THE FIRST HOSPITALS IN HUNGARIAN TOWNS (1750–1850): THEIR FOUNDERS, FUNDING, AND PATIENTS[1]

INGRID KUŠNIRÁKOVÁ

KUŠNIRÁKOVÁ, Ingrid. The First Hospitals in Hungarian Towns (1750–1850): Their Founders, Funding, and Patients. Historický časopis, 2024, 72, 3, pp. 513-546, Bratislava.

The study addresses the emergence of the first hospitals in Hungarian towns (1750–1850) in the context of contemporary theoretical concepts as well as reforms of the Viennese court during the reigns of Maria Theresa and Joseph II. Empress´ healthcare reforms did not target the issue of hospitals nor institutional treatment, while Joseph II failed in his effort to implement his vision to separate care for the poor from healthcare. There was never a general hospital that would resemble the one the Emperor founded in Vienna in 1784; there were never even actual plans prepared in this respect.

Although Hungarian towns were at the end of the Early Modern Period significantly falling behind Western Europe in terms of size, population numbers, and extent of industrialisation, the first "modern hospitals" started to emerge there at the end of the 18th century, too, since townspeople were becoming increasingly impoverished and a new type of charitable institution was needed. The first municipal hospitals were set up in the late 1790s, especially thanks to the pressure exerted by the state authority. Thus, all the major Hungarian towns had their own municipal hospital until the 1848/1849 revolution. The municipal hospitals were further supplemented (albeit in smaller numbers) by confessional, association, and occupational treatment-providing institutions. All the hospitals established in the Kingdom of Hungary during the period in question, regardless of their founder, were intended for the ill poor who could not receive appropriate care and treatment at home, either due to the poverty of their family, or lack of familial or other connections. In contrast to other contemporary charitable institutions, hospital admissions should not consider age, gender, confession, or domicile. However, it was still rather expected that "home" patients would be prioritised over "strangers". Besides, religious tolerance concerned only believers of Christian confessions. On the other hand, a patient had to suffer from a disease that was curable at that time to be admitted; or there had to be hope that their condition would improve sufficiently for a patient to be able to return to their routines. From an occupational point of view, most frequent hospital patients were servants, journeymen, and poor craftsmen.

Keywords: Kingdom of Hungary/Slovakia. Early Modern Period. First

half of the 19th century. Healthcare. Hospitals.
DOI: https://doi.org/10.31577/histcaso.2024.72.3.5

Slovak historiography has not addressed topics of emancipation of healthcare as we understand it now from the care for the poor, nor the emergence of hospitals, whether as integrated parts of already existing town spitals or independently, in any more significant manner yet. Monographs related to the history of healthcare in Slovakia/ Kingdom of Hungary during the period in question usually focused on healthcare reforms by Maria Theresa and Joseph II. However, these reforms did not target the establishment or management of hospitals.[1] Rare works related to the history of the oldest hospitals in present-day Slovakia addressed the issue of their foundation only marginally, having omitted any reflection of Viennese court reforms and the potential influence of contemporary theoretical concepts or development in cities of Western Europe.

First hospitals typology and historiographical controversies related to their emergence and origin

When Michael Foucault published *The Birth of the Clinic* in 1963, it triggered a still unresolved debate on the emergence of modern hospitals; when this process actually started, and whether it represented merely a transformation of the already existing spitals or is to be perceived as the foundation of entirely new institutions. Historians dealing with the issue of spitals and hospitals in terms of institutional or spatial continuity point to the gradual change of several spitals to hospitals; namely extending their care-giving competence to targeted treatment of ill people. Those who rather address the goals of these institutions as well as of objects of their care argue that two essential attributes of both types of institutions – life-long care versus short-term treatment; or people permanently dependent on help versus curable patients, contradict the terminology of transformation or gradual development. Despite these contradictions, both fractions agree that "modern" hospitals started to emerge in the last decades of the 18th century. Although they were healthcare institutions already, they had emerged and functioned as a part of local care for the poor and many of them actually gave up

1 This study was prepared as a part of the APVV-21-0371 project: *Lesk a pád šľachty. Stratégie šľachtickej reprezentácie v dejinách Slovenska* [*Glamour and Fall of Nobility: Strategies of Noble Representation in Slovak History*]; as well as the VEGA n. 2/0069/21 project *Úloha meštianstva v modernizačných procesoch pri prechode od stavovskej k občianskej spoločnosti, 1780 – 1918* [*Role of Townspeople in Modernisation Processes within the Transformation of the Society of Estates to the Civil Society, 1780–1918*] realised at the Institute of History, SAV v. v. i.
BOKESOVÁ-UHEROVÁ. *Zdravotníctvo na Slovensku v období feudalizmu*. Bratislava 1973.

this traditional role only in the last decades of the 19th century.[2] The hospitals which were trailblazers of institutionalised healthcare were usually university clinics, or state-wide or town hospitals.

Theoretically and practically skilled physicians became for rulers of the Enlightenment period an indisputable prerequisite to carry out a successful healthcare reform aimed at increasing the population numbers and improving their health condition. To enhance the practical training of medical students, clinical education had been incorporated into the curricula of medical faculties. To ensure organisational background, independent departments were established: clinics in local spitals. Firstly, these were only one or two rooms with a limited number of beds, where students were enabled to obtain practical experience with diagnostics and treatment. In the Habsburg monarchy, clinical education was introduced to university medical education in 1753 as a part of the reform at the University of Vienna, authored by the personal physician of Empress Maria Theresa Gerard van Swieten, an alumnus of the Leiden University, where the practical education, by the patient´s bed, had been introduced as early as in 1636. The first clinical workplace, namely two rooms with six beds each, was established in the local town spital and a representative sample of patients to cover educational needs was being picked from all relevant institutions across Vienna. Van Swieten´s compatriot as well as a fellow Leiden alumnus Anton de Haen was appointed the first professor of clinical medicine. Clinic operating costs were covered by the Viennese court. In 1776, the clinic relocated onto the premises of the newly established, so-called joint spital as a result of the merger of the Spanish Spital and the Holy Trinity Spital. In 1784, the clinic relocated to a general hospital which subsequently took over funding for this institution.[3]

Major general hospitals which were founded by enlightened rulers in the last decades of the 18th century encompassed and combined the state´s effort to reform the care for the poor with the academic interest of prominent contemporary medical authorities to improve medical research and education. The foundation itself usually resulted from the merger and reorganisation of several local or regional charitable institutions. Sovereigns hoped that these bigger entities would facilitate implementing reforms in practice, better organisation, higher efficiency, and easier control over processes. This effort was exemplarily voiced

2 Regardless of their views on Foucault´s work, most historians researching the topic of the emergence of modern hospitals tend to refer to the study of Robert Jütte *Vom Hospital zum Krankenhaus: 16. bis 19. Jahrhundert* as the most essential contribution. JÜTTE. Vom Hospital zum Krankenhaus: 16. bis 19. Jahrhundert. In LABISCH and SPREE. *Allgemeinen Krankenhauses in Deutschland im 19. Jahrhunder*. Frankfurt, Main [u.a.] 1995, p. 31-50.

3 RISSE. Before the Clinic Was "Born". Methodological Perspectives in Hospital History. In FINZSCH and JÜTTE. *Institutions of confinement : hospitals, asylums, and prisons in Western Europe and North America, 1500–1950*. Cambridge 1996, p. 87-89.

in the works of representatives of cameralism as well as of the healthcare police which became the theoretical base for the reforms of the enlightened rulers. Royal foundations with generous capacity and representative sample of diseases that preferred treatment over tending to those in need subsequently became hospitals of state-wide importance as well as places of medical research and education. Institutions for poor, ill people without any means provided doctors with obedient, undemanding, and socially subordinated patients, so much needed for academic and educational purposes.[4] Robert Jütte summarised the importance of these hospitals for the development of medical knowledge based on systematic empiricism as follows: *"Modern scientific medicine was* [...] *in its beginnings the medicine of institutions with an anticipation of total availability of an ill individual* [...]. *Initially, only the poorest population met these requirements as they had no other option of obtaining healthcare* [...]. *"*[5]

A typical and later imitated model of a royal foundation in the German-speaking area was a general hospital established by Joseph II in 1784 in Vienna. This hospital emerged after the reconstruction of the so-called Great Spital on Alsergasse and its fund included the property of all the spitals of Vienna. Former inmates either received regular financial compensation for their cancelled placement or were re-admitted to the newly established institution. Once the hospital was set up, the care for the poor was separated from the care for the ill; any care for people in urgent need was subsequently limited to non-institutional forms of assistance. Properties of dissolved spitals were taken over by the state and reallocated to the institutional care for the poor, but ill. The institution with a capacity of 2,000 beds was divided into four departments of internal medicine, two surgery departments, a department of venereal diseases, and a department of contagious diseases.[6] Patients were classified not only based on their diagnoses but also according to the extent of fees for their treatment. First- and second-category patients paid for their stay and treatment at the hospital a fixed daily fee. The third group consisted of those entitled to any kind of support, while the allowance was being sent to the hospital during their stay. The fourth category included non-paying patients. The hospital employed eight doctors, the same number of surgeons, and 140 hospital attendants. The facility included a maternity hospital, a poorhouse, an orphanage, and a madhouse. This hospital is considered one of the biggest successes of Joseph´s reign; it possessed various positive aspects. All

4 LABISCH and SPREE. Die Kommunalisierung des Krankenhauswesens in Deutschland während des 19. und frühen 20. Jahrhundert. In WYSOCKI, ed. *Kommunalisierung im Spannungsfeld von Regulierung und Deregulierung im 19. und 20. Jahrhundert*. Berlin 1995, p. 12-14.

