

SOCIAL AND HEALTH CARE IN THE KINGDOM OF HUNGARY IN THE FIRST HALF OF THE 19TH CENTURY

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The study is concerned with the changes in social and health care in the Kingdom of Hungary in the first half of the 19th century. In this period social care became more systematic and was gradually separated from health care. Apart from town administrations and religious institutions, charitable societies began to significantly contribute to charitable activities. Under the influence of the central government, local authorities began to devote increased attention to such categories of dependent people as the mentally ill, single mothers and illegitimate children, who had previously been scorned or punished by society. Educational institutions for deaf-mute and blind children were a new element on the regional level.

Key words: Kingdom of Hungary. 19th century. Social care. Health care.

The system of social care created in the Kingdom of Hungary in the course of Early Modern times underwent extensive changes during the short reigns of Joseph II and Leopold II. Joseph II wanted to put philanthropy on a new basis, to end its confessional character and replace accidental distribution of charity with targeted support for really needy persons. As a result of his reforms, many charitable institutions changed their character and administration. Resources intended for charitable purposes were shifted from institution to institution, or they were brought under state control. Although Leopold II attempted to preserve at least part of his predecessor's reforms, his decisions enabled philanthropy in the country to quickly return to its form before 1780. The parish poor institutes (Ger. *Phararmeninstituten*, Lat. *Instituta pauperum*), which Joseph II had planned as pillars of the new system of social care, quickly lost their importance and they gradually disappeared. Charitable institutions mostly returned to their original administrators, and philanthropy regained its confessional character. Since town authorities did not have enough financial resources to look after the poor, the majority of them again allowed street begging in their territories. The establishment of specialized state welfare institutions such as institutes for the mentally ill, remained on the level of ideas.¹

Social care in towns in the first half of the 19th century

In the first half of the 19th century, philanthropic institutions still arose and operated mainly in the urban environment. In the countryside, dependent persons still obtained

1 For more details on social care in the reigns of Joseph II and Leopold II see: KUŠNIRÁKOVÁ, Ingrid. *Reforma sociálnej starostlivosti v Uhorsku v období panovania Jozefa II. a Leopolda II.* (Reform of social care in the Kingdom of Hungary during the reigns of Joseph II and Leopold II.). In KOVÁČ, Dušan – KOWALSKÁ, Eva – ŠOLTĚS, Peter. *Spoločnosť na Slovensku v dlhom 19. storočí*. Bratislava: Historický ústav SAV: VEDA, 2015, p. 128-148. ISBN 9788022414784.

help mainly in the framework of traditional social ties. In this period, social care remained exclusively a domain for local government, the churches and numerous individual benefactors. As in the previous century, the state authorities did not intervene in this part of the life of urban communities. They only supervised the economic activities of existing charitable institutions and when necessary solved disputes on the basis of existing legislation. The method of financing charitable institutions also remained unchanged. The main source of their income remained endowments, gifts, bequests and collections. Towns contributed to care for the poor from their own resources only in exceptional cases.

As Jozef Klobusiczký's list² shows the protective network at the beginning of the 1790s comprised mainly hospitals and parish poor institutes, with a smaller number of charitable foundations, especially for the poor ashamed to beg and widows with orphans. Hospitals and parish poor institutes were administered mainly by town authorities, foundations mainly by the churches.³

The Napoleonic Wars, state bankruptcy of 1811 and cholera epidemic of 1831 caused considerable financial losses for the charitable facilities, while also increasing the number of people dependent on help and support. The existing financial arrangements for charitable institutions based mostly on interest payments from deposited capital, became more unsustainable and had to be supplemented with financial resources from other sources. As a result of wars, economic crisis and cholera a larger number of people could not support themselves by their own work. This required a new changed approach to their categorization, as well as the establishment of new types of charitable institution.

During the first half of the 19th century, the Hungarian elite gradually retreated from its hitherto passive position in the field of philanthropy and decided on an active approach. Under the influence of social and economic changes in the country, they essentially abandoned support for the poor by means of charitable foundations. They replaced one-time giving of financial resources with continual collection of money for this purpose. However, in contrast to the past, they did not entrust the money to the administration of municipal authorities or church institutions, but supervised the use of the money themselves. The changed approach of the social elites to the question of supporting the poor can be traced already from the beginning of the 19th century during a time of various catastrophes and natural disasters. If an extensive fire or flood affected a place, the local nobility and leading burghers organized collections or charitable theatre or musical performances to raise money to be distributed to the victims. From the 1820s, charitable societies became the main space for carrying out charitable activities.

The confessionally conditioned approach to support for the poor, characteristic for the religiously divided society of Early Modern times, was partially overcome in the course of the first half of the 19th century. Charitable institutions founded before 1780 usually maintained their confessional character regardless of whether they were administered by local government or by churches. Legislative article 26/1791 according to which

2 Jozef Klobusiczký produced this list for the needs of the Parliamentary Commission on Ecclesiastical Affairs, which worked in the period 1791–1792. The list is deposited in the Országos Szechenyi Könyvtár (hereinafter only OSZK), Kézirattár, Fol. lat. 790.

3 Ref. 2.

a charitable institution had to give help and support only to members of the confession for which it was originally founded, also significantly contributed to preserving this situation. When the Protestants of some towns in Hungary demanded in the 1790s that town hospitals should accept persons without regard for confession, because they had originally been municipal institutions that acquired a Catholic character only in the 17th century, the monarch always decided against them on the basis of the above mentioned article.⁴ However, especially in the larger towns, the Protestant and Jewish religious communities were soon able to establish their own charitable institutions, so that Catholic, Protestant and Jewish hospitals and care institutes operated side by side in some towns in the first half of the 19th century.

The first really non-confessional charitable institutions in the towns of Hungary were the parish poor institutes established on orders from Joseph II. The confessional allegiance of poor people was no longer considered by the majority of charitable and support societies formed in the first half of the 19th century or by the municipal charitable institutions established in this period. The majority of charitable institutions intended for children also declared religious toleration. Orphanages and child care facilities had to accept both Catholic and Protestant children and give them religious education in accordance with their confession. In spite of the fact that in many of these institutions, religious up-bringing was secured only for Catholic children, Evangelical children had to attend lessons on religion in the elementary schools of their confession.

In spite of the fact that confessional barriers in social life and in the field of social care were gradually reduced, charity remained part of religious life and an obligation of the faithful, although individual churches interpreted its importance for the salvation of the soul in different ways. Material support for people in need was also associated with care for their souls and for their religious and moral life. Therefore the majority of charitable institutions and facilities, regardless of founder, demanded that beneficiaries regularly participate in the religious ceremonies of their church, while children were provided with or, at least, enabled to attend religious education according to their confession.

Institutional and non-institutional forms of charity in the towns of Hungary

The ambitious project of Joseph II to create parish poor institutes as pillars of a system of social care in the towns and later in the whole country was accompanied by many difficulties from the beginning and these further deepened after his death. Leopold II declared his support for these institutions, but various measures approved by him significantly reduced their income. In particular, he allowed charitable endowments given to the poorhouses in 1787–1790, to return to their original administrators. He also repealed the decree by which all gifts and bequests to the poor worth more than 500 gulden had to be deposited as capital of the local poorhouse. If the testator asked, the money could be distributed directly to the poor.⁵ Financial difficulties and the relaxation of state pressure

4 Magyar Nemzeti Levéltár – Országos Levéltár (hereinafter only MNL OL), fond C 80, 1793, fons (hereinafter only f.)16, positio (hereinafter only pos.)1-25; Ibid., f. 35, pos. 1-6.

5 LINZBAUER, Franciscus Xaver. *Codex sanitario-medicinalis Hungariae*. Tomus III., sectio I. Budae: Typis caesereo-regiae scientiarum universitatis, 1853, p. 600.

to keep them in existence led to one poorhouse after another closing relatively quickly after 1790.⁶

After the failure of the project of a parish poor institute system, hospitals and poorhouses remained the basis for social care in the towns. In the smaller towns, these institutions essentially retained their medieval character into the first half of the 19th century, with various categories of dependent people living in them. In the larger towns, however, social care was gradually separated from health care and the charitable institutions began to specialize. Apart from charitable institutions in which dependent persons received long-term care, modern hospitals arose providing medical treatment for a limited period. In some towns, hospitals of the old and new types still operated under one roof, but as separate departments with exactly defined numbers of places or beds for the two categories of people. In spite of providing health care services, hospitals still belong among the charitable institutions in the first half of the 19th century, because they were mainly intended for people from the lower social groups, who could not be treated at home for various reasons.

In spite of the fact that the health of the population and protection of public health already became part of the state agenda in the reign of Maria Theresa, the state authorities aimed only to create a state health care administration and adopt legal norms stating the requirements for the education of medical personnel and setting the extent of their responsibilities. The establishment and operation of hospitals as medical – charitable institutions was still left to the voluntary initiative of the town and county administrations, church communities, and sometimes also charitable and support societies. Hospitals varied in the status of their founders, number of beds and level of specialization in the care they provided.

The first true medical facilities in Hungary were the hospitals of the Brothers of Mercy and Order of St. Elizabeth. At the time of the accession of Joseph II there were eight of them in the kingdom.⁷ Another four were added in the 1790s, one belonging to the Order of St. Elizabeth and three to the Brothers of Mercy. The existence and operation of hospitals was still firmly connected with religious orders in this period. Hospitals administered and run by secular personnel began to appear in the towns of Hungary at the end of the 1790s. The majority of them were founded by towns, a smaller proportion by religious communities, especially Jewish groups and voluntary or support societies. Their operations were financed mainly from the profit from invested capital, from gifts, various collections, and in the case of society hospitals from membership fees. Poor patients received free treatment, while more solvent people had to pay. The cost depended on the level of food and accommodation provided.

