta różnych szpitali.

Archiwum Państwowe Miasta Stołecznego Warszawy i Województwa Warszawskiego [The National Archive of the City and Province of Warsaw] Warsaw, Poland.

Zbiór Rękopisów [Manuscript Collection]
 Manuscript no. 287.
 Zbiór Korotyńskich [The Korotyński Archive]
 Manuscript no. 6.

Archiwum Parafii św. Małgorzaty w Nowym Sączu [The St. Margaret Parish Archive in Nowy Sącz], Nowy Sącz, Poland.

Summarium privilegiorum, inscriptionum, transactionum conventi Sandecensis Ordinis Praemonstratensis.

Archiwum Sióstr Miłosierdzia w Warszawie [The Archive of the Sisters of Mercy in Warsaw] Warsaw, Poland.

Erekcja Szpitala Nowego Generalnego dla Ubogich w Mieście Stołecznym Warszawskim pod Dyрекcją W. W. XX *Congregationis Missionis*, r. 1761 [The erection of a New General Hospital for the Poor in the capital city of Warsaw under the direction of the *Congregationis Missionis* fathers].

Teczka – Szpital Dzieciątka Jezus [Baby Jesus Hospital Folder].

Tabela dochodu rocznego w Opatrzności Boskiej na Szpital Generalny Warszawski [The table of income from charity of the General Hospital of Warsaw].

Tabele dochodu... anni 1795 [Income tables...year 1795].

Teczka – Szpital Św. Ducha [Folder - Holy Spirit Hospital].

Dokument 3, Dekret przyjęcia Sióstr Miłosierdzia na usługę ubogich do szpitala 1684 roku [Decree of admission of the Sisters of Charity to serve the poor of the hospital in 1684].

Percepta I, expensa za lata 1785, 1786, 1787 [Percept 1, expenses for the years 1785, 1786, and 1787].

Urządzenie Szpitala św. Ducha przy kościele św. Marcina w Warszawie i oddanie go pod zarząd kapituły kolegiaty św. Jana przez N. Zygmunta I, króla polskiego, w środę po Narodzeniu N. Panny Maryi 1539 r. [The organization of the Holy Ghost hospital, located by the Church of St. Martin, and its transfer under the administration of the St. John Cathedral Chapter by His Grace Sigismund I, King of Poland, on Wednesday after the Birth of the Virgin Mary 1539].

Biblioteka Łopacińskiego w Lublinie [The Łopaciński Library of Lublin], Lublin, Poland.

Manuscript no. 1420.

Biblioteka Ossolińskich we Wrocławiu [The Ossoliński Library in Wrocław], Wrocław, Poland.

Manuscript no. 633/I, *Regula Sancti Spiritus domus eiusdem ordinis in Cracovia*.

Biblioteka Państwowej Akademii Nauk w Krakowie [The Library of the National Academy of Sciences in Kraków], Kraków, Poland.

Manuscript no. 2353/II.

Metryka Koronna [Crown Register Office], Warsaw, Poland.

Bks. 39, 45, 40, 59 “*Decretum seu ordinatio pro hospitali S. Spiritus penes exemplum S. Martini in civitate Warschoviensi sito*,” 70, 145.

Wojewódzkie Archiwum Państwowe w Lublinie [The National Archive of the Lublin Province], Lublin, Poland.

Advocatia no. 8, *Księgi miejskie lubelskie* [Lublin city books].

Advocatia no. 18.

Księga Miasta Czemierniki [The Codex of the town of Czemerniki].

Liber privilegiorum tum decretorum tum assesorialium quam commisarialium aliorumque jurium Civitati Lublinensi pro iudicii advocatiali et scabinali serviens, ex originalibus sumptu nobilis advocati et scabinarum Lublinsium praescriptus. Anno domini 1763.

Manuscript no. 1/20954, *Diariusz Komisji Cywilno-Wojskowej 1790-1791* [The Journal of the Civil-Military Commission 1790-1791].

Manuscript no. 2, *Księga Miasta Modliborzyc* [The Codex of the town of Modliborzyce].

Manuscript no. 4, 7, 10, *Księga Miasta Kraśnika* [The Codex of the town of Kraśnik].

Consularia no. 110, *Księgi Miasta Lublina* [Codices of the City of Lublin].

Manuscript no. 250, *Akta Miejskie Tomaszowa Lubelskiego, 1694* [City Acts of Tomaszów Lubelski].

Registr Fundatorów Bractwa Łazarzowego [The Registry of the Founding members of the Lazar Confraternity].

NEWSPAPERS

Gazeta warszawska

PRINTED PRIMARY SOURCES

Bartoszewicz, J.ed. Kodeks dyplomatyczny Polski, Vol. 3. Nr. 4. Dokument Henryka Sandomierskiego. [Polish diplomatic codex. Vol. 3. Nr. 4. The Document of Henryk Sandomierski]. Warszawa: N.p., 1858.

Bullarium privilegiorum ac diplomatum Romanorum Pontificum. Vol. 3. Rome: N.p., 1740.

Chodyński, Zeno ed. Statuta Synodalia dioecesis Vladislaviensis et Pomeraniae. Warszawa: N.p., 1890.

Concilliorum oecumenicorum decreta. Bologna: N.p., 1962.

“Constitutiones dioecesanae Cracovienses in diversis synodis...sanctae et promulgate, iussu Petri tylicki ep. Crac. Praelo mandatae.” In Constitutiones synodi Cracoviensis a. D. 1601. Kraków: N.p., 1643.

Constitutiones provinciae Poloniae Ordinis Sancti Spiritus per Petrum Saunier. Roma: N.p., 1652: cap. IV, VI, VII, VIII.

Długosz, Jan. Liber Beneficiorum. Vol. 3. Kraków: N.p., 1868.