5 JÜTTE, Vom Hospital zum Krankenhaus, p. 45.

6 RISSE. *Mending bodies, saving souls : a history of hospitals*. New York 1999, p. 262.

inner yards were designed as gardens, no room was to have more than 20 beds, walls were whitewashed and cleanliness was maintained. There was a hospital attendant present at each ward at all times and during admitting hours at least one of the head physicians was on duty as well, to pick from the newly admitted patients suitable samples for the clinic. Each bed featured a board with the name of the patient, admission date, diagnoses, and prescribed treatment.[7]

Renowned contemporary physicians were concerned about the capacity of such a vast hospital, specifically its ability to forestall the spread of contagious diseases. Shortly after the opening, these concerns turned out to be completely legitimate. While in well-organised, small spitals, the fatality rate had been squeezed under 6%, the general hospital rate reached the 20% ratio. Infection waves spread periodically from one ward to another; the hospital itself was even considered the source of the outbreak of several typhoid epidemics. Due to the massive size of the facility, standardised processes were preferred over individual treatment which became a substantial downside of the institution. Everyday operations as well as medical procedures were being complicated by the unfortunate disposition of the premises and internal equipment of the building. The hospital shortly obtained such a bad reputation that there were almost no paying patients, which led to significant financial losses.[8] Once Joseph II died, proposals to dissolve the facility emerged due to the growing deficit as well as unsatisfactory hygienic conditions. However, as there were no other institutions to replace the hospital, this idea never materialised due to financial and logistic consequences.[9]

The first town hospitals, as well as university clinics or general hospitals founded by sovereigns, emerged in the majority as a result of the transformation or reorganisation of older town spitals. Newly emerging town hospitals were not intended to be a replacement for the spitals; they aimed to expand the range of charitable institutions active in a particular town. Although these hospitals were already healthcare facilities, intended for short-term admissions of treatable patients, their development was firstly not triggered by medical reasons. At that time, medicine was unable to cure the patients to a major extent, therefore the town hospitals often merely provided peace, care, and a clean bed. Limited treatment options, major threat of contagion and high death rates caused the population had no trust in hospitals; even in the 19th century, the institution was perceived as a *"gate to the death"*. Therefore, the hospitals remained for

7 BERNARD. The Limits of Absolutism: Joseph II and the Allgemeines Krankenhaus. In *Eighteenth-Century Studies*, 1975, vol. 9, n. 2, p. 211-212. *JSTOR*, https://doi.org/10.2307/2737597. Accessed 3 Feb. 2024.

8 Ibidem, p. 209.

9 RISSE, *Mending bodies, saving souls*, p. 265.

long socially stigmatised treatment facilities for the lowest social layers of town population.[10] These included the so-called working poor, for instance, journeymen, servants, factory workers, and labourers working for a wage that disabled creating any financial backup. Therefore, even a short illness posed a significant existential risk to these groups of the population. Many came to towns in search for work, but could not rely on any familial or other relations which would provide them with some sort of a safety net in case of illness or other type of emergency. As these people were relatively young, non-local, and on sick leave only temporarily, they were not eligible to receive help from any of the traditional charitable institutions. Besides, due to the increase of mass poverty in the first half of the 19th century, these institutions were anyway unable to take care even of persons meeting the usual admission criteria, namely permanent disability to work and domicile in a particular town.[11] Despite being intended as healthcare and curing facilities, the town hospitals were being founded as a part of the care for the poor system and thus the process of separation of premises and institutions often continued until the late 19th century.[12]

Hospitals in the concept of cameralism and healthcare police

Cameralism was the basic theoretical concept to influence politics of the Viennese court concerning public and economic life since the mid-18th century, namely via the works of its two distinctive representatives: Johann Heinrich Gottlob Justi and Joseph Sonnenfels. Although they were predominantly not focused on healthcare or public health topics, their books served as a theoretical basis also for the healthcare reform. Besides, both authors addressed the topic of hospitals and their importance when improving care for the poor and healthcare. The hospitals were presented as healthcare facilities, yet with a dominant charitable aspect. They recommended creating the system of public health to foster population growth and protect their lives and health that would serve as a safety net also for the poor who would be otherwise unable to get required treatment at home. They proposed to establish maternity hospitals for single mothers, thus enabling them to give birth to their unwanted children safely. These facilities were to be perceived as independent institutions, not as integral parts of hospitals. Although Sonnenfels classified the maternity hospitals as hospital-type facilities, both authors considered these institutions a tool of "police" to prevent abortions and

10 SPREE. Krankenhausentwicklung und Sozialpolitik in Deutschland während des 19. Jahrhundertes. In *Historische Zeitschrift*, 1995, vol. 206, n. 1, p. 85.

11 LABISCH and SPREE, Die Kommunalisierung des Krankenhauswesens, p. 16-17.

12 SPREE. Sozialer Wandel im Krankenhaus während des 19. Jahrhunderts. Das Beispiel des Münchner Allgemeinen Krankenhauses. In *Medizinhistorisches Journal*, 1998, vol. 33, n. 3/4, p. 245.

infanticides instead of enforcing severe punishments and public humiliation for extramarital pregnancies. Similarly to other representatives of contemporary administrative and political-administrative sciences, Justi and Sonnenfels also emphasised the importance of hospitals and maternity hospitals for the education of medicine students and young doctors.[13]

J. Sonnenfels addressed the healthcare issues in more detail and more systematic manner than Justi. He considered a well-organised medicine study, including both theoretical and practical education, the basis of the healthcare institution network throughout the country. As far as public healthcare was concerned, he stressed the importance of healthcare accessibility in towns as well as in the country, together with appropriate supervision over pharmacies. Despite their focus on treatment, Sonnenfels also perceived the hospitals as institutions of care for the poor, since the facilities were primarily anyway intended for the poorest groups of society. Those without any means were to be admitted to the hospitals completely free of charge, although other patients were obliged to at least partially cover the treatment costs. Both paying and non-paying patients were entitled to be provided the same treatment and care. Non-paying patients were to be admitted without a protracted process of proving their impecuniousness. Sonnenfels refused claims that such simple admission administrative in case of non-paying patients would result in overcrowded hospitals. In addition, he classified maternity hospitals for poor women as well as syphilis and mental diseases treatment facilities as hospitals, too. In the case of these institutions, in particular, he emphasised a simple admission process, together with discreet and humane approach.[14]

Both Justi and Sonnenfels presented cameralism as a set of mutually interconnected disciplines while poverty and its elimination were addressed primarily within the *Policeywissenschaft* – literally "police science" although they had defined its subject of academic interest differently. In the late 18th century, a new scientific department emerged within the police science, the so-called *medizinische Policeywissenschaft* – the health police science, or as the current language would put it "public healthcare and hygiene". Johann Peter Frank and his six-volume work *System einer vollständigen medizinischen Polizey* (published in 1779–1817) were considered classics in this respect. Frank´s contemporary Zacharias Gottlieb Huszty, a doctor from Bratislava, systematically addressed the health police issue in the Kingdom of Hungary. Both authors discussed poverty and charitable institutions, naturally, predominantly

13 JUSTI. *Grundsätze der Policey-Wissenchaft* (...). Gottingen 1756; SONNENFELS. *Grundsätze der Polizey*. (Reprint Wien 1787). München 2003, p. 133-134.

14 SONNENFELS, *Grundsätze der Polizey*, p. 142 n.

from the point of view of their importance for the health and well-being of an individual.

Frank held both charity and charitable institutions in high esteem, yet criticised that their foundations and further development were mainly motivated by the wishes of their founders; their desire to become famous and recognised, while frequently omitting opinions and knowledge of professionals. Therefore, many charitable institutions, including the hospitals, looked rather luxurious from the outside while being called *"privileged murderous pits"* due to a disastrous lack of hygiene inside. Besides, Frank was particularly critical of the quality of the care which was being provided by contemporary hospitals. He claimed the hospitals were rather the place of death than for any treatment; that they were being rented out to greedy individuals; that patients suffered unnecessarily and that death rates were soaring despite best intentions. Hospital rooms were overcrowded and poorly aired, thus more patients actually choked to death than succumbed to their original diagnoses. Frank also deemed such doctors who simply stopped expanding their knowledge one of the major problems of the hospitals, as they were only half-educated; theoretically on a high level, yet without practical knowledge or so much numbed by human suffering that they lacked any empathy towards their patients.[15] However, Frank maintained, the situation took a better turn in the mid-18th century with the establishment of committees (collegia) in charge of the whole health care and public health sector in individual countries on behalf of a sovereign. Under their supervision, hygiene conditions gradually improved. They started building hospitals in healthier locations and in the course of the construction process, the purpose of these facilities was taken more into consideration.[16] Besides, Frank agreed with the above-mentioned representatives of cameralism that illegitimate children should be protected; he proposed abolishing punishments for extramarital pregnancies as well as establishing such institutions that women could safely deliver and abandon unwanted babies.[17] Although Frank did not neglect the aim of the hospital to cure their patients, he still perceived them rather as places of medical research and education.[18]

Huszty, following other already mentioned authors, viewed the maternity hospitals as a tool to prevent abortions and infanticides[19], while considering the

15 FRANK. *System einer vollständigen medicinischen Polizey*. *Erster Band*. Frankenthal 1791, p. 124.

16 Ibidem, p. 50

17 Frank addressed this topic in the second volume of his synthesis. FRANK. *System einer vollständigen medicinischen Polizey. Zweiter Band*. Mannheim 1804.

18 Education of doctors was addressed mainly in the sixth volume (consisting of two parts) of his work. FRANK. *System einer vollständigen medicinischen Polizey. Sechster Band, I.-II. Theil*. Wien 1817.

19 HUSZTY. *Diskurz über die medizinische Polizei. Zweiter und letzter Band*. Pressburg;

hospitals an integral part of the care for the poor, primarily intended for the lowest social strata, yet by hospitalising ill poor people, they were still protecting the health of the whole society as such. He categorised both as medical institutions which was a cameralism as well as medical police´s all-encompassing term for all aspects of human and social life, as well as a system of measures that were to be taken to prevent any risks imposed on these aspects. They included appropriate material provisions, suitable living and working conditions, protection of pregnant women, care for newborns, or physical education of the youth which had been raised to the same level as foundling houses, orphanages, spitals, and hospitals. While Huszty adhered to Franke concerning maternity hospitals, foundling houses and orphanages; he even adopted whole passages from Franke´s books, and he addressed the issue of hospitals in a more systematic and detailed manner. In his opinion, the ill poor deserved support from public resources, out of pity or as a reward for their previous contributions to society or for work which they would carry out once they were treated. While a fund for financing the care for the poor was supposed to correspond with the numbers of the poor, their treatment did not have to be necessarily fully covered by charity or public resources. However, poverty of the ill was often only temporary as it had started with the illness itself and ended with successful recovery. Therefore, many of them were actually able to partially cover their hospital stay. Even this minor financial contribution which would not have sufficed for home treatment, helped the hospital with funding. Huszty maintained that the relative poverty category included mainly servants. Although their employers were obliged to take care of ill servants, if possible, they preferred paying for their treatment at a hospital, thus freeing themselves of any discomfort, and in the case of infectious disease, also of a risk of contagion. While the spital admission was conditioned by a domicile in a particular location, the hospitals were to admit the ill regardless of their origin. Huszty named several reasons why these ill "strangers" were to be admitted to the hospitals: they needed to get well again to start working and their employers would be rid of a duty to take care of them. At last, but not at least, there was an issue of public health protection.[20]

Huszty also briefly summarised contemporary academic discourse on the advantages and disadvantages of treating the ill poor at home or the hospital, while arguing decisively in favour of hospital treatment. He refuted a claim that doctors at hospitals were risking their health as they could easily get infected in a salon of a rich patient as well. Home treatment turned out to be more advantageous for middle and upper social classes, however, not that much for the poorest. These people usually lacked available relatives who would take care

Leipzig 1786.

