



Pluralizing Hospital Histories.

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Panel 1 · Plural Hospital Histor(ies): Religion and Hospital

Franziska Strobel, Regensburg: The Fürth Hekdesch. A Jewish Hospital and Poorhouse through the Ages

The Fürth Hekdesch is one of the oldest Jewish hospitals in Germany that was maintained by the community. A Christian surgeon or barber, a Jewish doctor, a midwife and nursing staff were employed here. The employment of a community doctor was rather unusual for a hospital, especially in the 17th century, as they were primarily used as “safekeeping asylums” for the poor, transients, old people in need of care, the chronically ill and orphans. Similar to Christian hospitals, Jewish hospitals were also multifunctional facilities where the focus was on the accommodation and catering of strangers rather than their treatment or healing. The main purpose of keeping and caring for people over a longer period of time and not the temporary healing of the sick is clear from the building's furnishings. The hospital also had its own sukkah (leaf hut) and a private cloister.

The transformation of the hospital into a hospital, which began in the middle of the 18th century, can be traced back to the 17th century in Fürth. On the one hand, this institution belonged to the area of care for the poor. On the other hand, the second pillar of the

hospital developed as early as the 17th century, namely the medical care of patients from Fürth, the surrounding area and those passing through, as well as obstetrics. There are no sources for the actual number of patients, nor for the number of poor people to be cared for. Based on the death register, however, it can be assumed that numerous travelers, “beggar Jews” and Jews from surrounding and distant communities visited the Hekdesch, as there were no similar community-financed institutions of this size in Franconia apart from Bamberg (1682) and Heidingsfeld (1678). From the middle of the 17th century, the poorhouse and hospital financed by the Kahl not only played a central role in the care of the poor and sick in Franconia, but also attracted numerous well-trained doctors to the town and provided financial support and the corresponding infrastructure for travelers and the poor who otherwise had no access to medical care. The costs for the community were immense and are one reason why access to the hekdesch became increasingly regulated and limited in the course of the 18th century.

Bio Franziska Strobel

Studies:

- 2010-2015: Grammar school teacher English/History

- 2015-2017: Master's degree in History/Political Science

Doctoral thesis (ongoing project) since 2019 on the topic of contacts and conflicts between Jews and Christians in the context of local coexistence in Fürth (1648-1792) From 2020 to April 2023 researcher in the DFG project Fractality and dynamics of Jewish lifestyles in the south of the Old Kingdom in the 17th and 18th centuries. Since WS 2023/2024 research assistant at the Chair of Bavarian Regional History (Prof. Dr. Bernhard Löffler) at the University of Regensburg.

Sreekumar Vijayakumaran (Thrissur): From Healing-Houses to Hospitals: Tracing the History of Pre-Modern Hospitals in India

Major research on the history of Indian medicine has predominantly focused on two overarching themes. The first, an older perspective, centres on the extensive study of literature associated with the so-called classical Ayurvedic tradition. The second, a more recent development, emphasizes the nexus between the British Raj and the formation of 'Colonial Sciences', coupled with studies on the management of epidemics during the British rule. Notably, there exists a scholarly oversight in delving into hospital histories of South Asia, particularly of pre-modern peninsular India, by both Western and Indian medical historians.

Two factors have supposedly contributed to this development. Firstly, Western scholars, accustomed to working with Greek and Latin sources, may hesitate to navigate the unfamiliar terrain of Prakrit, Sanskrit, and Tamil language materials. Secondly, when they turn to available secondary sources in European languages, especially those written in

India in the twentieth century, the quality may sometimes be challenging for an outsider to trust or evaluate. While this historiographical gap persists, it is noteworthy that Indian medical historians, though exempt from the same apprehensions, have not entirely bridged the void.

While the historical narrative of ancient India often starts with the Harappan period, a structured approach to medicine only emerges later, notably in the teachings of the Buddha. The early Buddhist medical tradition, cultivated in monastic circles, was a result of an exchange of medical knowledge among pre-Buddhist healers and wandering ascetics. Codified and institutionalized in early Buddhist monasteries (saṅgha), medical practices soon became a significant aspect of monastic discipline, as evidenced by the Pāli Vinaya's Bhesajjakhandaka.

The Buddha's introduction of rules for caring for sick brethren further institutionalized medical practices within the saṅgha. Therefore, it is unsurprising that one encounters the mention of a "sick room" (gilāna-sālā) in the Buddhist canonical text Saṃyutta Nikāya, representing perhaps the earliest reference to a healing-house in the Indian context. Though not a hospital in a narrow definition, it was certainly a place where a patient received formal medical care. The prevalent narrative in secondary and popular literature on Indian medical history asserts that King Aśoka (272–232 BCE) established a network of hospitals across India, primarily based on the second Rock Edict and the seventh Pillar Edict of the king. However, a meticulous examination of epigraphical evidence through linguistic analysis, challenges this claim outrightly. Nonetheless another landmark in the evolution of hospitals emerges from the comprehensive depiction of a hospital building in the Carakasamhitā. This ancient text, dated arguably to c. 1st century CE, elaborates on aspects of its construction, staff, furniture, and equipment, offering intriguing parallels with contemporary clinics and hospitals. Overall, the

Carakasamhitā stands as a valid and impressively detailed piece of evidence for the idea of hospital in early India. The earliest and categorical mention of hospitals, or rather early healing-houses, in inscriptions dates back to third to fourth centuries CE, with two contemporaneous inscriptions being particularly noteworthy. The first inscription comes from Nagarjunakonda in Andhra Pradesh, a renowned urban Buddhist centre. It reveals the presence of a primary Buddhist monastery (vihāramukhyā) housing an 'abode of the feverless' (vigatajvarālaya). The second instance is in the form of a seal from the Kumrahar excavations in Patna (ancient Pataliputra) also dating to the same period. This seal mentions the monastery of Buddhist monks (bhikshu-saṅghasya) along with a 'health-monastery' (ārogyaviharā). Once again, the connection of the healing-house with a Buddhist monastery and a prominent urban centre could be unmistakably highlighted.

Between 500-1300 CE, a proliferation of epigraphic references featuring physicians and healing-houses becomes discernible. Throughout the Indian subcontinent, rulers and administrators consistently issued land grants, perpetually favouring brahmanas and

various religious centres – Buddhist, Jaina, and Brahmanical – with revenue-free landed property.

Physicians and healing-houses predominantly appear in inscriptions from this era, typically found in land grant records. Two significant socio-cultural shifts are also perceivable during this phase. Firstly, despite normative treatises expressing a critical attitude towards medical practices and physicians, inscriptions begin to acknowledge the importance of medical profession and seems to have been incorporated it into the purview of Brahmanical religious institutions by the early sixth century. Secondly, a noteworthy spatial transformation occurs in the context of epigraphic references to physicians and healing-houses. Prior to around 500 CE, most references were urban-centric, but post the 6th century CE, these references increasingly appear in a rural milieu.

By early medieval period, epigraphical evidence also attests to the presence of hospitals in south India. For instance, a late eleventh century inscription on the wall of the temple at the town of Tirumukkudal, near Kanchi in Tamil Nadu records the case of a hospital detailing its staff, their remuneration and patronage received. Numerous other inscriptions like the Malkapuram inscription from Guntur and even literary texts like the *Dānasāgara* from 12th century Bengal and *Rājataranṅiṇī* from Kashmir also offer valuable insights into patronage and funding for contemporary hospitals in various geographical contexts of peninsular India.

Despite the availability of such copious inscriptional and textual sources, comprehensive studies on hospital histories of pre-modern peninsular India still evades the field of Indian medical history. This paper aims to address that historiographical gap by examining the evolution of the idea of hospital, exploring its various manifestations across diverse spatial and temporal contexts of pre-modern India. It will also analyze the socio-cultural factors that subordinated the surgeon vis-à-vis the physician within the hospital setting from the early medieval period. Finally, the paper will briefly examine the transformative influence of medieval Islamic medicine on the hospital history of peninsular India in the long durée.