Długosz, Jan. Roczniki, czyli kroniki sławnego Królestwa Polskiego. [Diaries or chronicles of the famous Polish kingdom]. Warszawa: N.p., 1961-75.

Fijałek, Jan ed. Najstarsze statuty synodalne krakowskie biskupa Nankera z 2 X 1320 r. [The oldest synodal statutes of bishop Nanker from 10/02/1320]. Kraków: N.p., 1915.

Fijałek, Jan. “Pastoralna księga Bernarda Maciejowskiego w redakcji z roku 1601 i korekturze rzymskiej z roku 1608 zatwierdzona przez papieża Urbana VIII w roku 1629. Z historii recepcji prawa trydenckiego w Kościele polskim.” [The 1601 edition of Bernard Maciejowski's Pastoral and its 1608 Roman edition confirmed by Pope Urban VIII in 1629. From the history of the reception in

Poland of the rules promulgated at Trent]. In Pamiętnik IV Powszechnego Zjazdu Historyków Polskich w Poznaniu 6-8 grudnia 1925. Lvov: N.p., 1925.

Friedberg, E. ed., "Clementinarum Liber III." In Corpus iuris canonici. Vol. 2. Leipzig: N.p., 1879: 1170-71.

Howard, John. An account of the principal Lazarettos in Europe, with various papers relative to the plague; together with further observations on some foreign prisons and hospitals; and additional remarks on the present state of those in Great Britain and Ireland. Warrington: N.p., 1789.

Jabłonowska, Anna z Sapiechów. Ustawy Powszechne dóbr moich rządców. Vol. 8 [Statutes for the governors of my lands]. Warsaw: Gröll, 1787.

Kętzryński W., and S. Smolka, ed. Kodeks dyplomatyczny klasztoru tynieckiego. Vol. 2. [The diplomatic codex of the Tyniec Monastery. Volume 2]. Lvov: N.p., 1875.

Kodeks Dyplomatyczny Wielkopolski. Vol. 1. [The Diplomatic Codex of the Province of Greater Poland. Vol. 1]. Poznań: Wydawnictwo Towarzystwa Przyjaciół Nauk Poznańskich, nd: cap. 509, 530.

"Komisja Policji. Dyrekcja nad szpitalami." [Police Commission. Hospital Administration]. In Konstytucje sejmu grodzieńskiego 1793 roku. Część II. [The Constitutions of the Grodno Diet, Part 2].

Kuraś, Stanisław ed. Zbiór dokumentów katedry i diecezji krakowskiej. Część I (1263-1415) [Collection of Krakow's cathedral and diocesan documents. Part One (1263-1415)]. Kraków: N.p., 1965.

Maciejowski, Bernard. "Epistola pastoralis 1601." In Constitutiones et decreta synodi dioecessanae Plocensis 1733.

Modrzewski, Andrzej Frycz. "O poprawie Rzeczypospolitej." [On the improvement of the Commonwealth], in Dziela Wszystkie. Vol. 1. [Collected works, Volume 1]. Warszawa: N.p., 1953.

Monumenta Poloniae Historica. Vol. 2. Lvov: N.p., 1872: 802, 837, 882.

Piekosiński, F., ed. Kodeks dyplomatyczny miasta Krakowa. Vol 2-4 [The diplomatic codex of the city of Kraków] Kraków: N.p., 1879-1882.

Piekosinski, F., and Szujski, J., eds. Najstarsze Księgi i Rachunki Miasta Krakowa od r. 1300-1400. [The oldest codices and accounts of the city of Kraków from 1300 to 1400]. Kraków, N.p., 1878.

Reformationes generales ad clerum et populum dioecesis Cracoviensis pertinentes ab... Martino Szyszkowski... episcopo Cracoviensis... in synodo dioecesana sancitatae et promulgatae 1621.

Skałkowski, A. ed. Archiwum Wybickiego. Vol. 1 [The Wybicki Archive]. Gdańsk: N.p., 1948.

Skowron, Czesław. "Akta wizytacji dekanatu krakowskiego 1599." [The visitation acts of the Kraków deanery in 1599]. In Materiały źródłowe do dziejów Kościoła w Polsce. Vol. 2 [Source materials for the history of the church in Poland, Volume Two]. Lublin: N.p., 1965.

Theiner, A. Vetera monumenta Poloniae et Lithuaniae gentiumque finitimarum historiae illustrantia. Vol. 1. Roma: N.p., 1860.

Tenon, Jacques. Mémoires sur les hôpitaux de Paris. Paris: N.p., 1788.

Ulanowski, B. "Księga sądowa gromad państwa suskiego." [The Gromada Court Books of the Suski properties]. In Starodawne prawa polskiego pomniki. Vol. 12 [Ancient monuments of Polish law].

"Visitatio generalis decanatus Poznaniensis auctoritate Antonii Onuphredii de Okecie Okecki episcopi Poznaniensis et Varsaviensis...1781." Towarzystwo Przyjaciół Nauk w Poznaniu. Wydział Teologiczny, seria 1, poszyt 2/3, Materiały. Poznań: Towarzystwo Przyjaciół Nauk w Poznaniu, 1918: 1000.

Volumina Legum. Vol. 1, 2, 7, 9, 10. Poznań: N.p., 1952.

Wichert, J. A., ed. Constitutiones synodales Warmienses, Sambienses, Pomesanienses, Culmenses necnon provinciales Rignenses... Brunsberg: N.p., 1899.

Wollf, A. ed. Księga radziecka miasta starej Warszawy. Vol 1. 1447-1527 [The council book of the city of Old Warsaw. Vol. 1., 1447-1527]. Wrocław: N.p., 1963.

z Szczebrzeszyna, Wojciech Baseus. Epitome Xenodochii M. Alberti Basaeli Scebresinensis. fr. Ordinis S. Spiritus. Kraków: Siebeneycher, 1570.

