

# **The poverty relief in Hungary in Early Modern Time**

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## **A reform program of the welfare system in the first half of the 16th century**

The cities of Western Europe began to realize a major reform program of the welfare system in the first half of the 16th century. A common feature of the reforms was the growing influence of the state, increasing racialization, bureaucracy and the stress on the education. The aim of the reforms was to create a centralized system to ensure efficient use of existing funds and separate "deserving" and "undeserving" of kindness and support.

Changes in the welfare care system in Western European cities didn't significantly affect the acting of charitable institutions in Hungary in the sixteenth and even in the next century. Different economic and demographic conditions caused that the Hungarian towns were not forced to approach to such radical measures in the care of needy persons as the populated cities in Western Europe. Neither the Hungarian urban communities escaped the consequences of the Reformation and the establishment of modern institutionalized churches. The pressure of the state power on the homogenous religion of the population has deepened religious, cultural and social barriers between the confessions. Charitable foundations and institutions were confessional profiled and its activities were focused exclusively on the members of their own denominations. Belonging to confession did not affect only the religious life of the person and his social status, but also determined the significant opportunity to obtain help and support in the case of poverty, old age or disease. Dividing the population according to religion became fully evident also in the patronage and support of charitable institutions. Religion of the donor determined confessional adherence of institutions that have decided to set up or support.

The care of poor and sick became a part of religious struggle in the confessionally divided country. Neither Catholic nor Protestant elites wanted their poorer brethren being attracted into the opposing camp by the lure of more or better-attuned charitable provision. But in a country where the state and the Catholic Church created an alliance, which aim was the recatholization of the population and elimination of protestant believers on the periphery of the society, was in being a real risk that the dominant Catholic Church uses the disease and misery for the Catholic propaganda. That's why the care of old and ill people became for Protestants, more than for Catholics, question of religious survival.

The relationship of the Christian confessions (Catholic and Protestant) to charity and philanthropy can not be reduced to the question of the competition for souls of the faithful. Charity was an important part of the religious teaching of Christian confessions, although Catholics and Protestants interpreted its significance for the salvation of souls differently. Protestants have given up belief in the importance of good works and therefore they couldn't automatically await reward in the afterlife. They could only hope that it will ease their trouble journey towards salvation. For the protestants charity became mainly a Christian obligation to religious community and the proof of their faith and mercy. For Catholics charity remained instrument of salvation of benefactors and beneficiaries even after the Council of Trent. The catholic charity perceived physical and material aid to the body on the second place beyond the spiritual ministrations to the soul. The aim of the Counter-Reformation was recovering souls of believers, a major obstacle in achieving this goal was considered a sin of ignorance. Poverty and vagrancy were perceived as the important allies.

Another shift in the organization of poor relief occurred in the period of enlightened absolutism. The main change was that the State has significantly strengthened its power at the expense of cities and religious institutions, but that does not mean that the municipalities and the churches ceased to operate in this area. The most of the enactments of the absolutist era prescribed to religious communities and municipalities to take care of their poor. Cities and communities have lost their previous autonomy and have become dependent on the decisions of the state apparatus, which was required to respect the sovereign. The aim of these regulations was mainly the removal of street mendicity and welfare provision of those who really need it. Objectives could be achieved by setting up offices and welfare repositories on one hand and numerous restrictions of beggary and other repressive measures on the other.

### **Forms of social welfare in early modern Hungary**

Welfare in Early Modern Hungary had two main forms - open and closed, it means institutional. In the opened form of charity poor people received the money, food or clothes and they have stayed living in their previous environment. The institutional form of welfare care granted especially housing, in some cases also the food and clothing, but at the cost of restricting personal freedom.

Closed form of welfare care represented the institutions by the contemporary sources called hospitals, poorhouses or xenodochiá. Hospitals were usually town institutions that took the care of people, who for various reasons find themselves in need. Despite their name, they

were not intended for short-term hospitalization of patients and treatment of diseases, although in the case of need they could provide their inmates with the doctor or surgeon.