As will be mentioned, a general hospital of the Josephine type was not successfully established in Hungary, but some of the larger towns had similar institutions financed from their own resources. In relation to the rapidly growing population and solvency

6 OSZK, Kézirattár, Fol. lat. 790.

7 The monasteries and hospitals of the Brothers of Mercy were situated in Bratislava, Spišské Podhradie, Eger, Pápa, Eisenstadt (now in Austria), Oradea (now in Rumania) and Vác. The Order of St. Elizabeth administered a hospital in Bratislava.

of donors, the institution with the largest capacity was built in 1796–1797 in Pest. It was reconstructed and enlarged several times in later years. The Hospital of St. Roch in Pest included a department for the old and disabled, separate surgical and internal departments for women and men, a maternity ward⁸ and several places for the mentally ill. According to a description from 1834 the hospital had a capacity of more than 200 beds. Since the population of the city was constantly increasing, the city authorities bought another house, where they created a branch hospital with a capacity of 50 beds. The institution's personnel were divided into medical, economic and religious. The chief physician directed the everyday running of the institution. He was also its director and the city physician. Economic and financial affairs were run by a commission, chaired by a commissioner appointed by the monarch on the basis of a proposal from the Council of Lieutenancy. The other members of the commission were selected economic and medical personnel from the institution and representatives of the city. The institution's income came mainly from interest on capital, payments from patients and support from the city. In an effort to increase the hospital's income, the local authorities granted it the profits from various municipal fees. The institution's income was supplemented to some extent by gifts, bequests, weekly collections and income from the sale of the clothing of deceased patients and inmates. The institution accepted old, sick and disabled people without regard for age or religion. The only exceptions were patients with fatal and chronic illnesses. The accepted patients paid for their stay with a tax approved by the state. If they could not pay it, they received free treatment. The payments for a stay in the hospital were graduated to 16 kreuzers, 36 kreuzers or 1 gulden per day depending on the standard of care and especially on the comfort of the accommodation and quality of the food.⁹

Since hospitals arose without coordination from the initiatives of the local elites, their distribution across the kingdom was very uneven. Some counties, for example Orava-Turiec did not even have one in this period. The need for hospitals was associated mainly with the urban environment, where they provided treatment for sick people who lacked a family support network in the town or if working family members could not look after them. On the other hand, hospitals could only be established and operate in towns with a sufficiently numerous and financially strong elite, which could secure continuing finance for them. In general, more hospitals operated in regions with a denser network of urban settlements. The majority of hospitals had a capacity of up to 30 beds. Higher numbers of beds could be found in hospitals only in Buda, Pest, Bratislava, Szeged and Košice.¹⁰

County hospitals intended for the rural population began to appear in Hungary in the second quarter of the 19th century. Their establishment was initiated by the county nobility on the basis of financial capital obtained from gifts and collections. The first to open was the hospital in Oradea with a capacity of 100 beds. It was followed in 1824 by the

8 The maternity ward was intended for single mothers, so that they could discretely give birth to their illegitimate children.

9 For more details on the institution SCHWARCZL, József. *Nosocomium civium Pestiensium ad sanctum Rochum* [...]. Pestini : Typis Trattner – Karolyianis, 1834.

10 For more details see *Statistik des medicinal-Standes der Kranken- und Humanitäts-Anstalten* [...]. Hrsg. von dem k. k. Ministerium des Intern. Wien : In Comiss bei Braumüller, 1859.

hospital in Trnava and then in other counties including Nitra and Trenčín. The majority of these hospitals had internal and surgical departments from the beginning, and sometimes also departments for the mentally ill. Their capacity varied from 16 to a 100 beds.¹¹

Like the hospitals, charitable institutions providing long-term care varied in the value of their property, founder, number of beds and the quality of the care they provided. It all depended on the size of the settlement, person of the founder and wealth of the local elite. The majority of these institutions had older origins. Some had operated continuously since the Middle Ages. In the past they had been founded mainly by towns and landlords, but in the mid 19th century, societies and religious communities also engaged in this field. The basis for financing these institutions was interest on capital, or in the case of landlords, natural produce from their estates. Gifts, bequests, collections and charitable undertakings formed supplementary sources. The larger towns had charitable facilities for burghers who found themselves in need and for old, sick and disabled people from the lower social classes.¹² The care for inmates also corresponded to their social status. The difference lay in the quality of accommodation, clothing and the level of the daily payments for care. The capacity of these institutions in towns was usually 20–30 beds, only exceptionally more. Care institutions in the countryside and in small towns had 6–10 beds and not infrequently only 2–4 beds. These institutions often gave their inmates only accommodation. They had to provide clothing and food themselves.

Charitable societies

In the first half of the 19th century, charitable societies began to significantly engage in the field of social care, in addition to town administrations and religious institutions. The membership base of societies was formed mainly by the social elites living in towns. Their mission was to collect financial resources for charitable institutions such as hospitals, which they usually established and administered themselves. The methods of obtaining finance were varied: membership fees, public collections, charitable balls, charitable theatre performances and concerts. A society and the charitable institutions it administered were run by a committee of people elected by the members. The chairman was always a person with significant social status, which gave the society prestige and trustworthiness. Membership of the committee was honorary and unpaid. In some cases only the treasurer and secretary responsible for the written agenda received pay. By activity in charitable societies, social elites progressed from passive support for charitable institutions by means of one-time financial gifts or endowments to active long-term participation in their running and financing. Especially in the larger towns, charitable societies gradually took over a large part of the activities associated with support for dependant persons. They significantly weakened the activity of municipal authorities and churches in this field.

After the dissolution of the parish poor institutes of the Josephine type, the open form of social care in many smaller towns again acquired the form of irregular distribution

11 Ref. 10.

12 Facilities for burghers were called *Bürgerspital* or *Bürger-Versorgungshaus*, while institutions for people without burgher status were named *Armenhaus*. Institutions of both types were found, for example in Buda, Bratislava, Trnava, Košice, Prešov and Skalica.

of alms. However, the country was afflicted by a series of unfortunate events, namely war, state bankruptcy, inflation, as a result of which the number of beggars in the streets of towns in Hungary rapidly increased. The question of eliminating street begging again became topical in the first decades of the 19th century. In some towns,¹³ charitable societies also took the initiative in this field. Essentially they took over the system of collecting financial resources and distributing support from the dissolved parish poor institutes. However, if societies were to be really effective in eliminating street begging, they had to cooperate effectively with the municipal repressive bodies, which secured the removal of outsider beggars from the town and the placing of local people capable of work in workhouses.

A women's charitable society in Pest¹⁴

The Society of Noble Ladies founded in 1810 in Vienna started the development of the tradition of charitable societies in the Habsburg Monarchy. A similar charitable society for women was established in Pest in 1817. In the first period of its existence, up to 1833, it succeeded in building up and financing a network of charitable institutions providing open or institutional forms of social care to all categories of dependent persons. In harmony with the view of charity at the time, the society set itself the aim from the beginning of only supporting the really needy and helping dependant persons, since untargeted provision of assistance was considered incorrect, expensive, harmful and un-Christian. The society's activity started from the philosophy that a person unavoidably needs housing, clothing and food for life, or in the event of illness, medical assistance and appropriate care. If somebody lacked at least one of these requirements, he could be considered poor or needy and charitable institutions had to deal with the situation. According to the categorization of the society, persons were considered really worthy of support if they were willing and able to work, but could not find work for objective reasons; if they could work only partially or not at all; sick people with the resources needed for life, and orphaned or abandoned children. The charitable institutions founded by the society in the city also followed this categorization.

In the framework of the non-institutional form of social care, the society could promptly offer a helping hand to poor people, who found themselves in need because of old age, disability or illness. Assistance could take the form of food, clothing, wood, health care or medicines. In the case of need, applicants could receive one-time financial assistance or weekly or monthly financial support. Help was always provided for two months, but it could also be obtained repeatedly. The society paid poor families to provide housing and food for people who could not provide for themselves because of age or illness and for orphaned children of pre-school age. In this way it sometimes helped both sides. The society paid for hospital stays for poor sick people, who were not getting the care they needed at home.

13 For example, Buda, Bratislava and Trnava.

14 For more details on the organizational structure and its forms of activity see: *Ausweis über die in der königl. Freistadt Pesth vom Frauen-Vereine begründeten wohlthätigen Anstalten, deren Einrichtung und Bestand vom März 1817 an bis zu Ende Septembers 1833*. Wien : gedruckt bei A. Strauss's sel. Witwe, 1834.

Care (*Siechenhaus*) and school (*Schulanstalt*) institutions provided the institutional form of social care. A convalescence home combined elements of social and health care. The care institution was intended for disabled, sick and old people, who lacked resources for subsistence and had no help. The inmates received the food, clothing and care they needed as well as accommodation. Later this institution merged with the convalescence home used for completing the treatment of patients discharged from the hospital but not sufficiently healthy to immediately start work and look after themselves.

The school institution was a sort of orphanage, which accepted orphaned, abandoned or neglected children. Its mission was to provide children with basic education and secure their future subsistence. Boys learnt crafts while girls learnt to do housework so that they would be able work as servants. Inmates spent whole days in the institution from early morning until evening. Two hours in the morning and two in the afternoon were assigned to teaching writing, reading, arithmetic, religion and the basics of natural science and hygiene. The rest of the time was assigned to work. The children not only worked in the framework of preparation for their future crafts, they also had to help with housework such as cooking, cleaning and baking bread. All the inmates received food and clothing from the institution, although they partly worked for it. The institution took full responsibility for entirely orphaned children, but only partial responsibility for children who still had one parent or received care from other relations. Children from the first group returned in the evening to foster parents, who were paid to look after them by the society. Other children went to their relations.

Another field of activity of the society was provision of help to people, who, for various reasons, could not find work. Compared to the Josephine period this represents a significant shift in perception of the question of enforced unemployment. People with an interest in working but without the necessary work skills or because of age or poor health were no longer able to work hard all day could be employed in voluntary workhouses. As the name already shows, poor people entered such facilities at their own request, remained there only during the work period and returned home after finishing work. They received weekly pay for their work. Another activity of the society in this field was providing work at home for women. Reducing the number of beggars in the streets of towns was part of the basic mission of the society, but from 1830, when the elimination of begging from the streets of towns in Hungary again became very topical as a result of cholera epidemics, its activity in this field acquired a new dimension. In particular, the society began to cooperate with the city authorities, since enforcement of a complete ban on begging also required the use of repressive measures. Members of the committee in cooperation with the city authorities first made a list of beggars according to individual districts and gave them badges. Then the entitlement to support of each listed person was assessed and they were classified as local or outsiders. The latter, meaning the beggars from outside the city, were forcibly expelled. The local beggars had a claim to support only if they were in real need according to the established criteria and really could not work because of their age or state of health. Assistance was also denied to persons who satisfied the condition, but had previously lived by collecting alms and had refused offers of other forms of care from the society. People who were accepted received support weekly at the seat of the director of the voluntary workhouse from a special commis-

sion composed of members of the society and representatives of the city. Guards, who ensured that expelled persons did not return to the city and two compulsory workhouses, one for men, one for women, represented the repressive component of the programme. The society paid for food and clothing for the inmates of the workhouses, as well as the wages of the guards. The city authorities paid other expenses.