Zimorowicz, Józef Bartłomiej. Kronika miasta Lwowa (Leopolis Triplex), year 1624. Lvov: N.p., 1860.

SECONDARY SOURCES

- Adamczyk, W. Gospodarka Finansowa Lublina w latach 1569-1580. [The fiscal economy of Lublin between 1569 and 1580]. Lublin: N.p., 1939.
- Andrew, Donna T. Philanthropy and Police: London Charity in the Eighteenth Century. Princeton, NJ.: Princeton University Press, 1989.
- Antosiewicz, Klara. "Opieka nad Chorymi i Biednymi w Krakowskim Szpitalu Świętego Ducha (1220-1741)." [The care for the sick and the poor in the Holy Ghost Hospital of Kraków (1220-1741)]. Roczniki Humanistyczne 26: 2 (1978): 36-79.
- Antosiewicz, Klara, "Zakon Ducha Świętego de Saxia w Polsce Średniowiecznej." [The Holy Ghost de Saxia Order in medieval Poland]. Nasza Przyszłość 23 (1966): 167-198.
- Arledge, Lane H. The Charity of London's Aldermen, 1460-1540: The Testamentary Record. New Brunswick: Rutgers University Press, 1987.
- Balaban, M. Die Judenstadt in Lublin. Berlin: N.p., 1919.
- Banker, James R. Death in the Community: Memorialization and Confraternities in an Italian Commune in the Late Middle Ages. Athens, GA and London: The University of Georgia Press, 1988.
- Baranowski, Bolesław. "Ślady współdziałania na wsi z XVII i XVIII wieku." [Traces of village self-help in the eighteenth and nineteenth centuries]. Prace i Materiały Etnograficzne Vol. VIII-IX (1950-51).
- Bariety, M. and Ch. Coury. Histoire de la médecine. Paris: N.p., 1963.
- Barry, Jonathan and Colin Jones. Medicine and Charity before the Welfare State. London and New York: Routledge, 1991.
- Bartoszewicz, J. Kościoty warszawskie rzymskokatolickie opisane pod względem historycznym. [The historical description of Warsaw's Roman-Catholic Churches]. Warsaw: N.p., 1855.
- Batorowicz, Z. Prace i Materiały Etnograficzne. [Ethnographic works and materials]. Vol. 8-9, Zespołowe rybołówstwo na polskim wybrzeżu. Maszoperie Kaszubskie. [Collective Fishing On the Polish Shore. Kaszuby's Fisherman Unions]. Łódź-Lublin: N.p., 1950.
- Bąk C., H. Sitko and J. Waszkiewicz. Dawny szpital scholarów w Krakowie. [The Old Hospital for Scholars in Kraków]. Kraków: N.p., 1959.

- Bąkowski, Klemens. Kościół Św. Krzyża w Krakowie. [The Holy Cross Church in Kraków]. Kraków: Biblioteka Krakowska, 1904.
- _____. Dzieje Krakowa. [The History of Kraków]. Kraków: Spółka Wydawnicza Polska, 1911.
- Beier, A. L. "The social problems of an Elizabethan country town: Warwick 1580-1590." In Country towns in pre-industrial England, ed. P. Clarc, 46-85. Leicester: Leicester University Press, 1981.
- Beier A. L. and R. Finley, eds. London. 1500-1700: The Making of the Metropolis. London: Longman, 1986.
- Bennett, Judith M. "Conviviality and Charity in Medieval and Early Modern England." Past & Present 134 (1992).
- Bergerówna, Janina. Księżna Pani na Kocku i Siemiatyczach. Działalność gospodarcza i społeczna Anny z Sapiechów Jabłonowskiej. [The Princess of Kock and Siemiatycze. The social and economic works of Anna z Sapiechów Jabłonowska]. Lvov: Towarzystwo Naukowe, 1936.
- Black, Christopher. Italian Confraternities in the Sixteenth Century. Cambridge: Cambridge University Press, 1989.
- Bogucka, Maria. "Health care and poor relief in Danzig (Gdańsk). The sixteenth- and first half of the seventeenth century." In Health Care and Poor Relief in Counter-Reformation Europe, ed. Ole Peter Grell and Andrew Cunningham, 204-19. London and New York: Routledge, 1999.
- Bresnahan, Carol. Charity and State in Late Renaissance Italy: The Monte Di Pietà in Florence. Cornell: Cornell University Press, 1993.
- Brigden, Susan. "Religion and Social Obligation in Early Sixteenth-Century London." Past & Present 103 (1984): 67-112.
- Brodman, James William. Charity and Welfare: Hospitals and the Poor in Medieval Catalonia. Philadelphia: University of Pennsylvania Press, 1998.
- Brundage James A. Law, Sex and Christian Society in Medieval Europe. Chicago: The University of Chicago Press, 1987.
- Brunne, P. Histoire de l'ordre hospitalier Saint Esprit. Paris, N.p., 1892.