Hospitals in free royal towns were mainly established by the town municipalities, the founders of charitable institutions in market towns were usually their landlords. Number of supported persons was different, but generally didn't exceed ten or twelve people. Institutions with the largest number of inmates were in Bratislava (hospital had about 100 inmates) and Banska Bystrica (24 persons supported). The asset of the most of these institutions didn't have a great value. Above all it was a building in which they were settled, some estates usually rented and financial capital from some hundred to some thousand florenos. Many of the institutions were materially secured only by money and food received from municipalities or landlords.

Although an extensive network of charitable institutions came into being within the 17th – 18th century, a large number of needy people still remained helpless in their home environment. Unlike Western Europe, Hungarian benefactors only gradually went through the occasional distribution of alms to the establishment of endowments for support of the poor. The open form of poor relief in the pattern of charitable foundations considerably began to complement the institutional welfare care in the mid-18th century, in following period the number of charitable endowments rapidly grew and also the amount of their funds. In consequence of the political and religious circumstances charitable foundations arised especially on the Catholic side. But the help of these endowments was conditioned by the Catholic faith of the applicant, eventually by his converting to Catholicism.

The constitutive feature of an open form of charity was its confessional definition. Each benefactor adressed the benefits of his endowment exclusive to the believers of the same religion, members of the other churches were precluded from the use of foundation in advance. In second half of 18<sup>th</sup> century the converts became the preferred recipients of many foundations under the pressure of Maria Theresa and her Court. Supporting all categories of converts became an instrument of state power on recatholisation and consolidation of confessional unity of the population.

Hungarian society in the Early Modern Time gradually changed its perception of the commitment and the aims of charitable institutions. Till the mid of 18th century the founders of the endowments usually didn't abide on the categorization of poor and didn't impose conditions for the bestowal of aid from their foundations. And so in a time, when cities in Western Europe for more than a century had been publishing regulations against the beggary,

in Hungary the foundations had been arisen which distributed alms to street beggars. The opinion on need of address distribution of alms began to enforce in Hungary under the influence of the Viennese Court in the second half of the 18th century. The charity didn't have to encourage laziness among the poor and the support could obtain only those who really needed it in the consequence of unfavorable living situation.

Social dividing of society was also strongly reflected into the welfare system. The connection between the social status of the applicant and provided support is an important attribute of the poor relief in the early modern period. The Charity of this time should help needy people in poverty, which was perceived as a relative value in a contemporary context. Poverty was assessed according to the social status of the applicant, origin of his/her family and standard of living, which was considered as appropriated to particular social strata or professional groups. In practice it meant that noble people, state and city officials or the members of urban elite received in the case of emergency support which greatly exceeded the support given to applicants from the lower social strata. Some of the foundations directly noticed in their statutes that the aid will be granted in order nobiles – cives - plebs.

The miserables could obtain the support from particular foundation only once a year, but the most of endowments granted the aid repeatedly. The length of support usually had been not limited. Height of alms varied, it depended on the financial possibilities of foundation, decision of administrator, the social status of an applicant and his social circumstances. The alm could have value from some coins to several florenos, rarely could reach the value from 15 to 50 florenos.. The support from the foundation usually could not cover the living expenses of the applicant and his family, but less or more could improve his living conditions.

Both forms of social welfare in early modern Hungary were affected and conditioned by social and economic circumstances in the country. Its agrarian character and undeveloped network of urban settlements caused that some forms of charitable institutions which spread in the big cities of Western Europe didn't occur here. In Hungary the institutions for "fallen" women or penitential prostitutes absented, as well as foundations providing poor girls with a dowry to protect them against possible prostitution. Also the institutional care of orphans remained marginal interest of the society until the mid of 18th century. The founding institutes didn't occur in Hungary till the end of 18th century.

## **The rule of Karl VI. and Maria Theresa – first steps to reform of charitable institutions and charity**

Welfare provision in Hungary had local and decentralized character in the Early modern time. Towns, villages and religious communities took care of their poor. State didn't involve into the field of charity and welfare care till the establishment of Council of Lieutenancy in 1723. Before it state poor relief was occasional and mainly limited to publishing of regulations in the time of plague. Council of Lieutenancy became the first central state office which in the name of monarch assumed the supervision over the institutions providing some form of poverty relief. Social institutions belonged to competence of Commission for pious foundations, since most of them were financed by the income of endowments. At the beginning Council of Lieutenancy didn't dispose of any information about the number of hospitals or other charitable institutions in the country, of their property or the number of supported people. Newly created office started its activities in this area by collecting the necessary data. It lasted some decades.