The society operated for a long time under the patronage of Maria Dorothea, wife of the Palatine, who generously supported it together with her husband. Its activity was directed by a committee composed of a chairwoman, 15 members, two secretaries and a treasurer. Each of the 15 women in the committee was responsible for a district, where she cared for the needs of the poor and collected financial resources. A wide range of charitable institutions and large number of care and support workers required a large amount of finance. The society was very active and creative in obtaining money. In the financial year 1830/31 its income and expenditure exceeded 255 thousand gulden. Income came especially from membership fees, but also collections, profits from charitable balls, theatre performances and concerts, and to a lesser extent from interest on deposited capital. From 1831 the society organized a special annual collection for the elimination of street begging.¹⁵

Although the income of the society significantly declined in the period after the cholera epidemic, by more than 40 thousand gulden in two years, it succeeded in keeping its finances in balance. Therefore, it is not clear why the Palatine Joseph decided in 1833 that to secure the sustainability and further existence of its charitable institutions, most of them had to be taken away from the society and entrusted to the city authorities of Pest. Only a hospital for treating eye diseases and distribution of alms from collections remained to the society. However, the city did not succeed in preserving the institutions. The school institution was dissolved in 1842 and the children were transferred to a newly established Josephine orphanage. The voluntary workhouse suffered the same fate in 1848. Only the institution that cared for poor, old and disabled people remained. In 1848 it cared for 154 people.¹⁶

Women's charitable societies also gradually took the initiative in the field of charity in other towns in Hungary, although they did not develop such a wide range of activities as the women's society in Pest. Their domain came to be especially care for children, whether in the form of child care facilities, orphanages or children's hospitals.

Support societies

In the absence of a modern system of social insurance, a large part of the working population could find themselves in material need and dependant on help from the people around them or from charitable institutions as a result of old age or sickness. Only the state provided its employees with some protection against fate. It guaranteed miners,

15 For more details on the economic affairs of the society in the period 1817–1833 see *Ausweis über die in der königl. Freistadt Pesth vom Frauen-Vereine begründeten wohlthätigen Anstalten, deren Einrichtung und Bestand vom März 1817 an bis zu Ende Septembers 1833*. Wien : gedruckt bei A. Strauss's sel. Witwe, 1834.

16 ROZSAY, Joseph. *Das Pester städtische Versorgungshaus Elisabethneum [...]*. Pest : Druck Landerer - Heckenast, 1857, p. 9-10.

state officials and soldiers, who lost the ability to work, regular financial support in the form of pensions or provisions, if they satisfied the specific conditions.¹⁷ In the first half of the 19th century, pension funds and support societies associating people on the basis of their profession, became an effective way of gaining security against the possible loss of ability to work. They functioned in essentially the same way as modern insurance companies. Employees paid a proportion of their wages or a set fee into a fund, and if they could no longer work because of old age or poor health, they received the agreed pension. If they died, their widows and children received payments. The statutes of every newly established society had to be approved by the monarch.

The prototype for professional support societies was apparently the pension fund for royal and private officials in Hungary established on 1 January 1797 on the basis of a proposal from the official of the Hungarian Chamber Augustine Holtsche. The fund was intended for officials of all levels younger than 50 and not suffering from serious or life threatening illnesses. A person interested in membership had to submit a written application with a baptism certificate and confirmation of his state of health from a town or county physician. Members of the fund were divided into two categories according to their financial possibilities. The annual contribution of the first category was 100% higher than for the second, and the difference in size of the eventual pension corresponded to this. To rapidly stabilize the financial position of the fund, gaining membership was conditional on payment of an entry fee of 200 gulden (1st class) or 100 gulden (2nd class), which could also be paid in instalments, but not more than four and with 5% interest. If a new member was aged over 30, he had to make an additional payment of half the annual contribution for his category for each year over this age limit. The claim to a pension arose if the payer could no longer work because of old age or illness. This had to be confirmed by the town or county physician.

As a result of the high entry fees and regular annual contributions, the size of the pension was relatively high. At the time of origin of the fund it was 200 gulden for the first class and 100 gulden for the second class. If an official paid contributions for more than ten years, the pension increased by 50% to 300 or 150 gulden, and after another ten years by a further third to 400 or 200 gulden. Members of the fund and their widows had a claim to the full pension, while children received a quarter of its value. However, if the member had more than four children, they received only their father's full pension. Boys had a claim to support until the age of 20, girls until 18.¹⁸

Similar societies began to be formed at local level by other categories of employees. One of the first was the pension fund for officials of the Royal Borough of Pest, established in 1808.¹⁹ Outside the official environment, for example, a support society for art and music teachers was established in 1817 in Bratislava. It also took over some

17 KUŠNIRÁKOVÁ, Ingrid. *Piae fundationes. Zbožné fundácie a ich význam pre rozvoj uhorskej spoločnosti v ranom novoveku.* (Piae fundationes. Pious foundations and their significance for the development of society in Early Modern Hungary.). Bratislava : Pro Historia, 2009, p. 160-162. ISBN 9788097006051.

18 HOLTSCHE, Augustin. *Generalia principia instituti pensionalis pro officialibus, ... in Regno Hungariae erigendi.* Ofen : Druck Univ., 1796.

19 SCHAMS, Franz. *Vollständige Beschreibung der königlichen Freystadt Pest in Ungern.* Pest : Hartleben, 1821, p. 300-302.

elements of the decaying guild system. A condition for membership of the society was residence in Bratislava. A person who left the city lost his claim to payment of the deposited money. The duties of a member of the society included participation in the funeral of a deceased member and the Mass for his soul held on the next day.²⁰

Care for children

The old traditional ways of caring for orphaned and abandoned children in Hungary began to be supplemented in the first half of the 18th century by institutions providing institutional care for children in need. The first orphanages in the country were established as part of the religious disputes between Catholics and Protestants. On one side of the notional confessional barrier, they were established by Evangelical pastors, who supported German Pietism, and on the other by members of the Catholic Society of Jesus. The state entered the field of care for children in need in 1763, when Maria Theresa with the support of the Chancellor of Hungary Francis Esterházy established a royal orphanage with 100 places at Tomášikovo (Tallós). The establishment of a royal orphanage and general support for institutional care for children from the side of the Vienna court did not remain without a response from society in Hungary. In the following period, smaller orphanages or generous foundations for child care were established in Bratislava, Sopron, Szombathely and Oradea. Their founders and benefactors were mainly Hungarian noblemen, who lived and worked in the given city. The reign of Joseph II was a turning point in the development of institutional child care. The monarch decreed the merging of the royal orphanage with other institutions in the country and that it should be located in Bratislava. Only a small proportion of the boys, who showed an ability to study, remained in institutional care. The other children were divided by age into three categories and placed with foster parents for upbringing.²¹

The institution created by Joseph II in 1786 in Bratislava by merging the royal orphanage and the local institutions in Bratislava, Oradea, Kőszeg, Sopron and Szombathely,²² was dissolved soon after the death of its founder. On the basis of a mandate from Leopold II from 20 April 1790, the authorities of towns other than Bratislava received back the original property of their orphanages in the course of 1790, together with the children for whom they had responsibility. Only children cared for from the resources of the royal foundation and Franz Török Foundation remained in the Bratislava institution.²³ The original capacity of the institution of 443 children in 1786 was reduced to 250. Since the institution had financial difficulties, only 50-57 of the 137 places under royal patronage were filled in the years 1790–1792. In this period the orphanage looked after about 160 children, although the number frequently changed as a result of death, flight or

20 *Plan des Freundschaftlichen Vereins der gesammten freyen Künstler und Sprachlerer der ... Stadt Pressburg, zur Unterstützung ihrer Wittwen und Waisen [...]*. Pressburg : Snischek, 1817.

21 For more details on the beginnings of institutional care for children in Hungary and the history of the royal orphanage in the period 1763–1790 see KUŠNIRÁKOVÁ, *Piae fundationes*, ref. 17, p. 146-150, 153-155; KUŠNIRÁKOVÁ, *Reforma sociálnej starostlivosti v Uhorsku*, ref. 1, p. 141-147.

22 *Historische Beschreibung von der milden und merkwürdigen Szecsenisch-Kollonicsischen Stiftung Hungarns...*, 1789; LINZBAUER, *Codex sanitario-medicinalis III/1*, ref. 5, p. 209-210, 219-220.

23 LINZBAUER, *Codex sanitario-medicinalis Hungariae, III/1*., ref. 22, p. 601.

discharge from the institution. About 60 of them lived directly in the orphanage and the rest with foster parents or employers.²⁴

After the reorganization of 1790, the orphanage continued to function according to the principles set by Joseph II in 1786. The majority of the children did not live directly in the institution, but with foster parents for an agreed payment. Older boys were placed with employers for training. In some cases, the mother of a child could also gain the foster parent's payment. Only boys with the ability to continue their studies remained in the orphanage. As a result of the class organization of society mainly boys of noble or urban middle class origin were considered qualified for further study. Since the orphanage did not include a school in this period, the boys studied at the local normal school or at the royal grammar school. In contrast to the reign of Joseph and apparently for financial reasons, children younger than one year were not accepted into the institution. Foster parents had to be paid most for them. After the reduction of the capacity of the institution, it was possible to place all the children in Bratislava, so that an official visitor from the administration of the orphanage could visit them regularly and supervise the level of care they were receiving. In spite of this, the death rate of children in foster care was extraordinarily high. The state officials blamed the foster parents for negligence, but the latter argued that the care allowance did not enable them to provide better food, medicine or medical care for a sick child. In an attempt to reduce the death rate among the children, foster parents were instructed in December 1792 to bring sick children to the orphanage, where they were cared for in its infirmary.²⁵

After an extensive fire in Bratislava in July 1800, the orphanage was transferred to Győr.²⁶ Problems with appropriate buildings led to discussion of returning to Bratislava in 1808, but the fire in Bratislava Castle in 1811 put an end to the idea. The number of children cared for by the institution continually declined after the move to Győr as a result of the difficult economic and financial situation in the country. Only 16 children were in institutional care in 1813. There was no payment for children placed outside the orphanage from 1812. The problems with the location of the orphanage were still unsolved in 1814. Since a move and especially the adaptation of a new building in a period after the state bankruptcy would have caused further problems for an institution already in serious financial difficulties, it was practically dissolved. The income from its property would be given to poor orphans and abandoned children in the form of annual grants.²⁷

The institution officially still existed and remained active after 1815. Its administrator, who was also director of the Győr school district, supervised the children of the orphanage during the whole period of their study or training. The directors of schools from the whole country in which children of the orphanage studied sent him school reports twice a year. The Bratislava Chapter informed him about the progress of apprentices. The foundation finance office in Buda administered the property of the orphanage. It also granted money to parents and tutors. Grants for students had a value of 200 or 100 gul-

24 MNL OL, C 80, 1791, f. 21; 1792, f. 3.

25 MNL OL, C 80, 1792, f.3.

26 MNL OL, C 80, 1800, f.6.

27 MNL OL, C 80, 1815, f.1.

den, while apprentices received 20 gulden, an amount later increased to 40. In 1815 55 children received support,²⁸ and twenty years later 67.²⁹ Under the new system, mainly boys, either students or apprentices were supported from the resources of the orphanage. Girls could gain third class grants only in exceptional cases.

