

Nursing organizations in Western Europe from the 16th to 18th centuries

Organizacje pielęgnowania chorych w Europie Zachodniej w okresie od XVI do XVIII wieku

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Summary

From the 16th to 18th centuries in Western Europe care and nursing institutions for the sick were created by the believers of the Catholic Church. The greatest successes in that field were achieved by three persons: Juana de Dios, Camillo de Lellis and Vincenta de Paul. They established charity, care and nursing congregations and religious orders which conducted wide charity activities in Europe before the French Revolution.

Keywords: nursing, charity congregations, Juan de Dios, Camillo de Lellis, Vincent de Paul

After the Middle Ages, during the Renaissance, a phenomenon of a certain traditional Christian depreciation *caritas* occurred in Western Europe, which was confirmed during the Council of Trent (1545). Although Protestantism, born in the 16th century, deemed it its duty to take care of the sick and those in need of assistance, it did not take any significant initiative in this regard. The revitalization of the movement of care for the sick as well as the establishment of new tasks and forms of assistance to the poor and the sick became due to the creation of new Catholic charities [1].

In 1540, the Portuguese man Juan de Dios (1495–1550) organized a congregation of believers in Granada, Spain, who wanted to devote themselves to the care of the sick. It should be remembered that the Renaissance was a genetic consequence of the Middle Ages, in which sacrifice for others in the name of Christian mercy was an ideological imperative. Therefore, Juan de Dios's project had a good base, despite the fact that he was a simple man, a shepherd, later a soldier, a world traveler who traveled through France and North Africa. The decision to establish a new congregation was impressed by the sermon of John of Avila. Initially, the organization operated without any articles of association or principle. It was not until 1586, with the consent of the pope, that the Hospitaller Order of the Brothers of Saint John of God was established, which quickly grew and spread throughout Latin and Catholic Europe, becoming in the following centuries an evident symbol of Christian care for the sick. In the 17th century, Juan de Dios was declared saint and is considered a patron of the Catholic Church protecting hospitals, the sick and nursing staff [2].

At that time, Camillo de Lellis (1550–1614) acting as a supervisor in the St. Joseph's hospital in Rome established a religious congregation consisting in persons performing similar functions in hospitals. Since the administrative authorities of the Roman hospital forbade meetings of the established religious congregation in their area, they started working in their own building, taking care of the sick from the hospital and the shelter. The members of the religious order, like the Hospitaller Order of the Brothers of Saint John of God, took a voluntary oath, thus declaring continuous care for the soul and body of the sick [3].

The aforementioned and many minor religious nursing and care congregations in their conduct tried not to prejudice the Christian tradition formed over centuries. Some of them limited their activities to only one town or one particular disease.

At the beginning of the 17th century in France, Vincent de Paul created new care for sick women from scratch. He was born in a peasant family on 24 April 1581 in Gascony. Due to early interests and abilities, he began studying theology in Toulouse. Curiosity about the world and doubts about the subject of faith prompted the young man to travel around North Africa and go to Rome, from where he returned to Paris in 1609. After a short stay at home, he assumed the position of priest in Clichy (1612), and almost simultaneously began to serve as a domestic priest and teacher to the family of the Count Gondi, commander of the French galleries, whose crew Vincent de Paul later began to exercise spiritual service for. He also preached fiery sermons addressed to the people of the goods of his employers, who – as he realized – neglected the truths of holy faith. This fact prompted the priest to establish a Congregation of the Mission