Bio Sreekumar Vijayakumaran

Educational Qualifications:

- MA in History from University of Hyderabad, India – 2015
- M.Phil in Comparative Religion from Centre for Study of Comparative Religion and Civilization (CSCRC), Jamia Millia Islamia, New Delhi, India – 2018

Title of M.Phil Dissertation: Monks as Healers: History and Practice of Medicine in Thotlakonda Monastery (c. 200 BCE – 300 CE)

- Currently pursuing Ph.D from the Dept of History, University of Calicut, Kerala, India on 'Attitudes to Medicine and Healing in Buddhist and Jain Monastic Traditions'.

Work Experience:

- Asst. Prof. and Head, Department of History, Vimala College (Autonomous) – (From 2018 – presently continuing)
- Courses Offered/Taught: Ancient, Medieval and Modern Indian History, Social and Cultural History of Britain.

Research Interests:

Healing in Buddhist and Jaina Traditions, History of Ayurveda, History of Indian Medicine, History of early Buddhism

Recent /Relevant Paper Presentations:

1. "Approaches to Early Buddhist Medicine: Trends and Challenges." Paper presented at the 8th International Kerala History Congress, UC College, Aluva - Mahatma Gandhi University, Kottayam, Kerala, India, 26-28 January 2024.
2. "Extending the Plough in Pre-Colonial Times to a Journey under Colonial Gaze: Voluntary Peasant Migration in Mughal North India and the Coercive Transformation under British Empire." Paper presented at the International Conference on 'Among Empires: British in the Global Imperial Context', Lingnan University, Hong Kong, 27-29 May 2015.

Relevant Publication:

"Recasting Medicine and Monastery: Buddhist Medicinal Narratives from Bhesajjakhandaka" in Proceedings of the 38th Annual Session of South Indian History Congress, Calicut, 2018, ISSN 2229-3671, pp. 349-353.

Arne Thomsen, Dortmund: Catholic Hospitals in the Ruhr Region from the Beginnings of Industrialization to the Second World War

With the development of the Rhenish-Westphalian industrial area, a Catholic charitable network emerged, the supporting pillars of which were the hospitals that often emerged from the smallest beginnings. The initiative for hospital construction usually came from the local parish priest. Catholic nuns, who worked as outpatients in the homes of the sick or in special treatment rooms in some villages before the opening of modern hospitals, took over the care of the sick. Without the contribution of the nuns to keeping nursing and administrative costs low, the economic survival of most hospitals would have been impossible in the following years. The builders could expect little support from the local

authorities. The cities of the Ruhr area were overwhelmed by the rapid development into an urban and heavy industrial region and the associated population explosion and were generally grateful when others paid for hospital construction. As a result, there were significantly more denominational than municipal hospitals in the Ruhr region in the 19th century.

In the rest of Prussia, however, the ratio was reversed. The “trend towards municipal ownership” noted for Prussia is therefore not discernible in the area under investigation. By the outbreak of the First World War, 85 Catholic hospitals had been founded in what is now the Ruhr Regional Association. This meant that in 1914 there were twice as many modern Catholic hospitals here as in 1850 in the entire territory of the later German Reich.

Even today, hardly any other European region has a comparably high hospital density. The number of hospitals founded increased when mining came to the region. In the Ruhr area - in contrast to other regions of Germany - almost all hospitals were established in the second half of the 19th century, an era of uninterrupted hospital foundations. Today's Ruhr region can therefore also be described as a “late region” in the hospital sector.

Bio Arne Thomsen

2016 - 2022

Research assistant in the field of auditing and taxes (Hochschule Ostwestfalen-Lippe)

Research project: Lippe tax history in the long 19th century

Since 2012

Freelance historian

Including book project: Bielefeld as it was, Droste Verlag, Düsseldorf 2014

Exhibition preparation and management of workshops for young people on the subject of National Socialism in the Oberhausen Memorial Hall

2008 - 2011

Doctoral studies to obtain the doctoral degree (Dr. phil.) of the Faculty of

Humanities and Theology at the Technical University of Dortmund (scholarship holder of the Diocese of Essen) Topic of dissertation: Catholic hospital system in the Ruhr district Awarded 3rd prize for scientific work in the 6th history competition of the Forum Geschichtskultur an Ruhr und Emscher Employee in the project network “History of Charitable Institutions” at the Chair of Medieval and Modern Church History at the Ruhr University Bochum 1996 - 2004

Studied Modern and Contemporary History, Ancient History and Social Sciences at the University of Paderborn (M.A.)

Topic of the master's thesis: The Center-Polish Movement in Upper Silesia

Publication

Catholic hospitals in the Ruhr area. Developments and actors from the beginnings of industrialization to the First World War (Quellen und Studien. Veröffentlichungen des Instituts für kirchengeschichtliche Forschung des Bistums Essen 14), Aschendorff Verlag, Münster 2012.

Panel 2 · Caritas, Resilience and Transformation.

Hospitals and Societies

Bettina Blessing, München: Religious Hospitals between Persistence and Adaptation. The Hospital System of the Brothers Hospitallers of Saint John of God in Munich (1750-2024)

As history shows, the hospitals of spiritual hospital communities were exposed to increased vulnerability. Time and again, religious orders had to react to changing political and socio-economic conditions in order to ensure the survival of their hospitals. The fact that the Order of St. John of God, for example, was able to lead its hospitals to success is primarily due to its basic religious principles, its networks and its resilience strategies, which it repeatedly adapted to changing situations over the course of time. Using the example of the Munich hospital of the Brothers of Mercy, which was the only one of the order in Bavaria during the early modern period, resilience strategies and transformation processes of a religious community will be presented.

The Brothers of Mercy encountered vehement resistance as soon as they established themselves in the Bavarian royal seat. Political actors, competing religious orders, rival groups in the medical sector and supporters of anti-clerical movements tried to prevent them from settling down. The conventuals had to look for ways to settle in the Bavarian royal seat and thus also to run a hospital. In 1750, they were finally able to open their hospital in Munich, where they only cared for men.

However, the strengthening of the state in the second half of the 18th century made it increasingly difficult for the Munich Brothers to run their hospital. The state gradually asserted its influence and not only extended its control over the hospital, but also laid down guidelines. For example, the right to admit patients to hospital was originally at the discretion of the conventuals. However, the authorities ignored the friars' right to admit patients and acted at their own discretion. Their arbitrary actions were to lead to changes in the hospital. The right of the friars to appoint the hospital doctor was also called into question. In addition, the medical sphere of power was fundamentally expanded by means of state support, so that a relentless power struggle broke out between the friars

and their medicus over the management of the hospital. It became increasingly difficult for the brothers to be masters in their own house. They had to deal with the constantly changing situation; their strategies for action could range from acceptance to collective refusal.

Bavaria's constant policy of reform finally led to the dissolution of the hospital in the course of secularization. In 1809, the brothers were left with nothing. In order to fulfill their spiritual mission, however, they had to become active again.

When the ecclesiastical-political situation in Bavaria changed under Ludwig I, the order revitalized the Neuburg convent in 1831; in 1851, the foundations for a Bavarian province were laid and the development of the care system was initiated. From then on, the Brothers of Mercy constantly opened up new fields of activity. Until the end of the Weimar Republic, they established hospitals, retirement and convalescent homes as well as nursing and educational facilities in the Bavarian Province.

In Munich, however, they did not succeed in establishing a hospital until the beginning of the 20th century. The fact that they were so late in devoting themselves to their core business, inpatient nursing care, in the state capital was due to the changes in the hospital system. Once again, they had to overcome resistance and were also faced with new competition and new areas of conflict. Among other things, they now also had to deal with female competition, who not only cared for women but also men and owned their own hospitals. The changed circumstances forced the Brothers of Mercy to accept new structures and adapt their own concepts accordingly.

When the hospital opened in Munich Nymphenburg in December 1918, patient recruitment proved to be extremely difficult despite the large number of war wounded. The brothers sought out new patient groups in order to maintain the hospital. Above all, this meant finding a contractual partner for the hospital.