- Bujak, F. "Wielka fundacja szpitalna z pierwszej połowy XVII wieku." [A great hospital foundation of the first half of the seventeenth century]. Krytyka Lekarska 8 (1904).
- Caille, J. Hôpitaux et charité publique à Narbonne au moyen-âge de la fin du Xè siècle a lá fin du XVè siècle. Toulouse: Privat, 1978.
- Camerano, Alessandra. "Assistenza richiesta e assistenza imposta: il conservatorio de S. Caterina della Rosa di Roma." Quaderni Storici 28-1 (1993): 227-260.
- Carlin, Martha. "Medieval English Hospitals." In The Hospital in History, ed. Lindsay Granshaw and Roy Porter, 21-37. London and New York: Routledge, 1989.
- Cavallo, Sandra. "The Motivation of Benefactors. An Overview of Approaches to the Study of Charity." In Medicine and Charity before the Welfare State, ed. Barry and Jones, 46-62. London and New York: Routledge, 1991.
- Chmiel, A. Szkice Krakowskie. [Notes from Kraków]. Kraków: N.p., 1939-47.
- Chotkowski. "Księża Prymasa Poniatowskiego spustoszenia kościelne." [Primate Poniatowski's church desolations]. Rozprawy Wydziału historyczno-filozoficznego Akademii Uniwersyteckiej 61. [Disputations of the history-philosophy department of the University Academy 61]. Kraków: Akademia Uniwersytecka, 1918.
- Clark, G. N. The Wealth of England from 1496 to 1760. London and New York: Oxford University Press, 1946.
- Clay, R. M. The Medieval Hospitals of England. London: Antiquary's Books, 1909.
- Czajewicz, Filip. Rys historyczny szpitala Świętego Rocha w Warszawie. [The history of the St. Roch hospital in Warsaw]. Warszawa: Drukarnia Gazety Lekarskiej, 1872.
- Davis, Natalie Zemon. Society and Culture in Early Modern France. Stanford: Stanford University Press, 1977.
- Długopolski, Edmund. Władysław Łokietek na tle swoich czasów. [Władysław Łokietek and his times]. Wrocław: N.p., 1951.
- Dola, Karol. "Szpitale Średniowieczne Śląska." [The medieval Silesian hospitals]. Rocznik Teologiczny Śląska Opolskiego 12:1 (1968): 243-244.
- _____. "Opieka społeczna i zdrowotna w Głogowie do czasów pruskich." [Social and health care in Glogów until the Prussian times]. In Misericordia et Veritas. Księga Pamiątkowa ku Czci Księdza Wincentego Urbana, pod redakcją ks. J.

- Mandziuka i ks. J. Patera. [Misericordia et Veritas. Written in memory of Father Wincenty Urban, edited by Father J. Mandziuk and Father J. Pater]. Wrocław: N.p., 1986.
- Dubois, Elfrieda and Luigi Mezzadri. "Evangelisation et charité." History of European Ideas 9-4 (1988): 479-488.
- Dulieu, L. Hôpitaux de Montpellier autrefois et aujourd'hui. Montpellier: N.p., 1958.
- _____. "Le Chapelle de l'Hôpital General de Montpellier." Monspeliensis Hippocrates 11 (1961).
- Fairchild, C. C. "Poverty and Charity in Aix-en-Provence 1640-1789." Johns Hopkins University Studies in Historical and Political Science 94i. Baltimore: Johns Hopkins University Press, 1976.
- Flaga, J. "Bractwa religijne w archidiecezji lubelskiej do początku XVII wieku (1604)." [Religious Brotherhoods in the Lublin Archdiocese till the Beginning of the Seventeenth Century (1604)]. Roczniki Humanistyczne 21-2 (1973): 141-170.
- Flynn, Maureen. Sacred Charity: Confraternities and Social Welfare in Spain, 1400-1700. Ithaca, NY: Cornell University Press, 1989.
- Michel Foucault, et al. The Birth of the Clinic: An Archeology of Medical Perception. New York: Pantheon Books, 1973.
- _____. Les machines à guérir: aux origines de l'hôpital moderne. Paris: N.p., 1979.
- Gemini, Fiorenza and Eugenio Sonnino, "La Condition féminine dans une structure d'assistance à Rome: aspects démographiques et sociaux" Annales de démographie historique (1981): 235-251.
- Geremek, Bronisław. Ludzie marginesu w średniowiecznym Paryżu. [The marginalized in medieval Paris]. Wrocław: N.p., 1971.
- _____. The Margins of Society in Late Medieval Paris. Cambridge: Cambridge University Press, 1987.
- _____. Świat "Opary Żebraczej." Obraz Włóczęgów i Nędzarzy w literaturach europejskich XV - XVII wieku. [The world of the 'Beggars Opera.' The portrayal of vagabonds and paupers in European literature of the fifteenth-seventeenth century]. Warsaw: Państwowy Instytut Wydawniczy, 1989.
- _____. Poverty: A History. Oxford: Blackwell, 1994.

- Giedroyc, Franciszek. Rys historyczny szpitala św. Łazarza w Warszawie. [A historical account of the St. Lazarus hospital in Warsaw]. Warsaw: N.p., 1897.
- _____. Zapiski do dziejów szpitalnictwa w dawnej Polsce. [Notes from the history of Old Polish hospitals]. Warsaw: Piotr Laskauer, 1908.
- Ginter, J. Jan Matejko. Biografia w Wypisach. [Jan Matejko. A biography in extracts]. Kraków: N.p., 1966.
- Glemma, Tadeusz. "Wizytacje diecezji krakowskiej z lat 1510-1570." [The visitations of the Kraków diocese between 1510 and 1570]. Nasza Przyszłość 1(1946).
- _____. Z dziejów miłosierdzia chrześcijańskiego w Polsce. [From the history of Christian charities in Poland]. Kraków: N.p., 1947.
- Gomez, Petro Fatjo. "La beneficencia eclesiastica en la Barcelona del XVII: La Pia Almoína 1655-1669." Estudis 12 (1986): 71-96.
- Gonthier, N. Lyon et ses pauvres au moyen-âge 1350-1500. Lyon: Hermes, 1978.
- Góralski, Zbigniew. "Opieka społeczna i szpitalnictwo w dawnej Polsce (na przykładzie Lubelszczyzny)." [Social care and hospitals in Old Poland (the example of the Lublin area)]. Zeszyty Historyczne 3 (1963).
- _____. Szpital na Lubelszczyźnie w okresie przedrozbiorowym. [Lublin area Hospitals before the Partitions]. Warszawa, Łódź: Państwowe Wydawnictwo Naukowe, 1982.
- Grell, Ole Peter and Andrew Cunningham. Health Care and Poor Relief in Counter-Reformation Europe. London and New York: Routledge, 1999.
- Groër, F. Rys historyczno-statystyczny szpitali. [Historical-Statistical account of hospitals] Vol. 1. Opis Szpitala św. Ducha w Warszawie. [The description of the Holy Ghost Hospital in Warsaw]. Warsaw: N.p., 1788.
- Granshaw, Lindsay and Roy Porter, eds. The Hospital in History. The Wellcome Institute Series in the History of Medicine. London and New York: Routledge, 1989.
- Grotowski, Ż. Rozwój zakładów dobroczynnych w Warszawie. [The development of charitable institutions of Warsaw]. Warsaw: N.p., 1910.
- Gutton, Jean-Pierre. La société et les pauvres: l'exemple de la généralité de Lyon, 1534-1789. Bibliothèque de la Faculté des Lettres et Sciences Humaines de Lyon 2. Paris: Les Belles Lettres, 1971.

