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From Pilgrims to Patients

Care for the Sick in Sixteenth-Century Augsburg

Few developments in the German lands of the sixteenth century have had more lasting consequences than the changes in attitudes and treatment of poor city residents. While scholars widely recognize that poor relief in many cities was reorganized under central Alms Offices, it is less well known that most poor relief programs also included provisions for caring for the sick poor, either through the distribution of medicines or enclosed care. Reformers from every vantage point were in broad agreement that medical care should be included in poor relief programs. The influential Spanish author Juan Vives, for example, considered the city doctor as analogous to the father in a household; and Martin Luther asserted that medicine was a gift of God that people should provide for each other. All across the Empire, cities such as Nuremberg, Strasbourg, Zürich and Hamburg incorporated various forms of medical poor relief into the new poor ordinances of the 1520s and 1530s.[1]

While it is clear enough that reformers were prepared to invest in the health of their residents, the origins and ultimate consequences of medical care for the poor have proven difficult to define. For some, discussion of medical poor relief has revived the question of the impact of Reformation theology and practice on early forms of social welfare. Ole Grell's work on northern European communities, for example, argues for the significance of a Lutheran ethic of brotherly love as a motivating force for ministering to the sick poor. In recent years, however, the most pressing scholarly question has been the extent to which care for the sick and the indigent also served a disciplining function as an instrument of growing state control. Drawing from the theories of Gerhard Oestreich and Michel Foucault, scholars such as Robert Jütte and Thomas Fischer have suggested that cities used enclosed institutions, such as pox houses, asylums, and hospitals, to control deviant members of society. However, this focus on *Sozialdisziplinierung* has not gone unquestioned. Martin Dinges has recently suggested that we should not overstate the agency of early modern governments or their ability to coerce and

control behavior. With regard to medical poor relief in France, Colin Jones has suggested that the extension of medical authority was more gradual than the followers of Foucault would suggest.[2]

We may fruitfully address this issue by considering the changes to enclosed poor relief that took place in German cities after 1550, a topic that has received much less attention than the earlier wave of poor relief ordinances. Although the second half of the sixteenth century has been characterized by Christoph Sachsse and Florian Tennstedt as a period of rigidity and decline in poor relief measures, it was at this time that some cities experimented with new kinds of houses for the sick poor.[3] Unlike the enforcement of begging laws, which could take place almost overnight, cities needed time to raise funds for large charitable works such as an orphanage or hospital. Moreover, in these years after the Schmalkaldic War and the Protestant Interim, a series of epidemics and famines struck at the health of all city dwellers, and forced a dramatic response from city councils and alms offices. Many cities either expanded their residential facilities for the poor or created new ones, in the process changing the nature of the houses to meet the new demands of a growing poor population.

One of the most important changes was that civic alms offices enlisted barber surgeons and physicians to provide extensive, ongoing medical care for the sick. In some cases, doctors were commissioned to oversee houses that were exclusively for the sick poor. This was not simply a matter of moving beds and people so that all of the sick lay side by side in one room or building. As medical practitioners assumed responsibility for these facilities, they changed the criteria for entrance, administered medicines and food, and monitored the activities of the house staff and the sick. They gave care to a new category of recipient, to patients *(Patienten),* defined as those who were under the authority of a doctor, rather than to those who were simply poor and sick *(arm und krank).* The growing influence of the medical professions in poor relief programs thus had important consequences for the treatment and perception of thousands of poor city residents.

This essay investigates this shift with an analysis of residential medical care in the imperial city of Augsburg, which, in 1522, was one of the first cities to create a civic Alms Office.[4] It was also one of the largest of the cities affected by the Reformation, and Protestants initiated religious reforms and abolished several cloisters before the city defeated in the Schmalkaldic War in 1548. In 1555, Augsburg was designated as a biconfessional city in which Protestants and Catholics had equal legal rights, although city policy was then controlled by a small, wealthy Catholic minority.

I will focus on the evolution of one institution, the so-called Augsburg Pilgrim House, which was endowed by a pious bequest from a wealthy couple in the 1420s. In accord with its founding charter, for over a century the house took in pilgrims

and wayfarers for two or three nights before the city Alms Office assumed responsibility for it in the 1550s. In the 1570s, the Alms Office expanded the facility and renamed it the Alms House. During the last twenty years of the sixteenth century, several thousand sick residents were treated there for periods ranging from a few days to several months. Such an undertaking naturally required huge sums of money, careful scrutiny of the sick poor, and regulation of conditions within the facility. There was, however, little effort to use the Alms House as an instrument of confinement or social control; indeed, the facility's administrators did everything they could to exclude unsuitable applicants and keep their costs from spiralling out of control.

Like other German cities, Augsburg faced growing problems of poverty and disease after 1550, and initially had fewer resources with which to combat them. After the end of the Schmalkaldic War, Charles V abolished the constitutions in the cities that opposed him and stripped the guilds of their houses and holdings. As a result, these guilds had many fewer resources to protect their members when they became ill. The Alms Lords in Augsburg felt the consequences of this almost immediately because the dissolution of guilds, combined with the earlier abolition of cloisters, drastically reduced the flow of charitable monies to the Alms Office. The situation was complicated by religious differences in this city where Lutherans and Catholics lived side by side but attended different churches and supported different causes. After 1548, the Alms Office was allowed to remain under the leadership of Lutheran Alms Lords, in all likelihood because the vast majority of Augsburg's poor were themselves Protestant. But Catholic foundations administered Augsburg's other charities for the sick and elderly – which included a house for sufferers with the pox *(Blätterhaus),* several houses for lepers *(Siechenheüser)* and the city's Hospital of the Holy Ghost – and this led to competition for scarce resources. In 1550, the Alms Lords complained to the city council that certain unnamed churches refused to give the money collected during services to the Alms Office as had been the earlier practice. "Except for Holy Cross," the Alms Lords noted, "none of the cloisters [donate] anything, nor do the former guilds, which in previous years gave an annual contribution."[5]

