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POOR RELIEF IN MULTICONFESSIONAL SOCIETY. THE CASE OF THE POLISH-LITHUANIAN COMMONWEALTH

Stanisław Litak

THE CATHOLIC CHURCH'S CARE OF THE POOR AND SICK IN THE PRE-PARTITION PERIOD

In the Middle Ages and the early modern period the terms *szpital* — hospital, *hospitale*, *xenodochium*, less often *nosocomium* were used to denote an institution which only to a small extent resembled a hospital in the present sense of the word. Hospitals were a shelter for the poor and sick, for foundlings, in general for people in need. Only a few of them provided medical treatment to the sick[1]. All hospitals existing at that time were, to a greater or lesser extent, regarded as Church institutions. They were a kind of social welfare centres and were organised not only by the

[1] The development of hospitals in the Middle Ages is here presented mainly on the basis of the following studies: F. Giedroyć, *Zapiski do dziejów szpitalnictwa w dawnej Polsce (Notes on the History of Hospitals in Old Poland)*, Warszawa 1908; L. Wachholz, *Szpitale krakowskie 1200–1920 (Cracow Hospitals 1200–1920)*, vols. 1, 2, Kraków 1921, 1924; K. Dola, *Szpitale w średniowiecznej Polsce pod zarządem kościoła (Church-Run Hospitals in Medieval Poland)*, in: *Studia i Materiały*, Rzym 1972, pp. 173–214; idem, *Opieka społeczna Kościoła (Social Assistance Extended by the Church)*, in: *Historia Kościoła*, eds. B. Kumor and Z. Obertyński, vol. I, part 1, Poznań-Warszawa 1974, pp. 166–175, 279–282, 433–442; part 2, pp. 120–122; K. Antosiewicz, *Zakon Ducha Świętego de Saxia w Polsce średniowiecznej (The Order of the Holy Spirit de Saxia in Medieval Poland)*, "Nasza Przeszłość" (henceforward referred to as "NP"), vol. 23, 1966, pp. 287–306; J. Sossalla, *Przyczynki do historii krzyżowców z czerwoną gwiazdą (A Contribution to the History of Crusaders with the Red Star)*, "NP", vol. 23, 1966, pp. 199–237; H. Deskur-Ostromęcka, *Geneza pierwszych szpitali-przytułków we Wrocławiu (The Genesis of the First Hospitals-Almshouses in Breslau)*, "Archiwum Historii Medycyny", vol. 40, 1977, N° 4, pp. 373–382.

Roman Catholic Church. Other Christian denominations, e.g. the Protestants in Gdańsk, also set up their own hospitals[2]. The Jews had them too[3]. Since Poland was a predominantly Catholic country, in particular after the Union of Brest (1596), hospitals linked to the Catholic Church, especially its Latin rite, outnumbered the others. They were run by monks and nuns or by the secular clergy. The latter can be divided into hospital provostries, which were independent institutions with their own cannonically established benefices, their own pastoral service, patronage and board, and parish hospitals, which were parish institutions fully dependent on parish superintendents.

The establishment of the provostries was connected with the increased importance of towns. They developed especially in the 14th, 15th and the first half of the 16th centuries, the number of provostries in the territory of present-day Poland rising from ca. 180 in 1400 to 210 at the end of the 15th century[4]. Parish hospitals began to be set up in Poland after the conclusion of the Council of Trent (1563). In small towns and villages they existed only on the grounds of parish and some smaller churches. In addition to parish hospitals, larger towns also had the old provostries and the largest cities, Cracow, Poznań, Warsaw, Wilno and Lwow, had all three types. Towns with a multiethnic and multidenominational population also had hospitals run by non-Catholic denominations.

The early modern era inherited specialist institutions from the Middle Ages. Among those enjoying high repute were hospitals in Little Poland, Great Poland and Silesia run since the 13th century by monks and nuns of the Holy Spirit order which, in addition to the sick and the disabled, also admitted children.

[2] Z. Kropidłowski, *Urzędy i urzędnicy powołani do opieki nad ubogimi w Gdańsku od XVI do XVIII w. (Offices and Officials Appointed to Look after the Poor in Gdańsk from the 16th to the 18th Centuries)*, in: *Nędza i dostatek*, ed. J. Sztetyłło, Warszawa 1992, pp. 92–125; cf. K. Dola, *Opieka*, part 2, pp. 120–122.

[3] Cf. S. F. Gajerski, *Szpitale żydowskie na Rusi Czerwonej w XVI–XVIII w. (Jewish Hospitals in Red Ruthenia in the 16th–18th Centuries)*, "Biuletyn Żydowskiego Instytutu Historycznego", 1979, N° 4 (112), pp. 25–33; Z. Budzyński, *Dzieje opieki społecznej w ziemi przemyskiej i sanockiej, XV–XVIII (History of Social Welfare in the Przemyśl and Sanok Regions, 15th–18th c.)*, Przemyśl–Kraków 1987, p. 123; J. Krochmal, *Krzyż i menora. Żydzi i chrześcijanie w Przemyślu w latach 1559–1772 (The Cross and the Menorah. Jews and Christians in Przemyśl in 1559–1772)*, Przemyśl 1996, pp. 74–75.

[4] K. Dola, *Opieka*, part. 1, p. 436.

Almshouses for women were known in Silesia in the 14th and 15th centuries. In the 13th–15th centuries there were some 80 hospitals for lepers, known as leprosaria; they existed mainly in Silesia, Pomerania, Teutonic Knights' Prussia and in some towns of Little Poland and Great Poland. There were also hospitals for persons afflicted by veneral diseases (syphilis) and for lunatics. Larger towns had to have two hospitals: a general one and another for contagious diseases[5]. But the regulation was not always adhered to. In the 16th and 17th centuries hospitals–almshouses were opened for soldiers, retired clergymen, students, widows, solitary men and converts (Braniewo). Some were meant only for noblemen, others admitted burghers, peasants, or specific professional groups, e.g. miners. But the majority admitted everyone who made an adequate entry payment, professed the true religion and could produce evidence of high morals, irrespective of the estate he/she belonged to. Applicants had, however, to be local people who because of their age, sickness or disability really needed help. Able–bodied persons and strangers were not admitted. As in Western Europe[6], help was given to those who really needed it. Vagrants were repressed. Such were the rules but practice frequently differed.

The hospitals mentioned above were set up in reply to concrete social requirements. Some hospitals changed their character when the demand for a specific service ceased to exist, for instance, leper houses, abundant in the 15th century, were changed into hospitals for other contagious disseases, into general municipal hospitals or were closed down when leprosy had disappeared from this part of Europe[7].

In Poland hospitals experienced a greater evolution between the Middle Ages and the Enlightenment than the hospitals in Western Europe. The first Polish hospitals, set up as early as the 12th–13th centuries, were run by cathedrals and by the orders

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[5] Z. Podgórska-Klawe, *Szpitale warszawskie 1388–1945 (Warsaw Hospitals 1388–1945)*, Warszawa 1975, p. 11; K. Dola, *Szpitale średniowieczne Śląska (Medieval Hospitals in Silesia)*, "Rocznik Teologiczny Śląska Opolskiego", vol. I, 1968, pp. 141–162; idem, *Szpitale w średniowiecznej Polsce*, pp. 173–214.

[6] B. Geremek, *Świat "opery żebraczej" (The World of the "Beggars' Opera")*, Warszawa 1989, p. 127.

[7] I. Rabęcka-Brykczyńska, *Leprozoria w średniowiecznych miastach polskich (Leprosaria in Medieval Polish Towns)*, Studia i Materiały z Historii Kultury Materialnej, vol. 61, Wrocław 1989, pp. 41–58.

of Benedictines, Cistercians, such canons regular as monks of the Holy Spirit order, Antonites in Silesia and military orders, e.g. Knights Hospitallers of St. John, Teutonic Knights in Prussia and Crusaders with the Red Star in Silesia, but from the beginning of the 14th century the municipal provost hospital was the predominant type. It was usually situated on the outskirts, and in fortified towns (with the exception of some specialist hospitals) outside the walls. Silesia produced a type of municipal hospitals which, like those in Western Europe, were run by municipal councils, supervisors and hospital masters[8], with churches characteristically named after the Holy Spirit, the Holy Cross, St. Lazarus, St. George, St. Valentine and St. Barbara. Some of them were connected with brotherhoods of the poor[9].