20 Ibidem, p. 525-530.

of them, as they were busy making ends meet. Huszty agreed that establishing and running a hospital was financially demanding, however, the pros exceeded the cons and could not be achieved otherwise. In his opinion, prejudices against the hospitals were mainly based on coincidences and presumptions; he believed that with appropriate care and a humane approach to patients, desired results could be achieved. In a chapter on the hospitals, Huszty published also Joseph II´s Directive rules from 1781 regarding re-organisation of the care for the poor and health care in Vienna and a mandate to found a general hospital in the capital city of the monarchy. Huszty maintained that following the same principles as had been set for the general hospital in Vienna, smaller hospitals should be established in other towns.[21]

Influence of the state authority over foundations and management of hospitals in the Kingdom of Hungary (1750–1850)

The healthcare reform carried out during the reign of Maria Theresa prioritised establishing state healthcare administration, regulation in educating individual categories of healthcare professionals, together with the delimitation of their competence; supervision over pharmacies, and building up a functional system of anti-epidemic measures.[22] Neither the general healthcare law (*Normativum generale in re sanitatis*) published in 1770 nor other passed directives had covered hospitals or institutionalised healthcare as such.[23] There had been hospitals run by the Brothers of Mercy or Sisters of Saint Elisabeth in lands of the Habsburg monarchy, however, these had not been included in the healthcare reform as they were deemed more or less ecclesiastical and charitable, and not purely healthcare institutions. The general healthcare law, a basic legal framework for healthcare organisation and management in the Kingdom of Hungary, remained valid with certain administrative amendments until the mid-19th century. Hospitals; their foundations, management, and funding, remained both out of authority as well as out of interest of the state healthcare administration. While reviewing healthcare laws as well as an agenda of the healthcare committee under the Council of Lieutenancy, it seems obvious that the state authority regulated hospitals´ activities only occasionally, in particular in case of anti-epidemic measures against the spreading of cholera or other contagions.[24]

21 Ibidem, 532n.

22 A selection of regulations related to healthcare during the reign of Maria Theresa was published in LINZBAUER. *Codex sanitario-medicinalis Hungariae. Tomus II*. Budae 1852.

23 LINZBAUER, *Codex sanitario-medicinalis Hungariae. Tomus II.*, p. 535-571; BOKESOVÁ-UHEROVÁ, *Zdravotníctvo na Slovensku v období feudalizmu*, p. 143-146.

24 A selection of regulations from years 1781 – 1845 was published by F. X. Linzbauer in his five-volume work *Codex sanitario-medicinalis Hungariae III/1 – III/5* (1853–1861).

Hospitals founded in Hungarian towns since the end of the 18th century as a part of communal care for the poor were being established and funded exclusively from revenues from foundations and contributions from the population. However, the state authority, as a patron, claimed the right to supervise the administration and utilization of the property. After Leopold II died in 1792, the state authority started gradually giving up efforts to manage the care for the poor, and its supervision was subsequently limited to checking the annual balance sheet of already existing institutions and approving foundation statutes of newly established ones. An imperial decree from October 1818 defined foundling houses and mental institutions as state facilities entitled to receive state support, whereas hospitals were deemed town or even private facilities, thus without entitlement to state contribution.[25] As there were no foundling house nor madhouses in the Kingdom of Hungary, the institutionalised healthcare had remained an exclusive competence of local administration (towns, counties) or a matter of private charity.

Hospitals of the orders of Brothers of Mercy and Sisters of Saint Elisabeth

Numerous spitals that had emerged in Hungarian cities and towns since the Middle Ages were as a rule charitable institutions providing long-term care for various categories of dependent persons (elderly, disabled, visually and hearing impaired, children). The first actual hospitals in Hungarian towns (similarly to other lands of the Habsburg monarchy) intended for short-term hospitalisation of patients to treat them were the hospitals of the order of the Brothers of Mercy. Due to the religious and political situation in the country, the Brothers of Mercy came to the Kingdom of Hungary a couple of decades later than to Bohemia or Austrian lands. While in other parts of the monarchy, their hospitals served mainly as charitable institutions, there was a significant confessional and counter-reformation aspect present in the Kingdom of Hungary. Therefore it is no coincidence that the first Hungarian cloisters of the Brothers of Mercy was founded in Bratislava in 1672, only shortly after the violent confessional shift in favour of the Catholics in the city. Other convents emerged only once the Satu Mare peace treaty had been signed in 1711 and the political situation had been stabilised when the counter-reformation movement achieved relative victory.[26]

25 SVOBODNÝ and HLAVÁČKOVÁ. *Pražské špitály a nemocnice*. Praha 1999.

26 The first was established in 1726 in Eger by Gabriel Erdödy, Bishop of Eger. In 1731, Emperor Charles VI appointed the order in charge of the military spital in Pest and provided means for nine friars. During the reign of Maria Theresa, the convents in Pápa (1757), Eisenstadt (1760), and Oradea (1761) were founded. Once the Polish pledge had been cancelled and 13 towns of Spiš returned to the Kingdom of Hungary, the friary in Spišské Podhradie also became a Hungarian convent. All the Brothers of Mercy convents in the Kingdom of Hungary

Since professional medical care was accessible only to a very limited group of people in the Kingdom of Hungary also in the late 18th century, the Brothers of Mercy´s hospitals represented the sole option to provide treatment or injury dressings for the poorest people. However, the new religious order had not been welcomed to the Kingdom of Hungary without reservations. For instance in Bratislava, their arrival was opposed to by burghers, where the evangelicals were in the majority; due to religious reasons. In Pápa, local Friars Minor worried that yet another mendicant order would decrease their income from alms collecting.[27] The Eisenstadt town council perceived the hospital of the order as an unwanted competition for a local doctor, pharmacist, surgeon, and barber who belonged to the *"best contributors"* in the town.[28]

Founders of the Brothers of Mercy hospitals were benefactors from ranks of the Hungarian aristocracy or nobility, or Catholic Church hierarchy. They usually donated some real estate (a plot of land with a suitable building to house the friars and hospital equipment) to a newly established convent, together with the capital for future interests. In following years, the initial foundation was increased by resources provided by church dignitaries, Hungarian nobles, and burghers, aimed at securing a requested number of beds. As the Brothers of Mercy belonged to mendicant orders, a significant source of their income was represented by alms collected in kind or a monetary form. These were further supplemented by pharmacy revenues as well as real estate rentals. Taking into consideration the time of their foundation, the Eisenstadt and Oradea convents had to give up on incomes from alms collecting since previously tolerant views on this activity had changed in the second half of 18th century. Maria Theresa agreed with their foundation only with a condition that representatives of both convents signed waivers and effectively abandoned this practice.[29]

Order hospitals consisted of a spacious room featuring beds for patients, separated by curtains and their capacity depended on financial possibilities of individual convents. Apart from the hospital room, most convents had also a pharmacy and an inpatient room. The order offered their surgeons and hospital attendants; medical care was usually provided by contracted local (town)

---

were a part of the Germanic province which incorporated the lands of the Habsburg monarchy as well as the German Empire. Watzka. Der Hospitalorden des Heiligen Johannes von Gott in der Habsburgermonarchie 1605–1781. In SPECHT and ANDRASCHEK-HOLZER. *Bettelorden in Mitteleuropa. Geschichte, Kunst, Spiritualität*. St. Pölten 2008, s. 111-115; BOGAR. *Milosrdní bratři*. Praha 1934, p. 54.

27 Magyar Nemzeti Levéltár Országos Levéltára (further on MNL OL), fond C 39 Acta fundationalia (further on only f. C 39), LAD. C., fasc. 35.

28 *Festschrift aus Anlass des Zweihundertjährigen Bestandes des Krankenhauses und des Konventes der Barmherzigen Brüder zu Eisenstadt*. Eisenstadt 1960, p. 23.

29 MNL OL, f. C 39, LAD. C., fasc. 35; LAD. C, fasc. 51.

doctors. Patients, exclusively men, came mostly from the lowest levels of the town community, with a significant majority of labourers, coachmen, servants, journeymen, and apprentices. In terms of confession, they were Catholics in the majority; non-Catholic confessions constituted only a negligible per cent of the total number of hospitalised persons. Although the rules of the Brother of Mercy order maintained treatment was to be provided to the poor regardless of their confession, evangelical patients did not seek the hospitals on purpose as they were worried about being subjected to pressure to convert in a charitable institution supervised by the Catholic Church.[30]

Maria Theresa considered the monastic hospitals rather ecclesiastical and charitable, not healthcare institutions, and thus did not include these facilities in her extensive healthcare reform. As the Brothers of Mercy were a mendicant order, they had to face the consequences of the empress´ church reforms which influenced not only the alms collecting or monastic life but also their healing activities. The state authority of the Theresian period did not perceive the exclusively curing character of monastic hospitals positively; they used to reproach the friars for admitting only the short-term or long-term patients who possessed some allowance or were recommended by an influential benefactor. The state maintained that the friars were to provide care equally to the old as well as mentally or physically disabled. Each convent was requested to establish two separate hospital rooms for the ill and for recovering patients and should a need arise also a room for infectious patients. The friars were also criticised for neglecting care for the poor in town spitals which were rather numerous in the Kingdom of Hungary, and as a rule, mismanaged. Instead, the friars were building public churches and opulent, comfortable convents, where only one room was intended for the patients. Provincial superior Ferdinand Schuster tried to explain to the Council of Lieutenancy and the empress that there was a major difference between traditional Hungarian spitals and their hospitals. He maintained that the spitals in Hungarian cities and towns were to provide long-term care for aged inhabitants of both genders, including persons with hearing impairment, mental disorders, or simply, people suffering from various illnesses. Their hospitals were, as defined by the rules of the order, intended only for the ill, who could recover during a short-term hospital stay thanks to appropriate treatment. The provincial superior claimed it was impossible to take care of the patients in three separate hospital rooms, especially under current circumstances

30 For history of the hospitals established by the Brothers of Mercy in the Kingdom of Hungary in more detail see KUŠNIRÁKOVÁ. Die ungarischen Konvente der Barmherzigen Brüder in der Konfrontation mit den Aufklärungsreformen der Maria Theresia und des Josefs II. In JELÍNEK. *Germanische Provinz des Hospitalordens des Hl. Johannes von Gott bis 1780. Teil I*. Cieszyn 2018, p. 173-198.

when the convents were ordered to decrease the number of friars and limit alms collecting. In his opinion, this measure was financially strenuous, yet completely meaningless, as he maintained nobody had ever got infected in their hospitals. He declared that the most efficient prevention measure against contagion spread was to separate the rooms by curtains and regular airing of premises.[31] Despite pressure from the state authority, the Brothers of Mercy defended the healing character of their hospitals and more-or-less withstood also the consequences of ecclesiastical reforms of Maria Theresa. However, the convents failed to build up a separate room for recovering patients, referring to a lack of funds; or they took too long to create such premises.

