

Szpitalnictwo w dawnej Polsce (Hospitals in Old Poland), ed. by Maria Dąbrowska and Jerzy Kruppé, Warszawa 1998 [print. 1999], Wyd. Instytutu Archeologii i Etnologii PAN, 251 pp., summary in English, illustr., tables, *Studia i Materiały z Historii Kultury Materialnej*, vol. LXVI.

This volume contains 20 papers presented during a three-day conference organized in 1997 by the Institute of Archeology and Ethnology of the Polish Academy of Sciences. Five articles deal with the medieval era, the subsequent four — with hospitals in the 16th–17th c., one with the 18th c., and three — with the 19th–20 c. Others are survey papers and deal with issues extending over longer chronological periods. 6 studies in the collection under discussion deal with hospitals in Royal and Ducal Prussia, as well as in Warmia, 2 essays deal with Mazovia, 4 essays deal with Little Poland, and one essay is devoted to Great Poland. Lithuanian, Samogitian, Podlachian and Armenian hospitals as well as the hospitals run by the Orthodox Church, are not analysed in the book simply because research is not advanced enough.

It is hard to shape a general opinion about the content of such collections, since they usually abound in small contributions, and articles based on solid archival research go hand in hand with dissertations derived from the literature of the subject or summaries of their authors' previous works. This is also true of *Hospitals in Old Poland*.

The volume opens with Stanisław Litak's (Lublin) article: *Hospitals in Pre-partition Poland. Development and Problems* (pp. 13–31), which attempts to provide a synthesis of the issue of the early-modern hospital system. The author discusses Catholic hospitals in the Polish-Lithuanian Commonwealth and divides them into hospital provostships (i.e. independent institutions with their own benefices) and parish establishments, which developed following the Council of Trent. By the examples of some dioceses (those of Poznań, Płock and Przemyśl), the author shows the dynamic of the development of the parish hospital network.

and observes that while in the first half of the 17th c. only 20–30% of parishes had their own hospitals, at the end of the 17th c. and in the 18th c. — as many as 40–60%. In Great Poland there was one hospital per 118 km², in Little Poland (the Cracow diocese) there was one per 101 km², and in Lithuania (the Wilno diocese) — one per 650 km². S. Litak shows there were more hospitals in towns and boroughs than in the countryside; he also discusses their typology, economic basis and management. From 1/3 to 1/2 of all the hospitals under analysis had no regular revenues (especially parish hospitals) and had to rely on legacies and alms gained by their inmates, whose number usually was no more than a few.

Unfortunately, the author does not try to estimate the number of persons who could at the same time live in a hospital, and says nothing about the daily life in hospitals. He says nothing about the participation of inmates in funeral exequies, and does not inform us of the social and professional structure of inmates. While outlining the types of hospitals Litak does not mention the establishments for mentally ill run by the Order of St. John's brethren, or the homes for widows and spinsters.

Maurycy Horn's (Warsaw) article *Jewish Hospitals in Old Poland* (pp. 47–54) attempts to make a general picture of the issue. Unfortunately, because of the inadequate source basis (partly justified, since few archival sources have been preserved), it is not very convincing. The author has based his text mostly on earlier works (among others by M. Bałaban and S. Gajerski), without taking into account, however, the latest study by Anna Michalowska. Interesting is the author's analysis of the medical personnel subordinated to Jewish hospital managers, the so-called *gabbaim*; part of this personnel was recruited from the inmates of Jewish poor-houses (the so-called *hekdeshes*) and lived in very low conditions. Many *hekdeshes* people did not stay in hospitals but lived individually in towns, attending to their richer sick coreligionists.

Unfortunately, M. Horn does not try to estimate, even approximately, the number of Jewish hospitals in the Polish-Lithuanian Commonwealth and confines himself to citing the results of research into the Przemysł and Sanok provinces, where among 166 hospitals discovered in 1772, about 8% were Jewish institutions; he also says very little about the participation of Jewish funeral brotherhoods (*Khevera kadisha*) in the management of Jewish community poor-houses.

Danuta Molenda's (Warsaw) essay deals with the health social care concerning the miners of Olkusz in the 15th–18th c. (pp. 55–67). The authoress draws attention to the exceptional character of some charitable institutions organized by miners' brotherhoods as well as by the employers of miners. In Olkusz, the miners' self-aid (complementing the activity of the local hospital) developed much later than in Wieliczka and Bochnia; only in 1671 was an independent fund organized, to which all those interested paid a part of their earnings. This money was destined for judicial proceedings, for the care of wounded miners as well as widows and orphans, and the organization of funerals. Since the 15th c. the records have been preserved of damages paid to the miners in Olkusz by the owners or leaseholders of the local mines.