Burghers had a decisive share in the running of these hospitals, not only because they were the founders and patrons (this was not always the case) but also because the hospitals had their own secular representatives: supervisors, sextons or economists. These professions appeared in Poland's synodal legislation in the 14th century and were popularised by ecclesiastical law in hospitals and parishes[10]. The supervisors appointed by municipal authorities managed hospitals' property with some co-operation of the provosts, just like the parish supervisors and sextons managed church property. They were also known in convent hospitals which were organised like the provostries. The supervisors, together with the provost, constituted the hospital board. Being representatives of the urban population they were often recruited from among persons wielding power in a town, and in

[8] K. Dola, *Szpitale średniowieczne Śląska*, pp. 254–258.

[9] For instance the hospital in Krosno in 1744: *Hospitale seu confraternitas pauperum s. Lazari*. Archives of the Przemyśl Archdiocese (henceforward referred to as APrzA), AV 171, p. 36. Poor people in the town of Sasów in the Lwów archdiocese were admitted to the hospital by the local parish priest and the brotherhood. Archives of the Lwów Archdiocese at Lubaczów (henceforward referred to as AALw), AV 6, p. unpag., (inspection of 1821), "A hospital built at the cost of the brotherhood" also existed at Kukuciszki in 1783 (Wilno diocese). State Historical Archives in Vilnius (henceforward referred to as SHAV), F. 694, Op. 1, 3505, p. 95v.

[10] As regards supervisors cf. F. Męczkowski, *Prowizorowie szpitalni w dawnej Polsce. Przyczynek do dziejów magistratury naszej (Hospital Supervisors in Old Poland. A Contribution to the History of Our Municipality)*, "Przegląd Historyczny", vol. 5, 1907, pp. 82–85; S. Sołtyszewski, *Geneza instytucji witrykusów w polskim ustawodawstwie synodalnym (The Genesis of Sextons in Polish Synodal Legislation)*, "Prawo Kanoniczne", vol. 2, 1959, pp. 430–438.

the Middle Ages they were often more important than the provosts.

Both ecclesiastical and municipal law were taken into account in the management of hospitals. Some towns, especially in Silesia, took over the management of even convent hospitals, which led to conflicts[11]. In many towns the supervisors dealt with temporal matters leaving spiritual matters to the provosts, that is, the hospital parish priests. However, this was not a general custom and supervisors did not always play an important role. Mutual relations depended, to a great extent, on local conditions. The mutual relations between clergymen and laymen in the management of hospitals, a question which still gives rise to controversies in historiography, is a separate problem which has not yet been fully researched. It can, however, be said that in towns in which the municipal council, being the patron, had the right to appoint the provost, the hospitals were more dependent on the municipal authorities. The founders sometimes emphasised their rights with regard to hospitals in the foundation documents which they drew up themselves and which were then endorsed by bishops[12].

Hospital provostries developed especially in more urbanised areas, such as Silesia, Great Poland, Little Poland and Royal Prussia; they were weaker in Mazovia. Very few hospital provostries existed in the Ruthenian and Lithuanian territories of the Commonwealth, with the exception of western Red Ruthenia. In Royal Prussia, save for Warmia (Ermland), many of them declined during the Reformation and the Swedish wars in the 17th century[13]. The development of this type of hospitals should be considered in the wider context of the development of towns, the adoption of foreign, especially German, models and in a close connection with the development of the benefice law and the closely connected patronage law in Poland. It arose in the early Middle Ages from the Church property right. In practice, however, even in the 15th and the first half of the 16th century, e.g. during

[11] K. Antosiewicz, *Zakon*, p. 194; S. Góralski, *Szpitale na Lubelszczyźnie w okresie przedrozbiorowym (Hospitals in the Lublin Region in the Pre-Partition Period)*, Warszawa–Łódź 1982, pp. 77–81.

[12] Z. Góralski, *op. cit.*, p. 34; K. Dola, *Opieka*, part 1, pp. 174, 281.

[13] Their decline is frequently mentioned in inspectors' reports. The question should be studied more thoroughly.

the Reformation, parish church collators behaved as if they owned them[14]. Changes in this respect occured as a result of the introduction of the decrees of the Council of Trent and trials for the return of churches taken over by Protestants, that is, when the law had to be strictly observed. In the field of social welfare, as in other fields of the Church's activity, this meant a rigid discipline and a strict subordination of hospitals to the Church authorities. These aims were achived by means of synodal resolutions and a system of control, in which the most important role was played by cannonical inspections.

The Council of Trent returned several times to the question of care of the poor and sick, recognising it as one of the Church's most important missions[15]. It inaugurated a change in the Church's policy towards hospitals, a change which cannot however be detached from the other changes introduced by the Church at that time. The aim was to define clearly the competence of individual persons and authorities. The threat posed by the Reformation, the Protestants' different approach to priesthood evoked a reaction which led to a stronger stress being laid on the dignity of priesthood and the priests' dominant role in social life and in various Church institutions, including hospitals. The decrees of the Council of Trent strongly emphasised hospitals' dependence on Church authorities, that is, on the clergy. By calling for increased care of the needy, they contributed to the expansion of the network of hospitals, for the Tridental resolutions were followed by appropriate decisions of synods and bishops. In Poland of decisive importance in this respect was the letter, called *The Pastoral*, written by the Cracow bishop, Bernard Maciejowski, in 1601, which was binding on the whole of the Polish–Lithuanian Commonwealth from 1607. Of similar impor-

[14] W. Abraham, *Początki prawa patronatu w Polsce (The Beginnings of the Patronage Law in Poland)*, Lwów 1889, pp. 35–51; S. Chodyński, *Patronat w Polsce (Patronage in Poland)*, in: *Encyklopedia kościelna* M. Nowodworski, vol. 18, Warszawa 1892, pp. 380–397. Cf. S. Litak, *Struktura i funkcje parafii w Polsce (The Structure and Functions of Parishes in Poland)*, in: *Kościół w Polsce*, vol. 2, ed. J. Kłoczowski, Kraków 1970, p. 310.

[15] *Concilium Tridentinum*, in: *Conciliorum oecumenicorum decreta*, Basilea 1962, Sessio VII, de ref. 15; Sessio XIV de ref., c. Ia; Sessio XXII, de ref., c. XI; Sessio XXV, de ref., gen., c. VIII (1545–1563). Cf. G. Schreiber, *Tridentinische Reformdekrete in deutschen Bistümern*, in: *Concilium Tridentinum*. Herausgegeben von R. Bäumer, Darmstadt 1979, pp. 513–521 and A. Karpiński, *Pauperes. O mieszkańcach Warszawy XVI i XVII wieku (Pauperes. Warsaw Poor Inhabitants in the 16th and 17th Centuries)*, Warszawa 1983, p. 246.

tance were the acts of the reformist synod of the Cracow bishop Marcin Szyszkowski of 1621. These documents, in particular the *Pastoral*, blazed the trail for the reception of the Tridential decisions in Poland, including the development of social care by the Church[16].

The Council's decrees and the above-mentioned Polish acts laid the foundations for a new model of parish hospitals in Poland, a model adapted to the agrarian conditions of the Polish-Lithuanian state. Parish hospitals became an ecclesiastic, charitable institution and an element of the Polish socio-economic system[17]. In the 17th and 18th centuries they were the typical Polish hospitals, for the earlier provost hospitals declined as a result of religious conflicts, economic crisis, the decline of towns, the ravages of war, devaluation of the currency and neglect on the part of the clergy. Many of them became similar to parish hospitals which at first were set up mainly in towns[18]. They developed more slowly in rural parishes but in time they became typical of villages and weakly developed towns.