With the exception of some private endowments, the right of patronage over the foundation places in the orphanage belonged to the monarch acting through the Council of Lieutenancy and Bratislava city authorities.³⁰ Applications to gain a place in the foundation under royal patronage had to contain the name and age of the child, confirmation of his or her good state of health and information about the social status of the family. Not only complete orphans had a claim to support from the resources of the orphanage, but also children from families that found themselves in material need because of the death of the father – breadwinner. The orphanage especially accepted children from the lower nobility, officials of various levels, soldiers and burghers – contributors, namely descendants of the social groups considered to contribute to the “common good” according to the ideas of the time. As in the reigns of Maria Theresa or Joseph II, royal supported places in the orphanage were not intended for the children of serfs, beggars, servants and day labourers. Married parents and Catholic religion were still conditions for acceptance in the first half of the 19th century. The Bratislava city authorities accepted two categories of children for the foundation places under its control. The first group were orphans or half orphans of Bratislava burghers, while the second came from the Bratislava poorhouse and belonged to the lower social classes, often of unknown origin. After 1800 the city authorities under pressure from the state authorities stopped recommending children from the poorhouse for foundation places in the orphanage.

After the transformation of the orphanage in 1815, the Council of Lieutenancy considered the possible success of the child as well as the social status of the father and financial position of the family, when assessing applications for grants. However, unambiguous criteria for awarding grants or support for apprentices were not stated. The positive or negative decision on each application was a result of the individual assessment of the relevant official of the Council of Lieutenancy, and could be significantly influenced by an intervention from the monarch or other influential patron, especially from the ranks of the Hungarian aristocracy.

In the period 1770–1786, normal school with training of teachers for elementary schools operated at the royal orphanage in Tomášikovo and later at Senec. Its existence was also anchored in the *Ratio educationis* of 1777.³¹ After the institution moved from Senec to Bratislava, the school continued to function for some time, but it disappeared by the beginning of the 1790s and the orphanage lost its status as a model educational institution important for the whole country. As was already mentioned, the children in the

28 Ref. 27.

29 MNL OL, C 80, 1835, f. 1.

30 In the course of the first half of the 19th century, the Bratislava Chapter gained this right again as approved administrator of the Török Foundation.

31 For more details on the operation of the school at the orphanage see KOWALSKÁ, Eva. *Osvietenské školstvo (1771 – 1815): Nástroj vzdelania a disciplinizácie*. (Enlightenment education 1771–1815. An instrument of education and discipline.). Bratislava : Historický ústav SAV, 2014, p. 130-132.

orphanage in Bratislava attended the local normal school or the royal grammar school, and the state authorities still expected them to become especially teachers.³² However, it appears that this was abandoned in practice after 1786, because in 1791 the competent institutions were again concerned with the question of training orphans for the teaching profession. The official visitor of the orphanage reported to the Council of Lieutenancy on 31 December 1791 that from 27 boys receiving institutional care at the expense of the royal foundation, 10 were considered by the headmaster of the normal school suitable for future work as teachers in elementary schools. However, approval from the Council of Lieutenancy was needed for this, so that they could study music as well as Latin. On 2 December 1791, the Council of Lieutenancy ordered the director of the orphanage that the boys who showed an interest in teaching careers should receive special attention, and the Council of Lieutenancy should be regularly informed about their success and morals, because the orphanage “*should be something like a seminary*” for the training of elementary school teachers.³³ The education of the boys had to be similarly oriented after the orphanage moved to Győr.³⁴ After the transformation of the orphanage in 1815, grants from the resources of the institution were awarded to students in all levels of school in the whole kingdom.

The royal orphanage was a result of a new approach by the state to care for abandoned and orphaned children, but the successors of Maria Theresa did not continue it. Joseph II preserved the facility in a reduced form, but defined care for this category of dependant persons as a responsibility of local government and aristocratic estate authorities, so he did not prepare the establishment of any more royal orphanages. Above all, local jurisdictions had to protect the property of orphans and ensure that it was properly administered during the minority of heirs.

Care for children was secured in the framework of the family, involving tutors and foster parents. The cost of care was paid from the income from property or from the domestic or municipal budget. The orphanages and foundations intended to support children established in Hungary from the 1730s formed only a supplement to the traditional system of communal care and cared for only an insignificant proportion of the total number of orphaned or abandoned children. This was still the case in the first half of the 19th century.

The local orphanages separated from the Bratislava institution in 1790 returned to their original locations, namely Oradea, Sopron, Kőszeg and Szombathely, and continued to provide an institutional form of care for children. In the course of the first half of the 19th century, further institutions were gradually added in Vesprém (1809), Pécs (1825), Bratislava (1832), Žilina (1833), Košice (1842) and Pest (1843). However, in contrast to the royal orphanage, these institutions were not concerned with the whole country, only with their own district or region. They were founded and administered by municipal or Catholic Church institutions, or by women’s charitable societies.

32 *Historische Beschreibung von der milden und merkwürdigen Szecsenisch-Kollonicsischen Stiftung Hungarns...*, 1789.

33 MNL OL, C 80, 1791, f. 21.

34 MNL OL, C 80, 1800, f. 6.

Apart from material care, all the orphanages placed special emphasis on the moral and religious education of the children, as well as on education “appropriate” to their gender and social status. Apart from the basics of their faith, children were taught reading, writing and arithmetic, with instruction provided directly in the institution or in a local elementary school. Boys were also taught a craft and girls were taught to do housework so that they would be able to work as servants. Some institutions enabled gifted boys to continue with grammar school study. Apart from the institutions providing institutional care, foundations, that provided regular financial support to poor orphaned children during their studies or until they reached a certain age, were established in the country in this period.

Child care facilities

In the first half of the 19th century, a new category of dependent persons began to be considered in the towns of Hungary, namely children aged two to seven coming from poor families in which both parents needed to work to earn their living. Such children were left unsupervised from an early age, which threatened not only their health and safety, but also their moral and intellectual development. In the cities of Western Europe, philanthropists already began to be concerned with the question of care for this group of children from around 1800. Child care facilities were established under various names to solve this problem in England, Holland, Belgium, France and Saxony.³⁵ It is possible to trace two basic tendencies in the foundation of these institutions during the following years. One of them was directed towards building up child care facilities as charitable and care institutions, while the other placed great emphasis on the fulfilment of educational as well as charitable aims.³⁶

Theresa of Brunswick became a pioneer of child care in Hungary. She learnt about this type of facility combining care and education for children of pre-school age during her travels abroad. She founded the first child care facility at Buda in 1828, and thanks to her initiative there were 12 of them by 1836.³⁷ Apart from Pest and Buda, they could be found in Banská Bystrica (1829), Bratislava (1830, 1831) and Trnava (1832). The main purpose of the child care facilities was to provide the children of poor working parents with all-day care and adequate education, which would prevent their moral decline. Society perceived the educational aspect of the child care facilities as prevention of child criminality, street begging and the creation of gangs of children.³⁸ Children received free

35 MIKLEŠ, Ján. Kapitoly o vzniku ústavnej predškolskej výchovy na Slovensku. (Chapters from the origin of institutional pre-school education in Slovakia.). In HOLÉCYOVÁ, Oľga (ed.). *Kapitoly z histórie materského školstva na Slovensku*. Bratislava : Slovenské pedagogické nakladateľstvo, 1970, p. 23-24.

36 KASÁČOVÁ, Bronislava. Od detských opatrovní po predškolskú edukáciu. (From child care to pre-school education.). In GAŠPAROVÁ, Eva – MIŇOVÁ, Monika (eds.). *Od detskej opatrovne k materskej škôlke*. Banská Bystrica : Slovenský výbor Svetovej organizácie pre predškolskú výchovu, Spoločnosť pre predškolskú výchovu, 2009, p. 14. ISBN 9788097026608; Accessed at http://omep.sk/wp-content/uploads/2013/03/zbornik2009_bb.pdf, [8 Dec 2015].

37 TARJANOVÁ, Margita. O vzniku materských škôl. (On the origin of nursery schools.). In HOLÉCYOVÁ, Oľga (ed.). *Kapitoly z histórie materského školstva na Slovensku*, ref. 35, p. 79.

38 KEMÉNY, Ludwig. *Hundert Jahre der Wohltätigkeit gewidmet, 1830–1930. Rückblick auf die Vergangenheit des Pressburger wohltätigen Frauenvereines als Jubiläums-Festschrift*. Bratislava : C. F. Wigand,

care or paid a fee, which did not correspond to the real cost, according to the social position of their families. The majority of child care facilities were established and operated by women's charitable societies. The resources for their running came from gifts, membership fees, income from capital and various collections or charitable undertakings.

The care and educational programme of the first child care facilities in Hungary was significantly influenced by the work of the English theorist on pre-school care and education of children Samuel Wilderspin.³⁹ Wilderspin emphasized the educational dimension of the activity of these institutions. He saw them as children's schools forming a preliminary stage of elementary education or a substitute for it. Theresa of Brunswick also initially held the view that these institutions should be small schools, which would provide hitherto lacking educational opportunities for poor children. The children in them would gain knowledge to such an extent that they would not need to continue their school education after leaving. Under the influence of the ideas of other contemporary philanthropists and education experts, especially Johann Heinrich Pestalozzi and Joseph Wertheimer, but also Anthony Rehlinger and Stephen Rokos, the first teachers in the child care facilities at Trnava and Banská Bystrica changed their views. They began to prefer care rather than school learning, bringing play into the educational process, making more use of pictures and visual aids.⁴⁰

Efforts to create state charitable institutions

During the reign of Joseph II so-called general hospitals, which had to be established in the centres of the individual parts of the monarchy, became a new element in the system of social and health care. These institutions represented the application of the monarch's ideas about specialized and targeted care provided under state control. These hospitals combined under one administration medical treatment, maternity wards and sections for looking after the poor, foundlings and the mentally ill. Supervision of their activity was the responsibility of the administration of the land in which they were situated. The basis for their financing was the income from funds derived from the property of local charitable institutions and various endowments. Although the general hospitals were regarded as institutions belonging to their whole region, mainly people from the city in which they were located were accepted into their charitable and medical facilities. Patients and other recipients of care were divided into three or four classes. People, who could not pay because of poverty, belonged to the lowest class and received free care. Other patients were assigned to classes according to the amount they paid. The quality of the care they received depended on this.