- _____. "Enfermement et charité dans la France de l'Ancien Régime." Histoire, Economie et Société 10-3 (1991): 353-358.
- Hanawalt, Barbara A. "Keepers of the Lights: Late Medieval Parish Gilds." Journal of Medieval and Renaissance Studies 14-1(1984): 21-37.
- Harvey, Richard. "English Pre-Industrial Ballads on Poverty, 1500-1700." Historian 46-4 (1984): 523-561.
- Henderson, John. "The Hospitals of Late-Medieval and Renaissance Florence: a Preliminary Survey." In The Hospital in History, ed. Lindsay Granshaw and Roy Porter, 63-89. London and New York: Routledge, 1989.
- Heszowski, K. Żywot Andrzeja Zawiszy Trzebieckiego, biskupa krakowskiego i księcia sieniawskiego. [The Life of Zawisza Trzebiecki, the Bishop of Kraków and Prince of Sieniawy]. Kraków: n.p., 1861.
- Hitchcock, Tim. "The English Workhouse: A Study in Institutional Poor Relief in Selected Counties, 1696-1750." D.Phil thesis, Oxford University, 1985.
- Inglot, Stefan. "Przedsiębiorcze formy współdziałania w dawnej Polsce." [Pre-Cooperative Forms of Self-Help in Old Poland]. In Zarys Historii Polskiego Ruchu Sółdzielczego. [Tracing the History of the Polish Cooperative Movement], ed. Steven Inglot. Warsaw: Zakład Wydawnictw CRS, 1971.
- Israel, Jonathan. "Dutch Influence on Urban Planning, Health Care and Poor Relief. The North Sea and Baltic Regions of Europe, 1567-1720." In Health Care and Poor Relief in Counter-Reformation Europe, ed. Ole Peter Grell and Andrew Cunningham, 67-84. London and New York: Routledge, 1999.
- Jarzębski, A. Gościniec, albo opisanie Warszawy. [The highway, or the description of Warsaw]. Warsaw: N.p., 1909.
- Jetter, D. Geschichte des Hospitals. Vol. 1, Westdeutschland von den Anfängen bis 1850. Wiesbaden: N.p., 1966.
- Jordan, W. K. Philanthropy in England 1480-1660: A Study of the Changing Patterns of English Social Aspirations. London: G. Allen and Unwin, 1959.
- Jungnitz, J. ed. Visitationsberichte der Diözese Breslau. Vol. 1. Wrocław: N.p., 1902.
- Jütte, Robert. Poverty and Deviance in Early Modern Europe. Cambridge and New York: Cambridge University Press, 1994.

- _____. "Health Care Provision and Poor Relief in Early Modern Hanseatic Towns. Hamburg, Bremen, and Lübeck." In Health Care and Poor Relief in Counter-Reformation Europe, ed. Ole Peter Grell and Andrew Cunningham, 109-124. London and New York: Routledge, 1999.
- Kaczmarek, Michał. "W trosce o najsłabszych. Działalność charytatywna Śląskich klasztorów cysterskich rodziny łubiąskiej." [Caring for the weakest. The charitable mission of Silesian Cistercian Monasteries of the Łubiąż branch]. In Historia i Kultura Cystersów w dawnej Polsce i ich Europejskie Związki, [The history and culture of the Cistercian order in medieval Poland and their European connections] ed. Jerzy Strzelczyk. Poznań: Uniwersytet Im. Adama Mickiewicza w Poznaniu, 1987.
- Karpiński, Andrzej. "Warunki życia pensjonariuszy szpitali warszawskich w XVI i w pierwszej połowie XVII wieku." [The conditions of life of the hospital residents in sixteenth and seventeenth century Warsaw]. Kwartalnik Historii Kultury Materialnej 25:1 (1978).
- Karwasińska, Jadwiga. Szpital Świętego Ducha w Warszawie. [The Holy Ghost Hospital in Warsaw]. Warszawa: Wydawnictwo Szpitala Świętego Ducha, 1938.
- Kłoczowski, Jerzy. "The Polish Church." In Church and Society in Catholic Europe in the Eighteenth Century, ed. William J. Callahan and David Kiggs. Cambridge, Mass.: Cambridge University Press 1979.
- Koseła, R.. "O datę założenia fundacji szpitala Św. Ducha w Sandomierzu." [About the date of the Holy Ghost foundation in Sandomierz]. Ziemia Sandomierska 4 (1932).
- Kubiak, Barbara. "Gromada Wiejska i jej Funkcjonowanie w Małopolsce w XVI i XVII Wieku." [The village *Gromada* organization and its operations in sixteenth and seventeenth century province of Little Poland]. In Społeczeństwo Staropolskie. Studia i Szkice. Tom III [Ancient Polish Society. Studies and Traces. Volume Three], ed. Andrzej Wyczański. 26-58. Warsaw: Państwowe Wydawnictwo Naukowe, 1993.
- Kuchowicz, Zbigniew. "Heroína Kontreformacji – Anna Alojza Ostrogska." [A Counter-Reformation heroine – Anna Alojza Ostrogska]. In Wizerunki Niepospolitych Niewiast Staropolskich XVI-XVIII wieku. [Portraits of unusual Polish women from the sixteenth to the eighteenth century]. Łódź: Wydawnictwo Łódzkie, 1972.
- Kumor, Bolesław. "Kościelne stowarzyszenia świeckich na ziemiach polskich w okresie przedrozbiorowym." [Church-based lay associations on Polish lands during the pre-partition era]. Prawo Kanoniczne 10:1-2 (1967).