The lack of detailed studies makes it impossible to present the pre-partition history of hospitals in the Polish-Lithuanian Commonwealth comprehensively. It can however be stated on the basis of research already carried out and investigation of sources that even though the process was similar in general outlines throughout the country, it differed in details, depending on local conditions and national and Church happenings. It was the most dynamic in the second half of the 17th century, reflecting the popularisation of Tridential reforms in the Polish Church and the growing needs of an impoverished society. It occurred later in the

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[16] *Constitutiones synodi dioecesanae Cracoviensis*, A.D. 1601, Cracoviae 1601, pp. 6–8; *Concilium provinciale Regni Poloniae* 1607, (s.l. and s.a.); cf. B. Kumor, *Opieka społeczna Kościoła w polskim ustawodawstwie synodalnym (przed rokiem 1772) (Church-Controlled Social Work in Polish Synodal Legislation, before 1772)*, "Roczniki Teologiczno-Kanoniczne", vol. 20, 1973, N° 4, pp. 56–61; M. Surdacki, *Źródła normatywne kościelne jako podstawa do badań nad szpitalnictwem w Polsce przedrozbiorowej (Church Normative Sources as a Basis for Research into Hospitals in Pre-partition Poland)*, "Roczniki Nauk Społecznych", vol. 18, 1990, N° 2, pp. 57–70.

[17] Z. Budzyński, *op. cit.*, p. 48.

[18] *Ibidem*, p. 91; M. Surdacki, *Opieka społeczna w Wielkopolsce Zachodniej w XVII i XVIII wieku (Social Welfare in Western Great Poland in the 17th and 18th Centuries)*, Lublin 1992, pp. 249–250; K. Błażewicz, *Szpitale diecezji płockiej w XVIII wieku (Hospitals in the Płock Diocese in the 18th Century)*, Lublin 1992 (typescript in the archives of the Lublin Catholic University), p. 29.

eastern territories which were behind other regions in developing Latin Church structures and were destroyed by frequent wars. The hospitals were founded by noblemen, the clergy, the king and burghers who, motivated by religious considerations, wanted to meet social needs. Parish priests were also obliged to help rebuild destroyed buildings[19]. Some hospital foundations were most impressive as, for instance, those of Mikołaj Spytek Ligęza from Borek, a man of an enormous fortune who in 1631 founded 12 hospitals for his 128 subjects[20]. Research should be undertaken on the activity in this field of such magnates and collators of many churches as the Czartoryskis, Kossakowskis, Lubomirskis, Ogińskis, Pacs, Radziwiłłs and Sapiehas.

The development of hospitals can be followed only in some pre-partition dioceses of the Commonwealth. In the Great Poland part of the Poznań diocese, that is, in western Great Poland, only 21 per cent of the parishes had hospitals in 1603–1630 and the situation remained practically unchanged in the first half of the 17th century. It seems that the construction of hospitals was accelerated as a result of the Swedish war in 1655–1660 or shortly before its outbreak. In 1660–1667 hospitals are recorded to have existed in 47.2 per cent of the parishes. A further increase occured in the third quarter of the 17th century. More and more hospitals were set up in rural parishes. In the last twenty years of the 17th century more than a half (50.5 per cent) of the parishes had hospitals. This was the height of development in this area, the number of hospitals having more than doubled since the first half of the 17th century despite the fact that the population had decreased by a half as a result of the Swedish invasion. The years that followed were marked by stabilisation and a gradual, though slight, decrease in the number of hospitals. In 1725–1728 the percentage fell to 47.3, which seems to have been the result of ravages wrought during the Northern War and perhaps also of smaller demand for this type of institutions. Up to 1777–1784

[19] Z. Góralski, *op. cit.*, p. 29; Z. Budzyński, *op. cit.*, pp. 41–43, 56; M. Surdacki, *Opieka*, pp. 233–241; K. Błażewicz, *op. cit.*, pp. 27–31.

[20] F. Bujak, *Wielka fundacja szpitalna z pierwszej połowy XVII wieku (A Great Hospital Foundation from the First Half of the 17th Century)*, in: *Z odległej i bliskiej przeszłości. Studia historyczno-gospodarcze*, Lwów–Warszawa 1924, pp. 59–69; A. Przyboś, *Fundacje szpitalne Mikołaja Spytka Ligęzy w XVII w. (The Hospital Foundations of Mikołaj Spytek Ligęza in the 17th Century)*, "Rocznik Naukowo-Dydaktyczny WSP w Krakowie", N° 14, 1962, pp. 71–82; Z. Budzyński, *op. cit.*, pp. 48–49.

the index of parishes with a hospital was about 41 per cent in this area of Great Poland. Their network was relatively dense, with one hospital per every 118 square kilometres. The largest number of parishes with a hospital (47.7 per cent) was in the archdeaconry of Śrem and the smallest number in the archdeaconry of Poznań, excluding the deaconries of Czarnków and Poznań (32.3 per cent). In the Pszczew deaconry, the third in this part of the Poznań diocese, 40 per cent of the parishes had a hospital. The network of hospitals was the densest in the archdeaconry of Śrem which had one hospital per 86 square kilometres, while the Poznań archdeaconry (in the area as above) had one per every 132 sq km and the Pszczew deaconry one per 178 sq km[21].

However, it cannot be assumed that the situation was the same in the whole of Great Poland, for the development of hospitals in the archdiocese of Gniezno was slightly different[22]. With but a few exceptions the development was more continuous and was not halted in the 18th century. In three archdeaconries of this archdiocese (those of Gniezno, Kamieńsk and Uniejów), in which nearly a half of the archdiocese's parishes were situated (331 of a total of 676 in 1772), there were only 63 hospitals in 1635–1653, which means that only 19 per cent of all parishes had them while in 1711–1720, in a slightly different territory (the archdeaconries of Gniezno, Kalisz, Uniejów and the Wieluń region) hospitals existed in 31 per cent of the parishes. The number of hospitals in the Gniezno archdiocese increased at the end of the 17th and in the 18th centuries, as we shall see if we take into account the territories for which we have comparable data from both periods.

The archdeaconry of Uniejów had the greatest number of parishes with hospitals, then came the Wieluń region and the

[21] M. Surdacki, *Opieka*, pp. 23–102. All calculations concerning the density of hospital network are based on: S. Litak, *Kościół łaciński w Rzeczypospolitej około 1772 roku. Struktury administracyjne (The Latin Church in the Commonwealth ca. 1772. Administrative Structures)*, Lublin 1996, pp. 117–129 (calculations of the area of the Church's territorial units).

[22] Hospitals in the Gniezno archdiocese have been examined on the basis of records of Church inspections: *Monumenta vetustiora ad archidiaconatum Camenensum pertinentia* ed. P. Panske, Fontes XI–XV, Toruń 1907–1911, pp. 31–371; Archives of the Gniezno Archdiocese: A. Con. E3, 9, 9a, 18, 42; Archives of the Włocławek Diocese: AV 5, 11, 12, 24, 28–31, 33, 34, 36, 38, 42–44, 47, 51–56, 59, 63, 64.

archdeaconries of Kamieńsk, Kalisz and Gniezno. The network of hospitals was the densest in the Wieluń territory, the archdeaconries of Uniejów, Kalisz, Gniezno and Kamieńsk occupying further places.