Maria Starawska's (Warsaw) article entitled: *Hospitals of the Crusaders' Orders in Medieval Polish Towns. An Outline of Problems* (pp. 87–95) carries a number of interesting reflections. The authoress suggests that from the end of the 12th c. up till the middle of the 15th c. there were 36 hospitals founded by the Crusaders' Orders; 17 were founded in the 13th c., 12 — in the 14th c., and 7 were founded in the first half of the 15th c. Most of such establishments (14) were founded by the Order Sanctissimi Sepulchri, 5 by the Knights of St. John of Jerusalem, 7 by Crusaders with a Star, and 8 by the Order of the Holy Spirit. These establishments were taken over by the Crusaders' Orders at the time of the town foundation movement, which seems to corroborate the fact that the network of those hospitals was created for the needs of the new urban centres.

M. Starnawska draws attention to the interesting problem of the growing control extended by town administrators over the property of monastic hospitals. This process, initiated in the 14th c., in many cases continued up till the 16th c., and had led to the considerable limitation of the Crusaders' Orders charitable activity.

In his outline based on various sources (pp. 135–144) Roman Czaja (Toruń) has shown that in the territory of Royal Prussia the creation of the basic network of town hospitals had been accomplished as early as the beginning of the 15th c. However, since the Teutonic and municipal hospitals could not satisfy the growing social needs, there emerged many private poor-houses and homes for single persons. This action was all the more necessary, because since the second half of the 14th c., both in monastic as well as in town hospitals, more and more lifelong places were bought by relatively wealthy persons. This meant that the social care had to serve mainly the representatives of the middle urban strata.

The author also states that town hospitals in Royal Prussia, unlike in Germany, were not becoming the communal property (had not been taken over by the municipalities); guild and brotherhood poor-houses and infirmaries were also less developed in the urban centres of Gdańsk Pomerania and the Chełmno province than elsewhere.

Maria Bogucka (Warsaw) in her article *The Organization of Hospitals in 16th–17th c. Gdańsk* (pp. 145–154) attempts an analysis of the protection of the poor, and health care in early-modern Gdańsk. The researcher discusses the typology of Gdańsk hospitals, their number (10 establishments, including 3 for those suffering from infectious diseases), endowment, size (from a dozen-odd to several score inmates) as well as the conditions of daily life in hospitals (food, layout of rooms, medical care, etc.).

Maria Bogucka also draws attention to the wide-spread custom of purchasing the admission to the Gdańsk poor-houses, which excluded the poorest. She also points out the fact that due to the growing social needs and the character of the majority of Gdańsk hospitals (mainly hospices), private hospitals were set up to organize medical care for the sick. Among them we can rank both the Journeymen's infirmaries and a rich network of inns, specializing in the medical care of foreign merchants, noblemen, sailors and raftsmen who were staying for short periods in Gdańsk. Such inns offered food, medical care and attention to the needy, and in the case of their death organized funerals. Their activity was complemented in the 16th–17th c. by funds organized by guilds and brotherhoods which provided their members with repayable or non-repayable alms.

The results of archeologico-architectural research served Jerzy Kruppé (Warsaw) for characterizing various stages of the development of the Holy Spirit Hospital in Frombork (pp. 185–201). Its construction, started around 1426, was finished at the beginning of the 16th c. The hospital was thoroughly reconstructed in the 1680s when several separate rooms were created for the inmates, the bath and dining-room were closed down, while an infirmary was established and an outdoor privy was added.

The exploration of the graveyard attached to the hospital, where at least several dozen people had been buried in the 16th–18th c., has served the author to draw interesting conclusions concerning the life duration of the inmates. The deceased were mainly males, which must be acknowledged as an untypical phenomenon, considering the preponderance of females in hospitals at that time. The hospital inmates usually died at the age of 35–45, while 75% of women buried on this cemetery were 50–60 years old. The examination of bodies enabled J. Kruppé to analyze the health condition of hospital inmates, many of whom suffered from caries, rheumatic diseases, rickets as well as the inflammation of bones and bone marrow.