- _____. "Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym." [Hospitals of Nowy Sącz in the pre-partition period]. Rocznik Sadecki 10 (1969).
- Kutrzeba Stanisław. Ideał i życie kobiety w Polsce wieków średnich. [The ideal of a woman and her life in medieval Poland]. Warsaw: Ateneum Polskie, 1938.
- Lafontaine, L. Chirurgisch-medicinische Abhandlungen verschiedenen Inhalts Polen betreffend. Wrocław: N.p., 1792.
- Lindenmeyr, Adele. "A Russian Experiment in Voluntarism: The Municipal Guardianship of the Poor, 1894-1914." Jahrbucher für Geschichte Osteuropas 30:3 (1982).
- _____. "Charity and the Problem of Unemployment: Industrial Homes in Late Imperial Russia." The Russian Review 45: 1-22 (1986).
- _____. "The Ethos of Charity in Imperial Russia." Journal of Social History 23-4: 679-694 (1990).
- _____. Voluntary Associations and the Russian Autocracy: The Case of Public Charity. The Carl Beck Papers in Russian and East European Studies. Pennsylvania: University of Pittsburgh Center for Russian and East European Studies, 1990.
- _____. Poverty is not a Vice: Charity, Society, and the State in Imperial Russia. Princeton: Princeton University Press, 1996.
- Lis, Catharina and Hugo Soly. Poverty and Capitalism in Pre-Industrial Europe. Atlantic Highlands, NJ.: Humanities Press, 1979.
- Litak, S. "Akta wizytacyjne parafii." [The acts of parish visitations]. Zeszyty Naukowe Katolickiego Uniwersytetu Lubelskiego 5:3 (1962), 41-58.
- Little, Lester K. Liberty, Charity, Fraternity: Lay Religious Confraternities at Bergamo in the Age of the Commune. Smith College Studies in History, vol. 51. Northampton, MA: Smith College, 1988.
- Lombardi, Daniela. "Le altre famiglie: assistite e serve nella Firenze dei Medici." Memoria: Rivista di Storia delle Donne 18 (1986): 25-36.
- Lopez, Ceferino Caro. "Beneficencia, asistencia social y represion en Murcia durante el siglo XVIII." Estudios de Historia Social 1-2 (1989): 165-200.
- Łukasiewicz, J. Krótki opis historyczny kościołów parochialnych, kościółków, szpitali i innych zakładów dobroczynnych w dawnej diecezji poznańskiej. Vol. 1., 3. [A

short historical description of parish churches, small churches, hospitals, and other charitable institutions in the old Poznań diocese]. Poznań: N.p., 1863.

Łyskanowski, M. "Postępowanie z psychicznie chorymi w Polsce centralnej XVIII wieku." [The treatment of the mentally sick in eighteenth-century central Poland]. Studia i Materiały z Dziejów Nauki Polskiej B: 18. (1970).

Macfarlane, S. "Social Policy and the Poor in the Late Seventeenth Century." In London, 1500-1700: The Making of the Metropolis, eds. A. L. Beier and R. Finley. London: Longman, 1986.

Machay, F. Działalność duszpasterska kardynała Radziwiłła biskupa krakowskiego 1591-1609. [The spiritual activities of Cardinal Radziwiłł, bishop of Kraków, 1591-1609]. Kraków: N.p., 1936.

Malinowski, Alfons. Rys historyczny rozwoju instytucji dobroczynnych i szpitali w Polsce. [Tracing the history of the development of charitable institutions and hospitals in Poland]. Warsaw: Stanisław Niemiery, 1887.

Maréchal, G. De sociale en politieke gebondenheid van het Brugse hospitalwezen in de Middeleeuwen. Anciens Pays et Assemblés d'états 73. Heule: UGA, 1978.

Marszałek, Tadeusz. "Zarys Historii Spółki Leśnej w Wolnym Kadłubie." [A historical account of the Forestry Association of Wolny Kadłub]. Spółdzielczy Kwartalnik Naukowy, 4 (1970).

Marszałek, Tadeusz. Historia spółki leśnej w Wolnym Kadłubie. [The history of the Forestry Association of Wolny Kadłub]. Opole: Instytut Śląski w Opolu, 1974.

Martz, Linda. Poverty and Welfare in Habsburg Spain. The Example of Toledo. Cambridge: Cambridge University Press, 1983.

Męczkowski, Wacław. "Prowizorowie szpitali w dawnej Polsce. Przyczynek do dziejów magistratury naszej." [The hospital provisors in Old Poland. An example from the history of our magistrates]. Przegląd Historyczny 5:1 (1907).

_____. "Szpital św. Ducha i św. Trójcy w Kaliszu." [The Holy Ghost and Holy Trinity Hospitals in Kalisz]. In Monografie Historyczne Szpitali w Królestwie Polskim. [Historical hospital monographs in the Kingdom of Poland]. Warsaw: K. Kowalewski, 1907.