In the archdeaconry of Uniejów, which comparised six deaconries (those of Brzeźnica, Lutomiersk, Radomsko, Szadek, Uniejów and Warta) lying in the central and southern parts of the archdiocese, about 62 per cent of the parishes had a hospital in 1761–1763, compared with 24.3 per cent in 1635–1636 and 23.2 per cent even as late as 1711–1712. This means that in the second half of the 18th century there was one hospital there per ca. 100 square km. In the Wieluń region which included three deaconries neighbouring on Silesia (those of Krzepice, Ruda and Wieruszów) the percentage of parishes with a hospital increased from 36.5 per cent in 1720 to 50 per cent in 1761–1763. This means that the network of hospitals was even denser there, the region having one hospital per 98 square km. In the Kamieńsk archdeaconry only 16.4 per cent of the parishes had a hospital in 1652–1653; the index rose to 31.2 per cent in 1743–1744 and to 49 per cent in 1765–1767. But since the parishes were very large, the hospitals were sparsely located, with one hospital per every 241.5 sq km. In the Kalisz archdeaconry, where the parish organisation was more developed, about 33 per cent of the parishes had a hospital in 1711–1720, and about 31 per cent in 1765–1767, which means that there was one hospital per 125 sq km. But in the Gniezno archdeaconry, in which only 17.8 per cent of the parishes had a hospital in 1739–1740, 33.5 per cent in 1712–1713 and only 25 per cent in 1766–1767, there was one hospital per 186 sq km.

There were probably fewer hospitals in the Włocławek diocese. The reports which Rome received on the state of the diocese in 1768 and 1781 contain discordant data[23] which cannot be checked for lack of detailed information. According to the former report the diocese had only 41 hospitals, according to the latter, 71. The figure quoted in the 1781 report seems to be more reliable, but also too low. If this figure was correct this would mean that the diocese, which had 203 parishes in 1772, had hospitals in only 35 per cent of them, that is, that it had one hospital per

[23] *Monumenta historica dioeceseos Wladislaviensis*, vol. 9, Vladislaviae 1889, pp. 9, 41.

about 259 sq km. Episcopal Warmia, where hospitals were organised on the Teutonic model, was in a similar situation. In the second half of the 18th century 21 parishes, out of a total of 78, had 29 hospitals, including the Jesuit hospital in Święta Lipka which lay in Ducal Prussia; this means that 27 per cent of the Warmian parishes had hospitals. Only seven of them were parish hospitals, 22 were provostries of various kinds, their number having dropped from 24 in an earlier period[24]. But, as in the Włocławek diocese, the hospitals in the Warmian diocese were sparsely located (one per as many as 262 sq km); they were however much better organised than in other areas.

In the Cracow diocese which included the whole area of Little Poland proper about 60 per cent of the parishes had a hospital in the middle of the 18th century. The diocese had a total of 526 hospitals, which means that the hospital network was relatively dense, with one hospital per 101 sq km. But the situation was not the same in all deaconries[25]. As a rule, more parishes had a hospital in the deaconries with a weakly development parish network. All deaconries, with the exception of two peripheral ones (Nowy Targ and Żywiec) in which the average area of parishes was larger than the average for the diocese (61 sq km) had a higher, or the highest, percentage of parishes with a hospital. But in quite a number of deaconries with a dense parish network this index was low. In the Cracow diocese the greatest number of hospitals was set up in the 17th century, but in some of its parts also in the 18th. In the northern part of the diocese, the Lublin voivodship, only 17 municipal hospitals were set up in the 15th and 16th centuries while in the 17th century probably 48 hospitals were organised in towns and villages and another 44 in the 18th century[26]. The preponderance of 17th century hospitals was thus

[24] G. Mattern, *Die Hospitäler in Ermland*, "Zeitschrift für die Geschichte und Altertumskunde Ermlands", vol. 16, 1910, pp. 73–157 (information on what Warmian hospitals looked like and how they were maintained is on p. 88); A. Kopiczko, *Ustrój i organizacja diecezji warmińskiej w latach 1525–1772 (The System and Organisation of the Warmian Diocese in 1525–1772)*, Olsztyn 1993; T. Wontor, *Opieka społeczna w diecezji warmińskiej w XVIII wieku (Social Welfare in the Warmian Diocese in the 18th Century)*, Lublin 1993 (typescript in the Archives of the Lublin Catholic University), pp. 12–22.

[25] S. Litak, *Struktura*, pp. 420–434; P. Gach, *Sieć szpitali w diecezji krakowskiej w połowie XVIII wieku (The Network of Hospitals in the Cracow Diocese in the Middle of the 18th Century)*, "Roczniki Humanistyczne", vol. 21, 1973, N° 2, pp. 231–259.

minimal. It seems however that the rate of growth of hospitals is reflected more precisely in the data assembled by E. Wiśniowski for three deaconries of the Wiślica provostry (Kije, Pacanów, Sokolina), in which the parish network was better developed[27]. The data show that in the 16th century there were only 11 hospitals in urban parishes, 37 in the 17th century and 45 in the 18th in urban and rural parishes. A real increase occured especially in the 17th century and reached its zenith in the 1740s. The index of parishes with a hospital then decreased. According to an inspection carried out in 1711, 41 per cent of the parishes had a hospital, 80.3 per cent in 1748 and only about 59 per cent in 1783. In the 17th century all towns in the archdeaconry of Sącz had a hospital; most of them were set up between the 14th and 17th centuries. In villages the first hospitals were established in 1576, but the greatest development took place in the first half of the 18th century[28]. It seems that the situation was similar in the superdeaconry of Kielce (it englobed the deaconries of Radom, Stężyca and Zwoleń) and in the whole Sandomierz voivodship[29].

Hospital network developed slightly differently in the well researched Płock diocese[30] which comprised a greater part of Mazovia and the Dobrzyń region, a diocese which was greatly impoverished as a result of Swedish wars in the second half of the 17th century and the beginning of the 18th. But there, too, the quickest development took place in the 17th century, probably in its second half. It can be assumed on the basis of incomplete

[26] Z. Góralski, *op. cit.*, p. 27.

[27] E. Wiśniowski, *Prepozytura wiślicka do schyłku XVIII wieku. Materiały do struktury organizacyjnej (The Provostry at Wiślica up to the End of the 18th Century. Materials concerning Organisational Structure)*, Lublin 1976, pp. 22, 30, 84, 129.

[28] B. Kumor, *Szpitalnictwo w Sądeczyźnie w okresie przedrozbiorowym (Hospitals in the Sącz Region in the Pre-Partition Period)*, "Rocznik Sądecki", vol. 10, 1969, pp. 228–235.

[29] See. Z. Guldon, W. Kowalski, *Szpitale w województwie sandomierskim w drugiej połowie XVII w. (Hospitals in the Sandomierz Voivodship in the Second Half of the 17th Century)*, "NP", vol. 84, 1995, pp. 81–133; S. Litak, *Kościelne podziały administracyjne w Radomskiem w XVI–XVIII w. (Church Administrative Division in the Radom Region in the 16th–18th Centuries)*, in: *Radom i region radomski w dobie szlacheckiej Rzeczypospolitej*, vol. 2, *Historia społeczno-religijna okresu wczesnonowożytnego*, eds. Z. Guldon and S. Zieliński, Radom 1996, p. 15.

[30] K. Błażewicz, *op. cit.*, p. 30. For church benefices in the Płock diocese cf. D. Główka, *Gospodarka w dobrach plebańskich na Mazowszu w XVI–XVIII wieku (Husbandry in Parish Priests' Estates in Mazovia in the 16th–18th Centuries)*, Warszawa 1991, in particular pp. 22–23.

records of inspections carried out in 1693–1695 that 51.5 per cent of its parishes had a hospital. A similar index was obtained on the basis of more detailed sources for the first half of the 18th century and the 1760s. There was one hospital per 126 sq km in the diocese at that time. Later, during the Confederation of Bar, the number of hospitals decreased significantly. Of the 169 parishes for which inspection records from 1773–1776 have survived only 79, that is, 46.7 per cent had hospitals. The crisis was overcome thanks to the reformative activity of the bishop of Płock, Michał Jerzy Poniatowski (1773–1784). In 1781 there were hospitals in about 64 per cent of the parishes.

The correlation between a high percentage of parishes with hospitals and the sparseness of parishes is more visible in Mazovia than in Little Poland. In he archdeaconry of Pułtusk, in which an average parish covered 114 sq km (the average for the diocese being 78 sq km), 71.4 per cent of the parishes had a hospital in 1763–1764. In the Dobrzyń region where the average area of a parish was 57 sq km the index was only 27.8 per cent and in the Płock region 58 sq km and 52 per cent, respectively. But the density of the hospital network in the Płock and Pułtusk archdeaconries was similar for the former had one hospital per 126 sq km and the latter one per 134 sq km, while in the Dobrzyń region, where the percentage of parishes with hospitals was the lowest, the hospital network was the densest, the region having one hospital per 95 sq km.