During the reign of Joseph II, the Brothers of Mercy, similarly to other religious communities which had not been cancelled; had to face not only numerous interventions in their charitable and pastoral activities targeting the general public, as well as interventions in the very essence of their religious life. Joseph II´s decree that each convent should establish several separate rooms for mentally ill priests and friars represented a significant and long-term intervention in the everyday routines of their hospitals. As a consequence, the wards for mentally ill were de facto established at the convents, featuring a couple of beds, which, taking into consideration contemporary possibilities, rather served for isolating mentally ill patients from the outer world, in other words, their life-long confinement in most cases, without providing any actual therapy. The Brothers of Mercy admitted to this ward also lay persons that were willing to pay relatively generous sums for having been hospitalised.[32] Brothers of Mercy hospitals had thus become the very first healthcare facilities in the country providing any type of care to psychiatric patients.

At the time of Joseph II, the general milieu where the Brothers of Mercy and Sisters of Saint Elisabeth functioned strikingly changed. The sovereign revoked from both orders their exclusive privilege to provide institutional healthcare, while creating a competitive entity in the form of general hospitals that were employing secular health care professionals. Thus, the emperor set a precedent that was later followed by town and county administrations which decided to establish hospitals within areas under their authority. At the turn of the 18th and 19th centuries, the very existence and functioning of hospitals were still connected with religious orders mainly. At that time, the Brothers of Mercy were appointed to run a newly established hospital in Skalica (1796), Pécs (1796), and Buda (1815), whereas the Sister of Saint Elisabeth settled in Buda in 1785, having been granted Joseph II´s approval.

31 MNL OL, f. C 39, LAD. D, fasc. 14.

32 Archív mesta Bratislavy, f. Bratislavské kláštory, Milosrdní bratia, Knihy, Historia domus (1672–1948), fol. 138.

General hospital of Josephian type and university clinic in the Kingdom of Hungary

Two essential impulses contributed to the development of hospitals in the Habsburg monarchy as well as in other European countries – a university clinic and a general hospital. However, these two factors wielded no influence over the situation in the Kingdom of Hungary. A general hospital of Josephian type which would merge several specialised charitable and healthcare institutions under the state authority supervision, had not been established yet and no actual plans had been prepared to proceed to such an action. The reason most probably was that Joseph II decided to change the country´s capital in 1783. Bratislava, the country centre until then, featured a relatively wide range of financially stable charitable institutions, especially in the Hungarian context; and these institutions possessed the property that might have served as equity for a future general hospital, although with lower capacity than in other towns of the monarchy. Buda re-obtained the capital city status after 250 years, however, it had been only a smaller, not particularly significant regional town until 1784. Property of charitable institutions that had existed in the town could thus not cover costs for establishing and running an institution of major importance.

In contrast to other European countries that had boasted a long tradition of medical university education since the Middle Ages, the first faculty of medicine was established at the University of Trnava by Maria Theresa as late as in 1769, with the education process commenced a year later. Practical training should have been provided by a local spital, a small, traditional, charitable institution, featuring 12 beds; which was quite unsuitable for the desired purpose.[33] In 1777, Maria Theresa decided to relocate the whole university to Buda where two rooms of a local spital were allocated to the university clinic. However, the conditions for practical courses for medicine students were equally unsuitable as in Trnava.[34] The university did not linger in Buda for long as it relocated to Pest in 1786, where the question of a new university clinic re-emerged. Joseph II´s mandate from June 7th, 1786 decreed to establish a medical-surgical clinic for students of medicine, together with a town spital in a former convent of Poor Clares. Costs for building and operating the clinic were to be covered by the spital´s resources.[35] This followed the same pattern of practical medical education as had already been established in hereditary lands, where, by sovereign´s order, clinics were being founded under general hospitals and also funded from their

33 BOKESOVÁ-UHEROVÁ. *Lekárska fakulta Trnavskej univerzity*. Bratislava 1962, p. 33.

34 GÁRDONYI. A Rókus-kórház s a régi pesti kórházak. In *Városi Szemle*, 1929, vol. 15, n. 5, p. 985.

35 LINZBAUER. *Codex sanitario-medicinalis Hungariae. Tomus III., sectio1*. Budae 1853, p. 253-254.

incomes. Once it was disclosed that the convent of Poor Clares had already been utilised for a different purpose, a new mandate was issued on August 16th, 1786, ordering to establish a clinic for medics in a building of the faculty of medicine. Establishment and operational costs were covered by a university fund. The clinic featured 16 beds for the ill and four for recovering patients.[36] Its capacity was gradually growing, thus in 1821, it had already consisted of a department of internal medicine with six beds for men as well as women; a department of surgery consisting of an operation theatre, and a room with eight beds, where women were admitted for one term and men for another. The clinic also featured an ophthalmology department with six beds and a maternity hospital with 12 beds. This department was not only *"a practical school"* for obstetrics but also *"a shelter for fallen girls where they could get rid of their tiresome burden and thus preserve at least the remnants of their former fortune – at least the image of honour"*.[37]

General town hospitals

Charitable institutions which had been emerging in Hungarian towns since the Middle Ages were usually not intended for the poorest town inhabitants but rather for those townspeople who had lost their property, yet still had their domicile in the town, had worked there for a set period and paid their taxes. In some towns, apart from spitals, there were also infirmaries, originally intended for isolating persons infected by plague. Once plague epidemics passed, the infirmaries served as shelters for the poorest town inhabitants, including ill strangers. The infirmaries traditionally offered a significantly lower standard of care than the spitals, although both institutions were able to provide their inmates with medical treatment or required medication. Archival sources suggest that in the last decades of the 18th century, some town elites representatives had already realised the difference between a hospital and a spital; in some spitals, they distinguished two categories of admitted persons – elderly, physically disabled poor people unable to work who were to be provided for long-term; and the poor ill who had been admitted for short-term treatment.[38] In the 1780s, under the influence of contemporary theoretical concepts and pressure asserted by the court in Vienna, the number of short-term hospitalised patients strikingly exceeded the number of permanent patients. However, these institutions still could not be referred to as hospitals as they were not divided into actual departments according to diverse types of diseases. Besides, they lacked hospital attendants completely.

36 Ibidem, p. 289-291.

37 SCHAMS. *Vollständige Beschreibung der königlichen Freystadt Pest in Ungern*. Pest 1821, p. 317-319.

38 Budapest Föváros Levéltára (further on BFL), IV. 1202 Pest város tanácsának iratai. Int. a. a. 4852.

The first "modern" hospitals were established in Hungarian towns in the late 1790s, especially under the pressure of the state authority, therefore all the major Hungarian towns had already had their hospitals until the revolution in 1848/1849.[39] The foundations were initiated by municipal authorities, town doctors, and sometimes also by various associations (Szombathely). Depending on local circumstances, the hospitals emerged either as new independent institutions (Székesfehérvár, Košice), new wards within already existing charitable institutions (Szeged), or via transformation, especially from infirmaries (Sopron, Bratislava). In many Hungarian towns, the foundation of a new hospital was interconnected with the construction of a new spital building where subsequently both institutions, spital, and hospital, co-functioned under the same administration but with separate premises and funding.[40] Institutionally as well as premises-wise, the separation process took as long as the establishment of unified terminology to label them. The term *xenodochium* was used in official communication, at that time still predominantly written in Latin, to express both the spital as care-providing institution and the hospital as a treatment-providing facility. A hospital was also described as *lazaretum*, *infirmarium* and *nosocomium*; for spital also *ptochotrophium* was used.[41] In contemporary periodicals and the "promotional" occasional press published in German in particular, the word *Spital* denoted both hospital and "traditional" care-giving institutions. Hospitals were frequently referred to as *Hospitale*, *Krankenhaus*, and *Krankenanstalt*; whereas spitals were labelled as *Hospitale*, *Versorgungshaus*, or *Siechenhaus*.

As a rule, years had passed since the intention to establish a hospital was proclaimed until the facility was actually opened, sometimes even a whole decade. Several issues were posing an obstacle: the disapproving attitude of some of the local burghers, and substantial monetary expenses to establish yet another charitable institution in a town. It was also demanding to ensure sustainable funding long-term. Hospitals´ operating costs were much higher than those of spitals as the hospitals aimed to maintain much higher cleanliness and hygiene standards as well as better quality of food and staff. Hospitals´ capacity and their internal organisation were dependent on a decision of a founder, the

39 This part of the study is based mainly on various reports and records in the contemporary press, namely *Pressburger Zeitung*, *Vereinigte Ofner-Pesther Zeitung* and *Adler*; statutes of hospitals in Szombathely, Kőszeg, Sopron and Košice; and published annual reports of some of the hospitals. For the first complex overview on hospitals in the Kingdom of Hungary see [LINZBAUER]. *Statistik des medicinal-Standes der Kranken- und Humanitäts-Anstalten, der Mineralwässer, Bäder, Trink- und Gesundbrunnen von Ungarn*. Wien 1859.

40 For instance Pest (1798), Esztergom(1839), and Svätý Jur (1841).

41 In official correspondence related to establishing of the Saint Roch Hospital in Pest in the 1790s, the hospital was referred to as *xenodochium* and spital *ptochotrophium*. At the same time, it was decided that the building of infirmary would be adapted for spital and hospital in Sopron. Relevant sources refer to the spital as *xenodochium* and the hospital as *infirmarium*.

numbers of the town population, and especially on their financial possibilities. Some hospitals featured only a couple of beds when they opened but thanks to the support provided by townspeople, this number was gradually increasing. Organisation-wise, the facilities were divided into male and female parts which were subsequently divided into departments of internal medicine and surgery. Most hospitals featured also small maternity wards and when the budget allowed, a couple of rooms were singled out for people suffering from mental disorders or women who had contracted syphilis.

The hospitals were usually managed by a committee consisting of municipal authority officials, representatives of elected municipalities, municipal doctors as well as other local elites representatives, while the municipal authorities usually reserved the right to decide all substantial issues of their existence as well as to check their financial management. By the right of patronage, funding and hospital activities could have been monitored also by a sovereign and Council of Lieutenancy, however, these authorities had already rescinded their rights at the end of the 1790s. A municipal doctor was usually in charge of professional guidance and together with a town surgeon, they supervised the treatment of hospitalised patients. Both worked at the hospital alongside their other duties which were related to their position of a municipal doctor/ surgeon. Both were employed and paid by the town treasury. Only some major hospitals had their own doctor or surgeon, sometimes even more than one of each. Patients were taken care of by hospital attendants, both men and women, who, however, were not really trained: their sole qualification was sufficient physical fitness, together with the required language skills, needed for communicating with patients. Apart from the hospital attendants, there was servicing staff including a caretaker, cook, janitor, and washerwomen; its size and structure corresponded with the capacity and financial possibilities of individual institutions.