Their comprehensive understanding of care also meant that they now cared for patients who were generally stigmatized, such as sexually transmitted diseases. However, the hospital not only fulfilled the function of an acute hospital, but the brothers also provided their patients with rehabilitative care in accordance with their ethical understanding of nursing.

When the National Socialists came to power, the Nymphenburg hospital was already a success. Despite their many worries, the brothers had managed to gradually expand the hospital and bring it up to the most modern standards of the time. Although the patient clientele had expanded, the hospital's success story continued during the Nazi era. In addition to the hospital's own civilian patients, SA and SS patients were now also admitted, who were admitted by the hospital's own Nazi doctors. As a result of the outbreak of war, the hospital became a reserve hospital in 1939.

However, the Brothers of Mercy also felt how dangerous life was under the National Socialists. In 1935, Hitler initiated a change in church policy, which included a systematic crackdown on religious orders. Some of the Brothers of Mercy were also accused of currency violations and immorality.

The conscription of members of the order for military service during the war meant that the Fratres lacked well-trained nursing staff. Once again, they were faced with new challenges. For the first time, they had to work with female nurses, initially with sisters from religious orders, then with secular sisters assigned to them by the Wehrmacht. They also had to come to terms with the Nazi doctors quartered in their house. This was no easy task for the brothers, who were obliged to remain neutral and faithfully fulfill their duties in accordance with their general and provincial regulations.

The post-war period brought new phases of change. After the Munich Brothers were able to prevent the communalization of their house, the 1950s saw a flurry of building activity. Houses in the surrounding area were bought up and extensions and new buildings were erected to meet the structural and technical regulations of the time. In 1954, the Munich Brothers of Mercy admitted women as patients for the first time, albeit in a separate building. Their care made it necessary to employ female nursing staff. To maintain a spiritual presence in their homes, the Fratres brought in sisters from other female hospital orders, who, like the Brothers themselves, were increasingly affected by a shortage of new recruits.

The emerging development forced the brothers to take further action: among other things, they initiated the founding of new spiritual communities of sisters. In the long term, however, the nuns were unable to meet the demand for nursing staff. The recruitment of professional lay people was unavoidable. However, cooperation between clerical and secular staff was not always free of conflict. Only the joint development of guiding principles was to lead to a consensual cooperation.

The increasingly noticeable shortage of Brothers led to the dismantling of numerous facilities and to restructuring measures in the Bavarian province, with the result that the core competencies of the Brothers of Mercy were now concentrated solely on hospitals and medical care centers. The Munich hospital therefore expanded its fields of activity. In 1991, for example, a palliative care unit was set up, the first in Bavaria, which was to become one of the largest of its kind. Another field of activity is, for example, the street outpatient clinic for homeless people set up in the 1990s. Just how successful the Munich hospital became can be seen, among other things, from the fact that the hospital looks after the players of FC Bayern.

The balancing act over the centuries between the realization of religious ideals and the constantly changing political, socio-economic and medical requirements that the Brothers of Mercy had to meet will be the subject of the lecture.

Bio Bettina Blessing

Dr. Bettina Blessing, studied history and ethnology at the University of Regensburg; doctorate at Justus Liebig University Giessen. Research assistant at the Chair of Medieval and Early Modern Church History at Ludwig-Maximilians-Universität. Main topics: Social history; history of medicine, history of religious orders.

Samira Khettab, Blida: Architectural Diversity of Algeria's Hospital Heritage. European-Local Confrontations

Scarce information is available about hospitals before colonization. However, by 1688, cities in Algeria, such as Oran and Béjaia already housed few hospitals while Tlemcen, on its own, hosted twelve hospitals during this period (Bertherand, 1855). During the French colonization from 1830 to 1962, three dominant architectural movements emerged: neo-classicism, orientalism and modernism (Deluz, 2010).

The military phase of the occupation spanning from 1830 to 1865, was characterized by the adoption of neo-classical style, evident in the development of monumental public buildings. The hospitals of Constantine (1841) and Maillot in Algiers (1857) are quite representative of this approach which tended to reproduce a familiar European environment to the settlers. The visit of Napoléon III to Algiers in 1865 and the transition to the republican regime in 1870-71 constituted a turning point towards the recognition of local architecture. As a result, a Neo-Moorish movement commonly known as “Jonnart style” emerged as the official architectural aesthetic between 1900 and 1930 under the initiative of Jonnart the Governor of Algiers. However, this movement experienced subsequent episodic resurgences (Béguain, 1983). This movement is exemplified by Al Attaf (founded in 1874 with diverse ulterior modifications) and Adrar Hospitals (1942).

Between 1930 and 1945, Modernism manifested in two variations, represented by

Perretism and CIAM-Algiers, and led by two influential architects Auguste Perret (1874, 1954 and Le Corbusier (1887-1965) (Deluz, 1988). The hospitals of Tizi Ouzou, conceived by Claro et Darbeda in 1952, and Miliana designed by Salvador in 1935 constitute good illustrations of this period.

With regard to hospital structures, this contribution aims to highlight the diverse ways in which European colonial architecture incorporated local influences. This ranges from straightforward reuse of existing structures to more elaborate compositions, through a simple adoption of certain aesthetic references.

After the capture of Algiers, new hospitals were established within existent buildings. For example, within Kharratine barracks, in Bab-Azoun Street, another one within the barracks on Macaron Street, in Turkish citadels like in Fort-Neuf on the esplanade of Babel-Oued, and at the Citadel of Casbah. Some of the deys' and Pachas' rural residences, commonly known as Fahs' houses, were repurposed into hospitals such as

at Mustapha Pacha Residence in Mustapha-Supérieur and in the Dey's Garden in Bab el Oued. Additionally, numerous rural villas, including Villa Abdellatif, were converted into infirmaries (Klein, 1914). Soon, these structures were obsolete and overcrowded.

Some exceptional buildings constitute composite complexes including Maillot and Birtraria Hospitals; in other words, European buildings that integrated preexistent Moorish structures. The Gouvernor's Summer Palace, currently known as le Palais du Peuple, is the most exceptional building in this category. In connection to hospital structures, Maillot hospital constructed in the Garden of the Dey in 1857 is noteworthy. The original project composed with the Dey's villa and Dar-el-Baroud, the powder house (Salpêtrière) (Klein, 1914).

As illustrated by many Algerian ancient postcards, "indigenous Nursery-Hospitals" in the South of the Country, including in Béchar, Béni Abbas, Mechria, and Ain Safra, adopted Neo-Moorish architecture. On the other hand, the civil Hospital of Constantine, constructed in 1866 adopted a "pseudo-Moorish" style due to its prior function as a French-Arab college for indigenous pupils, to which the hospital was transferred in 1876.

However, Al Attaf and Adrar hospitals best exemplify this tendency. Founded in 1874, the Sainte Elizabeth hospital in Saint Cyprien des Attafs (today simply Attaf) underwent various transformations in 1890 and 1932. The modernization of 1934, led by Bienvenu, resulted in the juxtaposition of neo-Moorish and modern buildings (L'écho d'Alger of 08/03/1934). On the other hand, the regional hospital of Adrar was built using rammed earth or pise in 1942 by Luyckx. The influence of Perret is manifest in the rigorous geometry of the classical composition, reflected in the centered plan and the symmetry (du Chazaud, 2019).

To conclude this typology, the confrontation between local and European architecture is could result from the historical stratification of the site. In the Baudens Military Hospital of Oran, constructed in 1844, this confrontation is realized at the level of layout and plot structures. The hospital is erected on the ruins of the Colosseum, an old convent, and a hospital constructed during Spanish rule (1737). Furthermore, it repurposed a preexisting Turkish Bath (1708), which still stands today, as a laundry facility.

In this contribution, we will explore deeper the cases of Maillot, Adrar, and Baudens hospitals to illustrate each of these categories.

Bio Samira Khettab

Khettab Samira is a senior lecturer at the Institute of Architecture and Urbanism at the University of Blida 1, Algeria. She currently teaches modules on the history of architecture and urbanism within the Department of Urban Planning. Additionally, she is in the process of publishing an article that explores the typological evolution of three

hospitals in Algiers during the 19th and 20th centuries—specifically, Maillot, El Kettar, and Mustapha.