In 1787 about 40 per cent of the parishes in the Breslau diocese, a territory which was almost wholly outside the frontiers of the Commonwealth, had hospitals[31]. Their network was relatively dense, one hospital serving an area of 137 sq km.

The eastern dioceses of the Commonwealth, that is, the Ruthenian and Lithuanian territories, have not been well researched. The only exception is the Przemyśl diocese, though it is difficult to determine the number of hospitals in successive periods. It can be assumed on the basis of random research that in the Latin diocese of Przemyśl 60–65 per cent of parishes had hospitals in the middle of the 18th century[32]. The chronology of hospital foundations in the diocese is better known. Up to the

[31] K. Dola, *Opieka*, part 2, p. 505.

[32] Only two deaconries have been examined, those of Rzeszów (60 per cent of the parishes had a hospital) and Tarnogród (65 per cent); APrzA, AV 174, 170.

end of the Middle Ages only 22 hospital provostries had been set up in towns. 9 specialist hospitals and parish almhouses were opened in the post-Tridential period. 59 hospitals were founded between the end of the 16th century and the middle of the 17th and another 49 up to the first partition of Poland. The hospital network was more developed in the western and central parts of the diocese[33].

In the other eastern dioceses, which have not yet been well researched, the situation differed. According to statistics for 1781, the diocese of Wilno had 304 hospitals and 387 parishes, excluding 39 parishes incorporated into Russia in the first partition[34]. This means that 78 per cent of the parishes had hospitals, the average area of a parish being very large, about 531 sq km[35]. This high percentage of parishes with hospitals is confirmed in the records of inspections carried out in the deaconries of Bresław, Kowno, Pobojsk and Wilkomierz (ca. 74 per cent) in 1782–1784[36]. On the average, there was one hospital per 653 sq km but there were great differences between the individual deaconries: from one hospital per 163 sq km in the Olwita deaconry on the Prussian-Lithuanian border to one hospital per 11,664 sq km in the deaconry of Bobrujsk which bordered on Russia. Nearly all deaconries west of the Kupiszki–Wilno–Oszmiana–Troki–Lida line had a relatively dense network of hospitals, one per from 163 to 394 sq km, while the hospitals in the deaconries east of that line were scattered, one hospital serving from 533 to 11,664 sq km. The almost complete lack of hospital provostries there (with the exception of Wilno and Kowno) indicates that they were set up only in the 17th and 18th centuries. Records of inspections frequently speak of newly built hospitals, which would mean that they were set up in the 18th century.

Generally speaking, the network of hospitals in the Łuck diocese, which bordered the Wilno diocese in the south, was weakly developed. There were at least 58 hospitals there in the 18th century, mainly in the Brest Litovsk archdeaconry, a region which has the largest number of extant sources. As regards the

[33] Z. Budzyński, *op. cit.*, pp. 58–60, 62.

[34] Vatican Archives. Archivio della Nunziatura di Varsavia, vol. 143, p. 16.

[35] J. Kurczewski, *Biskupstwo wileńskie (Wilno Bishopric)*, Wilno 1912, pp. 376–377.

[36] SHAV, F. 694, op. 1. 3488, 3491, 3505, 3507.

Łuck archdeaconry, which comprised Volhynia and the voivodship of Bracław (107 parishes in the 18th century) occasional notes in sources speak of only nine hospitals. This is why we shall not take it into account in our reflections. In the Brest Litovsk archdeaconry there were hospitals in about 42 per cent of the parishes (in 49 out of 116). Of these only four hospital provostries were set up in the 16th century. The greatest number, 26 (53 per cent), were established in the 18th century while in the 17th century only 19 hospitals (ca. 39 per cent) were opened. The hospitals were widely spaced, one hospital serving 617 sq km[37].

The situation was similar in the Lwów archdiocese where about 40 per cent of the parishes had hospitals in the middle of the 18th century. In the 15th and 16th centuries only eight provostries were set up in towns. The number of hospitals increased in the first half of the 17th century but their growth was halted by the war. Some hospitals were rebuilt in the 17th century and their number increased quickly in the first half of the 18th century[38].

An important factor in the development of hospitals was the size of population. The more populous a parish, the greater chance it had to open a hospital[39].

Large gaps in research make it impossible to determine the number of hospitals in the whole of the pre-partition Polish-Lithuanian Commonwealth. On the basis of the data quoted above it can be assumed, with some degree of probability, that about 40 to 45 per cent of parishes in Poland had a hospital in the 1760s and 1770s. This high index does not however mean that their network was dense. The network was the weakest in sparsely populated eastern territories inhabited by Ruthenian population (Uniate and Orthodox believers) and partly also by Lithuanians, despite the fact that the percentage of parishes with hospitals was high, as it was for instance in the Wilno diocese. The density of the hospital network depended on the density of the parish network.

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[37] Calculated on the basis of a table drawn up by L. Królik, *Organizacja diecezji łuckiej i brzeskiej od XVI do XVIII w. (Organisation of the Łuck and Brest Dioceses from the 16th to the 18th Centuries)*, Lublin 1983, pp. 326–334.

[38] J. Krętosz, *Organizacja archidiecezji lwowskiej obrządku łacińskiego od XV wieku do 1772 roku (Organisation of the Lwów Archdiocese of Latin Rite from the 15th Century to 1772)*, Lublin 1983, pp. 259–265.

[39] M. Surdacki, *Opieka*, p. 93; K. Błażewicz, *op. cit.*, p. 61.

In Orthodox Ruthenia hospitals were kept by Orthodox brotherhoods which began to be set up in the 16th century, and later by Uniate parishes and Basilian monasteries. They were mostly modelled on the hospitals of the Latin Church. Among the oldest Orthodox hospitals were those established in Przemyśl, Tarnogród, Wilno and Jarosław in the 16th century. In Ruthenian (Orthodox and Uniate) Churches, which had a poor clergy and numerous parishes but a small number of believers, the network of hospitals was weakly developed[40]. For instance, the Uniate diocese of Przemyśl with its 1252 parishes had only 20 hospitals ca. 1772[41]. We have very little information on social care in the Armenian Church (Uniate), which in the second half of the 18th century had only 22 parishes. We know, however, that in the first half of the 18th century at least four parishes, those of Lwów, Stanisławów, Złoczów and Zamość, had hospitals[42].

Generally speaking, a hospital was first and foremost an urban institution. The greatest cities of the Commonwealth (Cracow, Poznań, Wilno, Gdańsk, Lublin, Lwów, Elbląg) had the largest number of hospitals. Up to the end of the 16th century hospitals were opened only in towns; it was only later that parish hospitals–almshouses began to be popular also in rural areas. But urban parishes always predominated in this respect. At the end of the 17th century 87.9 per cent of urban parishes and only 30.9 per cent of rural parishes had hospitals in the Great Poland part of the Poznań diocese[43]. This ratio did not change much in the following period. The ratio was less favourable for towns in the weakly urbanised Płock diocese, in which 79 per cent of urban parishes and 38.3 per cent of rural ones had hospitals in 1724–1725[44]. It seems that the decline of towns in Mazovia was the

[40] J. Kurczewski, *op. cit.*, p. 363; K. Dola, *Opieka*, part 2, p. 371; Z. Budzyński, *op. cit.*, p. 61. Not a single hospital was found in the Uniate deaconry of Muszyna (44 parishes) by an inspection carried out in 1780, cf. B. Kumor, *Szpitalnictwo*, p. 222.

[41] W. Kołbuk, *Kościoły wschodnie na ziemiach dawnej Rzeczypospolitej 1772–1914 (Eastern Churches in the Territories of the Old Commonwealth 1772–1914)*, Lublin 1992, p. 121.