Town hospital funding in Hungarian towns was independent of the town treasury and relied on several pillars. The base was the invested (loaned with interest) capital, which was put together from foundations, donations, funds bequeathed via last wills, and, mostly, fundraising by the local population. These campaigns were organised in such a manner that it was actually rather difficult for the inhabitants to avoid them. Payments by patients ineligible for free treatment represented yet another source of income. A fixed daily fee for hospital stay was covered either by patients themselves or it was covered for them by individual guilds, or, in the case of servants, by their employers. Some guilds even paid a fixed annual fee to the hospitals, which enabled them to place in a hospital set number of their ill members, most frequently journeymen. There were three fee tiers in most hospitals which corresponded with a particular standard of provided accommodation and care. However, treatment was supposed to be equal for all

patients. Revenues from charitable events such as balls, concerts, theatrical performances, or lotteries represented a supplementary source of income. Municipalities used to contribute with revenues from some of the town taxes, fees, or fines; less frequently, they even introduced annual allowance from the town treasury.

All the hospitals founded in the Kingdom of Hungary during the discussed period, regardless of their founder, were intended for the ill poor, who were unable to get appropriately cared for and treated in their home environment due to the poverty of their families or missing familial connections. In contrast to other contemporary charitable institutions, hospital admittance should not have taken into consideration age, gender, confession, or domicile. However, it was still expected that "local" patients would be prioritised over "alien" ones. Moreover, religious tolerance was related only to believers of Christian confession.

There was another prerequisite for the hospital admittance: the disease in question had to be curable by contemporary medicine or there had to be at least hope to improve the patient´s condition to the extent that they would be able to return to their usual routines. Chronically or terminally ill patients were at once excluded from the admission process, usually regardless of their financial situation. It was primarily up to the resident doctor to admit a patient; in the case of non-paying persons, a confirmation of their poverty, or approval of a relevant town representative. Concerning patients´ occupational status, there were mainly servants, journeymen, and poor craftsmen in the first Hungarian hospitals.

First general town hospitals in the Kingdom of Hungary – Case studies

Saint Roch Hospital in Pest

The oldest and also the biggest town hospital in the Kingdom of Hungary was the Saint Roch Hospital in Pest which the municipality started building in 1781 by a plague chapel of the same name, located in the outskirts, as a typical spital – a charitable institution for various categories of somehow disadvantaged persons. Since they had commenced the construction without sufficient funding, it was progressing extremely slowly. This, however, enabled the state and the city to repeatedly intervene in the project; and influence the future character of the institution as well as its capacity. In the following year, the city actually wanted to back out from the construction and obtain a disbanded convent of Poor Clares for the spital.[42] Once this plan failed, the municipality adopted the plan of Doctor Ferdinand Stipsics to build a spital with a hospital with 175 beds in total by the Saint Roch Chapel.[43] In 1788, Joseph II commanded to merge the

42 BFL, IV. 1202 Pest város tanácsának iratai. Int. a. a. 6392.

43 GÁRDONYI. A Rókus-kórház s a régi pesti kórházak. In *Városi Szemle*, 1929, vol. 15, n. 5,

spitals of Pest and Buda with a workhouse in Pest and thus create an institution resembling the general hospital in Vienna. The concept of a new spital by the Saint Roch Chapel was to be abandoned completely.[44] When Joseph II died, most custodians of foundations in the Kingdom of Hungary requested renewal of the conditions as they had been before he ascended the throne. The Pest municipality was no exception, requesting already as early as in March 1790 to be granted a permission to continue the construction of the spital as designed by Stipsics´ project from 1787.[45] In the end, it was up to Emperor Francis II to pass the final decision on the construction in process which materialised only on July 14th, 1794.[46] At the request of the town and the recommendation of the Lieutenancy Council, the construction was ordered to be completed, to house both the spital and town hospital. Discussions regarding what the future hospital would look like were all based on a project of municipal doctor Michal Haffner which had been published in 1793.[47]

Even though the initiative to build a municipal hospital came from the town itself, a significant part of its representatives were not in favour of this concept; they were actively trying to hinder or at least postpone the realisation. Opponents of the hospital maintained operation costs would soar and thus become a burden for town inhabitants. Secondly, there were concerns that the institution would be open for non-local persons, which would attract the poor from wider surroundings, and the city would end up taking care of the "alien" poor instead of their "own." In the attempt to eliminate municipality representatives´ obstructions, the state authority appointed Anton Zirty, Royal Commissary, and the Lieutenancy Council Secretary, to oversee the construction as well as its funding and he assumed his position very energetically and responsibly. Zirty established a committee that he himself chaired, and that decided all issues related to the construction and further equipment of the building, including capital and interests of foundations that were to be used for this purpose. To discourage the municipality from further complicating the committee´s work, acting in contradiction to its decisions, or intervening in its competence, Zirty proposed to rid the municipality of practically all its discretionary powers. Thus, the municipality would be only able to express their opinion on the committee´s proposals and pass their views further on to the Lieutenancy Council to decide.[48]

---

p. 991.

44 MNL OL, fond A 39 Acta generalia (further on f. A 39), 7648/1794.

45 MNL OL, f. A 39, 7648/1794.

46 MNL OL, fond C 80 Departamentum fundationum saecularium oeconomicum (further on f. C 80 oeconom.), 1795, f. 1.

47 HAFFNER. *Versuch eines Vorschlages an dem Magistrat und das Publikum der königlichen Freystadt Pesth zur Errichtung (...) eines (...) Krankenspitalles*. Pest 1793.

48 MNL OL, f. C 80 oeconom, 1795, f. 1.

Although the committee and the municipality were theoretically pursuing the same goals, their cooperation was complicated and problematic. Regardless of authority and competence the municipality was to possess, Zirty was adamant about asserting his proposals, aiming to obtain missing funds to build up and permanently secure the existence of a new charitable institution in the town. Thanks to the support of the state authority, he succeeded in eliminating objections of the municipality and advanced his own solutions which enabled the construction to proceed as desired. On August 30th, 1796 the foundation stone was laid again. Consecration of the new hospital and poorhouse took place on May 28th, 1798.[49]

The newly open institution featured 237 beds, including 16 for persons from Pintér´s foundation, 43 beds for spital, 88 for non-paying, and 80 for paying patients and expectant mothers. A place in the standard room cost 12 kreuzers/day, whereas a premium room (two or three patients a room) bed cost 30 kreuzers. Should a person have requested their own room, it cost 1 florin. Both paying and non-paying patients were to be accepted only once their ailment had been classified as a curable one. As the hospital had been predominantly established for town inhabitants, the municipality took for granted that persons originating from Pest or those who had obtained the domicile after having spent at least ten years in the city would be preferred at the admission in case of both paying and non-paying patients. To maintain public order and health, or out of charity, the hospital was to admit also paying or non-paying "strangers", provided there was an unoccupied bed and their disease was curable. To ensure as low number of non-paying strangers as possible, the hospital could admit only the ill and women-in-labor in utter need, helpless, and in a life-threatening situation. The local poor, unable to cover treatment expenses had to present a testimony from an owner or caretaker of the house where they lived to a burgomaster. Journeymen could be admitted only under the condition that their guild had agreed to pay the daily fee of 12 kreuzers. Servants of Hungarian nobles living or working in Pest without a domicile in the city were to be admitted at the expense of their employer whereas those with a domicile could be admitted even free of charge. When the noble employers "forgot" to fulfil their unwritten duty and refused to take care of their ill servants, the hospital was obliged to treat them free of charge.[50]

A statute prepared by Doctor Haffner served as a basic framework for the existence and activities of Saint Roch Hospital, approved also by the municipality and the Council of Lieutenancy. The director (head physician) was accountable

---

49 HOLLÁN. *Adatok és szemelvények a Szent Rókus Közkórház és fiókjai alapításának és fejlődésének történetéből*. Budapest; [Pécs] 1967, p. 29.

50 PURJESZ. *Beiträge zur Geschichte der Gründung des Sankt-Rochusspitals im XVIII. Jahrhundert*. Budapest 1914, p. 25-29.

for professional aspects and the caretaker (house inspector) accounted for the economic and financial agenda. The head physician was superior to a surgeon, their two assistants, a pharmacist, a midwife, and eight attendants – four men and four women. The institute was also supposed to employ a chaplain, a scribe, two servants, and a janitor. Board, laundry and cleaning were to be contracted via selected suppliers. The municipality as a founder was obliged to oversee economic activities at the hospital and look after its financial affairs (capital investment, collecting interests, record keeping of last will bequests). Since a sovereign and thus also the Lieutenancy Council wielded the highest patronage authority over all foundations in the country, they reserved also the right to oversee activities at the hospital. As the agenda was rather extensive, the municipality established a special committee, chaired by the hospital director, with a municipal accountant, head surgeon, caretaker, tribune of people, and two burghers.[51]

Town hospital in Sopron

At the same time as in Pest, the state authority was considering establishing a hospital in Sopron. At the end of the Early Modern Age, there were two independent charitable institutions in the town: a spital for old, impoverished burghers within the walls of the town and an infirmary in the outskirts where they admitted the poor suffering from various diseases, including mental disorders. In January 1793, the municipal physician, appealing also to the *"healthcare police"* recommended the state authority to close down the spital, expand the infirmary, and build up separate premises for both the spital and town hospital. As it was presumed that the project realisation would be lengthy, a larger space was to be singled out for the ill within the existing spital for an interim period to separate contagious patients from non-infectious ones, and acutely ill from those in recovery. In an attempt to decrease the pressure on both institutions, the Council of Lieutenancy ordered to admit only truly poor people with no other option to obtain the care. Servants and journeymen admitted to the hospital or infirmary for short-term treatment were not to be considered persons in utter need. They were supposed to pay for their stay and treatment, or this was to be done by their master or employers. The municipal physician and surgeon were to take care of patients in both institutions, examine them regularly, prescribe suitable medication and once they recovered, they would discharge them at the earliest opportunity.[52] Both the project and budget of infirmary reconstruction were being prepared for more than two years until Emperor Francis II declared

51 *Topographia Nesocomii et Ptochotrophii Regio-Civilis Pestani ad Sanctum Rochum*. [Pest] 1798.