in 1625. They were obliged to perpetuate missionary activity in the French province. As a substitution for a short time at the priest's work in the city of Chatillon-les-Dombes, he noticed in this area gross negligence of care for the poor and the sick. As a result of his observations, he created *Confrerie de la Charite*, that is, the Brotherhood of Charity for women belonging to the parish. After three months of existence, he gave this small charity group a strong statutory basis, on the basis of which married women, widows and unmarried women could join the society. Their task was to provide food to the sick, nursing and care for the sick staying at home, and spiritual, that is, mental support for the sick. This idea of helping people in need spread to other areas, also aroused great interest in Paris. In the French metropolis, ladies from upper social classes, visiting patients in their homes and hospitals, especially Hotel-Dieu, were given the glorious nickname *Dames de la Charite*. Vincent de Paul also took care of prisoners and supported good manners among young girls, adults and abandoned children. Despite the noble activity of the aforementioned ladies, their additional duties, including in the family homes, interfered with their charitable activities, arousing symptoms of suspicion and lack of trust in patients. To counteract this, the priest mobilized „voluntary, faithful and strong” Parisian girls, appointing their leader Mrs. le Gras, Louise de Marillac by birth (1591–1660), who after the death of her husband in 1625 joined *Confrerie de la Charite*; Vincent de Paul was her confessor. On 29 November 1633, Mrs. Gras and several girls (4–5) settled in Paris in a small house at Rue Cardinal Lemane, which over time became the cradle of the Order of the Daughters of Charity and the house of Vincent.

Mrs. le Gras's girls stayed and lived with her in the congregation's house, gaining the name *Filles de la Charite*, that is daughters of charity. On 26 March 1634, the congregation received a conventual principle which was radically different from the heavy, traditional principles of other congregations. The Daughters of Charity did not attach much importance to the religious side of the conventual life, focusing primarily on nursing and care work and moving freely over different territories. Vincent de Paul took care of refreshing the girls' religious vows every year, giving them freedom in everyday life and work. According to the priest, for the congregation of the Daughters of Charity, a house of the poor was their monastery, a common room was their cell, a parish church was their chapel, crossing streets and rooms were their hospice, obedience was their enclosure, fear of God was their habit, and modesty was their veil covering their face.

This form of religious collective activity required vocational education, which the Daughters of Charity were obliged to acquire. So they learned to read, write and calculate in order to gain trust of qualified doctors with the presented knowledge. They were also becoming acquainted with the therapeutic agents used at that time as well as minor procedures, e.g. blood-letting, cupping. Every week, Vincent de Paul prepared a lec-

ture for them on the ethical foundations of care for the sick. He preached in a small hospital, whose interior was adapted to the needs of upbringing and education of girls. He confronted the theoretical assumptions of caring for the sick with the practical activities of the sisters, always putting the good of the patient in the foreground [4].

The activity of the Daughters of Charity gained wide publicity and spread widely throughout France. Conventual nursing teams were interdependent. To prevent this, a group of Daughters of Charity at the Angers Hospital took over all care for the sick, and Mrs. le Gras decided to make the hospital a model example for other mother homes, which were being established more often, for which permission was granted by bishops and secular authorities. Mrs. le Gras also had the right to move and substitute her sisters. The Polish Queen Marie Louise Gonzaga, wife of Władysław IV Vasa, and then of John II Casimir Vasa, took a dozen or so Daughters of Charity with her to Warsaw. On the Vistula River, French nuns opened new charity institutions. At the time of Mrs. le Gras' death, there were 350 sisters in 70 centers in France and Poland [5].

Vincent de Paul cared for the development of the congregation and the extent of its activities. During the regency of Maria de Medici, her advisory circle, *Conseil de Conscience*, managed humanitarian aid for the victims of the war in Lorraine and other areas affected by military activities with great momentum and great effectiveness, organizing cookhouses and dishes with food. The Regent was also interested in opening new hospitals, which met the aspirations of the Daughters of Charity movement. On her initiative, the Salpetriere hospital in Paris was established.