[42] G. Petrowicz, *La chiesa Armena in Polonia e nei paesi limitrofi*, part III (*1686–1954*), Roma 1988, pp. 131–132.

[43] A. Karpiński, *op. cit.*, p. 276; M. Surdacki, *Opieka*, p. 47. H. Samsonowicz points out that hospitals were taken into account in the planning of towns, see M. Bogucka, H. Samsonowicz, *Dzieje miast i mieszczaństwo w Polsce przedrozbiorowej (The History of Towns and Townspeople in Prepartition Poland)*, Wroclaw 1986, p. 217.

reason why the percentage of rural parishes with hospitals increased later. In 1781, 75 per cent of urban parishes and 61.2 per cent of rural ones had hospitals. The situation seems to have been similar in some other ethnically Polish territories; for instance, in the Cracow diocese 75 per cent of urban parishes and only 25 per cent of rural ones had hospitals in the middle of the 18th century[45]. The ratio varied in some archdeaconries and deaconries.

The situation in the eastern Ruthenian and Lithuanian territories was different. They were very weakly urbanised but nevertheless nearly all hospitals there were set up in towns, as in the Wilno diocese, for instance. The towns were weakly developed, of an agrarian character, and they extended over a vast territory. They were often the centres of magnatial estates and in some regions were the only parish centres. In the Wilno diocese, for instance, only 9.8 per cent of parishes were situated in villages[46].

The endowments of hospitals varied, sometimes they were difficult to define. Many hospitals had no regular revenue. Such was the situation in the 18th century of about 37 per cent of hospitals in the Great Poland part of the Poznań diocese[47], and 44 per cent in the Cracow diocese[48]; in Mazovia the majority of hospitals had no endowment at all[49]. Only 5 per cent of hospitals in the above-mentioned four deaconries of the Wilno diocese had some undefined endowments. The situation of convent hospitals, provost-hospitals, hospitals for soldiers and for clergymen was much better for they had their own endowments which they received on the day of their foundation or later in the form of land, tithes, interest from deposited sums of money, "church cows" or pledges of food and clothing for the poor[50]. Some parish hospitals,

[44] K. Błażewicz, *op. cit.*, p. 250.

[45] P. Gach, *op. cit.*, p. 250.

[46] For the decline of towns in Poland in the 17th and 18th centuries cf. M. Bogucka, H. Samsonowicz, *op. cit.*, pp. 367-392; for the ratio of urban parishes to parishes in villages cf. S. Litak, *Kościół*, p. 68.

[47] M. Surdacki, *Opieka*, p. 249.

[48] S. Litak, *Struktura*, p. 427.

[49] K. Błażewicz, *op. cit.*, p. 100.

[50] For instance, in 1655 Krzysztof Pac promised to provide the parish hospital at Jezno (6 inmates) every year with: 4 barrels of rye, 1 barrel of buckwheat, 1 barrel of peas, 1/2 barrel of salt, 3 barrels of oats, 2 barrels of barley, 1 flitch of pork fat, and to give each hospital poor a homespun coat every second year and wood for heating. He entrusted the management of the hospital to the local parish priest.

especially those in towns, had regular incomes, but an overwhelming majority of hospitals in villages and small towns had no financial means at all. All they provided was the roof over the poor people's heads; the rest had to be acquired by the inmates themselves. Begging was the inmates' duty. They lived *de sola elemosyna* or on the mercy of the parish priest, the parishioners and benefactors. Alms was the basis of the existance of many hospitals, even the provost ones[51]. Their endowments disappeared as time went by or shrank; the sums deposited at interest lost their value.

The buildings in which the hospitals were housed were a serious problem[52]. Convent hospitals and urban provost hospitals were in the best situation, some of them being made of brick; they were usually single-storey buildings but some were higher. They were managed by provosts and supervisors. These were usually the hospitals founded in larger towns. All others were mainly wooden, frequently neglected houses with one or two heated rooms and usually a few recesses which served as bedrooms. They were often made of clay, dry twigs or some other undurable material with a thatch, shingle or rarely tile roof. They were built by all social strata, even the poor hospital inmates, but most often by parish priests and collators. They were not always in keeping with Church regulations, which demanded that men and women, healthy people and the sick be kept apart. Abuses also happened. Better buildings were sometimes used as accommodation for clergymen, church servants, parish sheriffs or various persons who were not in need (noblemen, burghers).

The hospital buildings with the parish poor, the begging at church doors, the hospital collection boxes in churches, the collection of alms in parishes, the duty to visit the sick in hospitals, all these were characteristic elements of the specific socio-religious folklore of pre-partition Poland.

He defined the inmates' duties as follows: "to keep the church tidy, to ring the bells, to blow the organ bellows, and other services". The Czartoryski Library in Cracow, MS 1775, pp. 754–755. Many similar endowments are recorded in 17th and 18th century sources.

[51] This applies even to Cracow hospitals, cf. B. Panek, *Biskupi krakowscy w trosce o akcję charytatywną na terenie Krakowa w okresie potrydenckim (Cracow Bishops' Concern for Charitable Work in Cracow in the Post-Tridential Period)*, "Roczniki Teologiczno-Kanoniczne", vol. 16, 1969, N° 4, p. 58.

[52] Cf. e.g. M. Surdacki, *Opieka*, pp. 207–233.

In addition to old monastic orders dating from medieval times, new ones engaged in charitable and hospital work were set up in the 16th–18th centuries. Of the old ones let us mention monks of the Order of God's Grave who in about 1772 had 33 houses in Poland, excluding parish centres, and ran many hospitals in Poland and Silesia[53]. Monks of the Holy Spirit Order were still active (six houses in Poland, including the monastery and the Holy Cross parish in Cracow), and so were the nuns of the Holy Spirit Order (two houses); their largest centre was Cracow[54]. The Benedictines, Cistercians and monks of St, John kept expanding their hospitals in Silesia[55]. The Order of St. Catherine was set up in Warmia in 1571 by a townswoman from Braniewo, Regina Prothmann, and was endorsed by Bishop Marcin Kromer in 1583[56]. The nuns visited sick people and worked in municipal hospitals. In the 18th century they had 6 houses in Ermland and one at Kroki in Samogitia. Monks of the Order of St. John of God, set up by John of God (Juan Ciudad) in Grenada in 1540, represented the only male post-Tridential order with clear hospital duties. Brought to Poland in 1609, they were mostly Italians up to the beginning of the 18th century; later there were also Czechs among them. Before the first partition of Poland they ran 14 hospitals which provided medical treatment to sick people. In Cracow they had a rich medical library; they can be regarded as precursors of modern hospital services[57].

As a result of closer links with France during the reign of the last two kings of the Vasa dynasty, new orders whose main duty was the teaching of youth and charity were brought into the

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[53] *Zakony męskie w Polsce w 1772 roku (Monastic Orders for Men in Poland in 1772)*, eds. L. Bieńkowski, J. Kłoczowski, Z. Sułowski, Lublin 1972, Table 13; cf. Z. Pęckowski, *Bożogrobcy (The Order of God's Grave)*, in: *Encyklopedia Kościelna*, vol. 2, col. 879–881.

[54] L. Wachholz, *op. cit.*, pp. 54–113; K. Antosiewicz, *Zakon*, pp. 167–198; S. Litak, *Kościół*, pp. 506, 534, cf. *Zakony męskie*, p. 217, table 23 and fn.: a, b, c.

[55] K. Dola, *Opieka*, part 2, p. 371.

[56] H. Hümmeler, *Regina Prothmann und die Schwestern von der hl. Katharina*, Siegburg 1955, pp. 53–59, 90–91; E. Wermter, *Geschichte der Diozese und Hochstifts Ermland. Ein Übersicht*, Osnabrück 1968, p. 19; E. Janicka-Olczakowa, *Zakony żeńskie w Polsce (Women's Orders in Poland)*, in: *Kościół w Polsce*, vol. 2, ed. J. Kłoczowski, Kraków 1970, p. 756.