The analyses of animal bones has shown that the inmates were fed with poor quality pork, beef or mutton (ribs, heads, legs and wings) and with fish from brackish waters.

In his richly illustrated article based on an architectural analysis, entitled: *The Programme and the Architectural Form of Teutonic Knights' Castle Infirmaries in Prussia* (pp. 109–133), Kazimierz Pośpieszny (Malbork) discusses medieval hospitals of Teutonic Knights in Danzig, Thorn, Elbing and Königsberg. He shows that in Teutonic Knights castles there were, in principle, different types of care offered to the sick, in contrast to the establishments run by the Knights of St. John or Templar Knights. Castle infirmaries and guest quarters, provided with baths and heating installations, were assigned for light cases, while those seriously ill were treated in hospitals, situated outside the castle.

The author shows that 14th c. hospitals enjoyed considerable popularity; they offered the Teutonic Knights' dignitaries to relax in luxurious conditions, and common knights — to be temporarily exempt from the rigours of monastic life. The infirmaries under discussion had disappeared, however, from the Teutonic Knights' castles as early as the 15th c. It is possible they were then moved to other places, or they were transformed into the private quarters for dignitaries.

In her article entitled *The Change of the Function of Hospitals in the 19th c. by Example of Warsaw Hospitals* (pp. 221–240), Elżbieta Mazur (Warsaw) discusses successively three periods in the development of the Warsaw hospital system in the 19th c. In the first period (1814–1830) Warsaw saw many projects of hospital reform, including the organization of permanent attendance by physicians and the students' practice, as well as the improvement of sanitary conditions (separation of those suffering from infectious diseases, construction of baths, decongestion of rooms). An important inspiration came at that time from the Warsaw Charitable Society. Two new establishments were created then: a Jewish hospital, and an Ophthalmological Institute.

According to E. Mazur the inter-insurrection period was crucial to the modernization and re-organization of hospitals in Congress Poland. This was above all the work of the Chief Relief Council as well as the Councils of particular hospitals, due to which e.g. the posts of head physicians of particular establishments were introduced and the Christ Child's Hospital was reorganized (four specialist wards were created there as well as the first operating theatre in Congress Poland). In 1842 the CRC issued the pioneering *Rules for Civil Hospitals*, concerning the organization of local hospitals, which have since been destined exclusively for the sick. By 1862 many Warsaw hospitals had been moved to new, more spacious buildings.

The period from the the January Insurrection till the First World War was marked by considerable regression; reforms of health service were stopped and in 1870 the Russians closed down the Chief Relief Council. In many Warsaw hospitals, struggling against financial difficulties, cramped accommodation as well as shortages of staff, conditions deteriorated at that time. The construction of three new hospitals (one in the Wola district, one for those suffering from infectious diseases and one for the mentally ill in Tworki), did not bring much improvement to this situation.

The remaining articles in the collection under discussion are less valuable. This concerns among others Andrzej Kopiczka's (Olsztyn) study devoted to hospitals in Warmia in the 15th–18th c. (pp. 97–107). The author shows that the majority of poor-houses in this region (mainly those under the patronage of the Holy Spirit and St. George) arose at the initiative of the local clergy but were run by lay managers. Hospitals in Warmia were usually constructed outside the city-wall, and the number of their inmates was small, from several up to a dozen-odd. A. Kopiczko also discusses in detail various forms of hospital income as well as the organization of medical care in Warmia. He provides no information, however, about the period of existence of particular foundations; nor does he analyse the age and/or the occupational and social structure of the patients. What's missing here, is an attempt at a comprehensive view of the hospital income as well as the characterization of the hospitals' expenditures (clothes, food, fuel, repairs). The author's remarks on the health service in Warmia are very general

and in fact do not deal with the medical care in the local hospitals. The author does not make use of the preserved hospital books.

The dissertation by Zenon Guldón and Waldemar Kowalski (Kielce), entitled: *The State of Hospitals in the Sandomierz Voivodeship in the Second Half of the 17th c.* (pp. 155–163) arouses mixed feelings. It is based on visitations of parishes as well as several hospital books and shows there were 63 poor-houses in the 92 parishes of the Sandomierz voivodeship in 1664, and 43 hospitals in 49 parishes of the Sandomierz archdeaconry in 1727. In each of the establishments under discussion there were on average 8 inmates, for the most part poor females.