As expected by doctors, Vincent de Paul sought to educate the Daughters of Charity in the field of care and nursing procedure. What requirements in this area the medicine put at the time can be found in the three-volume textbook of the German doctor Jacob Oethens, who in 1547 published *Grundlicher Bericht Lehr und Instruction von rechten und naturlichenbrauch, den Gesunden, Krancken und Kranckenpflagern* (A thorough report, teaching and instruction on the correct and the natural need for therapeutic measures among the healthy, the sick and caregivers). The author of the work thoroughly discussed the principles of care and assistance provided to patients staying at home and in the hospital. He added general and individual recipes for dietetics related to nursing practice. He also drew attention to the coincidence of eating and fluid intake, health and sleep, the impact of the general condition of hospital rooms on the physical and mental condition of the sick, as well as the need for care consistent with prevailing customs. He paid a lot of attention to the observation of patients by nursing staff as an important element of acquiring knowledge as well as a way for communication with a doctor [6].

The presented recommendations and guidelines were implemented depending on the circumstances that determined the

care and nursing procedure in a given region or country. In the big cities during the Renaissance, new types of hospitals began to appear, an excellent example of which was the Ospedale Maggiore hospital built in Milan in 1457 upon the order of Prince Sforza. The building was built in the shape of a cross. Inside, there were separate rooms for men and women, equipped with trunks for underwear and clothing as well as tables at which meals were eaten, also a bed provided for two hospital visitors, including the sick [7]. An altar was placed in the middle of the intersecting rooms. It should be remembered that the hospitals of that time were overcrowded, because they were of shelter nature accommodating not only the sick, but also the homeless, beggars, the elderly and the infirm as well as children abandoned by their parents [8]. Eg. At that time, the Hotel-Dieu in Paris and its branches had 1,000 people to be looked after. A similar situation prevailed in the hospitals of other large cities: in Rome, Naples, London etc. Hospitals tried to protect themselves against the flow of unwanted visitors, assigning obligation to qualify admitted persons to the so-called city doctor or medic managing the hospital. In Paris, these matters were regulated by an edict issued in 1656 by Louis XIV. The regulation concerned, among others Paris-based Hotel-Dieu, which focused solely on the treatment of acute illness, and chronically ill, paupers and beggars, and even criminals, directed to the General Hospital established for this purpose. Under reign of Louis XV, work houses were created in France to solve or reduce the problem of very poor people. Similar institutions were also created in Germany. Together they collected antisocial elements and mentally ill people who were tried to be isolated from the rest of society [9].

In the 16th and 17th centuries, due to the intensive development of economic life, there were changes in the administration of hospitals, which were slowly going from under the episcopal or religious guardianship to the possession of cities. Many hospitals at the time, when the wealth of certain social groups increased significantly, were established on the basis of foundations, wills or donations. Until recently, health care provid-

ed only by the Church was taken over by the city authorities. Wealthy people did not use the services of hospitals in the case of illness, but instead resorted to private nursing and care of people whom they trusted. Reference was also made to the assistance of so-called – as defined later – ‘low-ranking medicinal professions’: bathing, wound doctors, obstetricians, pharmacists, as well as ordinary charlatans and scammers. The hospital or city doctors of those times cannot be compared with modern doctors. Doctors in hospitals worked as a team, and their behavior was dictated by the knowledge based on the perception of disease symptoms. Nursing staff often came to doctors to the rescue [10].

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Streszczenie

W Europie Zachodniej w okresie od XVI do XVIII wieku instytucje opiekuńczo-pielęgnacyjne dla ludzi chorych tworzone były przez wiernych Kościoła katolickiego. Największe osiągnięcia w tej dziedzinie stały się udziałem trzech osób: Juana de Dios, Camillo de Lellis oraz Vincenta de Paul. Oni utworzyli zgromadzenia i zakony charytatywne i opiekuńczo-pielęgnacyjne, które w Europie przed Rewolucją Francuską prowadziły szeroko rozgałęzioną akcję dobroczynności.

Słowa kluczowe: pielęgnowanie chorych, zgromadzenia dobroczynne, Juan de Dios, Camillo de Lellis, Vincent de Paul