52 MNL OL, f. C 80 oeconom, 1798, f. 19.

his final decision to adapt the infirmary building to the needs of the spital and hospital by his mandate from August 17th, 1795. Since anticipated construction nor operational costs were yet not sufficiently financially covered, the missing means were to be obtained via fundraisers and donations from local inhabitants. The municipality and local priests were instructed to keep convincing their flock about the necessity of establishing such an institution and encourage people to be generous. Burgomaster Ignác Ernst was appointed by the Council of Lieutenancy to supervise the construction and reported back to the Council and was fully under its control. The decision to establish the hospital in Sopron encountered, similarly to Pest, the resistance of a major part of the burghers´ community. Town representatives pointed out the two institutions were of the very different character and were providing differing standards of care. In other words, they insisted on keeping them independent.[53] The state authority, however, did not agree with views of the burghers that conditions suitable for an infirmary/ hospital did not comply with the requirements of a spital; the state authority pressed to enforce the original decision.[54] Despite various complications and obstacles posed by the town representatives, I. Ernst succeeded in completing the construction in the autumn of 1797. However, it opened only in the following year.[55]

The dissenting stance of the municipality as well as of municipal doctors to the establishment of the hospital was fully reflected in its functioning and management. The Lieutenancy Council counsellor Jozef Klobusiczký visited the facility shortly after opening and in his report from August 21st, 1798, stated that in comparison with the former spital, conditions had not changed at all. In his opinion, the building was dirty, neglected and as run-down as the spital in the past. The facility which claimed to be a hospital had no doctor, surgeon, caretaker, or accountant. He even did not meet any female hospital attendants who allegedly worked there. The whole institution was run by a carpenter who clearly possessed no sufficient skills to do so. There were no wards at the hospital and the ill were placed in their rooms regardless of their diagnoses. As Klobusiczky claimed hospital patients were doing worse than if they had actually got their treatment elsewhere. Internal equipment did to correspond with published purchases; bed linen was either not used or was so damaged and so filthy after a relatively short time that it was even disgusting to look upon. Klobusiczky presumed that conditions in the facility would not improve unless some "external" help would intervene, since the municipality nor local doctors

53 MNL OL, f. C 80 oeconom, 1795, f. 39..

54 MNL OL, f. C 80 oeconom, 1796, f. 10.

55 MNL OL, f. C 80 oeconom, 1797, f. 13; 1798, f. 19.

were in favour of its existence. Therefore he suggested inviting Doctor Haffner to Sopron so he could propose some reorganisation based on his Pest experience, in cooperation with the municipality and bearing in mind local circumstances.[56]

Town hospital in Košice

As the state authority basically gave up managing local care for the poor in the Kingdom of Hungary at the turn of the 18th and 19th centuries, municipal hospitals emerged in the following years fully under the direction of municipal authorities and elites. In towns, where there were no foundations intended for such a purpose nor any other resources, and all necessary means to build and run this type of facility were to be yet obtained, the process of establishing a hospital was much longer and more complicated. One of such examples was also Košice. A project of a local hospital was first initiated in 1812 by burgomaster Ján Fülöp and burghers even established a committee to coordinate fundraising and supervise the construction. One year later, the municipal authority provided also the plot of land free of charge, and the foundation stone was laid down in 1814. However, construction works commenced only as late as in 1824 to be completed in 1831. Saint Trinity Hospital´s opening ceremony took place on November 1st, 1831.[57] At that time, the hospital did not possess any financial funds that would cover expenses resulting from treating non-paying patients. Founders did not provide the hospital with any capital from their own foundations; they merely paid the hospital interests from their foundations, which entitled them to place at the hospital a pre-agreed number of patients, while most of them pre-paid one bed. Resources to cover the treatment of non-paying patients were obtained from New Year inventories,[58] charitable theatrical performances, donations, and fund raisers. Servants, apprentices, and journeymen were being admitted upon a written request issued by their employers or masters who also pledged to pay for their treatment. Only poor inhabitants of the town and its outskirts were to be provided treatment as non-paying patients, once they had presented a confirmation of their poverty. The same applied to travelling individuals who had got ill during their journey and had no means to provide for themselves. Chronically ill patients were by no means eligible to be admitted. Due to the hospital´s financial difficulties, the fee for one bed in a standard (shared) room

56 MNL OL, f. C 80 oeconom, 1798, f. 19.

57 JIROUŠKOVÁ. Mestská nemocnica v Košiciach v minulosti. In *Z dejín vied a techniky na Slovensku*, 2000, vol. 18, p. 25-27.

58 The list of burghers who donated for the hospital instead of having purchased printed New Year greeting cards. Financial contributions, in addition to purchasing printed New Year greeting card or revenue from selling charitable New Year wishes, were an important source of income of many charitable institutions in the Kingdom of Hungary in 19th century.

was as much as 50 kreuzers for town inhabitants and for "strangers" 1 florin and 30 kreuzers which was significantly higher than in other Hungarian hospitals.[59]

Confessional, association, and occupational hospitals

Confessional hospitals

Municipal hospitals which were emerging in Hungarian towns since the end of the 18th century were usually defined by their founders as supraconfessional Christian institutions, open to poor patients regardless of their confession. However, in reality, most of them were actually Catholic charitable institutions, featuring a Catholic chapel, a Catholic chaplain who was paid by the institution itself; as well as observing the Catholic calendar of feasts and fasts. On the other hand, Catholic confession was not an admission requirement. Non-Catholics were not discriminated against upon admission and they were not exposed to direct pressure to convert. They were also entitled to request the presence of their own priest. Although the religious dimension was as crucial for hospitals as for other charitable institutions, non-Catholic confession representatives, including those of the Jewish community, took advantage of religious liberalisation under Joseph II and started founding their own healthcare facilities. Due to soaring expenses related to the foundation and further funding of facilities, most confessional institutions established in the first half of the 19th century were rather shelters for the poor and ill than actual healthcare facilities. These hospitals emerged and also long-term remained in small, rented premises, without independent departments for different types of diseases, with a limited number of beds and members of staff. Similarly to the majority of contemporary Hungarian hospitals, these facilities employed a contracted doctor and surgeon, who used to come at the agreed time to examine and check their patients. Besides, the ill were further cared for by hospital attendants who administered prescribed medications.[60]

Most of the hospitals defined by a confession were founded by the Jews, as their confession posed an obstacle to being admitted to other healthcare facilities in the country. However, a Jewish hospital founded in Pest in 1805 gradually became one of the biggest facilities in the Kingdom of Hungary thanks to numerous and also well-off members of the local Jewish community. After having

59 *Statuten des zur heil. Dreifaltigkeit genannten allgemeinen Krankenhauses in Kaschau, in hinsicht der in dasselbe aufzunehmenden Kranken*. Kaschau 1831.

60 A basic overview of evangelical and Jewish hospitals in the Kingdom of Hungary as of the end of the 1850s is provided by the above mentioned work by X. F. Linzbauer *Statistik des medicinal-Standes der Kranken- und Humanitäts-Anstalten (...)*. Although this book brings a significant factographical contribution, sometimes it is impossible to distinguish whether the facility in question was a poorhouse or a hospital, as Linzbauer refers to both institutions as *Spital*.

initially resided in rented premises, it relocated to a new, own building with 50 beds in 1841. Since the institution did not have any financial funds, non-paying patients´ treatment was covered by allowance provided by the Jewish charitable association and individual donations.[61] An evangelical hospital in Bratislava was the oldest and for some time also the biggest evangelical healthcare institution in Bratislava. In the beginning, there was only one room featuring two beds for ill female servants, established in 1807, three years later supplemented by another room with four beds for ill journeymen. In 1827, the church committee rented new premises for the hospital that featured five beds for men and women as well as a separate room with two beds for patients with contagious diseases. In 1846, the capacity increased to 22 beds, with two beds intended for students of a local evangelical lycée.[62]

Association hospitals

Charitable associations´ influence on modernisation, professionalisation as well as specialisation of the care for the poor in Hungarian towns was apparent also as far as hospitals´ foundations and operation were concerned. Female associations in Pest and Buda, which actually initiated a modern tradition of merging, founded in 1817 an ophthalmologist clinic specialising in cataract surgeries, apart from having also founded some other charitable institutions. The institution resided in rented premises, was open from spring to autumn and performed approximately 20 operations annually. When presenting their activities publicly, both associations emphasised the charitable as well as medical dimensions of their efforts. Cost-free surgeries of poor persons with cataracts were aimed to preserve people´s ability to work and provide for themselves which was considered not only for the patients and their families but also for the "state" or "public welfare". A close relationship with the faculty of medicine enabled students to get their practical training in ophthalmology here which was undoubtedly the added value of the facility.[63]

Besides, the cooperation of associations of Hungarian nobles and municipal elites resulted in establishment and functioning of the very first children hospital in the country. Influenced by the contemporary wave of children´s hospitals foundations in various European cities, counts František Urményi and František Szapáry, initiated fundraising to establish a similar facility in Pest in 1839. The founders maintained that the hospital was to assist in decreasing the death rates

61 SCHLESINGER. *Medicinische Topographie der königlichen Freistädte Pesth und Ofen*. Pesth 1840, p. 160-162.

62 PEKAŘOVÁ. Starostlivosť o chorých v evanjelickom spoločenstve na dnešnom území Slovenska v 19. storočí. In PALUGA and REPÁSOVÁ. *Sociálna a zdravotná starostlivosť v premenách čias*. Bratislava 2018, p. 42.

63 SCHAMS, *Vollständige Beschreibung*, p. 316-317..

of children in the country, not only by treating poor people and raising public awareness but also by creating opportunities for medicine students to obtain practical experience in children´s disease treatment. Although the foundation process usually took years or even decades in the towns of the Kingdom of Hungary, in this case, thanks to the support of Hungarian nobility, it took mere weeks to establish an association with numerous members and obtain sufficient funds to open the hospital in rented premises.[64] Statutes of the association declared that the facility was intended for ill poor children up to the age of 13, regardless of their place of birth or confession. Only the children suffering from chronic or long-treatment-requiring diseases were exempt from this rule. Small children could be admitted with their mothers or wet nurses.[65] Although most of the patients came from Pest, Buda, and their surroundings, children suffering from rare diseases or in need of urgent, life-saving surgery were being brought from all over the country. Being under the auspices of noble supervisors, membership contributions, numerous charitable events, and continuing promotion in the local press, the association managed to increase the number of beds for non-paying patients from 12 to 19. In 1845, they even commissioned a construction of a new purpose-built construction for the hospital. Apart from the ward for poor, non-paying children featuring 20 beds, these premises included a smaller ward with 10 beds for paying child patients.[66]

Besides, three neighbouring towns, namely Szombathely (1823),[67] Sopron (1827),[68] and Kőszeg (1833) established their association hospitals in the first half of the 19th century. In contrast to Pest, local associations did not establish specialised hospitals or clinics. Except for Sopron, these were rather institutions that were substituting for a missing general town hospital. Since there had already been a municipal hospital in Sopron for a couple of decades, the local association established a healthcare facility for poor servants and journeymen. Charitable associations in all three towns, similar to the association in Pest, managed to secure funds for founding and running their hospitals faster and in a more efficient manner than the municipalities of many Hungarian towns. In contrast to municipalities, the associations succeeded in getting more decisive support for their hospital projects from local nobility; their advantage was also

64 *Vereinigte Ofner-Pester Zeitung*, n. 55, 9. 7. 1840, p. 642-643; *Vereinigte Ofner-Pester Zeitung*, n. 72, 9. 9. 1840, p. 872-873.