Nikoletta Giantsi, Athen: Charity in the Context of Hospital Institutions as Civic and /or Ecclesiastical Jurisdiction. The Case of the Saint Pierre Leprosarium in Brussels

The main question addressed in this proposal concerns the subordination of charitable institutions to the Church or secular power, through the study of the medieval leprosarium of Saint-Pierre in Brussels. This is the product of 10 years' research, during which I examined all unpublished sources (i.e. donations, decrees of the Dukes of Brabant, financial audits, complaints, court rulings), which I transcribed from manuscripts that were all written in Latin and not published. I also studied the seals on the documents, in order to gain an insight into the institutional relationship between this institution and the dukes, the municipal authorities and the bishop. I also worked on the leproserie's religious brotherhoods. Finally, I verified the institution's financial support and the financial control exercised by the various agencies over the institution's financial administrators.

Apparently, the institution was founded by Duke Henry I of Brabant (1190-1235). According to his representations, it took the form of a space comprising a) small dwellings for lepers, b) other dwellings in which healthy people lived, either laymen or monks belonging to a religious brotherhood, c) a temple and d) a cemetery.

From the point of view of its administration and structure, the life of the leprosarium is divided into two periods. The first, which runs until 1265, is characterized by the institution's subordination to ecclesiastical jurisdiction, while the second, which reaches the end of the century and continues until the beginning of the following one, is characterized by the intervention of municipal authorities and the eventual total subordination of the leprosarium to them.

The study of this institution contributes to our understanding of the philanthropic behavior of the new players in urban power. In the new circumstances, the Church was no longer the sole provider for the needy, and charitable institutions were no longer created, operated and managed with the sole decisions and participation of ecclesiastical authorities.

Nevertheless, from the 12th to the 14th century, there were no major ruptures or conflicts between the two poles of power - the Church and the municipal authorities - because, as we know, the medieval city was understood as an expression of theological universitas. This somewhat "sacred" origin of the concept of the city also affected the theoretical basis on which municipal authorities appropriated care: the same social function that emerged in the context of the Church's evangelical role passed into the hands of

municipal authorities. As a result, the bourgeois authorities, taking over certain activities that had hitherto belonged to the ecclesiastical sphere, not only automatically widened the circle of their powers, but above all appropriated the sacred character that accompanied these activities due to their traditional link with the Church. This is why it is not correct to support the idea of the secularization of charity, but of a process of structuring and valorizing it as an additional field of activity in urban governance.

Charity, as a new field of expression for urban administration, consciously retained the characteristics it had been given by its subordination to the sphere of religious activities, as it could thus endow the new agents of authority with the characteristics of sanctity necessary to their legitimization, their role. This is the reason for the zeal of municipal authorities to develop charitable projects. However, through this process, the very nature of charity gradually changed, from a religious service to a more secular one.

With the development of commerce and cities, and the rise of their municipal authorities, charity took on a fundamentally different, more secular character. It was no longer concerned solely with the salvation of benefactors' souls, nor with the relief of those who suffered, but it also had a purpose that made it completely different from that of earlier times: it now began to have a social dimension. The city wished to protect its members, both those who suffered and those exposed to their effects. It was precisely at this point that the care of the municipal authorities began to develop, manifesting itself in a more systematic and organized way, without, however, scorning the example of the Church's organization of charity. In many cases, the forms of almsgiving that operated within the framework of the Church's charitable action are adopted by municipal authorities and, as expected, they gradually evolve, are enriched by new elements and follow new directions.

Even if the quantitative factor cannot be excluded from the direction followed by philanthropic activity after the 11th century, the priority belongs to the economic and social conditions created by life in the city. However, in addition to this reality, another reason that contributed to the management of the plight of the poor and sick by municipal authorities was undoubtedly the formation of a new sociability of people, who saw themselves as members of a community, leading to the development of strong bonds of solidarity.

This point is particularly interesting, as it highlights the independence of charitable institutions from ecclesiastical ones, and their possible subordination to the responsibility of municipal administrations. In this way, it becomes clear that philanthropy as a concept, but also as a practice, is changing in content and is now one of the serious issues concerning the city itself and its authorities. Members of the city's population no longer turn exclusively to the Church for the satisfaction of their needs, but at the same time to the city, to the municipal authorities. This event marks a serious change and a turning point both for the very concept of philanthropy and for the importance of building civic institutions. It can therefore be said that during this period,

i.e. the transition from the 13th to the 14th century, charity gradually acquired the characteristics of social protection.

Bio Nicoletta Giantsi

Nicoletta Giantsi graduated from the School of Philosophy of the Aristotle University of Thessaloniki, wherefrom she also received her PhD in collaboration with the École des hautes études en sciences sociales, (EHESS), where she continued to collaborate as a visiting associate in the seminars of André Guillou and Eleni Antoniadis-Bibikou. She participated for many years in conducting the seminars of Settimana Spoleto, Centro Italiano di Studi sull'alto Medioevo with a scholarship of the same institution. She taught for five years in the Department of History-Archaeology-Social Anthropology as well as in the Department of Economic Studies of the University of Thessaly. She has taught at the University of Sorbonne IV and Paris X OuestNanterre La Défense in Paris and participated in conducting the Greek-French postgraduate seminar (Master II) of the School of Law of the NKUA. She has done research in Brussels [(archives of the Center Public d'Aide Sociale (CPAS), Archives Générales du Royaume et Archives de l'État dans les Provinces (Algemeen Rijksarchief en Rijksarchief in de Provinciën), the Royal Library of Belgium, the Université Libre de Bruxelles (ULB)], Paris, Cambridge and Oxford. Member of Société française d'histoire des hôpitaux.

Monographs

"Commercial activity between the West and the East during the early Middle Ages", PhD thesis, Thessaloniki 1993.

Women's Marginal Movements in Europe of the Late Middle Ages: The Beguines Movement, Thessaloniki 2001.

The poor between the Church and the City: Urban charity in Western Europe during the Middle Ages", Athens 2011.

The Imaginary Enemy: The Lepers of the Late Middle Ages and their Nursing Institutions. Rules and regulations of daily life in French leprosariums (12th-14th centuries), Athens 2020.

History of the urban phenomenon: the emergence of the cities of Flanders during the Middle Ages, Athens 2022.

Main articles

Les difformités corporelles des lépreux: Aspects de l'imaginaire social au Moyen Âge In: (De)formierte Körper. Die Wahrnehmung und das Andere im Mittelalter p. 121-136.

A detail of the Third Lateran Council (1179): "The leper king of Jerusalem and the papal policy in the East" In: Byzantium and the West. Perception and reality (11th-15th c.) p. 184-191

Alexandra-Kathrin Stanislav-Kemenah, Dresden: Histories of Validity. Dresden Hospitals of the Late Middle Ages and the Early Modern Period in the Field of Tension between Urban Politics and Society

Hospitals can be understood as dynamic social arrangements that are made permanent by constant change and stabilized by permissible processes of change. Transformations and adaptations are thus, as it were, prerequisites for establishing the permanence of the institution of the hospital, which interacts with the norms and behavioral patterns of (not only hospital) communities, as well as with their identity. Assuming that the institution of the hospital draws its legitimacy from the realization of ideas through permanently regulated forms of social action, the question arises as to the forces or factors that set such norms (such as hospital rules), the purpose and intention of such norms, and, last but not least, their perception and acceptance by the hospital and urban familia.

On the basis of examples of Dresden hospitals, which existed on the left bank of the Elbe from the late Middle Ages into the 19th century and whose (administrative) sovereignties and clientele changed as needed, the lecture will explore the (tense) interaction between the urban and sovereign levels and the residential society qua hospital.

Bio Alexandra-Kathrin Stanislav-Kemenah

Alexandra-Kathrin Stanislav-Kemenah, Dr. phil., M.A., studied Romance languages (French/Italian), medieval and modern history, and musicology at the University of Münster, the Dresden University of Technology and the Ecole Pratique des Hautes Etudes Paris.