1930, p. 5.

39 T. of Brunswick was most influenced by Wilderspin's work *Infant Education; or Remarks on the Importance of Educating the Infant Poor; from the Age of Eighteen Months to Seven Years*, London 1825, or to be more specific by the third edition of this work in German, published in 1826 in Vienna thanks to her adviser Joseph Wertheimer. KASÁČOVÁ, *Od detských opatrovní po predškolskú edukáciu*, (*From child care to pre-school education*), ref. 36, p. 16.

40 MICHALIČKA, Vladimír. Odkaz Terézie Brunšvikovej. (The message of Theresa of Brunswick.). In *Predškolská výchova*, 54, 1999/2000, p. 12.

The first, essentially model hospital was established in Vienna in 1784. Others were gradually added in Brno (1786), Olomouc (1787) and Prague (1790). As a result of long term problems with financing these institutions, the Emperor Francis I decided that the maternity ward and foundlings sections (1818) and the mental illness departments (1820) would be state facilities supported from public resources. The medical care and poor-house sections remained local charitable institutions financed from municipal and private resources.⁴¹ In many cases they became a basis for independent specialized facilities such as mental hospitals or maternity wards.

No general hospital was established in the Kingdom of Hungary and it seems the state authorities did not prepare to establish one. This may have been because Joseph II decided to change the capital of the country. At the beginning of the 1780s, the old capital Bratislava already had a wide range of charitable institutions by Hungarian standards, with property that could become the basis for the establishment of a general hospital, although with less capacity than in other cities of the monarchy. Buda regained the status of capital after almost 250 years, but up to 1784 it was only a smaller city of regional importance. The property of the charitable institutions active in its territory could not cover the cost of building and operating a general hospital. As was already mentioned, some form of these institutions actually arose in the larger cities of Hungary. However, they did not serve the whole state, only their own districts. They were subject to municipal authorities and had limited capacity. The state authorities planned to establish in Hungary at least some facilities, such as a mental hospital or maternity ward, which operated in the framework of general hospitals in other regions of the monarchy, but these ideas were not implemented. The only charitable institutions for the whole country established by the state authorities up to 1848 were institutes for the deaf and blind, but they had a more educational than charitable purpose.

Care for the mentally ill

In the absence of a general hospital, the need for a state institution for the mentally ill appeared to be the most acute. Leopold II took the first step towards establishing one with a mandate from 26 August 1791 to create a fund worth 300 thousand gulden derived from the property of dissolved religious brotherhoods, for the purpose of establishing such an institution.⁴² The idea was forgotten for some time because of the Napoleonic War, but in 1807 Francis I repeated the decision to create an institute for the mentally ill and disabled in Hungary. Since the fund from the property of the religious brotherhoods was not sufficient for its establishment and operation, the missing resources had to be found by launching a collection in the whole state. The monarch expected that it would be just as successful as in the case of the institute for the deaf,⁴³ but the money from the

41 HLAVAČKA, Milan et al. *Sociální myšlení a sociální praxe v českých zemích 1781–1939*. (Social thinking and social practice in the Czech Lands 1781–1939.). Prague : Historický ústav, 2015, p. 41.

42 LINZBAUER, III/I, ref. 5, p. 665.

43 LINZBAUER, Franciscus Xaver. *Codex sanitario-medicinalis Hungariae. Tomus III., sectio II*. Budae : Typis caesereo-regiae scientiarum universitatis, 1855, p. 240.

collection did not fulfil expectations, so appeals to collect money for this purpose were again published in 1826 and 1829.⁴⁴

The institutes for the mentally ill established in the Monarchy in the 1790s were directed more towards looking after patients and isolating them from the surroundings than actually treating them. However, in the course of the first half of the 19th century, psychiatry began to emerge as an independent branch of medicine, and institutes for the mentally ill began to employ specialist doctors, so that they gradually changed into real medical facilities. According to statistics from 1837, institutes for the mentally ill existed in the capital cities of all the provinces of the Monarchy with the exceptions of Dalmatia, Transylvania, the Military Frontier and Hungary. There were 38 institutes in the whole Monarchy, but 9 of them were in Lombardy and 16 in Venetia.⁴⁵ However, according to the literature of the time, they were still more policing and care than treatment facilities. The institutes in Prague and at Hall in Tyrol were the only exceptions in this area.⁴⁶ For several decades, the establishment of an institute for the mentally ill in Hungary remained on the level of considerations and plans, which did not acquire any reality until 1836, when Bishop Franz Nádasdy of Vác bought the building of the former Theresiana in Vác for the needs of the institute and Kazimír Gáspárik donated 1000 gulden for its establishment.⁴⁷ Adaptation of a building began later, but the institute still had not opened in 1848.⁴⁸

The absence of a state institute seriously complicated the possibility of local jurisdictions to fulfil the decree of Leopold II from 1790, which bound them to care for dependent persons with mental breakdowns. Town or county authorities could request the acceptance of mentally ill people by institutions outside the territory of the Kingdom of Hungary, but this solution was associated with many difficulties, especially the burden it placed on the domestic budget. Separate departments in the hospitals of the Brothers of Mercy and special rooms in town hospitals became a starting point for towns dealing

44 LINZBAUER, Franciscus Xaver. *Codex sanitario-medicinalis Hungariae. Tomus III., sectio III.* Budae : Typis caesereo-regiae scientiarum universitatis, 1860, p. 165, 355.

45 SPRINGER, Johann. *Statistik des österreichischen Kaiserstaates. Zweiter Band.* Wien : Fr. Beck's Universitäts-Buchhandlung, 1840, p. 65-66; Accessible at https://books.google.sk/books?id=a5tM5L-Gr_ZsC&printsec=frontcover&dq=SPRINGER,+Johann.+Statistik+des+%C3%B6sterreichischen+Kaiserstaates&hl=sk&sa=X&redir_esc=y#v=onepage&q&f=false, [2 Dec 2015].

46 ISENSEE, Emil. *Geschichte der Medicin, Chirurgie, Geburtshülfe ..., Zweiter Theil, Sechtes Buch.* Berlin : Albert Nauck & Comp., 1845, p. 1306; Accessible at https://books.google.sk/books?id=331NAAAAcAAJ&pg=PA1306&dq=irrenanstalt+waitzen&hl=sk&sa=X&redir_esc=y#v=onepage&q=irrenanstalt%20waitzen&f=false, [14 Dec 2015].

47 LINZBAUER, Franciscus Xaver. *Codex sanitario-medicinalis Hungariae. Tomus III., sectio V.* Budae : Typis caesereo-regiae scientiarum universitatis, 1861, p. 133.

48 Information about the establishment of the institution for the mentally ill at Vác was presented by the *Allgemeine Zeitschrift für Psychiatrie* published in Berlin (1847, vol. 4, part 1); Accessible at https://books.google.sk/books?id=j3kFAAAAQAAJ&pg=PR6&dq=irrenanstalt+waitzen&hl=sk&sa=X&redir_esc=y#v=onepage&q=irrenanstalt%20waitzen&f=false, [16 Dec 2015]. At that time the building had still not been reconstructed and the capacity of the institute had not been determined. In 1851 Ferenc Schwartzer von Babarcz, pioneer of psychiatry in Hungary finally established the institute at Vác. However, it had a private character and in 1852 it moved to Buda. A state institute for the mentally ill was established according to the plans F. Schwartzer in Buda (Lipótmező) only in 1862.

with this situation,⁴⁹ while the counties solved this problem in the framework of the development of county hospitals.⁵⁰ Some of them established their own independent institutes with a smaller capacity.⁵¹

Some of the mentally ill patients from Hungary found treatment in the institutes of other parts of the Monarchy, especially in Vienna. There were two ways to get into an institution: either at the request of their families, or because they lived and worked in Vienna or Lower Austria at the time they became ill. Since people from Hungary were considered “foreign”, they did not have a claim to free treatment even in the event of material need. Payment for their treatment became a long term and insoluble problem, which concerned the government of Lower Austria as well as the Hungarian and Viennese officials. The cost of treatment for patients from Hungary had to be paid by their families or home municipalities. However, both sides endeavoured to avoid this obligation. Relations argued that they were too poor, while municipalities argued that the persons in question were not known to them, had not been long-term residents and did not own any immovable property. On the basis of a decision from the monarch, patients from Hungary, their relations or home municipalities could request payment of the cost of a stay in an institute from the funds of suppressed religious brotherhoods. Since the representatives of mentally ill persons from Hungary repeatedly asked for support only when a patient was already in an institute, or the debt for his treatment grew, the monarch decreed in 1807 that patients from Hungary could be accepted by the Vienna institute only if they pay for their stay. If they did not have resources to pay for treatment and wanted to apply for support from the fund, the monarch had to give approval before patients could be accepted.⁵²

In 1822, with reference to the royal mandate from 1790, the Council of Lieutenancy again reminded the local authorities of their obligation to care for their own poor, especially for the mentally ill without their own financial resources. Local authorities could pay for care for mentally ill persons in extreme cases from the resources of the domestic budget. In relation to the fact that the number of patients from Hungary in the Vienna institute, supported by resources from the dissolved brotherhoods was growing and the cost of their care exceeded the possibilities of these resources, the Council of Lieutenancy decided that patients from Hungary could not be accepted by the Vienna institute at the expense of the fund, and those who did not present a danger to their surroundings would be returned to domestic care. A list of the persons who had to leave the institute had to be sent to the local authorities in the near future.⁵³

49 The precise number of mentally ill people treated in hospitals of the Brothers of Mercy is given, for example, in an expert report to the Council of Lieutenancy from 31 March 1829. Linzbauer, III/III., ref. 44, p. 357-358.

50 The first county hospital for the mentally ill opened in 1824 at Trnava. The Nitra county hospital opened in 1833 also had such a department. Both hospitals had a capacity of 80 beds, 20 of them intended for patients with mental illnesses. *Statistik des medicinal-Standes*, ref. 10, p. 79, 87.

51 For example, the counties of Veszprém (1837) and Sátoraljaújhely (1840). *Statistik des medicinal-Standes*, ref. 10, p. 123, 211.