65 *Statuten des (...) Pesther Armen-Kinder-Spiralvereins*. Pest 1843.

66 HÜGEL S. *Beschreibung sämtlicher Kinderheilanstalten in Europa*. Wien 1849.

67 *Statuten des Philantropischen Vereines, (...) in der privil. Stadt Steinamanger, zum Wohl der leidenden Menschheit die Errichtung eines Krankenhauses boabsichtiget*. Steinamanger 1825.

68 *Den Statuten der Oedenburger Kranken-Anstalt für arme Handwerksgesellen und Dienstboten zu Folge (...)*. [S.l.] : [s.n.].

a regular income from membership fees, foundations and last will bequests. In addition, they had more possibilities to throw charitable events with the potential to achieve high profits. All three associations opened their hospitals shortly after the foundation itself and in several years, all the facilities relocated from rented to own premises.[69] Considering their founders and way of funding, these association hospitals usually admitted mainly servants and journeymen of their members and supporters; treatment of other patients needed to be covered by their employers or masters.

Occupational hospitals

Mining, in the majority a part of the state property, was the first industry that started considering establishing something the modern language would call a company hospital or a hospital for employees. In the mining area of Central Slovakia, they were planning to found a spital for old and ill miners as early as in the mid-17th century, however, this intention partially materialised only at the beginning of the 1730s. Since the mid-18th century, official mining doctors presented their proposals to establish a "modern" hospital with appropriate capacity; an idea which was supported also by the work of T. Z. Huszty due to an abundance of diseases threatening those working in the industry.[70] At the beginning of 1780s, the Court Chamber even discussed a project of Doctor Ján Juraj Hoffinger to establish a hospital in Banská Štiavnica for miners from Chambers of Banská Bystrica, Banská Štiavnica and Kremnica. However, this concept was abandoned in 1786. Hoffinger´s proposal at least received some state funding to upgrade equipment and expand the capacity (from 8 to 12 beds) in Štiavnické Bane spital. After the reorganisation, the spital became a hospital featuring three rooms. One of them was intended for patients with internal medicine or surgical diseases, the second for persons with mental disorders, and the third for office hours and surgical operations. The hospital did not have own doctors as the duty to treat local patients was upon a doctor and surgeon of the mining chamber. Hoffinger prepared a detailed statute for the hospital which served as a basic framework for its functioning and thoroughly defined duties of all its employees.[71]

---

69 The Szombathely hospital featured eight beds for non-paying patients and four for paying patients in 1834; the association for poor servants and journeymen in Sopron ran, as claimed by its statutes from 1840, a hospital with 18 beds. Besides, the association was covering the costs related to maintaining 8 beds for patients with contagious diseases in a local spital. The association in Kőszeg completed the construction of the second floor of the hospital building in 1841, thus increasing its capacity to 50 beds.

70 HUSZTY, *Diskurz über die medizinische Polizei*, p. 498.

71 KRCHNÁKOVÁ. Zdravotnícke zariadenie pre baníkov v banskoštiavnickom regióne – rea-

Industrialisation, the concentration of higher numbers of labourers in one place, and dependence on developing Hungarian industry and transport of workforce from abroad triggered the emergence of company or employees´ hospitals also in the private business sector. The first hospital of this type was established in 1840 by the Danube Steamship Company in a labourers´colony by its docks in Buda. According to contemporary press, there were approximately 600 workers employed in workshops of the docks who created *"a small English colony"* there, which was probably a reference to the country of origin of a part of them.[72] Other "employees´" hospitals emerged mainly in connection to building up roads and particularly railway networks. There were numerous labourers from wider surroundings as well as abroad working on work and railway constructions in difficult, even dangerous conditions who had nobody to take care of in case of an illness or injury. One of the examples of such a facility was a hospital established by the Italian construction entrepreneur Felix Tallachini who managed to obtain several state commissions in transport infrastructure constructions in the second half of the 1840s. The first of these commissions was for the construction of the Hungarian part of the central railway from Marchegg to Bratislava in 1845. This extensive construction in a demanding terrain required a huge workforce, therefore local labourers were aided by the abundance of Italian, but mainly Czech and Moravian workers. Unhealthy living and dangerous working conditions, together with the outbreak of typhoid fever resulted in a high prevalence of diseases and injuries. Therefore, Tallachini commissioned the construction of a hospital in Blumentál (at that time, in the outskirts of Bratislava) in May 1846, featuring 80 beds. Patients were examined twice a day by two doctors; there were six hospital attendants for men and one female hospital attendant for women. In one year, the company established one more, this time a smaller and only temporary hospital.[73] In the following year, Tallachini provided funds for two hospitals in Bratislava with a capacity of 80 and 140 beds, respectively. Besides, he was also renting 20 beds for his workers in a local garrison hospital. During 1847, there were 3 774 persons hospitalised on these beds which was manifold more than in the majority of Hungarian hospitals. Out of these patients, 508 persons, which means 15%, died. The hospital head physician Ludwig Küffner defended this rather high death rate, ascribing it to prior bad health of patients who often suffered from insufficient clothing, malnutrition, alcoholism,

---

lita, plány a vízie. In FIALOVÁ and TVRDOŇOVÁ. *Od špitála k nemocnici. Zdravotníctvo, sociálna starostlivosť a osveta v dejinách Slovenska*. Bratislava 2013, p. 130-135.

72 [LINZBAUER]. *Statistik des medicinal-Standes*, p. 5; FELDMANN. *Pesth und Ofen. Neuester und vollständiger Wegweiser*. Leipzig; Pesth 1844, p. 118.

73 Aus und für Pressburg. In *Pressburger Zeitung*, vol. 83, n. 3, 11. 1. 1847, p. 18.

and last, but not least, from neglected treatment of their previous ailments or late hospitalisation.[74] According to the report published in a newspaper in 1847, Tallachini established hospitals featuring 20–40 beds also in five more towns along the planned railway.[75] All the hospitals founded by Tallachini and funded for his workers were only temporary and thus closed down once the works on that particular construction segment had been completed.

Perception of town hospitals in the society of the Kingdom of Hungary in the first half of the 19th century

As has been already mentioned, the first municipal hospitals were established in the Kingdom of Hungary in the 1790s out of the initiative of local doctors and thanks to strong support provided by the state authority. Municipal elites, on the other hand, viewed this new type of charitable institutions with the strong negative sentiments. Taxpayers refused to establish and fund new charitable institution which should, quite against the practice at that time, treat mainly "alien" patients without local domicile. Concerns that such institutions would attract persons in need from wide surroundings which would create further pressure on local charity capacity were also not negligible. Since the hospitals could not emerge and function without public support, their founders had to use all means available to convince people about their beneficial effects and advantages. Sermons in Catholic temples turned out to be the most efficient tool in this respect, together with various press and newspaper reports. There were two points when arguing in favour of establishing and financing the hospitals: firstly there was the appeal to Christian charity and solidarity. This part of the discourse presented the hospitals as a retreat where the poor, ill, and helpless persons without any income would receive life-saving care and treatment. Thanks to these facilities, fathers of families would be able to return to their work in a short time; mothers to their children, servants to their service, and journeymen to their masters. Secondly, townspeople were motivated to establish and support hospitals in their interest and for their own benefit. For example, some could transfer their "unwritten" duty to take care of their ill servants and journeymen over to the hospitals and thus rid themselves of the discomfort of responsibility to provide care and treatment, while eliminating the risk of contagion in their own family.[76]

74 Aus und für Pressburg. In *Pressburger Zeitung*, vol. 84, n. 2, 5. 1. 1848, p. 11-12.

75 *Pressburger Zeitung*, vol. 83, n. 115, 8. 10. 1847, p. 683.

76 For example: WISHOFER. *Kanzel-Rede von der thätigen Nächstenliebe, wodurch die edlen Bürger (...)*. Ofen 1811; WISHOFER. *Predigt bey Gelegenheit der feyerlichen Einführung der barmherzigen Brüder (...)*. Ofen [1815]; LUPRECHT von Fahnenthal. Rede bei

As the population was getting more and more impoverished as a result of urbanisation, and industrialisation but mainly due to a long series of wars and natural disasters, there was a surge of charitable activities in Hungarian towns after 1817 which resulted in the establishment of new types of charitable institutions. In this period, the approach of Hungarian municipal elites towards the hospitals started changing, as well as the perception of their legitimacy. While in the 1790s, Pest or Sopron representatives strongly opposed the establishment of a hospital, a municipal hospital was considered a desired component of local care for the poor in the 1840s, and its non-existence was considered the threat to life and health of the working class. Thus, instead of being "an unwanted child", the hospitals gradually transformed into a showcase of the Hungarian towns and charity of their inhabitants in the course of the 1820s and 1830s. This change was to a great extent influenced by representatives of Hungarian nobility and Catholic church hierarchy who got involved in establishing and supporting these facilities. Their presence tended to increase the prestige of opening ceremonies or events organised to support the functioning of the institutions. Hungarian nobles and aristocrats initiated the establishment of the clinic of ophthalmology and pediatrics in Pest; they also participated in founding an association for setting up a hospital in Szombathely; they were supporting hospitals in neighbouring Kőszeg and Sopron. Visiting and financially supporting hospitals had become a part of charitable public presentations of the ruling dynasty members while they were visiting the Kungdom of Hungary. Maria Dorotea, the wife of Hungarian Palatine Joseph of Habsburg, became a patroness and supporter of the hospitals in Pest and Buda, whereas Jozef Kopácsy, the Archbishop of Esztergom, provided substantial financial donations to help establish hospitals in several towns across the country.

However, the hospitals that had been established in Hungarian towns until the mid-19th century were still perceived as tools of care for the poor than healthcare facilities. They remained to be viewed as treatment institutions for the lowest classes of the town population until the late 19th century. In this respect, it needs to be pointed out that townspeople often tended to trust various healers, herbalists, and superstitions more than hospital treatment. Due to high death rates, the hospitals had difficulties shaking off the label of being *"gates to death"* or *"murderous pits"*. Their custodians/ caretakers were trying to remedy their reputation in the press, maintaining that the rates were not caused by lack of knowledge or negligence of doctors, but by advanced age or severity of illness of admitted patients, together with neglected treatment and late hospitalisation. The

---

Gelegenheit, da zu dem neuerbauten Krankenhause bei den W. W. E. E. Klosterfrauen des H. Elisabeths-Ordens (...) der Grundstein gelegt (...). Ofen 1804.

doctors were trying to promote a positive image of treatment activities in public discourse, aided by other persons in charge of hospital´s management. However, this promotion primarily did not target their potential patients, but rather the persons who financially supported them.