Main areas of work and publications: (French) literature of the Middle Ages and the early modern period, social, ecclesiastical, medical, urban and everyday history of the Middle Ages and the early modern period, as well as (women's) business history of the modern period.

Professional experience: research associate at the TU Dresden, research associate at the Women's City Archive Dresden, director and education officer at the State Office for Women's Education and Project Consulting in Saxony, since 2012 Equal Opportunities Officer of the state capital Dresden.

Panel 3 · Hospitals und Metropolitanism

Maximilian Filchner, Regensburg: Welfare in the Middle Ages. The »Foundation Culture« of Regensburg Citizens as a Backbone of its Socio-Charitable Function

The St. Katharinenhospital, which, according to the sources, can be traced back to the beginning of the 13th century, has been dedicated to caring for the sick and needy since its foundation. In order to fulfill this charitable responsibility, considerable financial resources were needed early on. These arose, on the one hand, from strong economic performance, which was mainly based on income in kind from its own property, and, on the other hand, from targeted monetary donations from external sources. From its foundation, St. Katharinenhospital was supported by the highest authorities, such as the Pope, the King, but also by the bishops, who, in addition to their own foundations and the issuing of letters of indulgence, repeatedly called for funding for the faithful and their subjects. However, not only sums of money, but also considerable parts of the property came into the hands of the hospital through foundations or donations. The

The real estate of St. Katharinenhospitals formed the foundation, through which the supply was ensured. In this case, it came to an entanglement between the social-charitable function of the hospital and its position within the urban society, because: Without the cited foundations, adequate care of the needy would not have been possible, whereas this function was probably the main reason for the numerous foundations of the citizens. For example, Artur Dirmeier stated that the memoria and the prospect of salvation contributed greatly to the financing of the hospital. A number of these foundations also form the central theme of the numerous surviving

medieval documents from the possession of the St. Katharinenhospitals, which represent testimonies of these legal transactions. At the beginning of the 14th century, the founders also included, for example, King Louis IV and

Archbishop Friedrich III of Salzburg and the Bishop of Regensburg, Nicolaus von Ybbs. In addition, some of the citizens of Regensburg, mainly the patricians, also contributed to this culture of foundation. The traditional documents, this “treasure”, as the imperial archivist Franz Joseph aptly called them, offer a direct insight into the foundation practices of the listed personalities in relation to St. Catherine's Hospital, which, as already mentioned, included direct monetary donations, donations in kind or the allocation of property.

Bio Maximilian Filchner

Maximilian Filchner is a high school teacher, lecturer at the University of Regensburg and a graduate of the “Cultural History of the Middle Ages” program at the University of

Regensburg. As part of his master's thesis (supervisor: Prof. Dr. Jörg Oberste, Professorship for the Middle Ages and Auxiliary Sciences of History at the University of Regensburg) in 2022, Maximilian Filchner edited the charters of the St. Katharinenpitals from 1321-1328

Joana Balsa de Pinho, Lisboa: Hospitals at the urban context the case of All Saints royal hospital in Lisbon (séc. XVIXVIII)

Hospitals, historically fundamental institutions for healthcare, are embodied in buildings where are developed a set of practices and actions required to treatment of the disease and care for patients.

From the Middle Ages to the Contemporary Era, there is an institutional evolution of the hospital, related to different social, political, scientific and cultural factors, which also had an impact on the evolution of hospital buildings and their characteristics.

Hospital buildings delimit a space, configure a place and present a complex architectural design, influenced by the need to fulfill a concrete function, an epochal aesthetic and symbolic issues.

This paper, using a case study – the royal Hospital of All Saints in Lisbon, intends to investigate how, based on a historical perspective, the largest and most important hospital in Portugal in the Early Modern Age were perceived as a space with multiple dimensions. We will consider three topics. The first is its function, which was inherent to its role as a health space, and determined its specific architectural plan and spatial organization, construction elements, and architectural changes over time. The second is its aesthetics, and its careful design as an artistic object, which resulted in a program highlighted by its sumptuousness as represented in several contemporary paintings and prints. And the third is the symbolism of the hospital and its representation of a civic ideal, proper city governance, efforts made towards the common good and the shared responsibility for social justice.

Bio Joana Balsa de Pinho

Joana Pinho holds a PhD in Art History (University of Lisbon, 2013), with a thesis about the architecture promoted to the Confraternities of the Mercy in the 16th century, with a PhD fellowship from the Foundation for Science and Technology (FCT).

She has integrated several research projects, as a member of the research team in Portugal, Brazil and Spain. Since 2018, she is the PI of the project “Hospitalis – Hospital Architecture in Portugal at the dawn of Modernity: identification, characterization and contextualization”, funded by FCT.

Since 2020 July is an associated researcher appointed by Artis – Institute for Art History (University of Lisbon), in the context of an Individual Support Grant (Stimulus of Scientific

Employment), with the project «Hosp_ARCHI – Circulation, appropriation and reassignment of architectonic models: Portuguese hospital architecture in the 16th century» (CEECIND/00691/2018).

Ninon Dubourg, Liège: Golden Age for the Elderly Pensioners. The Example of the Hospital Saint Julien in Liège between the 15th and the 16th Century

Recent research suggests that increasing urbanization in the Late Middle Ages led to a disintegration of traditional familial and social links, which were recomposed around the nuclear family, leading to a “golden age for the pensioner”. This shift is particularly notable in Northern Europe and the heavily urbanized Low Countries, such as the city of Liège. Often in the absence of family or friends, the elderly of the lower and middle ranks had two possibilities in Liège: either take action to ensure their subsistence in old age, independent from charity, with corrodies, or find other ways to survive during their old age, relying on caring institutions more generally.

During the 15th century, some places of care, originally for pilgrims and the sick, were gradually being swamped by the elderly of various statuses, which reveals the growing popularity of guesthouse life among the urban population, but perhaps also, more especially, the troubled social and economic context of Liège at this period. However, the economic history of Liège is still poorly understood, even though the city played a leading role in industry. Indeed, the city of Liège strongly resisted the occupation of Burgundy Netherlands up to the great destruction in 1468. My hypothesis is that the sack of Liège, decreed by Charles the Bold in 1468 to annihilate the city and the surrounding area, and massacre the inhabitants who had been resisting his authority for some fifty years, resulted in important changes in the management of the city’s hospitals. During this episode, several religious and hospitable communities were left to the looters, who took all their valuables and destroyed everything they couldn’t take with them. It’s easy to imagine the disastrous economic consequences for the communities and the social trauma of the event.

The case study I aim to discuss in this paper is Saint Julien Hospital, as its historical context is particularly noteworthy. Established prior to 1311, the hospital was initially designated for travelers and pilgrims. However, post-1450, pilgrims were seldom admitted. In 1473, an agreement between the brothers and the counter revealed that the funds required for accommodating the poor amounted to twenty muids of spelt, whereas the combined pensions and salaries of the counter, chapel warden, and the brothers totaled one hundred and thirtytwo muids of spelt, seven times more. The hospital had approximately 10 beds, primarily occupied by elderly individuals, whether single or married. Initially delegated to two masters (mambours), the administration eventually

was probably into the hands of the prebendaries by as early as the first half of the 15th century.

The 1480 accounts stipulated that the prebendaries, totaling seven individuals (brothers and sisters), must lead a virtuous life and live collectively, sharing meals, and so on. The masters were tasked with overseeing the maintenance of beds and dormitories, managing visitors, and ensuring proper distribution of soup and alms by the brothers and sisters. It is then hard to distinguish who still genuinely performed an assistance function and who was simply a prebendary. The idea that the boundary between care giver and care receiver is so thin that it has to be discussed more thoroughly.

Prebends were acquired by individuals or couples through negotiations with the hospital's masters. Though the specifics of these negotiations in Saint Julien Hospital still have to be found, financial contributions were a central point of discussion. There is a possibility that Saint Julien's Hospital had a dual system of dormitories and single rooms, as we can find prebend amounts of 77 livres but also of 135 livres in the same year (1471). The institution cared for these corrodians, evident from expenses incurred for mass, barbers, land visitations, extra servants in cases of illness or old age, various food, and other necessities, providing insights into daily life at the institution.

