

Shaping of nursing care for patients in Western Europe in the 18th and first half of the 19th centuries

Kształtowanie się opieki pielęgniacyjnej nad chorymi w Europie Zachodniej w XVIII i w I połowie XIX wieku

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Summary

The Enlightenment ideology and the French Revolution had a very negative impact on the activities of conventual congregations in respect of nursing care of the sick in hospitals in the 18th century. Emperor Napoleon I attempted to improve the existing situation by restoring the right for nursing care over the sick to nuns. In the first half of the 19th century, in Germany catholic religious orders had the obligation to provide nursing care and in the 30's of the 19th century the Evangelical Church also joined charity work in hospitals by employing laywomen, i.e. deaconesses.

Keywords: nursing care of the sick, Herman Boerhaavow, Franz Anton Mai, Theodor Fliedner

With the end of the 17th century, a new political and social reality appeared in Western Europe, which had a huge impact on cultural and scientific life back then. She also placed nursing care for sick people in a completely different situation, the consequences of which led to the atrophy of the old traditional Christian principle of *Caritas* in confrontation with which the 18th century seemed to be a „dark era”. This crisis of caring for the sick during the prevailing Rococo meant that in the historical perspective there was a sharp outline between the time of enlightenment and the 19th century organizational and scientific development of European Romanticism, which was called ‘the dawn’ by contrast. Destruction of the 18th century external and internal structures of treatment and nursing care was different in the first – calm and the second – very turbulent half of the century.

At the beginning of the 18th century, the teaching and practical practicing of medicine was still carried out by the usual system. New hospitals were built on the model of the feudal residences of absolute rulers. Huge buildings had side wings and a central part, in which a chapel or church was located. Such three-wing hospitals have survived to our times, however, in formerly sacred places, there are now treatment and operating rooms or rooms for administration [1].

The successors and continuators of Vincent de Paulo, who was declared saint in 1737, continued to form a nursing and caring charity, modeled on the structures of the Daughters of Charity. This category of associations includes the congregation of the Sisters of Mercy of St. Borromeo founded in 1652, as well

as the Daughters of Saint Thomas of Villeneuve, the Daughters of God’s Wisdom, the Daughters of True Cross and other congregations operating in France before the Revolution. Their nursing work, based on the knowledge in this field back then, attached great importance to dietary arrangements, whose models were developed and published by doctors. An example would be the paper entitled *Wohlunterrichtete Kranckenwärterin (Good teaching of caregivers)* wrote by a medical doctor from Saxony, Johann Stroch, published in 1746, and its content was within terms of those days.

The problem, however, was the practical vocational training of nuns in confrontation with the phenomena that were current in the 18th century. As in the past, hospitals took care of not only the sick, but also homeless people, the poor, tramps and beggars, thus causing the overcrowding of the facilities and their terrible hygienic and sanitary condition. The wars and crop failures increased misery and hunger. Groups of homeless and poor people filled the roads and streets of estates and cities; hospital visitors were coming from them.

Overcrowded hospitals prevented proper, according to the accepted principle, work of conventual staff, who were also very low paid. This reduced the *standard* of general nursing. The lack of people dealing with hospital care for the sick, the superiors could supplement by referring to the communities of uneducated and low-ranking people in the social hierarchy.

The sketched picture of nursing care had its basis in general political and social changes and the significant development of

medicine, which began to set different and higher requirements for auxiliary staff.

The current state of affairs marked out three development lines for healthcare. The first was related to the necessity to transform the existing facilities of treatment of the sick as shelters into modern hospitals adapted to new needs. Medicine, which in feudal hospital structures was largely limited to giving advice to patients, became a field of knowledge that was being dynamically developed, including through teaching and practice at the patient's bedside. The patient was becoming the object of therapeutic endeavors and the subject of scientific observations focused on the illness that was afflicting man. The main role in the development of clinical medicine teaching should be attributed to the Dutch doctor Herman Boerhaav (1668–1738), who gained widespread recognition as a talented practitioner. He used simple and nature-related methods in treatment. In hospitals, he introduced checking the body temperature using an alcohol thermometer. He emphasized observation of patients during work at the patient's bed. In diagnostics he attached great importance to medical history and examination of disease symptoms with all available senses. During his lifetime he gained renown as a professor at the clinic of internal medicine and pathology. Daily monitoring of the effects of the treatment used was the main order to follow [2].