52 LINZBAUER, III/II, ref. 43, p. 234.

53 LINZBAUER, III/III, ref. 44, p. 35.

Since the enforcement of payment by the patients from Hungary in the Vienna institute was slow and usually ineffective, the monarch attempted to simplify the whole process by decreeing observance of reciprocity in 1814. In practice it meant that the charitable institutions in Lower Austria and Hungary cared for patients from the other part of the state without charge.⁵⁴ The mandate also ordered categorization of patients. The first category was patients with short-term illnesses, the second was people with mental breakdowns and third was crippled or deformed people called *monstrosi* in Latin. Reciprocity applied to patients in the first and second categories, while people in the third group had to be paid for by their families or home municipalities. Since Hungary had no state institution for mentally ill and disabled patients, the duty of reciprocity applied to charitable institutions administered mainly by town authorities. However, the towns of Hungary rejected such a solution. In their view it was no problem to provide free assistance for patients in the first category, but nobody in Hungary wanted to provide free care for mentally ill people, who were expected to require long-term or permanent hospitalization. They proposed payment of expenses from a public fund, but no such fund existed in Hungary.⁵⁵

Since they had failed to establish reciprocity between the Austrian and Hungarian parts of the Monarchy, the monarch decided that the Vienna institute did not have an obligation to accept patients from Hungary,⁵⁶ who could not pay their own expenses. Existing patients, who were not paid for by their families or municipalities, had to return to domestic care in Hungary.⁵⁷ Who had to secure and finance their transport remained an unanswered question. In spite of these measure, patients from Hungary, for whom no payment was received, remained in the institute, and the government of Lower Austria demanded payment from the Council of Lieutenancy of Hungary. However, it could not effectively solve this problem, so it again asked the government of Lower Austria not to accept patients from Hungary if they did not guarantee payment. Its report from 31 March 1829 presented the view that it was necessary to find out the real origin of mentally ill people. Among the 119 mentally ill people in institutions in Hungary at the time, there were surely some people from the Austrian part of the Monarchy to whom the principle of reciprocity applied. Where the deportation of non-paying people from the Vienna institute to Hungary was concerned, the Council of Lieutenancy warned against the possible difficulties, lack of experience with such a solution and lack of financial resources for providing transport. In addition, mentally ill people of foreign origin in Hungary were never deported back to their places of origin.⁵⁸ In spite of the efforts of all the interested parties, the deadlocked situation was not solved. The monarch and the Council of Lieutenancy issued repeated appeals that insolvent people not be admitted to the institute, but non-paying people from Hungary remained among its patients. The government of Lower Austria continued to send statements on the debts and demands for payments to

54 LINZBAUER, III/III, ref. 44, p. 445.

55 LINZBAUER, III/III, ref. 44, p. 357-358.

56 People who originated from Hungary but had lived in Vienna for at least 10 years without interruption were an exception.

57 LINZBAUER, III/II, ref. 43, p. 475, 542.

58 LINZBAUER, III/III, ref. 44, p. 357-358.

the Council of Lieutenancy which sent them to the local officials, who usually informed the Council of Lieutenancy that the patients' families could not pay the debts for various reasons. The state authorities considered the deportation of the non-paying people back to Hungary as the only way out of this vicious circle,⁵⁹ but they never actually progressed to this radical step.

Maternity wards and foundlings homes

The physiocratic and populationist theories that influenced the policies of Maria Theresa and Joseph II brought a new view of the value of population and of every individual as a potential soldier or worker. The approach of the state authorities to the question of children conceived or born outside marriage also began to change under their influence. This change was not only manifested in the reduction and later abolition of penalties for extra-marital pregnancy, but also in an effort to establish institutions where single pregnant women could find refuge, safely give birth to their babies and have the possibility to leave them in the care of the state.⁶⁰ The Mary Magdalene Maternity Ward and Foundlings Home founded in Prague in 1765 on the basis of a decree issued by Maria Theresa in 1762, was one of the first of such institutions in the Monarchy.⁶¹ The aim of Joseph II was to develop such institutions as part of the general hospital in each province of the Monarchy.

A maternity ward was established as a refuge for pregnant women, who wanted to give birth secretly and perhaps also permanently conceal from the world the "*fruit of their sin*". According to the literature of the time, they were intended especially to provide expectant single mothers with the necessary care, to protect them from shame and need, and to care for the innocent babies to which they gave life.⁶² The state authorities saw these institutions as ways of preventing abortion, infanticide, illegal abandonment of children and suicides of single mothers. The first Josephine maternity ward was opened in 1784 in Vienna. It was followed institutions at Brno and Olomouc in 1785 and Prague in 1789.⁶³ Maternity wards with foundlings homes were also founded by provincial governments after the death of Joseph II. By 1840 they existed in all parts of the Monarchy except Hungary and Transylvania.⁶⁴ Maternity wards and foundlings homes undoubtedly represented a progressive element in the system of social and health care, but it soon turned out that they did not entirely solve the difficult position of single mothers and their extra-marital children. The primary aim of these institutions was to protect the lives

59 LINZBAUER, Franciscus Xaver. *Codex sanitario-medicinalis Hungariae. Tomus III., sectio IV.* Budae : Typis caesereo-regiae scientiarum universitatis, 1861, p. 637.

60 TINKOVÁ, Daniela. *Tělo, věda, stát. Zrození porodnice v osvícenské Evropě.* (Body, science, state. The origin of maternity wards in Enlightenment Europe.). Praha : Argo, p. 46-47.

61 BAYER, Thaddäus. *Beschreibung der öffentlichen Armen-Versorgungsanstalten in der königl. böhmischen Hauptstadt Prag.* Prag, 1793, p. 22-23.

62 HAIDINGER, Andreas. *Das wohlthätige und gemeinnützige Wien.* Wien : Druck und Verlag A. Pichler's sel. Witwe, 1844, p. 327, accessible at <https://books.google.sk/books?id=z11iAAAAcAAJ&pg=PR1&dq=andreas+haidinger&hl=sk&sa=X&ved=0ahUKewjpkK7j6LKAhUF3g4KHa-RD-scQ6AEIOjAE#v=onepage&q=andreas%20haidinger&f=false>, (11 Dec 2015).

63 TINKOVÁ, ref. 60, p. 327, 329.

64 SPRINGER, ref. 45, p. 67.

of threatened children and their mothers, but a high death rate, both in the institutions themselves and in foster families, became a long-term and insoluble problem.

Since maternity wards with foundlings homes were built according to a unified model, they functioned according to more or less the same principles in the whole Monarchy. The majority of them had four divisions with graded fees for the care they provided. The first division with the highest fees enabled women to give birth secretly, while the last was free of charges for the poorest women, but they had to submit evidence of their poverty. In return for free treatment, the poorest women had to provide their bodies for the needs of instruction, and after giving birth, they had to serve as wet nurses in the foundlings home for some time. Mothers from the first three classes could leave their babies in the foundlings home for an established and graded fee. Women from the fourth category could do it free of charge. Maternity wards varied in the extent of their responsibilities. Some only accepted future mothers from the town and its surroundings, others from the whole country or province. The majority of maternity wards also served as training centres for midwives and obstetricians.⁶⁵

Children born in the maternity ward to mothers who could not or did not want to care for them were placed in the foundlings home, so both institutions usually operated under one administration. According to the directing rules⁶⁶ a foundlings home was originally intended only for new-born babies from a maternity ward, but later their activity was extended to include children from outside – real foundlings, orphans or children of living but poor parents. These children could be accepted into the foundlings home only with the approval of the appropriate provincial office, which also set the conditions for acceptance and the level of fees. Children fulfilling the established criteria were accepted without payment in the case of poverty and parents resident in the place of activity of the institution. Relations or the home municipality had to pay an entry fee for other children.⁶⁷

The institution had to place healthy children with foster parents as soon as possible, while sick or weak children were given the care they needed. However, interest in accepting children into foster care was low. At the request of the authorities, parish priests repeatedly appealed for people to show love for their neighbours in this way. Especially families from the lower social groups took an interest in children from foundlings homes. Such families regarded the payments for looking after such children as a way of increasing their income, and the low level of care they provided corresponded to this.⁶⁸ Financial compensation was graded according to the age of the child into three categories. The first and best paid was children up to one year receiving breast feeding, the second was

65 TINKOVÁ, ref. 60, p. 329-336.

66 Decree of Joseph II from 16 April 1781 with the title *Direktiv-regeln zur künftigen einrichtung der hiesigen spitäler und allgemeinen versorgungshäuser*, which set the basic guidelines for reform of charitable institutions in the country.

67 HALÍŘOVÁ, Martina. *Sociální patologie a ochrana dětství v Čechách od dob osvícenství do roku 1914 : disciplinace jako součást ochrany dětství*. (Social pathology and the protection of children in Bohemia from the Enlightenment to 1914: discipline as part of the protection of children.). Pardubice : Univerzita Pardubice, Fakulta filozofická, 2012, p. 120-121. zlý typ písma, nemá být podčiárknuté

68 HALÍŘOVÁ, ref. 67, p. 131-137.

children aged one to eight and the last was those aged ten to twelve. The institution did not pay for children aged over 12. They were expected to be able to support themselves from their work. However, the administrators of the foundlings home still had to make sure that a child learnt a craft. Children, who could not work because of their weak physical condition, had to be placed in an orphanage. To ensure better care and a lower death rate among young children, foster parents were promised an additional payment if a child reached the age of one and another at the age of five.⁶⁹

Telling evidence of the position of children in foster care can be found, for example, in the mandate of the Emperor Francis II from 1804, issued again two years later, to regulate the situation in the Vienna foundlings home. The institution had got into financial difficulties because of high prices caused by the long-lasting war, so the monarch decreed various benefits to motivate parents to take children into their care without payment. If foster parents took two children into their care without payment, looked after them until they were 12 and at least one of them was a boy, then one of their own sons would be freed from military service. If they took two boys, only one of them would have an obligation to serve in the army. Children for whom the institution offered no financial compensation were essentially offered to foster parents as cheap workers, since they had to stay until they were 22, and help with work in agriculture, craft or trade without payment.