[57] L. Wachholz, *op. cit.*, vol. 2, p. 7; J. Kłoczowski, *Zakony męskie w Polsce w XVI–XVIII w. (Male Monastic Orders in Poland in 16th–18th Centuries)*, in: *Kościół w Polsce*, vol. 2, ed. J. Kłoczowski, Kraków 1970, pp. 585–589.

Commonwealth. Missionaries of the order set up by St. Vincent de Paulo in 1625 arrived in Poland at the suggestion of Queen Marie Louise in 1651. Known for their austere life, they did not enjoy popularity among Polish noblemen[58] but, like the Jesuits, they were appreciated by the Pope and bishops; they settled mainly in large towns (Warsaw, Cracow, Wilno). They had thirty houses at the time of the first partition. They were engaged mainly in training lay clergymen in ecclesiastic seminaries; they also conducted charitable work[59]. In 1732–1736 Father Gabriel Baudouin, a famous French social worker, set up the Child–Jesus Hospital in Warsaw, modelled on the Paris hospital of the same name[60]. The Missionaries collaborated closely with the Sisters of Charity, a new congregation set up in 1633 which was organisationally linked with them, for the sisters were subordinated to the general of the Missionaries. The Sisters of Charity, who were to live in houses of the poor and treat the streets of towns as their cloisters, were brought to Poland by Marie Louise in 1652. They settled in Warsaw and soon became very popular. Before the first partition of Poland they had 20 houses, of which 11 were hospitals, and also ran 10 schools for girls. They worked in the Child–Jesus Hospital in Warsaw and other Missionary hospitals. Their hospitals both in large and small towns were on a high level. In Warsaw they had three establishments, including a general house in Tamka Street which they owned since 1711[61].

Nuns of the Visitation, an order brought to Warsaw also by Marie Louise in 1654, were less known in Poland. This was an enclosed order but, in accordance with its original principles, it

[58] J. Kitowicz, *Opis obyczajów za panowania Augusta III (Customs during the Reign of Augustus III)*, ed. R. Pollak, Wrocław 1951, pp. 126–127.

[59] J. Kłoczowski, *op. cit.*, pp. 575–576.

[60] F. Śmidoda, *Ks. Gabriel Piotr Baudouin i jego dzieło w latach 1732–1768 (Father G. P. Baudouin and His Work in 1732–1768)*, Warszawa 1938, p. 59.

[61] A. Schletz, *Zarys historyczny Zgromadzenia Sióstr Miłosierdzia w Polsce. Karta z dziejów społecznych Kościoła (Historical Outline of the Congregation of the Sisters of Charity in Poland. A Page from the Church's Social History)*, "NP", vol. 12, 1960, pp. 59–172; M. Świątecka, *Św. Wincenty a Polska (St. Vincent and Poland)*, "NP", vol. 11, 1960, pp. 35–100; E. Janicka-Olczakowa, *op. cit.*, pp. 759–761; K. Targosz, *Uczony dwór Ludwiki Marii Gonzagi, 1646–1667. Z dziejów polsko-francuskich stosunków naukowych (The Learned Court of Marie Louise de Gonzague, 1646–1667. A History of Polish French Scientific Relations)*, Wrocław 1975, pp. 254, 375.

conducted not only educational but also charitable work. In Poland they had only four houses set up in 1654–1723[63].

The Missionaries, the Sisters of Charity and the Nuns of the Visitation were typically French congregations which propagated French culture and the French type of religiousness, more open to social needs.

St. Roch's Brethren of Charity (Franciscan Tertiaries), an order established by the Bishop of Wilno, Konstanty Kazimierz Brzostowski, in 1713, were active in the Grand Duchy of Lithuania. Their main duty was the care of the poor and sick in time of pestilence. They ran several hospitals in the Wilno and Samogitian dioceses. In 1737 Father Józef Stefan Turczynowicz set up a new female order in Wilno modelled on the order of the Sisters of Charity. The nuns, called *Mariae Vitae* sisters, were to look after Jewish women converted to Catholicism and later also to educate poor girls. The congregation was dissolved by the Wilno diocesal authorities in 1773 but it was reactivated by Pope Clement XIV a year later. At the time of its dissolvement the congregation had 17 establishments in Lithuania and Byelorussia[64].

As a rule, the hospitals run by convents prospered better than the others. The sisters knew how to combine care of children, the poor and the elderly with medical care. Even the old provost hospitals reanimated their activity when they were taken over by Sisters of Charity. Monastic hospitals admitted more inmates than other hospitals. The monks of the Holy Spirit in Cracow could house 350 poor people, pregnant women, sick persons and children at time, and even much more if necessary. They some-

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[63] L. Janczak, *Wizytki w Polsce (Nuns of the Visitation in Poland)*, in: *Podręczna Encyklopedia Kościelna*, vol. 31, pp. 538–551; [L. Jastrzębski], *Polskie wizytki czyli historia pierwszego klasztoru zakonnic Nawiedzenia Najświętszej Maryi w Warszawie (Polish Visitation Nuns or the History of the First Convent of Nuns of the Visitation in Warsaw)*, Rzym 1849, pp. 7–10 and *ibidem*, *Relacja*, p. 99; E. Janicka-Olczakowa, *op. cit.*, pp. 758–759; F. Ignaszewska, *Historia fundacji klasztoru ss. Nawiedzenia NMP (wizytek) w Krakowie, 1681–1699 (History of the Foundation of the Visitation Nuns' Convent in Cracow, 1681–1699)*, "NP", vol. 58, 1982, pp. 5–93; K. Targosz, *op. cit.*, p. 376.

[64] J. Kurczewski, *op. cit.*, p. 359; J. Kłoczowski, *op. cit.*, p. 487; [M. Norwidówna], *Krótka historia Zgromadzenia Sióstr Mariae Vitae, napisana przez jedną mariawitkę (A Short History of the Congregation of the Mariae Vitae Sisters Written by One of the Nuns)*, in: *Dzieje Dobroczynności*, vol. 1, 1820, pp. 17–37 i *Dodatek (Supplement)*, *ibidem*, pp. 391–402; M. N[owodworski], *Mariawitki (Mariae Vitae Sisters)*, in: *Encyklopedia kościelna* M. Nowodworski, vol. 14, Warszawa 1861, pp. 453–455; J. Bar, *Polskie zakony (Polish Monastic Orders)*, "Prawo Kanoniczne", vol. 4, 1961, pp. 450–454.

times looked after 120 foundlings whose death rate was however very high, exceeding 90 per cent[65]. Some urban provost hospitals also gave refuge to a large number of poor and sick people; for instance, the Holy Spirit hospital in Lublin had 168 inmates in 1603. They were looked after by a surgeon, four women and three men[66]. But the hospital declined later and the number of its inmates dropped to about a dozen. In Warmia up to 38 inmates lived in each hospital in the 18th century, but 13 was the average number. In other territories of the Commonwealth, 4 to 8 was the average number, only slightly more earlier. In towns hospitals had more immates. As a rule, a hospital was founded for a larger number of persons, but this was not always observed in practice, hospitals usually admitted fewer persons; however, there were cases when the number of inmates was higher than that envisaged in the foundation act. The number of hospitals for the poor kept decreasing in the 18th century. The predominance of women could be noted everywhere, but it seems that it was more pronounced in ethnically Polish territories than in the eastern regions. The immates were mostly old persons[67], though children (foundlings) could be found too[68].

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[65] K. Antosiewicz, *Duchacy (Monks of the Holy Spirit Order)*, in: *Encyklopedia Katolicka*, vol. 4, col. 301; eadem, *Zakon*, pp. 195–197.

[66] Archives of the Lublin Archdiocese, Index number 60A96, pp. 92–93.