Coming from various regions of Europe, Boerhaava students were bringing the scholar's thoughts to their countries. An expression of these influences was the opening of the great general hospital in Vienna in 1784 by the emperor Joseph II, in which parts for the ill, chronically ill, i.e. chronicles, for mentally ill as well as women in childbed were separated. The hospital had 2,000 beds. It also became a model for Bishop Franz Ludwig von Erthal, the creator of a similar facility in Barmberg, intended for patients hoping for recovery. The city hospital for the poor in Berlin was transformed according to new ideas, creating the famous *Charite*. The hospital of St. Julius in Würzburg as well. In France, following the Revolution, Catholic monasteries were liquidated, and their buildings were in many cases converted into hospitals. A trend has emerged to isolate and divide hospitalized patients to improve care for them. Particular emphasis was placed on social hygiene thanks to scholars such as Johann Peter Frank (1745–1821), whose multi-volume work *The Full System of Medical Police* became the basis of modern hygiene. Nota bene, Frank was the head of the aforementioned Vienna hospital for many years, in which he introduced permanent, 24-hour medical duty [3].

The second development line was closely related to the change in the social composition of hospital patients. In the past, as we know, wealthy people, including the nobility, the city patriarchate, did not use the services of hospitals – shelters, entrusting treatment in the event of illness to private medics. At the beginning of the 19th century, when the conditions of organization and hospital therapy changed significantly, and doctors could

raise confidence with their knowledge, people from higher social classes began to come to hospitals. The high standard of hospital rooms, e.g. smaller or individual patient rooms, kept clean in accordance with the hygiene requirements at that time, also encouraged the use of closed healthcare facilities. It should be emphasized that at that time surgery was equated with clinical medicine in terms of professional status, and surgical therapy in hospitals began to be practiced together with obstetrics. The change in the social composition of patients had a major impact on the organization design and hospital nursing therapy.

The aforementioned premises influenced the increase in the requirements directed at the middle staff taking care of patients. The obstacle to rational and effective care was the lack of proper education of people dealing with nursing. Improving the professional qualifications of these people was determining the third development path of medical care back then. At the end of the 18th century, when the Revolution in France caused the removal of the conventual staff experienced in nursing from hospitals, there was a total collapse in this field, which was tried to be stopped during the reign of the Emperor Napoleon I, restoring former rights to the nuns working in hospitals back then. In other countries, echoes of events occurring in France and changes in the field of medical sciences have had a destabilizing effect on the nursing care provided so far by Catholic congregations. This caused a severe crisis in the modern history of patient care. Its reasons, in addition to those mentioned above, were of quantitative nature and were associated with the creation of very large hospitals, e.g. in France in buildings taken away from monasteries; new challenges and tasks that nursing care had to face in connection with the dynamic development of medical sciences; severe lack of nursing staff; the absence of effective and substantial training for this staff.

In various regions and countries of Western Europe, people began to think about creating a model hospital institution, where not only the nursing situation, but also a layer of rationally conceived and practiced medicine would be taken into account and sufficiently shaped.

Preparations in this direction were undertaken by the German, Franz Anton Mai (1742–1814), giving strong impulses to the reforms being introduced. Mai, like his companion from college times Johann Peter Frank, called for the creation of a medical police operating under the aegis of the state, although on the other hand he was deeply convinced that laws and regulations would not improve the health condition of the population. He saw a real way out of the situation in the elimination of adverse living conditions and a rational regulation of the everyday lives of every individual person. Enthusiastic projects resulted in the improvement of school hygiene, work hygiene of craftsmen as well as the creation of sickness funds for the poor. Mai tried to get the public interested in his ideas by speaking on the subject in the press and in public appearances. He was convinced that „not only the medicines themselves, but good care during

illness, as well as spiritual encouragement of the patient are an essential element of restoring health of the sick”.