However, by 1548, records indicate that "the hospital is too overburdened with such a large number of brothers and sisters that we felt that the hospital could not adequately provide annually for the distribution of the portions and necessities of the brothers and sisters." This underscores the deteriorating situation in the last century, revealing a shift away from prioritizing the care of the poor. The community seemed to be turning inward, likely in response to economic challenges.

Around this critical period, changes in the institutional care of the elderly are noticeable. Economic hardships may have depleted individuals' life savings for retirement, leading to temporary adjustments and potentially paving the way for more permanent transformations.

Bio Ninon Dubourg

Ninon Dubourg holds a PhD in Medieval History from the University of Paris, France. She is currently a FRS-FNRS Postdoctoral Research Fellow, housed in the 'Transitions' Research Unit at the University of Liège, Belgium (research project "DISREL - Disabled people's religious experiences in Western Europe during the Late Middle Ages (1198-1503)"). She will start an Alexander von Humboldt fellowship at the University of Cologne, Germany, in October 2024 (research project "Aging in Liège – A History of Old Age at a City Scale (15th-16th centuries)"). Her research and publications focus on secular and clerical physical, sensory and mental disability, illness, and old age in medieval Europe (XII-XVI centuries).

Most recent publications (selection):

Ninon DUBOURG, *Disabled Clerics in the Late Middle Ages, Un/suitable for divine service?*, Amsterdam University Press, 2023 (introduction).

Ninon DUBOURG, « Vieillesse et expériences de vie sous la règle au milieu du 15^e siècle », in M. COMAS-VIA and A. ROSILLO-LUQUE (eds.), *Quaderni di storia religiosa medievale*, n°2023-2, 2023, p. 253-283.

Ninon DUBOURG, « *Expertis medicis videatur: Legal Medical Expertise in the Assessment of Personal Injury Damages by the Apostolic Chancery during the Avignon Period (1309-1378)* », in W. TURNER (ed.), *Art of Illness*, Routledge, 2023, p. 207-244 (Online).

Martin Scheutz, Vienna · Alfred-Stefan Weiß, Salzburg: Controlled Complexity. Resilience Strategies in the hospital of the 18th century

Hospitals were important municipal, manorial and state institutions for providing care for the elderly and sick, but also for orphans. In the urban context, pre-modern hospitals developed various resilience strategies in relation to the city. City councils, for example, developed a comprehensive system of checks and balances to control the hospitals: (1) personal ties between office holders, (2) written documentation of economic management, (3) charitable activities. Hospitals were in an administrative bottleneck (1) with the political elites of pre-modern cities. Offices such as hospital master and land registrar were of crucial importance within the municipal office curriculum. Many city judges or mayors gained broad insight into the municipal hospital in the course of their careers because the hospital office, as a high-end office of municipal administration, usually represented a station in the life of a future top municipal functionary. (2) The hospitals submitted annual accounts, which had to be signed off by the city council. At the same time, these accounts, with their large “account balance” and seemingly always balanced budgets, made it impossible to gain an accurate insight into the hospitals' business operations. The city council played an active role in deciding on the care provided by the hospitals (3) by processing petitions to the city council for admission to hospital or for the payment of poor relief, which was often coordinated by the hospital.

This apparent transparency of the municipal hospitals led to surprisingly large structural deficits in some hospitals, which the early modern state tried to prevent by centralizing control. Under Emperor Charles VI, there was a gradual tendency towards the “nationalization” of charitable institutions in the 18th century. In the 1720s, the current state of the hospitals was increasingly compared with the desired state (visitations of the institutions; development of solutions), and the existing archive material was requested in order to manage and store it centrally. The provision of food in kind to the hospital residents was replaced by the more cost-effective provision of money. In the first half of the 18th century, those in charge discontinued the labor- and money-intensive

Meierwirtschaft, by which most of the products for the hospital were produced in-house. A professionalization of the hospital staff began, for example, through instructions. Priests and hospital masters had to submit to the authorities and had to carry out their duties in the interests of the state. Usually, this development was also associated with higher remuneration. The state took on the task of providing equal care for all the poor and sick. The hospital residents had to extend their prayers – probably the most important “work” in the hospital – to include the well-being of the imperial family.

The mayor, judge and council could only advise on the care of men, women and children and no longer had the sole say regarding the extensive care of the poor. However, the municipalities were still to cover all costs incurred. Processes of inclusion and exclusion of hospital residents were more sharply defined than in previous centuries. The destitute had to get their own food and clothing, a problem that the hospitals tried to counteract by employing stewards. Often, the residents received poor and overpriced food and drinks.

In the early 1780s, the so-called Directive Rules of Emperor Joseph II proved to be particularly problematic. These aimed to ensure that only the seriously ill were cared for in institutions, to release the poor with a monetary allowance and to send children in need of care to the countryside. This decree of the ruler could not be implemented across the board and shortly after the emperor's death, hospitals were allowed to be reoccupied.

Bio Martin Scheutz and Alfred-Stefan Weiß

Martin Scheutz is an associate professor of modern history at the University of Vienna. His main research interests are urban history, the history of the Viennese court, the history of hospitals and poverty, autobiographies, source criticism and the history of confessionalization.

Alfred Stefan Weiß studied history and social studies, philosophy, pedagogy and psychology in Salzburg (doctorate 1993). Since 2001 he has been assistant professor at the Department of History and Political Science at the University of Salzburg. His research focuses are Austria in the early modern period, the history of poverty and crime, and regional history.

Both speakers have made significant contributions to recent hospital history in German-speaking countries.

Panel 4 · Hospital Health Policies

Fritz Dross, Erlangen: Metamorphoses of Care. Nuremberg Leprosaria on their Way towards Modern Age

As in numerous European cities, leprosariums were also established in the imperial city of Nuremberg during the Middle Ages, which were to prove to be extremely long-lasting

hospital facilities until the end of the imperial city. A ring of four such institutions formed along the central trade routes and arterial roads to Frankfurt (St. Johannis, 1234), Augsburg (St. Leonhard, 1317), Regensburg (St. Peter, 1327) and Prague (St. Jobst, 1356) and marked the gates to Nuremberg territory. City delegations received Emperor Charles IV, coming from Prague, in front of St. Jobst; when Emperor Frederick III fled from the Regensburg Plague Breath to Nuremberg in 1471, he was ceremoniously received at St. Peter. Just as the hospital architecture of the inner-city houses, not least the processions and festivities for anniversaries, represented the caring city within, travelers and tradespeople in particular were to be reminded of the city's outstanding care when entering and leaving the city, in addition to the emperors – and not least to give the houses alms themselves during their passage.

In particular, the internal organization of the houses was not insignificantly different from that of inner-city hospitals. The foundation charter of St. Leonhard explains in the introduction how the founder Hermann Schürstab met with the leprous women in order to decide together “how they should live in the future”. The assembly of residents was given significant responsibilities, including the election of a matron and a sacristan, and even the election of nurses, which was abolished in the course of the 15th century. In addition, the foundation charters and statutes show significant differences from the inner-city hospitals in terms of their economic situation, because the lepers generated considerable regular income through begging, the communal use of which was meticulously organized. In 1571, the council introduced a fundamental change by issuing a uniform order for all four leprosariums, which repealed all older statutes and clearly bore the stamp of the authorities. The post-Reformation tendency is particularly clear with regard to the economic constitution, because the lepers became beggars for themselves as individual beggars, who were able to dispose of a considerable part of the income they earned in this way. With only minor changes, this “Gepesserte vnd Vernewte Ordnung” survived until the end of the imperial city, when the foundations of the Heilig-Geist- and Elisabethspitals, the two Zwölfbrüderhausstiftungen with the foundations of the four leprosariums were merged into the United Charity Foundations of the henceforth Bavarian municipality.