The rule of Maria Theresa is connected with the beginning of formation of state welfare policy in Hungary. Maria Theresa and Council of Lieutenancy in principle didn't interfere into the internal life of charitable institutions. The aim of their measures was to ensure the effective use of existing financial funds and the management of this property subordinate to the states surveillance. The poor relief of the Enlightened state during the reign of Maria Theresa can not be reduced only to the listing of property of charitable institutions and endowments and to control how this property is used. The second half of the 18th century is also in Hungary the period, when health care gradually began to separate from poor relief and particular attention started to be payed to the provision and education of orphans and abandoned children.

Organization and management of public health service in the country was encharged to Council of Lieutenancy in the first third of the 18th century, concretely it's Health department. It's creation and activities could not immediately eliminate all problems relating to the organization and provision of healthcare in the country as the department had not sufficient staff with skills and also legislation was needed. Department should oversee the activities of all categories of medical workers and health institutions, particularly pharmacies. The Health department of Council of Lieutenancy also participated at the preparation of the first general regulation on the adjustment of health conditions in the country. Regulation

entitled *Generale normativum in re sanitatis* had been published for Hungary on the 4<sup>th</sup> October 1770. *Normativum* was divided into two parts. First part established qualification requirements for all medical workers, defined the content of their activities and scope of responsibility. Regulation redefined the rules concerning the preparation of medicaments and handling of medical materials. The second part contained normative regulations to ensure protection against infectious diseases.

If we speak about the financial provision of health care we should pay special attention to the reform of convents and hospitals of Brothers of Mercy in the 70s of 18<sup>th</sup> century. Excepting of woman hospitals of Saint Elisabeth the hospitals managed by the Brothers of Mercy were the only real medical institutes in the country.

Until the year 1772 (this year Maria Theresa began to reform of the religious hospitals) the convents of this order were gradually arised in Bratislava, Eger and Papa (both in present-day Hungary), Eisenstadt (Austria) and Oradea (Romania). All these medical institutions were established thanks to support of Hungarian bishops and aristocrats.

The oldest Hungarian hospitals of Brothers of Mercy operated independently on state power, whereas any state institution didn't concern with the issues of public health until the early 18th century. The conception by the state directed public health service had been gradually created after the establishment of the Health department of Council of Lieutenancy. The hospitals of Borthers of Mercy had to submit themself to this conception too. Their convents and hospitals got into the attention of the Enlightened state also because they were financially dependent on collecting alms and their charitable activities were financed by the income of foundations. The turning point was regulation of the Council of Lieutenancy dated on 4 June 1772, which in unprecedentedly way intervened into the inner life of convents and religious hospitals.

Rather extensive regulation had two parts. The first one described the historical context of the creation of religious community. The main intention of this historical excursion was to point out that at the beginning the order was able with a few friars to look after a large number of patients, and this argument had to justify further provisions of regulation. The second part begins with the animadversions addressed to the Brothers of Mercy settled in Hungary: saying they are building comfortable convents and beautiful churches in which is only one room reserved for the sick. Notwithstanding some papal bulls they do not admit the poor people into permanent care, they only provide the sick with short-term hospitalization. Number of religious exceeds the number of hospitalized patients, money intended for patients

are used for building of monasteries, churches and religious sustenance. Only few friars from large religious communities take care of sick, many of them are from this service completely exempt (prior, priests, pharmacists, cooks). One or two so-called infirmarii make the beds in the morning and evening and bring them food. Others collect the alms or pray and meditate. The measures summarized in several points had to remove these failures.

- A fixed number of friars was ordered for the convents which were not sufficiently supplied by the foundations and their income had to fill up by collecting alms. If they were not able to provide the patients with the sufficient care, the convents could admit a greater number of worldly servants. The regulation considered them as more obedient and their sustenance as cheaper.
- The mandate made the measures against the collection of alms more restrictive.
- In the future the Brothers of Mercy could realize the construction of new buildings and churches or their reconstruction only with the agreement of the monarch, which was conditioned by previous presentation of the project and budget.
- The religious hospitals had not receive only the patients for short-term hospitalization, but also poor people suffering by the serious and long-term illnesses. In future each hospital should have three separate rooms. One should be reserved for the acutely ill, the other for convalescents and a third for patients with infectious diseases. Priors of the convents should submit diocesan bishops annual account of income and expenses, the statements of hospitalized patients should be submitted monthly.