F.A. Mai, with the consent of the national government, founded a nursing school in Mannheim, which was launched on 30 June 1781. Its goal was to „get a good hypocritical observer to sit at the patient’s bed”, i.e. the school’s program met the demands of H. Boerhaav announced 100 years earlier. According to Mai, the science of nursing should become a „branch of healing knowledge.” Guided by these beliefs, he personally taught staff at school how to look after patients in hospitals, including midwives, widows and women with children, as well as surgeons. The education lasted three months, checked by weekly exams and final exam. The basis of the education program was the content of the book entitled *Unterricht für Krankenwärter zum Gebrauch öffentlicher Vorlesungen (Teaching nursing to persons for the purposes of public lectures)*, in which he claimed that dietetics, prognosis and natural medicine are the basic elements in the training and care of patients in hospitals; he advised to make an opinion on prognosis based on observation of patients.

F.A. Mai was aware of the limited nature and scope of the work undertaken, all the more that because of envy of his colleagues from the medical board of the city, they called the school he created as a „screw-up school”. Defending himself, he gave speeches on teaching the nursing profession; among others he was speaking at the University of Heidelberg [4]. Despite local intrigues, his views found followers in many German cities. Numerous publications were a mapping of Mai’s initiatives. A Berlin physician from the *Charite* hospital, Johann Friedrich Dieffenbach (1792–1847), published *Anleitung zur Krankenwärtung*, that is, *Introduction to the care of the sick*. In the city on the Spree, there were also facilities modeled on the Mai’s school.

F.A. Mai came to the conviction that only improving professional qualifications of people nursing patients would open their way to work in all hospitals, with the full approval of doctors. He also called for putting nursing care in order under the aegis of one efficient organization.

My previous discussion concerned matters genetically related to the 18th century, the next description is to present attempts to renew nursing care, undertaken in the first half of the 19th century in Germany by four Christian communities: catholic, represented by religious orders; evangelical, with the active participation of secular deaconesses; secular, created by the associations of Mother Houses; freelance forms of care for patients. The motives for the actions taken resulted from the change in social structures, from the dynamic development of medicine, from the change in the perception of the importance of nursing, from the need to help the wounded and the sick during wars (this motivational element was not implemented until the breakthrough in the second half of the century), for reasons of arising nationalism and the emergence of feminist movements (also in the second half of the 19th century) At the beginning of the 19th

century, romanticism played a big role in the formation of caring and nursing attitudes, and by referring to Christian spiritual values, it sought encouraging examples of strong faith in the Middle Ages, apotheosizing the associated conventual dedication. As I have already mentioned, the Revolution banned nuns from charity work in France, which led to giving up all care for the sick. In this dramatic situation, Napoleon I withdrew the irrational ban, restoring work in hospitals to Catholic religious orders. In 1814, 12,000 nuns were employed in 300 French hospitals. To achieve similar goals, new religious congregations were being formed throughout the 19th century, both in Europe and overseas.

In Germany, three Catholic religious congregations, coming from the group of the Daughters of Charity, operated in the field of care and nursing. Since 1811, the Mother House in Nancy had nuns, referring to the name of the congregations created by Carlo Borromeo, who were employed in hospitals in the Palatinate (under French influence back then): in 1811 in Trier, in 1826 in Cologne, and in 1838 in Aachen. In 1849, they founded the provincial Mother House in Trier. Over time, they expanded their involvement by organizing, among others General Mother House in Silesia.

From Strasbourg, the influence of the congregation of Vincent de Paulo spread, embracing Freiburg (1805) and then Catholic Bavaria, in which King Louis I entrusted the Daughters of Charity with all care for the sick. In addition to the new assembly formed in Munich, others grew in various German and Austrian cities and estates, e.g. in 1834 in Fulda, in 1838 in Innsbruck and Paderborn, in 1841 in Graz, etc.