The analysis of hospital income has shown that while provostship hospitals frequently based themselves on permanent endowments, rural parish hospitals mainly lived on alms as well as sporadic cash donations. Of interest is the structure of the expenditures of the hospital in Skrzynno from 1650–1677; as much as 40% of expenses covered the purchase of ritual wine, further 30% — repairs of the buildings (church and hospital), while 18% — the upkeep of buildings.

The authors of the study under discussion do not give enough consideration to the character of the community of hospital inmates (age, gender, social background), to the natural fluctuation in hospitals, as well as the terms of the inmates' admission to these establishments; no information is provided, either, on Protestant, Jewish and Orthodox hospitals.

Similar accusations may be made against Marian Surdacki (Lublin), the author of a study on 17th–18th c. hospital system in Great Poland (pp. 165–172). He shows, however, the dynamic development of Catholic hospitals in the west of Great Poland, where in the 17th c. the number of parishes with hospitals doubled, from about 21% at the beginning of that century up to 40–50% in the second half of the 17th century. The beginning of the 18th c. with the Great Northern War saw a certain regression in the hospital system of Great Poland, although it continued to be the densest hospital network in the Polish-Lithuanian Commonwealth.

While discussing the total number of the clients of hospitals in Great Poland M. Surdacki estimates that it oscillated from 640 (the first half of the 17th c.) to 570 (the end of the 17th c.). The average number of the inmates of one establishment dropped more distinctly (from about 9–12 in 1603–1611, to about 4–6 in the 18th c.).

Andrzej Klónder's (Warsaw) study: *The Everyday and Festive Table in the Hospitals of Royal Prussia in the 16th–18th c.* (pp. 203–209) has been based on the rules, accounts as well as inventories of some hospitals in Gdańsk, Elbląg, Toruń and Malbork. On this basis the author shows that both as regards the quantity and quality, the board in those hospitals was satisfactory. One can only raise objections to the calorific value of this food, which the author estimates at 3,000–4,000 calories a day. It seems rather improbable. One can suspect that Klónder literally believes the data provided in the accounts, without asking what part of the purchased food actually served the hospital inmates, and what part was used by the hospital managers and their families.

Anyway, on hospital tables there usually appeared brown bread, gruel, beef or pork (served at least twice a week), beer, herrings and various vegetables (cabbages, carrots and radishes). On holidays the board was diversified by veal, lamb or fresh beef, white wheat bread, cakes as well as eggs. The author compares the results of his research with the board in Catholic hospitals in major towns of the Polish Crown and the menu of the inmates of some German hospitals. On holidays on the tables of the poor in German hospitals there was even wine (0.7 litre per person), unknown in the poor-houses of Gdańsk or Elbląg. The study does not provide any information on the drinks consumed in poor-houses of Royal Prussia (e.g. milk), or on the diet of children and the sick, which was bound to differ from ordinary meals.

While analysing the book of expenditures of the Holy Spirit Hospital in Wrocław in the years 1513–1518 (pp. 211–220), Marek Słóń (Warszawa) shows that the majority of everyday expenditures were those on the food for the inmates;

they ate everyday: meat, oil, spices (pepper and saffron), fish and eggs, while on holidays, additionally: white bread, wine, crayfish, poultry, cheese, game and cakes. The weekly accounts of expenditures do not include the purchase of bread, vegetables and beer, which the author attributes to the fact that these products were provided by the hospital farm. The expenditures on food serve the author to calculate the number of inmates, which he estimates at several dozen in the period under discussion.

Hospital books also include the sums destined for the farm, management linked to the cultivation of the garden, the baking of bread as well as the transport of farm products. The hospital had to pay seasonal labourers (up to several dozen at the same time), employed during the harvest and haymaking, and to cover the cost of clothes provided for the permanent farm hands, about a dozen in all. Expenses included also the cost of repairs and handicraft services, as well as fuel.

Regardless of the diversified character of the essays under discussion, the different extent to which they introduce new results of research, the volume in question may be regarded as interesting. It provides some recapitulation of the current state of research, and shows both the areas which have undergone a satisfactory analysis and those yet unknown. The former include the hospital systems of the Royal Prussia, Warmia, Silesia and Western Little Poland, the latter — much less known hospitals from the Grand Duchy of Lithuania, Ruthenia and the Ukraine. One should regret the lack of solid studies that would describe the poor-houses run by religious and ethnic minorities (Protestant, Orthodox, Jewish and Armentan).

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