The superior of the German province Ferdinand Schnefler answered on the royal decree by the extensive letter dated 6 September 1772, which was a defense of the form of existence and activities of the Order. F. Schnefler first denied the argument that an inappropriate number of friars was living in particular convents and that their number often exceeded the number of hospitalized persons. He reasoned the high number of regulars in convents by many responsibilities which are connected with the care of body and soul of patients, while an important part of regulars spent time outside the convent by collecting alms. Furthermore friars also had to supply the housekeeping and working of the pharmacy. Provincial refused to accept a stated number of regulars for particular convents with the reasoning that it is insufficient for providing all these activities. Schnefler didn't see the solution in the increasing of number of secular servants. According to him, they avoided the work with the sick, and even if they accustomed oneself this job, at any moment they left the

service due to higher earnings. According to his opinion secular servants were less docile and more demanding for food.

F. Schnefler regarded the creation of three separate rooms for patients as very expensive and useless. According to his statement no one was infected by any infection disease in their hospitals and he considered the isolation of beds by screens and constantly aerating as the best way to combat infectious diseases. He considered the submission of accounts and bishop's visitations as a failure of papal bulls and asked the Council of Lieutenancy to explain why the rights and privileges were taken from the Brothers of Mercy. At the end of letter F. Schnefler expressed his belief that their convents would be spared from all reforms and the right to freely collect alms would remain them.

The Brothers of Mercy defended the right to freely collect alms after a long negotiation, finally Maria Theresa permitted to increase the established number of friars for each convent, but this had to be respected. It was assigned for sustenance of one regular 80 florenos for a year, 60 for food and 20 for clothing. Despite the objections of Maria Theresa the religious hospitals preserved the character of medical institutions with short-term hospitalization of patients, it didn't succeed to enforce the creation of three separate rooms for patients in every hospital. It was retained the obligation of diocesan bishops to control the annual accounts of convents and visit them regularly.

Overall we can point out, that the reform measures of Maria Theresa amounted a benefit to hospitals. The professional level of religious health workers was increased, the internal discipline in convents was consolidated and the efficient use of existing financial resources was ensured and also the number of hospitalized patients increased. Empress donated to several convents the rich endowments and all Hungarian convents depending on collecting alms were given the right for annual support from the Hungarian Chamber.

### **The provision of orphans**

The special care of orphans and abandoned children can be consider as a substantial feature of the welfare system, which began to form in European cities in the first half of the 16th century. The growing interest of this category of needy was one of the consequences of famine in the years 1539-1540. In the streets of cities a large number of abandoned children who mainly lived on mendicancy was found. The orphanages for boys and girls became the solution of the situation. These newly established institutes provided them with a food, but also with education, religious education and the opportunity to learn craft or trade. Education

should ensure for children the living in the future, religious education should protect them against moral decay and apostasy from the faith. Orphanages have become an integral part of the charity in Catholic and Protestant towns, they were funded and supported by public and private sources. Specialized institutions for the education of orphans didn't arise only as a result of famine and economic crisis of the 16<sup>th</sup> century, also early modern religious movements significantly contributed to its development. The Protestant Reformation and Catholic reform put more emphasis on the education of orphans, because ignorance and misery were considered as the cause of many sins and depravity. Caring of orphans has gradually become part of the confessional struggle, each confession was trying to take care of their own orphans that they didn't get into social networking of "the opposing" church. Later Education and training of orphans became also one of the priorities of the Enlightenment.

Special institutes for the care and education of orphans didn't exist in Hungary in Middle Age and early modern time. Orphans belonged to the category of other socially disadvantaged people. Most of them lived with relatives or tutors, older children were sent to the service or teaching. If these traditional solutions failed, orphans lived in the local poorhouses, together with other inmates, it means with old, sick and disabled people. An institutional care of orphans developed in Hungary mainly under the impetus of German pietism. August Herman Francke transformed Pietist doctrine of love to neighbor into the notion of need to provide institutional care of abandoned children who lived on the streets. Francke realised his opinions in practice and til 1701 he built a large orphanage in Halle, where 100 orphans were living.