The first German congregation of the Daughters of Charity (Clement’s Sisters – *Clemensschwester*) was established on 1 November 1808 in Münster by Bishop Clemens Droste zu Vischering (1773–1845). The principle of the congregation was based on the conventual status of Vincent de Paulo, and sister superior Maria Alberti (1767–1812) took part in its preparation. Sister Maria, despite her father, an Evangelical pastor, converted to Catholicism and in a conversation with the bishop forced her views on further activity, which allowed the congregation of the Clement’s Sisters to go beyond their own framework, expanding their presence.

Two activists in Germany in Romanticism were administrators and leaders of modern nursing of patient: Clemens von Brentano (1778–1832) and Joseph Görres (1776–1848). In 1827, von Brentano, together with a member of the Koblenz city council and the caregiver of the poor, Hermann Joseph Dietz, went through Trier to France to get acquainted with the organization and activity of the Daughters of Charity. The material collected on this subject was published by the paper entitled *Die Barmherzigen Schwestern in Bezug auf Armen- und Krankenpflege (Daughters of Charity and their supervision over the poor and the sick)*. In 1838, the author wrote to his friend, working in the hospital in Koblenz, Luise Hensel: „The influence of my book

on the situation of the Daughters of Charity was wonderful.” This influence was also an impulse for the work undertaken by von Brentano and Görrs. The latter, guided by political instinct, presented in 1831 in the journal „Katholik” the resumption of Christian social protection in Germany as an opportunity to fight the cholera epidemic. He presented his pragmatic declaration in a book written by von Brentano entitled *Staat, Kirche, Cholera (State, Church, Cholera)*.

The ideas of Romanticism mentioned above were an important support for the Catholic branch of the Church in Germany, including a return to the Middle Ages tradition as well as a deep respect for the Roman Catholic religion. One should also take into account the fact that those who lead the reform of caring for the sick have converted their faith under the influence of Romanticism, changing from Protestantism to Catholicism. This group included, among others von Brentano, Count Leopold zu Stolberg and Maria Alberti [5].

The work of Catholic conventual congregations in the conditions of a dislocated and declining Christian tradition of caring for the sick required meeting new challenges, and in the interest of necessary reforms setting specific goals. Having bad experiences related to the dissatisfaction of caregivers with the offered remuneration, stricter criteria were set for women admitted to work, excluding widows, divorced, poor orphans and girls from low social classes from recruitment to the hospital. In addition, the developed provisions and rules of conduct for new congregations referred to the Christian need for love to others, negating the personal benefits of serving the sick as well as putting private matters first. The Clement’s Sisters became an example, who nursed the sick in a natural way, at the same time showing common sense and a great deal of caution, consciousness of mind and calmness, a passion for cleanliness and tidiness as well as order and respect for the law. Nuns were taught by older sisters in the aspect of professional needs. The new provisions and changes in the activities of Catholic congregations were the role model for energetic, private initiators who, acting outside the Church’s structures, had the same goal in mind – caring for sick people. They were also a good example and encouragement for the attempts made by Protestants in this field [6].

A call to similar actions of the believers of the Evangelical Church was announced publicly in 1830. The journal entitled „Ewangelische Kirchenzeitung” urged believers to imitate this „honor and pride of the Catholic Church.” Thus, following the example of Catholics, Protestants followed the analysis of the regulations and tasks of the Mother Houses to work for the sick. The daughter of a merchant from Hamburg, Amalie Sieveking (1794–1859), who managed a private school for girls, was of the opinion that unmarried women should be involved in classes as sisters-caregivers, who – like the Daughters of Charity – congregated in one group shall form significant strength and value in helping the sick. Unable to fulfill the request, she used her influence to create the *Women’s association for the care of the*