[67] The list of inmates at the Złoczów hospital (Lwów archdiocese), made in 1821 but undoubtedly reflecting much earlier relations, mentions 7 persons, 4 women and 3 men, aged 50–72. They were between 50 and 64 years old when they were admitted. They were all from Złoczów; one person seems to have been of the Russian Orthodox faith, the others were all Catholics of the Latin rite — AALw. AV6, p. unp. Of the 12 persons living at the hospital in Łomża in 1724–1725 the youngest person was 45 years old, K. Błażewicz, *op. cit.*, p. 84. Women predominated everywhere, S. Litak, *Struktura*, p. 431; T. Opas, *Dawne szpitale województwa lubelskiego w świetle materiałów lustracyjnych z lat 1790–1791 (Old Hospitals in the Lublin Voivodship in the Light of Inspection Reports from the Years 1790–1791)*, "Kwartalnik Historii Kultury Materialnej", vol. XX, 1972, N° 2, p. 274; Z. Budzyński, *op. cit.*, p. 130; M. Surdacki, *Opieka*, pp. 149–150; K. Błażewicz, *op. cit.*, p. 84. In the hospitals in the deaconries of Bracław and Kowno there were about 52 per cent women and 48 per cent men; at Pobojsk — 64 per cent of the inmates were women, 36 per cent men; at Wiłkomierz — the respective figures were 67 per cent and 33 per cent. Calculated on the basis of inspections, see fn. 36. A drastic reduction in the number of hospital inmates in the Sandomierz archdeaconry has been pointed out by W. Wójcik, *Z dziejów kościelnego szpitalnictwa. Archidiakonat Sandomierz (From the History of Church-Run Hospitals. Archdeaconry of Sandomierz)*, "Ateneum Kapłańskie", vol. 51, 1949, p. 274.

[68] Z. Góralski, *op. cit.*, p. 45.

Of course, only a small percentage of needy persons could find a place in hospital. An overwhelming majority of persons needing help, were looked after by the secular and Church authorities which tried to help them to the best of their ability. Vagrancy was severely combated[69]. Parishes did their best to get rid of alien beggars. Despite many valuable studies, the forms of help given to beggars and the measures taken to prevent vagrancy are a vast problem still waiting for research.

In return for their stay in hospital, the poor were obliged to carry on some religious practices which were either specified in synodal statutes and hospital regulations modelled on monastic life or were laid down by local clergymen. As a rule, the inmates had to do some work for the local church (tidying-up, bell ringing), for the clergy and sometimes also for their hospital[70]. At the end of the 18th century and the beginning of the 19th[71], perhaps even earlier, some inmates eked out their earnings with handicraft.

Great changes in people's attitude to the poor occurred during the Enlightenment. It was the ideology of philanthropy that led to increased care of poor and sick people. The new ideas of a modern state envisaged greater care of citizens' health. This is why the state began to pay more and more attention to hospitals. In Poland this was reflected in a Sejm act which established a Polish and a Lithuanian hospital commission in 1775 whose aim was to organise hospitals on new principles. In each voivodship at least one general hospital was to be set up in a post-Jesuit college not occupied by the Commission for Na-

[69] S. Litak, *Od Reformacji do Oświecenia. Kościół katolicki w Polsce nowożytnej (From the Reformation to the Enlightenment. The Catholic Church in Early Modern Poland)*, Lublin 1994, p. 200.

[70] A typical list of hospital inmates' duties, cf. fn. 50. Some hospitals were built on the model of convents, e.g. the one in the parish of Szaty in the Wilno diocese, SHAV, F. 694. Op. 1, 3507, p. 65: "after the fire the old hospital does not exist any more; a house with 6 small rooms in the shape of a convent has been built, for the old vicar wanted to place in it worthy old women in bad health and feeble in body who could easily come down to the church for services and thus live the way they liked".

[71] In 1784, four men and eight women, inmates of the hospital at Kiejdany (Wiłkomierz deaconry) lived off the alms given by the parishioners and by working, e.g. by "plucking feathers", "spinning" (SHAV, F. 694. 1. 3507, p. 45), and at Sasów (Dunajów deaconry) in 1821, "in order to survive ... one hospital inmate works as a weaver, another as a tailor and a third one as a shoemaker; it is thanks to the handicrafts that they survive", AALw. AV6, p. unp.

tional Education. The hospitals were to admit and provide medical treatment to disabled people, orphans, pregnant women and the sick, even dissidents. The commissions collapsed as early as 1780 and hospital matters were taken over by Good Order Commissions and from 1789 by Civil–Military Commissions. The fall of the Polish–Lithuanian Commonwealth put an end to these endeavours. Efforts to organise hospitals were resumed, though in a different form, after the partitions[72].

Bishops tried to develop a similar activity in dioceses but their work has not yet been well researched. The chief initiator of a new organisation of hospitals was the bishop of Płock (1773–1785) and later primate (1785–1794) and administrator of the Cracow diocese (1782–1794), Michał Jerzy Poniatowski. Drawing on Piotr S k a r g a 's ideas, he set up charity brotherhoods first in the Płock diocese (1777) and later in the Cracow (1784) and Gniezno archdioceses (1786)[73]. They were to run hospitals, provide large-scale social assistance, act as relief and loan institutions and organise economic, social and cultural life in their parishes. They were meant to be the most important welfare institution in their parish and were to act in collaboration with their parish priest. Thanks to such an institution each parish was to become a small Godfearing and law-abiding community serving as a model for the reformation of the whole Commonwelath of the Two Nations[74]. It seems, however, that the idea of brotherhoods was not widely

[72] For the change of attitude to the poor and hospitals see: U. I m h o f, *Europa, Oświecenie (Europe, The Enlightenment)*, Warszawa 1995, pp. 179–183, in Poland: N. A s s o r o d o b r a j, *Początki klasy robotniczej. Problem rąk roboczych w przemyśle polskim epoki stanisławowskiej (The Beginnings of the Working Class. The Problem of Workforce in Polish Industry during the Epoch of Stanislaus Augustus)*, 2nd ed., Warszawa 1966, in particular pp. 175–204; K. D o l a, *Opieka, op. cit.*, vol. 2, part 1, pp. 343–345; T. O p a s, *op. cit.*, p. 268.

[73] *Ustanowienie bractwa miłosierdzia po parafiach w diecezji płockiej (Establishment of Charity Brotherhoods in the Parishes of the Płock Diocese)*, Warszawa 1777, p. 8: "At every parish church attention should be paid first and foremost to this Brotherhood so that at the beginning at least a house with two rooms, one for men and the other for women, is secured; later four rooms would be necessary so that out of the two rooms for men and two for women one room is reserved for healthy poor persons and the other is set apart for the sick ... Only poor or sick parishioners who have no other means of subsistence should be admitted to such a house or hospital of the parish church". Similar regulations were issued for the Cracow (1784) diocese and the Gniezno archdiocese (1786).

[74] J. K. K o s s a k o w s k i, *Xiądz pleban (The Parish Priest)*, Warszawa 1986, pp. 121–143.

accepted, though in the Płock diocese the brotherhoods contributed to the expansion of parish hospitals in 1777–1784.

Research on hospitals in Poland has a long tradition but its results are not yet satisfactory. Studies have been undertaken on many important general problems. Scholars have examined the functioning of hospitals in some towns, voivodships, dioceses and regions of the country. Many articles and treatises have been written on monastic and urban provost hospitals. Some of them are still in manuscript form and not all meet the requirements of contemporary science. What seems to be the most urgent is to elaborate a working synthesis of the history of hospitals in pre–partition Poland so as to sum up our knowledge and point out the gaps. It is also necessary to work out a modern research questionnaire as a starting point for future studies. Moreover, hospitals in Poland should be examined in a European, especially Central European, context. The scope of studies should be expanded, for hospitals are only form of welfare activity. It was the duty of every monastery, parish, brotherhood and guild to help the neighbour in accordance with the motto *miser res sacra*. Charitable work was practised privately in noblemen's and magnatial courts but it was always inspired by religious motives. There were all kinds of charitable foundations, e.g. dowry foundations, student foundations. Let us add that are many sources concerning hospitals and charitable work in general, such as old prints and manuscripts but most of them have never been used in studies on the history of hospitals and care of the poor and the sick.

(Translated by Janina Dorosz)