The ideas of pietism had been spreaded massively in the Hungarian Lutheran communities thanks to local graduates of German universities since the 30s of 18<sup>th</sup> century although the leading officials were in strong opposition. Also the pietist ideas about the provision of orphans were realised in practise, but of course in form which responded to Hungarian circumstances. In Hungary there were not so many abandoned children than in German countries, because deprived children were mainly problems of large cities, which at that time did not exist in Hungary. There was not the demand for orphanages with such a large capacity, which were founded in Germany. Hungarian supporters of pietism tried to build smaller orphanages for a few children in place of their work, but most institutions ceased to exist after the death of the pastor or his removal to another parish. Longer duration had orphanages in Nemescsó and Sibiu (in present-day Romania).

In order to strengthen the Catholic character of the country Maria Theresa ordered to pay great attention to the supporting of converts, especially among the youth and children. The converts had to be also preferentially admitted to existing foundations in the country. Among the advisors of monarch an opinion prevailed that converts often return to previous faith due to poverty and social isolation. Alike the opinion was broadened that an appropriate education can strengthen faith of young converts and young non-Catholics bring to an assumption of catholic faith. Under the influence of ideas spreading from the Viennese court and the learning of pietists also Jesuits begun to engage in the care of orphans. The reason could be also the fact that Catholic orphans were raised in some Protestant orphanages too. The Jesuits had obtained the support of the Hungarian aristocrats and nobility, local municipalities and not at least Maria Theresa. Although the main aim was the education of orphans, children of non-Catholics were preferred and equally the Catholic orphans, who were exposed to protestant upbringing in consequence of the death of parents. The commitment of these institutions is often enough presented by their name, some of them were named *seminarium convertitorum* or the house of converts instead of the 'orphanage' (orphanotrophium). But even the institutions which preferred the admission of converts, provided with the care also orphans of Catholic parents. In the case of orphanages and homes of converts that existed under the administration of the Jesuits, philanthropy had joined the religious aspect.

The largest orphanage, which originated in Hungary in the second half of the 18th century, was founded from the initiative and with the support of Maria Theresa in Tomášikovo (originally Tallós) in 1763. It was clear already on base of founding documents that it will be an institute with an unprecedented capacity which didn't have equivalent in Hungary. On hundred children should live there, (seventy-five boys and twenty girls), they should be provided with basic religious and moral education, they had to learn reading and writing in German and Hungarian, also arithmetic was compulsory. Children should grow mulberry, take care of silkworms and learn how to weave properly. These obligations should help them with living in the future.

The children were admitted on the base of request addressed to the director of orphanage. Children recommended by the monarch, powerful Hungarian aristocrats and church officials were preferred. Parents, tutors, local priests or municipalities could apply for admission. Admitted children were usually in the age from 6- to 10 years and they were from Hungary. Only children of soldiers had non- Hungarian descend, they were admitted on the

recommendation of Maria Theresa. The children of craftsmen, servants of influential noble families and soldiers became the orphanage's inmates mainly. Most of them came from families which lost the only breadwinner in consequence of the death of father and widowed mother was not able to provide her children with appropriate education. Only smaller part of children were full orphans or motherless. Inmates were living in institution till they were 15-16 years old. In this age girls were sent back to relatives or they became mid-servants, the boys on the basis of their abilities were sent to craftsmen or merchants for learning, to the service or the army. Religious and political situation in the country caused that the orphanage had to follow besides the charitable purposes also the confessional interests of the ruler. The aim of the newly established institution was to provide with education and training not only orphans, but also children who should be got for Catholic faith or should be helped to remain in this faith.

The tutors of orphans and also parents expressed the great interest about the places in the orphanage because the inmates obtained food, clothing and good education. The state had to appoint the precise criteria for admission of children. Above all they took into account the social status of father and confessional interests of the ruler. Admission to the orphanage was basically a reward for father's service for ruler and country. He could render this service as a craftsman by long life paying taxes, by service in the army or work for powerful Hungarian aristocrats. The orphanage was not designed for children and orphans of the lowest social strata, it means for children of beggars, day laborers or occasional servants. An inevitable condition for admission was legitimacy.