poor and invalids with a view to fighting the great cholera epidemic, during which she got the attention of German society by personally taking part in providing selfless help [7]. Johannes Ewangelista Gossner (1773–1858) (converted from Catholicism to Protestantism) followed in the footsteps of the *Women’s association for the care of the poor and invalids*, supporting people in a difficult life situation through medically qualified women and he founded *Frauen – Kranken – Verein (Women – The Sick – Association)* in 1833 [8]. The proposal that women’s congregations, based on the old Christian principle of honorary service to the Church, would take care of the sick, was published in 1820 by the pastor of Bislich, Friedrich Klöne (1794–1834). The implementation of the requested assumption required additional efforts and concepts that were shared by the pastor of the small Evangelical parish in Kaiserwerth near Düsseldorf, Theodor Fliedner (1800–1864). Fliedner was the son of a pastor from Eppstein. After the early death of his father, with the support of his family friends, he studied theology in Gissen and Göttingen. In 1822 he took the post of pastor in Kaiserwerth, where he encountered the misery of parishioners, whom he wanted to remedy, learning about the methods of caring for prisoners, introduced in England by Elisabeth Fry. Following her example, in 1826 he founded the *Rhenish-Westphalian Prison Society* and in Rhineland-Westphalia area he first helped women released from penitentiary facilities. His next initiative was to improve the education of young people. To this end, he created the *Congregation for the Organization of Schools for Young Children* in Düsseldorf. However, he turned his attention to caring for the sick by organizing the *Evangelischen Verein für christliche Krankenpflege in der Rheinprovinz und Westfalen in 1836 (Evangelical Congregation for Christian Care for Patients in North Rhine-Westphalia)*. In a purchased three-storey building in the town center of Kaiserwerth, he opened a hospital, and in 1836 he gathered a women’s team for the care of patients, intended for both work at home and in the hospital. Following the example of the Daughters of Charity, he created the House of Mothers for his deaconesses and became acquainted with the conventual rules of the Clement’s Sisters and other Catholic congregations. Women working in the Fliedner team were subjected to systematic, doctor-led training. At the same time, a similar deaconess training took place in Berlin as part of the so-called introducing care for the sick, under the direction of a doctor from the *Charite* hospital, Johann Friedrich Dieffenbach (1792–1847), and then his student, Carl Emil Gedike. J.F. In 1832, taking the example of F.A. Mai, Dieffenbach organized a school for carers of the sick in Berlin. Assigning deaconesses to work depended on the decision of the experienced sister Gertruda Reichardt and Mrs. Friederike Fliedner (1800–1842), who participated in a large part of her husband’s projects, trying to manage the deaconesses’ activities over time. However, she did not agree with the concept of the pastor to direct more attention to the deaconesses’ spiritual needs [9].

Fliedner was a priest and a man of strong faith, so he wanted to combine his charitable activities with the theological and religious mission. He was seeking God's interference in the phenomenon of illness, which is why the deaconesses' care and nursing practice was assessed as a service to Christ himself [10].

Deaconesses' care for the sick became more widespread within German states, cities and estates. Following the example of Kaiserwerth, more Mother and Daughter Houses were getting established: in 1844 in Dresden, in 1847 in Berlin, in 1850 in Wrocław. Caroline Bertheau (1811–1892) stood out in her work on their organization, who after the death of Fliedner's wife became his wife (1843). *Nota bene*, Caroline shared the priest's opinion regarding the spiritual aspect of the deaconesses' work.

In the middle of the 19th century, the deaconesses' work covered some regions of the world, including USA, Russia, Africa and Palestine. At the time of Fliedner's death in 1861, there were dozens of Mother Houses, which a total of 1,207 deaconesses worked in [11].

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Streszczenie

Ideologia oświecenia oraz Rewolucja we Francji miały bardzo negatywny wpływ na działalność zgromadzeń zakonnych w zakresie opieki nad chorymi w szpitalach w XVIII wieku. Cesarz Napoleon I starał się naprawić zaistniałą sytuację, przywracając siostrom zakonnym prawo pielęgnacji chorych. W Niemczech w I połowie XIX wieku ciężar opieki nad chorymi spoczywał na zakonach katolickich, a od lat 30. do pracy charytatywnej w szpitalach włączył się także kościół ewangelicki, zatrudniając w tym celu kobiety świeckie, tzw. diakonise.

Słowa kluczowe: pielęgnowanie chorych, Herman Boerhaavow, Franz Anton Mai, Theodor Fliedner