_____. "Szpitale dawnej Rzeczypospolitej w uchwałach synodów Polskich." [The hospitals of the old Commonwealth in the Polish synodal statutes]. Historia i Filozofia Medycyny 15 (1935).

- Michałowski, Bohdan. "Rys historyczny szpitala Św. Łazarza w Warszawie." [A historical account of the St. Lazarus hospital in Warsaw]. Szpitalnictwo Polskie 7:4 (1963).
- Mollat, Michel. The Poor in the Middle Ages. An Essay in Social History. Yale: Yale University Press, 1986.
- Montemayor, Julian. "El control de la marginalidad en la Castilla del siglo de oro: el caso de Toledo." Estudios de Historia Social 1-2 (1986): 367-380.
- Müller, W. "Diecezja krakowska w relacjach biskupów z XVII-XVIII wieku." [The Kraków diocese in the seventeenth- and eighteenth-century bishops' letters]. Roczniki Humanistyczne 13:2 (1965).
- Nartowski, W. Karty z przeszłości Białej Podlaskiej. [Postcards from the Biała Podlaska past]. Biała Podlaska: N.p., 1928.
- Norberg, Kathryn. "Educating the Poor: Charity Schools and Charitable Attitudes, Grenoble, 1600-1789." Proceedings for the Annual Meeting of the Western Society for French History 8 (1985): 181-190.
- Orme, Nicholas and Margaret Webster. The English Hospital 1070-1570. New Haven: Yale University Press, 1995.
- Pachoński, J. Zmierzch sławetnych. Z życia mieszczan w Krakowie w XVII i XVIII wieku. [Dusk of the Famous. From the life of the Kraków's burghers in the seventeenth and eighteenth century]. Kraków: N.p., 1956.
- Park, Katharine. "Healing the Poor. Hospitals and Medical Assistance in Renaissance Florence." In Medicine and Charity before the Welfare State, ed. Barry and Jones, 26-45. London and New York: Routledge, 1991.
- Parker, Charles H. The Reformation of the Community: Social Welfare and Calvinist Charity in Holland, 1572-1620. Cambridge: Cambridge University Press, 1998.
- Pekalski, P. "Historyczne podanie o bractwach, które od najdawniejszych czasów wywodzą swoje istnienie przy kościołach w stołecznym mieście Krakowie." [A Historical Account of Brotherhoods, Which Since the Oldest Times Exist By the Churches of the Capital City of Kraków]. In Pamiętnik Towarzystwa Dobroczyńności Krakowskiego. [Memoirs of the Kraków's Charitable Association]. Kraków: n.p., 1968.
- Pesch, H. Die Wohltätigkeits-Anstalten der christl. Barmherzigkeit in Wien. Freiburg: N.p., 1891.

Rubin, Miri. Charity and Community in Medieval Cambridge. (New York: Cambridge University Press, 1987).

_____. "Development and Change in English Hospitals, 1100-1500." In The Hospital in History, ed. Lindsay Granshaw and Roy Porter. London and New York: Routledge, 1989.

_____. "Imagining Medieval Hospitals. Considerations on the Cultural Meaning of Institutionalized change." In Medicine and Charity before the Welfare State, ed. Barry and Jones. London and New York: Routledge, 1991.

Skrodzki, E. Wieczory piątkowe i inne gawędy. [Friday's evenings and other stories]. Warsaw: N.p., 1962.

Sokół, S. Medycyna w Gdańsku w dobie Odrodzenia. [Medicine in Gdańsk during the Renaissance]. Wrocław-Warszawa: N.p., 1960.

Soly, Hugo. "Contunuity and Change. Attitudes Towards Poor Relief and Health Care in Early Modern Antwerp." In Health Care and Poor Relief in Counter-Reformation Europe, ed. Ole Peter Grell and Andrew Cunningham, 85-107. London and New York: Routledge, 1999.

Sołtyśzewski, Stanisław. "Geneza instytucji wityrykusów w polskim ustawodawstwie synodalnym." [The genesis of the *wityrykus* institution in Polish synodal legislation]. Prawo Kanoniczne 1-2:2 (1959).

_____. "Prawa i obowiązki wityrykusów w polskim ustawodawstwie synodalnym." [The rights and responsibilities of the *wityrykus* in Polish synodal legislation]. Prawo Kanoniczne 112 (1960).

Spaans, Joke. Haarlem na de Reformatie: stedelijke cultuur en kerkelijk leven 1577-1620. Gravenhage: Stichting Hollandse Historische Reeks, 1989.

Surdacki, Marian. "Źródła normatywne kościelne jako podstawa do badań nad szpitalnictwem w Polsce przedrozbirowej." [The church's normative sources as a base for research into pre-partition Polish hospitalization]. Roczniki Nauk Społecznych 18: 2 (1990).

_____. "Akta wizytacji kanonicznych jako źródło do badań nad szpitalnictwem diecezji poznańskiej w okresie przedrozbirowym." [The canonical visitational acts as a source for research into the pre-partition hospitals in the Poznań diocese]. Roczniki Nauk Społecznych 19-20: 2 (1991-1992).

_____. "Szpitale w diecezji poznańskiej w świetle akt wizytacji kościelnych z XVII i XVIII wieku." [The hospitals of the Poznań diocese in the light of seventeenth-

and eighteenth-century ecclesiastical visitations]. Roczniki Nauk Społecznych 19-20: 2 (1991-1992).

_____. Opieka Społeczna w Wielkopolsce Zachodniej w XVII i XVIII wieku. [Social welfare in western Greater Poland in the seventeenth and eighteenth century]. Lublin: Towarzystwo Naukowe Katolickiego Uniwersytetu Lubelskiego, 1992.