The lecture attempts to show, using the example of the four Nuremberg leprosariums, that these institutions, as welfare institutions of their own type, were integrated into the imperial city's hospital family and into the history of the imperial city's poor and health care from the (Late) Middle Ages to the end of the early modern period.

Bio Fritz Dross

Studied History at the Heinrich Heine University Düsseldorf, M.A. 1995. Research assistant at the Institute for the History of Medicine at the same university, 1998/99; scholarship from the North Rhine-Westphalia State Graduate Program, 2002 doctorate; since 2004 research assistant at the Institute for the History and Ethics of Medicine at the

Friedrich Alexander University Erlangen-Nuremberg; 2010 habilitation; acting director of the Institute in Magdeburg (2013/14), Bonn (2016), Würzburg (2018/19), Hamburg (2022/23). Since 2014, he has been the chairman of the German Society for Hospital History and co-editor of its yearbook *Historia Hospitalium*.

Janka Kovacs, Budapest: »Alternative Spaces« for the Mentally Ill. Mental Health Care in Eighteenth- and Nineteenth-Century Hungary before the Institutionalization of Psychiatry

In Hungary, the “proper” institutionalization of psychiatry was a severely belated process as compared to most Western European countries and certain territories of the Habsburg Monarchy. While the Vienna or Prague asylums were established as early as the late eighteenth century, the first state-funded mental asylum, offering care to wider layers of society, the Hungarian Royal National Asylum in Lipótmező was founded well into the nineteenth century, opening to the public in 1868. Up until then, the situation of most Hungarian patients was not settled; most of them were taken care of at home or by their communities, were imprisoned, taken to poorhouses, or one of the public hospitals offering rudimentary care. The more affluent, in limited numbers, were admitted to asylums in mostly the Austrian parts of the Monarchy. This did not mean, however, that institutional care and the discourse on institutionalization did not begin for the mentally ill until the last third of the nineteenth century. The forms of protopsychiatric care provided the first models on which later practices could be built, and, despite the mainstream view in the Hungarian history of psychiatry maintaining the long held belief that before the opening of Lipótmező no attempts at care existed for the mentally ill Hungary, examining these “alternative” spaces can point out how the systems and networks of care introduced after the Austro–Hungarian Compromise of 1867 could be effectively developed. The presentation will look at two arenas—municipal hospitals in Pest and Buda and the countrywide hospital network of the Brothers of Mercy—, where such care was developed from the second half of the eighteenth century onwards for the mentally ill, zooming in on the discourses and practices through and by which these patients were approached.

Bio Janka Kovács

Janka Kovács (1990) is a postdoctoral fellow at the HUN-REN Research Centre for the Humanities, Institute of History in Budapest. She earned her PhD in 2022 with a dissertation focusing on the beginnings of psychology and psychiatry in Hungary between 1750 and 1830. Her current project focuses on the discourses and practices of the institutionalization and professionalization of psychiatry and psychiatric knowledge in nineteenth-century Hungary between the 1830s and 1860s. ORCID ID: <https://orcid.org/0000-0002-5413-9812>

Robert Offner, Regensburg: A Brief History of the Hospitals in the Royal Free City of Cluj-Napoca

In Transylvania, too, medieval, mostly monastic hospitals are known. At the end of the Middle Ages, at least 32 hospitals in 22 towns in medieval Hungary can be proven, including in Klausenburg.^[i] Hospitals as ecclesiastical welfare institutions for the needy according to Western models (poor and soul houses, old people's and nursing homes) can also be found in Sibiu (129 2, Holy Spirit Hospital), Brasov, Sighisoara, Medias, Bistrita, Alba Iulia, Mühlbach and Thorenburg.^[ii] As early as the 15th century, there were also specialized hospitals for lepers (*leprosariums*), but also plague houses and later those for syphilitics."^[iii]

Klausenburg, with a majority German (Transylvanian Saxons) and Hungarian population at the time, had, according to current knowledge, three infirmaries. The earliest documented mention of the inner-city Sankt-Elisabeth-Hospital dates back to 1366.^[iv] In 1430, the Heilig-Geist-Hospital and the Sankt-Hiob-Hospital were built in the Äußere Ungargasse outside the city walls at the time, near the Sankt-Peter-Kirche. The latter was considered a leprosarium, but was abandoned and demolished as early as 1565.^[v] These ecclesiastical welfare institutions gradually passed into secular municipal administration from the end of the 15th century, but at the latest from the first half of the 16th century, as a result of the Reformation.^[vi] The St. Elisabeth Hospital took in up to 35 mostly, but not exclusively, destitute people, elderly people and the chronically ill (such as the mentally ill, syphilitics, lepers) from all walks of life. The purpose of these institutions was more in the charitable care and less in the health care.^[vii] The early modern account books of the two public hospitals of St. Elisabeth and the Holy Spirit, whose administrations were combined in 1671, have been preserved and provide eloquent information about this.^[viii]

Among the expenses of these institutions, which are documented in great detail for some periods (e.g. 1601 to 1650), there are no entries for the purchase of medicines or doctors' fees.^[ix] From this it can be concluded that the sick were mainly cared for and nursed in these hospitals. And if a city physician performed his duties here, he did so as a municipal employee free of charge, as was generally the case in hospitals. The Elisabeth Hospital existed as a home for the elderly and disabled until the 20th century. It was only after 1857 that the old people's homes were permanently separated from the modern hospitals nationwide.^[x] Although the municipal authorities of Cluj had already decided in 1811 to build a public hospital with the general task of caring for the sick in the Old Castle (*óvár*), and Empress Karoline Auguste had financially supported the project during her visit to Klausenburg in 1817, the implementation of the project was delayed until 1820, when the hospital was finally opened in the vacant Franciscan convent as the Karolina State Hospital. From 1831, it also served as a teaching hospital for the practical training of wound doctors and midwives, as a branch of the medical-surgical teaching hospital (lyceum).^[xi]

Bio Robert Offner

„Born on October 24, 1960 in Seklerburg (Romanian: Miercurea-Ciuc, Hungarian: Csíkszereda, Romania), I come from a middle-class family with Transylvanian Saxon and Hungarian roots. After attending high school in my hometown, I studied medicine in Cluj-Napoca (German: Klausenburg, Hungarian: Kolozsvár) from 1979 to 1985 and worked at the local university hospital until November 1988 as a doctor in training in a rotational system. After two years of working as a general practitioner (in Seiden/Jidvei), my wife Karin (a pharmacist) and I moved to Nuremberg in February 1990.

In June 1990, I began my further training at the blood donation service of the Bavarian Red Cross (BRK) in Bayreuth and became a specialist in transfusion medicine in 1998. After that, I worked there as the director of the institute from 2001 to 2008. In December 2008, the institute was restructured and sold to a pharmaceutical company (KEDRION). I managed the new blood plasma donation center KEDplasma GmbH. In 2012, my desire to work as a physician in close contact with patients led me to transfer to the Department of Transfusion Medicine at the University Hospital of Regensburg. Since February 1, 2020, I have been the divisional senior physician of transfusion medicine. In addition to my role as head of the production of blood components (e.g. blood stem cells, cell therapeutics), I lead research projects and participate in teaching medical students in my field of transfusion medicine and immunohematology. Since 2020, I have been habilitated in the history of medicine and give lectures, seminars and organize excursions on these topics. Since January 1, 2023, I have been teaching coordinator of the history, theory, and ethics of medicine at the Faculty of Medicine at the University of Regensburg.

Since 1990 I have been an active member of the Arbeitskreis für Siebenbürgische Landeskunde e.V. Heidelberg in the natural sciences section and since 2017 also as head of the genealogy section. In addition, I am a member of several science and medical history societies in Germany and abroad. Seven book editions, more than 80 publications on regional studies and the history of medicine and science, and numerous lectures are among my achievements outside of my medical specialty.“

Nina Kulig, Regensburg: The St. Katharinenspital Regensburg during National Socialism (1933-1945)

The St. Katharinenspital Foundation in Regensburg, which is steeped in history and has existed since the Middle Ages, has already been the subject of numerous historical studies within research into the history of hospitals, welfare and health services. However, the topic proposed for this year's conference deals with the St. Katharinenspital in a period that has been largely excluded from previous regional research: the age of National Socialism. This particular period under investigation is an extraordinary opportunity to explore the practices of resilience or even resistance, forms of inclusion

and exclusion, as well as ruptures and continuities within a long-standing and firmly rooted welfare institution in the city of Regensburg. Thus, the St. Katharinenspital can serve as a case study and also as a comparative size for a social-charitable institution for older people in National Socialism.