After reaching the prescribed age, they could decide for themselves whether to remain with their foster parents or find other ways to make their living. To prevent bad treatment of children by foster parents, they were subject to supervision by the local authorities, parish priests and so-called fathers of the poor. If they were known, the parents did not lose a claim to their children. If they expressed an interest in their children, they had to repay the costs paid to the foster parents for their care, the bonus paid to the foster parents by the foundlings home when the children were one and five, and compensation for the profit expected from the children's work until they reached the age of 22.⁷⁰

One of the few mentions of a plan to establish a maternity ward in Hungary appears in a mandate of Francis II from 1799. As a result of the growing number of infanticides, the monarch ordered the quick establishment in the country of an institution in which single pregnant women would be able to give birth to their children secretly, and to create a fund to finance it. Apart from a plan to establish a maternity ward, he also asked for proposals on how to prevent killing of new-born babies and enable single mothers to safely give birth in places where a maternity ward could not be established. The Council of Lieutenancy proposed to solve this problem by creating small sections for mothers and new-born babies in municipal charitable institutions.

On the basis of this royal decree, local jurisdictions were asked whether they could provide several rooms in their charitable facilities for use as maternity wards. The representatives of towns with no such possibility had to state how they could fulfil the

69 LINZBAUER, III/II., ref. 43, p. 238. The categorization of children by age and the level of payments changed according to the level of economic development in the region. The payment was supposed to correspond to the real cost of looking after a child, but in reality it lagged behind the actual development of prices.

70 LINZBAUER, III/II., ref. 43, p. 237.

monarch's intension to help single mothers.⁷¹ As was already stated above, a state maternity ward was not established in Hungary. The plan to create small sections for mothers and their children in town hospitals and other charitable institutions was more successful. As in the case of the mentally ill, the state transferred responsibility for single mothers and their children to local authorities.

As in the case of other state charitable institutions, the situation around the foundlings home in Hungary developed differently to other parts of the Monarchy. According to the directive rules from 1781, a foundlings home for children aged up to six and an orphanage for children aged six to fifteen had to be established in every province. However, later Joseph II changed his decision. He ordered the merging of the existing orphanages in the individual provinces and their union under one administration with the newly established foundlings homes. In an effort to minimize costs and maximize the number of children receiving care, he ordered that all the children had to be placed with foster parents, and only a limited number of boys with the ability to study would remain in institutional care. The court decree from September 1788 also abolished the categorization of children into "foundlings" and "orphans", and introduced the term "orphan" for all age categories.⁷²

The Royal Orphanage of Hungary was reorganized in 1786 according to the directive rules from 1781, on the basis of which the institution was intended for children aged six to sixteen.⁷³ The decision to merge the orphanage with the foundlings home could not be implemented in the conditions of Hungary because there were not enough financial resources to establish a foundlings home. The solution was a new age categorization of the children in the orphanage, according to which the youngest age group was under one year, the next was 1–10 and the last was 10–18.⁷⁴ Thus, in Hungary the foundlings home was actually created in the framework of the orphanage. According to a list from 1791, the orphanage had 30 children younger than one year, for whom foster parents were paid 24 gulden a year, and clothing or other goods worth a further 8 gulden on receiving a child. After the death of Joseph II, the orphanage underwent a further transformation at the end of 1790, after which only children older than one year were accepted.⁷⁵ Care for children aged up to one year, whether they were true foundlings, extra-marital children or children of poor parents became exclusively the responsibility of local authorities.

Educational institutions for deaf and blind children

As was already mentioned, the only charitable institutions successfully established for the whole of Hungary in the first half of the 19th century were the educational institutions for blind and deaf-mute children. The successes of enthusiastic individuals in some European countries in educating children with impaired sight or hearing also convinced the Habsburg monarchs that with appropriate up-bringing and education such handicapped persons were not inevitably dependent on help from their families or from

71 LINZBAUER, III/II, ref. 5, p. 828.

72 HALÍŘOVÁ, ref. 67, p. 117.

73 LINZBAUER, III/I, ref. 5, p. 219-220.

74 *Historische Beschreibung von der milden und merkwürdigen Szecsenisch-Kollonicsischen Stiftung Hungarns ...*, 1789.

75 MNL OL, C 80, 1790, f. 30.

charitable institutions, and could do work that would contribute to the common good. Since the establishment and financing of institutions specializing in the up-bringing and education of handicapped children was beyond the possibilities of local government, they arose in the individual provinces of the Monarchy as state institutions with support from the Vienna court.

The institute for deaf-mute children

The first attempts to educate deaf-mute children were recorded in some European countries already in the 16th and 17th centuries. The foundations of their education were laid by the Frenchman Charles Michel de l'Épée (1712–1789) and the German Samuel Heinicke in the second half of the 18th century. L'Épée founded his institute in Paris in 1773, and Heinicke independently of him in 1778 at Leipzig. Their innovation lay in the fact that in contrast to their forerunners, they not only endeavoured to teach children to speak, but wanted to give them a real up-bringing and education. L'Épée and Heinicke taught in their schools according to methods they created themselves. Their combination and improvement led to the so-called Viennese method, used in institutions in the territory of the Habsburg Monarchy.⁷⁶

Maria Theresa opened the first school in the Monarchy for deaf children in 1779 at the city hospital in Vienna according to the example of the Paris institute, which Joseph II had visited in 1777 during his journey to France. The school had a capacity of 12 places, six for boys and the same number for girls. After the accession of Joseph II, the school became an independent institution with its own building and a gradually increasing number of places financed from public resources.⁷⁷

In Hungary Andrej Cházár initiated the establishment of an institution. He began to collect financial resources, but gained the support of Francis II for his private initiative. The Council of Lieutenancy announced in a decree from 7 October 1800 that the monarch had decreed the establishment of an institution at Vác, and for this purpose granted the building of the former bishop's palace to the foundation's fund. He justified his decision by the position of the town in the centre of the kingdom with a healthy climate and acceptable food prices.⁷⁸ The institution had to be established and operate under state administration. Resources to finance it had to be obtained from a public collection. To propagate the new institution and inform the public about its aims, the decree included a report written in German and Hungarian about the existence of a similar institution in Vienna.⁷⁹ In August 1801 the Council of Lieutenancy ordered local authorities to compile lists of children, who could satisfy the criteria for acceptance by the institution. The lists

76 On the beginnings of education of deaf-mute children see e.g. VENUS, Alexander. *Das kaiserl. königl. Taubstumm-Institut in Wien*. Wien : bei Wilhelm Braumüller, 1854, p. 1-19; Accessible at https://books.google.sk/books?id=SzBQAAAAcAAJ&printsec=frontcover&dq=VENUS,+Alexander.+Das+kaiserl.+k%C3%B6nigl.+Taubstumm&hl=sk&sa=X&redir_esc=y#v=onepage&q=VENUS%2C%20Alexander.%20Das%20kaiserl.%20k%C3%B6nigl.%20Taubstumm&f=false, [8 Dec 2015].

77 VENUS, ref. 76, p. 21.

78 Andrej Cházár originally intended to establish an institution in Rožňava and he gave his own house for this purpose.

79 LINZBAUER, III/I., ref. 5, s. 856-876.

had to give the names and ages of children with information about their physical and the social position of their parents or other relations.⁸⁰

The ceremonial opening of the institution happened on 19 March 1802.⁸¹ Since the collection did not bring the expected amount of money, the operating costs were paid from the resources of the foundation fund. However, such a solution was considered only temporary because the institute would not have enough of its own financial capital to provide income for its activities. In the decree announcing the opening of the institute, the Council of Lieutenancy again appealed to the local authorities and public of the kingdom to support its existence according to their possibilities. In an effort to motivate donors, the state authorities decided that if an individual or corporation (county or town) gave the institution 2 000 gulden, they would gain the permanent right to a place for their candidate.⁸² In an attempt to gain the support of benefactors, the leadership of the newly established institution also helped with propagation. Newspapers published extensive reports about the mission of the institution,⁸³ public tests of the pupils were organized in the presence of members of the secular and religious elites of Hungary, and the results were reported by the press.⁸⁴ The institution received financial support from the foundation fund until 1812, when the monarch definitively stopped it. In an effort to avoid financial decline of the institution, the Council of Lieutenancy again turned to the public of Hungary with an appeal for continued financial support.⁸⁵

Children with impaired hearing aged 7 to 14 were accepted into the institution. In relation to the six year period of study, pupils could not be aged more than 20. A good state of health and physical condition was a condition for acceptance. Education of those with handicaps in addition to impaired hearing was considered ineffective and in conflict with the mission of the institution, which was to bring up useful citizens of the state and not people dependent on help from others. Parents, who wanted to place their children in the school without paying fees, had to apply with the support of county or other authorities to the Council of Lieutenancy with evidence of poverty and the child's state of health. The institution could accept 30 non-fee-paying children. The number of fee-paying students was not limited. In 1804 the annual fee for one child was 100 gulden. A further payment of 100 gulden secured a higher standard of care. The children received accommodation, food, clothes, study materials and when necessary medical care.

During their six years of study, the children learnt reading, writing, arithmetic and the basics of the Christian religion. Parents could decide whether their children would be educated in German or Hungarian. School education was combined with practical

80 LINZBAUER, III/II., ref. 43, p. 13-14.

81 The Vác institute was the third to be established in the territory of the Habsburg Monarchy after Vienna (1779) and Prague (1786).

82 LINZBAUER, III/II, ref. 43, p. 19-20.

83 *Pressburger Zeitung*, no. 26, 5 April 1803; Kurze Beschreibung des königl. Ungrischen Taubstummen Instituts zu Waitzen. In SCHEDIUS, Ludwig. *Zeitschrift von und für Ungern, zur Beförderung der vaterländischen Geschichte, Erdkunde und Literatur*, 1804, p. 327-340.

84 *Pressburger Zeitung*, no. 47, 17 June 1803, *Pressburger Zeitung*, no. 1, 6 Jan 1804; SCHEDIUS, Ludwig. *Zeitschrift von und für Ungern, zur Beförderung der vaterländischen Geschichte, Erdkunde und Literatur*, 1803, p. 189-190.