### **Charity and Health care in the reign of Joseph II.**

Although the aims of welfare reforms of Joseph II. were the secularization, rationalization and bureaucratization, henceforward emperor perceived the charity and philanthropy as a Christian virtue and duty.

The main impulses for his reform measures

- the works of Ludovico Antonio Muratori *About pure christian piety* and the *About the Christian love to neighbour*. In the first book Muratori stressed the obligation of Christians to pursue charity, which he considered as the most important exposal of Catholic piety. The second work is a theoretical reasoning of charity from theological perspective. Author expressed his point of view that the main goal of Christian charity should be an

elimination of beggary which is a shame of the christian community and Christians in general. Welfare reform of Joseph II. was in practice mostly influenced by Count Jan Buquoy and his *Community of love to neighbour* which he founded at his estate Nové hrady in southern Bohemia in 1779.

**The main purposes of welfare reform of Joseph II.:**

- *The community of love to neighbour* had to become the cornerstone of a new model of poor relief in all monarchy. First the ruler recommended to found these communities in Czech and Austrian countries, later extended his recommendation also for Hungary.
- Joseph II. intended to built a network of specialized charitable institutions. The institutes, where old, sick, poverless and often also the children lived together should became the past. In future orphans and abandoned children should live only in orphanages. Patients, which could not be taken care at home had to be placed in a general hospital. For poor people, who could no longer work, were designed poorhouses and powerless people had to get provision in the institutions called nosocomia.

In his regulations Joseph II. reasoned an unusual state intervention in an area that previously belonged almost exclusively to the competence of the churches, municipalities and landlords. In his view, only the state could ensure the effective use of existing funds assigned for social goals and their well-advised distribution. By the state not organized welfare care is not able to distinguish between those who need help and those who do not want to work. The *Community of love to neighbour* should be the appropriate instrument for such regulation of charity.

The reform of charitable institutions in Hungary began in 1787. The reform measures of Joseph II. were imposed on two fundamental pillars - cities and communities are obliged to take care of their poor and charity should focus only on those who really need it. So-called Institutes of poor (*Instituta pauperum*) organized according to *Community of love to neighbour* should become the basis of social welfare in the free royal towns and larger cities. In that time the company had been already spread in Czech and Austrian countries. In Hungary these institutions just had been existed only in Pest and Buda and ruler was contented with their activity. According to his decision the poorhouses in above-mentioned cities had to be abolished, their capital deposited in Hungarian Chamber and property sold at

auction. The mentioned institute (Institutum pauperum) had to be established in every city, the number of districts should correspond to the number of parishes in the city. Parish priest, Father of the poor and accountant had to stay at the head of institute.

The main source of income of the Institute should be alms that monarch considered as a key source of financing the welfare care. The aim of the newly created institution was disposed unorganized mendicancy and to remove the beggars from the streets. Collecting alms had to be organized, always on the same day and hour, from house to house. Collection should be entrusted the priest or some other credible inhabitant of the city, always without pay. The inmates of institute could collect the alms too, but they had to meet certain conditions. Alms boxes had to be placed also in the church and in public places. Collected alms had to be carefully recorded in the accounting books. Alms had to be distributed once a week, on the same day and hour, in all districts at once. In smaller towns poorhouses had to be maintained, because it was supposed, that they can provide poor people with the less suitable shelters such the large cities. Inmates of these institutions should get only accommodation and small cash or victual and they should take care of themselves. Institutes shouldn't have any employees, they should be managed by the local jurisdictions without charge.

The sudden death of the monarch avoided the implementation of the forthcoming reform, so the question remains unanswered, whereas the reform measures of ruler should succeed to put into practice. In Hungary all monarchs regulations and orders were performed with great delays and after repeated reminders. It was the same with the regulations of Joseph II. concerning the charitable institutions and welfare provision in general. Some of the goals the ruler managed to realize – he made the list of charitable foundations and their properties, subordinated to state control of their income and expenditure, reformed the most important social care institutions in the country. The fundamental principles that social care as followed also after the death of Joseph II. obtained legal form - the obligation of local authorities to take care of their poor and deprived people and to support only those who really need it. Due to a short time and resistance of competent authorities he could not implement the second part of his reform – to abolish the poorhouses in larger cities, to separate the provision of poor from the care of sick and disabled people and to spread the Community of love to neighbour in the country as the fundamental pillar of the welfare system.