The focus of the lecture will be mainly on everyday life in the hospital, the given structures and the people involved in it. It is therefore about how everyday life in the hospital during National Socialism and the Second World War was actually shaped. Because it is precisely this focus on everyday life that allows us to ask about the above-mentioned social practices, about possible restrictions on action and about the influences of the National Socialist worldview within a firmly established welfare institution in Regensburg. In particular, the question arises as to what extent charitable and nursing care in the hospital could be guaranteed and maintained under these difficult conditions. Furthermore, it should be examined to what extent Nazi ideas and concepts of Nazi health policy found their way into everyday hospital life or into the forms of charity practiced there, or to what extent this was decidedly prevented and therefore resistant behavior can be spoken of. Finally, the hospital and its role and functions within the structure of the National Socialist city of Regensburg will be examined in order to avoid an isolated presentation and to emphasize the hospital's significance during this period.

Bio Nina Kulig

Nina Kulig, born on July 14, 2000 in Regensburg, has been studying the multiple bachelor's degree program in history and musicology at the University of Regensburg since the winter semester of 2019. After completing her bachelor's degree in the summer semester of 2024, she plans to pursue the master's program "Cultural-Historical Medieval Studies," which is also offered at the University of Regensburg. Since the beginning of 2023, Nina Kulig has been an employee at the archive of the St. Katharinenspital Foundation, as well as a tour guide there. The lecture selected for this year's conference presents the results of her bachelor's thesis in history.

Panel 5 · Economic Entanglements

Christina Vanja, Kassel: Advertising on One's Own Behalf. The Diverse Presentation of Charitable Institutions to the Public during the Early Modern Period

In the pre-modern era, before the introduction of statutory health and disability insurance and regulated public subsidies, the existence of hospitals and other social institutions was primarily based on foundations. In order to survive times of crisis and to be able to react to an increased or changed demand for care places, each institution needed a good economic administration, but also subsidies from private donors. The range of

foundations was wide and ranged from smaller alms donations to annual commemorations and clientele-oriented gifts to the donation of large sums of money, agricultural goods and house ownership. Successful hospitals were repeatedly able to attract new patrons for the “hospital project” despite religious change (Reformation, Enlightenment) and new social and medical demands. The lecture aims to explore this “self-promotion”. It turns out that hospitals were able to draw on an impressive range of “advertising space”: starting with the location of the facility at gates, main streets and large squares, to their churches and chapels as links to the public, the design of the portals with pictorial and textual representations, public events, such as the presentation of orphans in processions, and printed advertising material. For the presentation of the topic, I mainly draw on the German-speaking area (Germany, Austria and Switzerland).

Bio Christina Vanja

„I am an adjunct professor of modern history at the University of Kassel and teach mainly on the early modern period. Until 2017, I headed the department “Archives, Memorials and Historical Collections” at the Landeswohlfahrtsverband Hessen in Kassel. My research focuses on the history of hospitals, orphanages, foundling and maternity homes, the social history of medicine and the history of health resorts. Among other things, I am deputy chair of the German Society for Hospital History.“

Publications in addition to the Regensburg volumes include:

Christina Vanja together with Arnd Friedrich and Irmtraut Sahmland (eds.): At the Turn of the Modern – The Hessian High Hospitals in the 18th and 19th Centuries. Festschrift for the 475th anniversary of the foundation (Historical Series of the Landeswohlfahrtsverband Hessen, Quellen und Studien, Vol. 14). Petersberg 2008.

Christina Vanja: Open Questions and Perspectives of Hospital History, in: Martin Scheutz, Andrea Sommerlechner, Herwig Weigl, Alfred Stefan Weiss (eds.): European Hospital System. Institutional Welfare in the Middle Ages and Early Modern Times / Hospitals and Institutional Care in Medieval and Early Modern Europe (Mitteilungen des Instituts für Österreichische Geschichtsforschung, Ergänzungsband 51). Vienna, Munich 2008, pp. 19–40.

Christina Vanja: Psychiatriemuseum Haina / Haina Psychiatry Museum (Historical Series of the Landeswohlfahrtsverband Hessen, Catalogs vol. 3). Petersberg 2009.

Christina Vanja (ed.): Wealth of Sources – Diversity of Research (Historical Series of the Landeswohlfahrtsverband Hessen, Sources and Studies, vol. 17). Petersberg 2016.

Christina Vanja, Florian Bruns, Fritz Dross (eds.): Spiegel der Zeit. Life in social institutions from the Reformation to modern times (Historia Hospitalium, vol. 31). Münster, Berlin 2020.

Martin Scheutz, Christina Vanja, Alfred Stefan Weiß (eds.): *Between Pedagogy and the Art of Healing. Child Care from the Renaissance to the Present (Closed Houses. Historical Studies on Institutions and Places of Separation, Detention and Punishment, vol. 4).* Leipzig 2022.

Wolfgang Wüst, Nuremberg: Resilience and Caritas in Figures. The Accounts of St. Catherine's Hospital in Regensburg as a Source of Long-Lasting Welfare

In 2018, Mark Spoerer attributed a very high empirical value to the interregionally and internationally significant series of invoices of the St. Katharinenospitals – it extends over 4,500 volumes from 1354 to the 21st century – in the context of the hospital's own nutritional cultures. The figures, which were meticulously checked and recorded by auditors over the centuries, also served other scientists, and by no means only historians, for empirical purposes in a range of subject areas. The volume of accounts from 1726/27 under hospital master Christoph Heinrich Schwers (1726–1760) is attached as an example. However, the question of whether the long-running series of figures with earmarked costs can also be used to prove the resilience strategies mentioned in the conference exposé “Plurale Hospitalgeschichte(n)” has so far been largely ignored. Hospitals were continuously subject to social and demographic changes. How did the city of Regensburg react to the external crises of the early modern period? What sums were spent on finding answers to the increasing urban precariousness? Were there continuities or breaks in social welfare policy under the “governing” hospital masters? Did they remain loyal to the hospital order of 1316? My contribution “Resilience and Caritas in Figures” attempts to provide answers to longer-lasting administrative strategies in a representative selection of invoices from the 16th to 18th centuries.

Bio Wolfgang Wüst

Bernhard Wolfgang Wüst, born on July 10, 1953 in Krün/Upper Bavaria, studied history, politics and English in Edinburgh/Scotland and Augsburg from 1973 to 1979. He then received a scholarship from the Bavarian Academy of Sciences (Commission for Bavarian Regional History, Historical Atlas of Bavaria) and was an academic advisor at the Chair of Bavarian and Swabian Regional History in Augsburg. In 1982, he completed his doctorate on the topic: “Herrschaftsbildende Kräfte des Ancien Régime im Gebiet der Markgrafschaft Burgau” and in 1996 his habilitation under the title “Geistlicher Staat und Altes Reich. Hochstiftische Herrschaftsformen, Hofwesen und Administration in der Frühneuzeit”. At the time, Wolfgang Wüst worked as a trained archivist, most recently as director of the internationally renowned Augsburg City Archives. From 2000 to 2019, he taught history at the Friedrich Alexander University in Erlangen-Nuremberg as the holder of the traditional Chair of Bavarian and Franconian Regional History. Selected positions held: First Chairman of the Historical Association for Swabia (until 2020), 1st Chairman

of the Franconian Working Group e.V. (since 2019); Managing Editor of the Yearbook for Franconian History (until 2022); Co-editor of the journal of the Historical Association for Swabia (until 2020); Coordinator of the “Historical Atlas of Bavaria” at the Commission for Bavarian Regional History (since 2019).