85 LINZBAUER, III/II, ref. 43, p. 326-327.

training. Boys learnt a craft and left the institution as journeymen, while girls had to learn to do housework so that they would be able to work as servants. After completing their study, children returned to their parents or found their own way of making a living. If they had been orphaned or came from very poor families, boys received 20 gulden and girls 15 gulden for their journeys.⁸⁶

The institute for the blind in Pest

Education of visually handicapped children first began to receive attention in the second half of the 18th century from the Frenchman Valentin Hauy and the blind pianist Theresa von Paradies. The school for blind children he founded in his house in Paris in 1784 became a model that was soon followed in other European cities. In the territory of the Habsburg Monarchy, the first institutes were established in Vienna and Prague in 1808, followed by Linz in 1823 and Pest in 1826.⁸⁷

The director of the Vienna school J.W. Klein took the initiative in establishing an institute in Hungary. In 1825 he sent his associate Raphael Beitel to Bratislava to present his project to members of the Hungarian parliament. Beitel gained the support of the Palatine Joseph, and with his help, founded a small institute for four children in 1826. To present the importance of this to the Hungarian nobles and gain their support, he organized the first public test, a few months later. It was extraordinarily important for the further development of the institute, that the Palatine of Hungary became its patron. At the end of 1826 he decreed that it should move to Pest, he secured premises and appointed a supervisory board. The Palatine and his wife Maria Dorothea gave continual support to the institute. Their help included paying the expenses for two students. The costs of operating the institution were paid from the income from its fund, which was created from the financial resources collected at the 1825 parliament and the financial donations obtained from various individuals and institutions. In particular, the monarch Francis II, his wife, some Hungarian magnates and the city of Pest gave large contributions.⁸⁸

The Palatine's patronage of the institution and his generous support was considered binding and motivating not only for Hungarian magnates, but also for the central authorities of Hungary and local jurisdictions. Aristocrats established foundations for blind children from their estates or made long-term commitments to fund their study, state

86 Kurze Beschreibung des königl. Ungrischen Taubstummen Instituts zu Waitzen. In SCHEDIUS, Ludwig. *Zeitschrift von und für Ungern, zur Beförderung der vaterländischen Geschichte, Erdkunde und Literatur*, 1804, p. 327-340.

87 DOLEŽÁLEK, Anton Joseph. *Nachricht von der Verfassung des Blinden-Instituts in Pest*. Pesth : Gedruckt mit v. Trattner-Károlyischen Lettern, 1836, p. 7-8; Accessible at https://books.google.sk/books?id=02VU-AAAACAAJ&pg=PA8&dq=Nachricht+%C3%BCber+die+verfassung+des+Blinden&hl=sk&sa=X&redir_esc=y#v=onepage&q=Nachricht%20%C3%BCber%20die%20verfassung%20des%20Blinden&f=false, [17 Dec 2015].

88 DOLEŽÁLEK, Anton Joseph. *Ansichten über die Erziehung der Zöglinge einer Blinden-Anstalt*. Pest : In Commission bei Gustav Heckenast, 1840, s. 5-6. Accessible at <https://books.google.sk/books?id=Ef5XAAAACAAJ&pg=PA32&lpg=PA32&dq=dole%20%C5%BE%20%C3%A1lek+ansichten+%C3%BCber+die+beziehung&source=bl&ots=2dd09Aq661&sig=y9GaexPjGtw-eT313UZHT0e-Kup4&hl=sk&sa=X&ved=0ahUKUewjQ-9b4vqbKAhUGHg8KHV6GBdYQ6AEIMTAC#v=onepage&q=dole%20%C5%BE%20%C3%A1lek%20ansichten%20%C3%BCber%20die%20beziehung&f=false>, [17 Dec 2015].

offices made provisions for children of their employees and county or town authorities for children from their districts. Thanks to their foundations, the number of funded places at the institution continually grew.⁸⁹ In 1840 the foundation fund supported 12 children and there were a further 13 paying students. Foundations could have supported a further 14, but there were only 5 in that year because of lack of space in the building.⁹⁰ The institute for the blind had responsibility for the whole of Hungary, but it did not get the traditional state status administered by the Council of Lieutenancy under the supervision of the monarch. It operated as a private institution administered by an administrative board appointed by the Palatine, patron of the institute.⁹¹

In 1833 Raphael Beitzl was replaced as director by Anton Doležalek, who worked intensively to improve and propagate the institute. He published several smaller works and occasional speeches about the institute, its mission and the need to educate blind children, with the aim of informing the public about the existence of such a charitable facility in Hungary and encouraging individuals and institutions to support it.⁹² In 1839, when the Hungarian Parliament was going to discuss the construction of a new building for the institute at state expense, he sent to Bratislava ten of the older students, to demonstrate their knowledge and abilities to the members of parliament, especially in the area of playing musical instruments, with the aim of convincing them of the importance of such an educational institution and the effectiveness of educating blind children. The students from the institute did tests in public and in St. Martin's Church they performed a choral Mass composed by their blind teacher Ladislav Füredy. They also performed with the Bratislava Church Music Society in a great concert in the city concert hall. The immediate result of this journey was enough capital to endow two new foundation places, but the decision on the construction of a new building was delayed until the next parliament.⁹³

Children aged 8–12 were accepted by the institute. Incurable blindness but an otherwise good physical and mental state was a condition for acceptance. It had to be proved with a confirmation from a doctor. Proof of being vaccinated against or surviving smallpox was also required. Non-paying students also had to provide evidence of poverty. The public was informed about free places in the institute by reports published in the press. Applications for places financed from the institute's fund were addressed to the administrative board, which sent them to the director of the institute. He assessed the applications and proposed the appropriate candidates for acceptance. Students financed by private foundations were selected by the bearers of the right of patronage, but the obligation to submit the necessary confirmation documents also applied to them.⁹⁴

89 DOLEŽÁLEK, ref. 88, p. 6-7, 10-11, 19.

90 DOLEŽÁLEK, ref. 88, p. 27.

91 DOLEŽÁLEK, ref. 88, p. 6; DOLEŽÁLEK, ref. 87, p. 20-21.

92 In 1836 he prepared and published in German and Hungarian a report on the institute and distributed it to secular (county and royal borough) and religious (dioceses, chapters, superintendencies) jurisdictions with the request that they establish foundation places for children from their places of activity. DOLEŽÁLEK, ref. 88, p. 8-10.

93 DOLEŽÁLEK, ref. 88, p. 21-22, 26.

94 DOLEŽÁLEK, ref. 87, p. 27-29.

During their 6–8 years of study all the students received the basics of religious education and learnt reading, writing and arithmetic in the German or Hungarian language. Children were divided according to their ability into three classes, in which they received classical school education, musical or practical training. Gifted pupils could study further. The extent of the education they received enabled former students to study further or become private teachers or tutors. Children with musical gifts prepared for careers as musicians or music teachers, while other boys learnt crafts and girls learnt to do housework.⁹⁵ The education of children in the institute was not study for its own sake. The school really prepared them to undertake their chosen profession.⁹⁶ The problem of this charitable educational institution, as in the case of the institute for deaf-mute children, was the limited capacity of the funded places, which meant that only a small proportion of blind children could gain an education.

Conclusion

In the first half of the 19th century, the majority of the reform measures in the field of social care, which Joseph II failed to implement under state direction during his short reign, were gradually achieved thanks to initiatives from below. Social care came to be addressed and directed exclusively to those who could not support themselves by work, which meant especially children and the old, sick and handicapped. In contrast to earlier periods, enforced unemployment also became a reason for help or support. In essence, the medieval type of charitable institution, in which all categories of dependent persons lived under one roof, usually disappeared. Health care was separated from social care. Various small hospitals administered by religious orders were gradually supplemented by hospitals with specialized departments, established and run by local government, religious communities or charitable societies. Charitable institutions also gradually became specialized in their activities. Under the influence of the state authorities, local government began to devote increased attention to such categories of dependent persons as the mentally ill, single mothers, children of unmarried parents, who had previously been scorned or punished by society. On the provincial level, educational institutes for deaf-mute and blind children became a new element. They educated children so that they would be able to support themselves from their work in spite of their handicaps. In spite of the undoubted qualitative and quantitative development, the level of social and health care in Hungary significantly lagged behind that in other parts of the Monarchy, and because of lack of financial resources and the limited capacity of existing institutions, they were accessible only to a narrow range of people.

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95 For more details on the content of education at the institute see DOLEŽÁLEK, ref. 87, p. 13-19.

96 In his report on the institute from 1836, Anton Doležálek stated their former students included two teachers, five musicians, two weavers and a carpenter. From the nine students who left the institute in 1839, one continued to study while also working as a tutor, another became an organist in a monastery, a third return to his place of origin and worked as a carpenter. One became a weaver and another a maker of musical instruments. Two girls became servants, a third returned to her family as an excellent harpist and singer. DOLEŽÁLEK, ref. 87, p. 14-15; DOLEŽÁLEK, ref. 88, p. 22-23.

SOZIALE UND MEDIZINISCHE FÜRSORGE IN UNGARN IN DER ERSTEN HÄLFTE
DES 19. JAHRHUNDERTS

INGRID KUŠNIRÁKOVÁ

In der ersten Hälfte des 19. Jahrhunderts wurden im sozialen Bereich dank der Initiative „von unten“ allmählich die meisten Reformmaßnahmen realisiert, die es Josef II. während seiner kurzen Regierungszeit nicht gelang, direktiv durchzusetzen. Soziale Fürsorge wurde gezielt und konzentrierte sich ausschließlich auf diejenigen, die nicht durch eigenen Arbeit für seinen Unterhalt sorgen konnten – nämlich Kinder und alte, kranke und behinderte Menschen. Im Unterschied zur Vergangenheit wurde ein Grund für die Hilfe und Unterstützung auch gezwungene Arbeitslosigkeit. Die meisten noch mittelalterlichen wohltätigen Institutionen, wo unter einem Dach bedürftige Menschen aller Kategorien lebten, hörten auf zu existieren. Die medizinische Fürsorge verselbständigte sich von der sozialen und einige kleine Krankenhäuser, die die Kirchenorden verwalteten, wurden allmählich um medizinische Einrichtungen mit Fachabteilungen ergänzt, die von Selbstverwaltungen, Kirchengemeinden oder Wohltätigkeitsvereine gegründet wurden. In ihrer Tätigkeit spezialisierten sie sich nach und nach auch die Wohltätigkeitsinstitutionen. Unter dem Einfluss der Staatsmacht begannen die Selbstverwaltungen sich mehr auch um solche Kategorien zu sorgen, wie geistlich Kranke, alleinerziehende Mütter und uneheliche Kinder die von der Gesellschaft bis dahin missachtet oder sogar bestraft wurden. Auf der Landesebene entstanden auch Bildungsinstitutionen für taubstumme und blinde Kinder, die sie trotz ihres Handicaps ausbilden sollten, damit sie mit eigener Arbeit für ihr Unterhalt sorgen könnten. Trotz der unbestrittenen qualitativen und quantitativen Entwicklung, blieb das Niveau der sozialen und medizinischen Fürsorge in Ungarn im Vergleich mit den restlichen Regionen der Monarchie deutlich nach und wegen der fehlenden finanziellen Quellen und eingeschränkten Kapazität der existierenden Institutionen, wurde sie nur für einen eingeschränkten Personenkreis zugänglich.

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