About the author
Ingrid Kušniráková, PhD.
Historický ústav SAV, v. v. i. / Institute of History of SAS
Klemensova 19
814 99 Bratislava
Slovenská republika
e-mail:histkusn@savba.sk
https://orcid.org/0000-0001-5923-7166
https://www.scopus.com/authid/detail.uri?authorId=26323735400
https://www.webofscience.com/wos/author/record/X-6946-2019

List of references and literature

Primary sources

Source editions and Published editions

FELDMANN, G. L. *Pesth und Ofen. Neuester und vollständiger Wegweiser*. Leipzig; Pesth: Verlags-Magazin, 1844.

HAFFNER, Michael. *Versuch eines Vorschlages an dem Magistrat und das Publikum der königlichen Freystadt Pesth zur Errichtung (...) eines (...) Krankenspitalles*. Pest: [s.n.], 1793.

LINZBAUER, Franciscus Xaver. *Codex sanitario-medicinalis Hungariae. Tomus II*. Budae: Typis caesareo-regiae scientiarum universitatis, 1852.

LINZBAUER, Franciscus Xaver. *Codex sanitario-medicinalis Hungariae. Tomus III., sectio1*. Budae: Typis caesereo-regiae scientiarum universitatis, 1853.

[LINZBAUER, Franciscus Xaver]. *Statistik des medicinal-Standes der Kranken- und Humanitäts-Anstalten, der Mineralwässer, Bäder, Trink- und Gesundbrunnen von Ungarn*. Wien: In Comiss bei Braumüller, 1859.

LUPRECHT von Fahnenthal, Franz. *Rede bei Gelegenheit, da zu dem neuerbauten Krankenhause bei den W. W. E. E. Klosterfrauen des H. Elisabeths-Ordens (...) der Grundstein gelegt (...)*. Ofen: gedruckt mit K. Pester Universitäts-Schriften, 1804.

PURJESZ, Ignaz. *Beiträge zur Geschichte der Gründung des Sankt-Rochusspitals im XVIII. Jahrhundert*. Budapest: Druck Pápai, 1914.

SCHAMS, Franz. *Vollständige Beschreibung der koniglichen Freystadt Pest in Ungern*. Pest: Hartlebens Verlag, 1821, p. 317-319.

SCHLESINGER, [Ignác]. *Medicinische Topographie der königlichen Freistädte Pesth und Ofen*. Pesth: in Commission bei Kilian, 1840.

Statuten der Oedenburger Kranken-Anstalt für arme Handwerksgesellen und Dienstboten zu Folge (...). [S.l.]: [s.n.].

Statuten des (...) Pesther Armen-Kinder-Spiralvereins. Pest: Druck Landerer – Heckenast, 1843.

Statuten des Philantropischen Vereines, (...) in der privil. Stadt Steinamanger, zum Wohl der leidenden Menschheit die Errichtung eines Krankenhauses boabsichtiget. Steinamanger: Druck. Perger, 1825.

Statuten des zur heil. Dreifaltigkeit genannten allgemeinen Krankenhauses in Kaschau, in hinsicht der in dasselbe aufzunehmenden Kranken. Kaschau: Gedruckt bei C. Werfer, 1831.

Topographia Nesocomii et Ptochotrophii Regio-Civilis Pestani ad Sanctum Rochum. [Pest]: [s.n.], 1798.

WISHOFER, Joseph. *Kanzel-Rede von der thätigen Nächstenliebe, wodurch die edlen Bürger (...)*. Ofen: Gedruckt mit königlichen hungarischen Universitätsschriften, 1811.

WISHOFER, Joseph. *Predigt bey Gelegenheit der feyerlichen Einführung der barmherzigen Brüder (...)*. Ofen: gedruckt mit König. ungarischen Universitätsschriften, [1815].

Secondary sources

Monographs

BOGAR, František Benedikt. *Milosrdní bratři*. Praha: Řád Milosrdných bratří, 1934.

BOKESOVÁ-UHEROVÁ, Mária. *Lekárska fakulta Trnavskej univerzity*. Bratislava: Vydavateľstvo Slovenskej akadémie vied, 1962.

BOKESOVÁ-UHEROVÁ, Mária. *Zdravotníctvo na Slovensku v období feudalizmu*. Bratislava: Vydavateľstvo Slovenskej akadémie vied, 1973.

FELDMANN, G. L. *Pesth und Ofen. Neuester und vollständiger Wegweiser*. Leipzig; Pesth: Verlags-Magazin, 1844.

Festschrift aus Anlass des Zweihundertjährigen Bestandes des Krankenhauses und des Konventes der Barmherzigen Brüder zu Eisenstadt. Eisenstadt: Krankenhaus der Barmherzigen Brüder, 1960.

FRANK, Johann Peter. *System einer vollständigen medicinischen Polizey. Erster Band*. Frankenthal: im Verlag der Gegelischen Buchdruckeren und Buchhandlung, 1791.

FRANK, Johann Peter. *System einer vollständigen medicinischen Polizey. Zweiter Band*. Mannheim: Schwan und Götz, 1804

FRANK, Johann Peter. *System einer vollständigen medicinischen Polizey. Sechster Band, I.-II*. Theil. Wien: bey Carl Schaumburg und comp., 1817.

HOLLÁN, Henrik. *Adatok és szemelvények a Szent Rókus Közkórház és fiókjai alapításának és fejlődésének történetéből*. Budapest: Medicina; [Pécs] : Pécsi Szikra Ny., 1967.

HUSZTY, Zacharias Gottlieb. *Diskurz über die medizinische Polizei. Zweiter und letzter Band*. Pressburg; Leipzig: Anton Löwe, 1786.

HÜGEL, Franz S. *Beschreibung sämtlicher Kinderheilanstalten in Europa*. Wien: Kaulfuß, Prandel et comp., 1849.

JUSTI, Johann Heinrich Gottlob von. *Grundsätze der Policey-Wissenchaft (...)*. Gottingen: Hoecks, 1756.

RISSE, Guenter B. *Mending bodies, saving souls : a history of hospitals*. New York: Oxford University Press, 1999.

SVOBODNÝ, Petr and HLAVÁČKOVÁ, Ludmila. *Pražské špitály a nemocnice*. Praha: NLN, 1999.

Articles in Journals, Chapters in Monographs

BERNARD, Paul P. The Limits of Absolutism: Joseph II and the Allgemeines Krankenhaus. In *Eighteenth-Century Studies*, 1975, vol. 9, n. 2, p. 193-215. *JSTOR*, https://doi.org/10.2307/2737597. Accessed 3 Feb. 2024.

GÁRDONYI, Albert. A Rókus-kórház s a régi pesti kórházak. In *Városi Szemle*, 1929, vol. 15, n. 5, p. 980-997.

JIROUŠKOVÁ, Marta. Mestská nemocnica v Košiciach v minulosti. In *Z dejín vied a techniky na Slovensku*, 2000, vol. 18, p. 25-32.

JÜTTE, Robert. Vom Hospital zum Krankenhaus: 16. bis 19. Jahrhundert. In LABISCH, Alfons and SPREE, Reinhard, Hg. *„Einem jeden Kranken in einem Hospitale sein eigenes Bett": zur Sozialgeschichte des Allgemeinen Krankenhauses in Deutschland im 19. Jahrhunder*. Frankfurt, Main [u.a.]: Campus Verlag, 1995, p. 31-50.

KRCHNÁKOVÁ, Lucia. Zdravotnícke zariadenie pre baníkov v banskoštiavnickom regióne – realita, plány a vízie. In FIALOVÁ, Ivana and TVRDOŇOVÁ, Daniela. *Od špitála k nemocnici. Zdravotníctvo, sociálna starostlivosť a osveta v dejinách Slovenska*. Bratislava: Slovenský národný archív, 2013, p. 129-139.

KUŠNIRÁKOVÁ, Ingrid. Die ungarischen Konvente der Barmherzigen Brüder in der Konfrontation mit den Aufklärungsreformen der Maria Theresia und des Josefs II. In JELÍNEK, Petr, ed. *Germanische Provinz des Hospitalordens des Hl. Johannes von Gott bis 1780. Teil I. – Cieszyn: Konwent zakonu Bonifratrow*, 2018, p. 173-198.

LABISCH, Alfons and SPREE, Reinhard. Die Kommunalisierung des Krankenhauswesens in Deutschland während des 19. und frühen 20. Jahrhundert. In WYSOCKI, Josef, Hg. *Kommunalisierung im Spannungsfeld von Regulierung und Deregulierung im 19. und 20. Jahrhundert*. Berlin: Duncker & Humblot GmbH, 1995, s. 7-48. Dostupné na *JSTOR*, https://doi.org/10.2307/j.ctv28hj4wq.3. Accessed 18 Oct. 2023.

PEKAŘOVÁ, Katarína. Starostlivosť o chorých v evanjelickom spoločenstve na dnešnom území Slovenska v 19. storočí. In PALUGA, Lukáš and REPÁSOVÁ, Katarína. *Sociálna a zdravotná starostlivosť v premenách čias*. Bratislava; Komárno: Ministerstvo vnútra Slovenskej republiky, Štátny archív v Nitre, pracovisko Komárno 2018, p. 41-53.

RISSE, Guenter B. Before the Clinic Was „born". Methodological Perspectives in Hospital History. In FINZSCH, Norbert and JÜTTE, Robert. *Institutions of confinement : hospitals, asylums, and prisons in Western Europe and North America, 1500–1950*. Cambridge: Cambridge University Press, 1996, p. 75-96.

SPREE, Reinhard. Krankenhausentwicklung und Sozialpolitik in Deutschland während des 19. Jahrhundertes. In *Historische Zeitschrift*, 1995, vol. 206, n. 1, p. 75-105.

SPREE, Reinhard. Sozialer Wandel im Krankenhaus während des 19. Jahrhunderts. Das Beispiel des Münchner Allgemeinen Krankenhauses. In Medizinhistorisches Journal, 1998, n. 3/4, p. 245-291. Dostupné na *JSTOR*, http://www.jstor.org/stable/25805219. Accessed 8 Dec. 2023.

WATZKA, Carlos. Der Hospitalorden des Heiligen Johannes von Gott in der Habsburgermonarchie 1605–1781. In SPECHT, Heidemarie and ANDRASCHEK-HOLZER, Ralph. *Bettelorden in Mitteleuropa. Geschichte, Kunst, Spiritualität*. St. Pölten: DASP, 2008, p. 106-132.