Szumowski, W. Historia medycyny. [The History of Medicine]. Warszawa: N.p., 1961.

Shwartz, B. "The Social Psychology of the Gift." American Journal of Sociology 73 (1967-68), 1-11.

Śmigoda, F. Ksiądz Gabriel Baudouin i jego dzieło w latach 1732-1768. [Father Gabriel Baudouin and his work in the years 1732-1768]. Warszawa: N.p., 1938.

Tervoort, Ad. "On Whose Authority? Power Relations in Social and Medical Care." Paper presented at the International Medieval Congress in Leeds, 17 July, 2003.

Tomkiewicz, W. ed. Gościniec albo krótkie opisanie Warszawy. [A short description of Warsaw]. Warsaw: N.p., 1974.

Tomkowicz, Stanisław. Nieco o Zabytkach Krakowskich. [A little about the historical monuments of Kraków]. Krakow: N.p., 1888.

_____. Szpital Świętego Ducha. [The Holy Ghost Hospital]. In Zabytki budownictwa miasta Krakowa. [The monuments of Kraków's architecture]. Kraków: Drukarnia "Czasu", 1892.

_____. "Klasztor szpitalny Św. Jadwigi." [The Hospital Convent of St. Hedwig]. Rocznik Krakowski 22 (1929).

Trzyna, Edward. "Gromada i urząd gromadzki." [*Gromada* and its officials]. In Historia Chłopów Polskich. Tom I, [The history of Polish peasants. Volume one], ed. Stefan Inglot. Warsaw: Ludowa Spółdzielnia Wydawnicza, 1970.

Viard, Georges. "Bureaux des Pauvres et confréries de charité en Champagne méridionale (XVIe-XVIIe siècles)." Histoire, Economie et Société 10-3 (1991): 317-330.

Wachholz, Leon. Szpitala Krakowskie 1220-1920 Vol 1. [The Hospitals of Kraków 1220-1920. Vol 1]. Kraków: W.L. Anczyc i Spółka, 1921.

_____. Szpitala Krakowskie 1220-1920 Vol 2. [The Hospitals of Kraków 1220-1920. Vol 2]. Kraków: W.L. Anczyc i Spółka, 1924.

- Wandel, Lee P. Always Among Us: Images of the Poor in Zwingli's Zurich. Cambridge and New York: Cambridge University Press, 1990.
- Weissman, Ronald F.E. "Brothers and Strangers: Confraternal Charity in Renaissance Florence." Historical Reflections 15-1 (1988): 27-45.
- Wejnert, A. Starożytności Warszawskie. Vol. 1. [Stories of Ancient Warsaw]. Warszawa, N.p., 1872.
- Wickersheimer, E. Les édifices hospitaliers à travers les âges. Paris and Alençon: N.p., 1953.
- Wilson, Blake. "Music and Merchants: The Laudesi Companies in Early Renaissance Florence." Renaissance and Reformation 13-1 (1989): 151-171.
- Wiśniowski, Eugeniusz. "Rozwój organizacji parafialnej w Polsce do czasów Reformacji." [The development of Polish parish organization to the time of Reformation]. In Kościół w Polsce. Tom I. [Church in Poland, Vol. 1]. Kraków: N.p., 1968.
- Witkowski, S. "Lekarz Mikołaj z Polski." [The physician Mikołaj from Poland]. In Rozprawy filologiczne akademii uniwersytetu miasta Kraków. [Philological disputations of the Kraków's university academy]. 58:4 (1919).
- Wójcik, W. "Synody polskie w latach 1918-1968 na tle rozwoju ustawodawstwa synodalnego w Polsce." [Polish synods between 1918-1968 in the light of the development of the Polish synodal legislation]. Prawo Kanoniczne 13:3 (1970).
- _____. Ze studiów nad synodami polskimi. [From the research on Polish synods]. Lublin: N.p., 1982.
- Wyczyński, Andrzej. "Opieka nad ludźmi starymi na wsi polskiej w XVI wieku." [Old age care in a sixteenth century Polish village]. In Biedni i Bogaci: Studia z Dziejów Społeczeństwa i Kultury [The Poor and the Rich: studies of culture and society], ed. Hanna Zaremska. Warsaw: Wydawnictwo naukowe PWN, 1992.
- Wyrozumski, Jerzy. "Gromada w życiu samorządów średniowiecznej wsi polskiej." [Gromada in the life of self-governing Polish medieval villages]. In Społeczeństwo Polski Średniowiecznej. Tom III [Polish medieval society. Volume three], ed. Stefan Kuczyński. Warsaw: Ludowa Spółdzielnia Wydawnicza, 1970.
- Zaremba, Wacław. "Pogląd historyczny na powstanie i rozwój domów leczniczych." [Historical views on the origin and development of hospitals]. Nowiny Lekarskie 6 (1894).

- Zaremba, A., and Ł. Janeczek. "Szpitale w Polsce." [Hospitals in Poland]. In Encyklopedia Kościelna Vol. 28, [The Encyclopedia of the Church], ed. M. Nadworski. Warsaw: N.p., 1905.
- Zaremska, Hanna. Bractwa w Średniowiecznym Krakowie. [Brotherhoods in Medieval Kraków]. Warsaw: Polska Akademia Nauk, 1977.
- Zeniuk, A. "Rozwój sieci szpitalnej na ziemiach etnicznie polskich do końca XVIII wieku." [The development of the hospital net on ethnically Polish lands till the end of the eighteenth century]. Szpitalnictwo Polskie 20/6 (1976).
- _____. "Nowatorstwo i humanitaryzm polskiego szpitalnictwa XI-XVIII wieku." [The humanness and innovation of Polish hospitals between the eleventh and eighteenth centuries]. Archiwum Historii Medycyny 40:2 (1977).