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Hospital Inmates and their role within hospitals – Comments

Martin Scheutz

Four rich papers presented different types of Central European Hospitals: on the one hand the famous four High Hospitals in Hesse and several leper houses in Nuremberg, on the other hand civic hospitals in the German-speaking part of the Habsburg monarchy. When looking more closely at the social groups treated in these papers we find common features but also differences: inmates of Hospitals in Hesse were mostly peasants origin or from a rural background, while we find mostly burgers as inmates in the leper houses of Nuremberg and in the civic hospitals of Austrian towns. In the following I try not so much to focus on differences of the papers, but on their common features, highlighting three issue I consider important: (1) modes of inclusion and exclusion, (2) the activities of inmates and (3) intentions of early modern hospitals.

Inclusion und exclusion: The decision of accepting or of refusing new inmates in hospitals was influenced by different committees and bodies. The decision on inclusion or non-inclusion was taken by commissions consisting of representatives of the local authority and physicians. Supplicants had to ask for admission in hospitals on bended knees. In case of leprosy, a commission consisting of physicians, priests and secular representatives decided on whether to admit or someone, or to refuse entry. Once admitted, new inmates of hospitals acted self-confident and by no means shy. Only rarely do we find punitive exclusions from hospitals, the holder of hospitals acted as faithful patron who would fulfil his obligations. Dismissals from hospital were sometimes pronounced for limited periods, but some inmates left leper-houses or hospitals voluntarily, for good, as shown in the case of the Hessian High Hospitals. Admission as well as dismissal, inclusion as well as exclusion should be understood as process of negotiations and as a multi-layered process integrating different groups of people – the inmates were part of the decision making process.

Passive or active inmates: For a long time, our conception of admission to hospitals was dominated by the idea of inmates in hospitals as a kind of

elite – at least in late-medieval period. Only a small number of all inhabitants of an area had the chance to be accepted in hospitals – to be inmate of a hospital was sort of a privilege in Late Middle Ages and Early Modern Period. A special status seems to be the precondition for acceptance in hospitals: In most towns, applying burghers were given preference; the Hessian High Hospitals would accept privileged Hessian natives for example. As a consequence gratitude seemed to be a main feature of inmates: They had to praise not only God but also the founders of the hospital in loud and polyphonic manner. Although we find these ideas very often in hospital rules we should keep in mind that order in hospitals was produced by negotiations. A triangulation of rules took place in hospitals: local authorities (such as town councils, local sovereign), furthermore the staff of hospitals and finally the inmates formed a triangle which offered an unstable framework of rulership within hospitals. Each of the three parties was controlled by the other two. By means of their complaints and petitions inmates gave their position an audible voice. The staff on their side had to give reports to the hospital holder. The local authority on their side arranged for visitations in order to gain empirical overview of the hospitals – as Alfred Stefan Weiss showed in his paper. We should not underestimate the activity and the power of early modern hospital's inmates. Complaints of inmates led to dismissals of hospital staff from time to time. Complaints concerning bad food in hospitals served as indicators of mismanagement! Physical abuse by hospital staff was criticised by complaining inmates. Some sexual abuses of defenceless, disabled women within the hospitals were detected by appealing inmates. Irmtraud Sahmland's case study on leaves of inmates showed that those inmates acted in front of the backdrop of a social network outside of the hospital. This means inmates had ways and means to exercise their rights. Being inmate did mean in a certain way a terminal and final station of life – but some inmates returned to their former lives and their former crafts. We can understand hospitals also as a kind of transit station and not merely as target station. Shown in the case of leper houses of Nuremberg, we find examples where former inmates returned to their previous lives, and even married. This means inmates had to influence the commissions in order to get a clean bill of health and to be dismissed from the leper house, as Fritz Dross showed clearly.

The intention of early modern Hospitals: For a long time, hospitals were scrutinized as institutions of welfare, primarily aiming to provide to inmates. Concerning the sources – as Sarah Pichlkastner showed in her paper – historians noted that hospitals were founded not only to sustain inmates, but also to run manorial business in a successful way. Looking at hospital records, we get detailed information on how hospitals produced

grain, how they treated wine and how to brew beer. Historians rarely found traces of inmates' activities; sometimes we have lists of inmates, but more frequently they are missing. Little do we know about the medical treatment of inmates, for we don't find many traces concerning medicine in the annual hospital bills. The question as to the real purpose of hospitals arises. Did hospitals serve as local signs of "bon governo" and as signs of Christian mercy and piety? On the other hand, local authorities would not grant willingly annual payment in order to balance annual deficits. This means hospital holders had to run their hospitals efficiently. Most of the hospitals we know had an enormous economic operating volume but most of these hospitals would support only a small number of inhabitants. Most of the output of field-work served as nourishment for hospital servants which seemed to be increasingly paradoxical in the eyes of enlightened monarchs.

Inmates were active subjects and participants within early modern society, and hospitals gathered a mixed crowd within its walls. Inmates knew well about their rights and chances to influence decisions of hospital running authorities. We see a wide social network of inmates especially in all questions of admission to and leaves of hospital's inmates. Inmates were able to a certain extent to influence decisions of hospital operation authorities. The institution hospital can better be understood as economic enterprise than as a health caring institution. Not much research has been done on public and private spaces of inmates within hospital's walls. Which role did they play within the hospital's enterprise – more active or passive?