Practitioners who treated the sick were constantly confronted with questions they could not answer and people they could not help. An excellent example is the puzzle Dr. Gereon Sailer faced in May 1556, when he was asked by the Alms Office to examine Agnes Schaippen, a woman with cancerous growths on her face. Her disease was so disfiguring she could find no one who would attend her at home and she had petitioned to receive care in one of the city's charitable houses. In his reply, Sailer reminded the Alms Office that Agnes' case was only one of many difficult conundrums. There were often people who "have special diseases and thereby are intolerable among the healthy," and he was not always

sure where they would pose the least risk to their neighbors.[6] In cold weather, Sailer had to defend the charity houses from the "lazy and unworking people" *(fauler vnarbaitsam leut)* who begged for help and complained when others received it and they did not.[7]

The situation prompted the Alms Lords to suggest that the city make provisions for poor people who were sick but who did not suffer from the pox or leprosy. The rationale was simple: as they explained in a brief to the city council from May 1552, the Alms Lords believed they could care for ten people together as cheaply as they could treat one person at home. The city council eventually responded by handing over the Pilgrim House, which previously had served as a way station where travelers could stay for a maximum of three nights. Initially, however, there were no funds available for a barber surgeon or necessary medical supplies, and the facility had to be run by a tradesman who tended to his own affairs most of the time. The house also continued its function as a shelter for travellers. After visiting the building in 1569, three Alms Lords complained that affairs inside the house had fallen into disarray. The current manager sold beer to his lodgers and "thus he has made a charity house into a tavern where one has drinking and carousing day and night."[8]

This kind of administrative grumbling about loose living in city facilities was a commonplace in bureaucratic correspondence that was certainly not unique to Augsburg. Hospital occupants in Frankfurt were accused of the same thing in 1578 and a London hospital was labeled "a common taphouse of stronge Beere" at the turn of the seventeenth century.[9] But in Augsburg, and perhaps elsewhere, the conflict was not simply between unruly boisterousness and discipline; rather, it seems that the council's effort to reform the house cut against an established pattern of providing hospitality, food, and lodgings in tandem with other forms of assistance.[10] What the Alms Lords increasingly had in mind was a facility for the exclusive use of the sick poor who could not be taken into facilities where they would receive care and not endanger the healthy.

The three Alms Lords pursued the matter and in 1570 the city council interviewed a physician, Dr. Hieronimus Märtz, and a barber surgeon, Hans Brigel, who were responsible for the pox house. The council clearly hoped that they would serve the Pilgrim House as well but the pair indicated that they could not serve two houses at the same time; although they recommended other doctors, the Alms Lords fretted that the payment of two new officials, as well as extra apothecary services, would be too great a burden.[11] There were also social costs to consider, for the city's plans soon aroused opposition from the nearby residents on Judenberg hill, which sloped above the poor artisan quarter where the Pilgrim House lay. On 23 May 1570, a letter from neighborhood residents objected that the council was intending to use the building in a way other than its original purpose, and that the new house

would burden the neighborhood with an unbearable odor, unsanitary wash, and daily scenes of death.[12] To city residents, it appeared that the Alms Office was violating one of the first rules of civic hygiene by placing a house for the sick in the midst of the community rather than on its outskirts by the wall.

This process of deliberation and experimentation was disrupted by a another challenge to the city's poor, a severe drought and famine which struck large regions of the Empire in the early 1570s. In Augsburg, as prices for food tripled and quadrupled, every relief agency was strained beyond its capacity. A poet even recorded the suffering, lamenting that many men killed themselves in desperation and that children with shrunken stomachs lay exhausted on the street.[13] Claus Peter Clasen has recorded that 3371 people, around 8% of the entire population, received alms that year, a figure well over double that of the previous year.[14] The Pilgrim House, which at the time housed only about a dozen beds, was overwhelmed by the demand. An Alms Office official who counted the Pilgrim House occupants on 14 August 1571 found 41 people crammed into six small rooms, with another eight camped out on the ground under the roof and eight more in the food stall.[15]

This terrible crisis apparently galvanized the city council to accelerate the pace of expansion for the new Pilgrim House. The city hired a physician, Dr. Marx Wind, and the barber surgeon, Master Hans Schaller, and gave them annual salaries of 40 gulden each to visit and treat the sick on a daily basis. The Alms Office also made some improvements to the Pilgrim House building, which included installing a small bath chamber. However, the problem of secure funding persisted, especially since the Lutherans of the Alms Office could not expect any money from Catholic foundations or the endowments of former cloisters. Funds were cobbled together from charitable bequests, some of which were specifically designated for Lutheran poor, others which were for the poor and sick in general. One of the earliest gifts came in May 1574 from the renowned and wealthy Lutheran physician Adolph Occo, who earmarked 1000 gulden for people supported by the Alms Office who at any time were supported in the Pilgrim House.[16] Others contributed more modest amounts, in some cases changing their wills to give money that was intended for other charitable purposes. For example, Georg Christoff Schwinnenbach originally allocated 10 gulden to go to each house for the infirm, the Pox House and the Pilgrim House. In November 1577, he revised his will to give 50 gulden to the Pilgrim House and 40 gulden to the Pox House, retaining his donation to the Houses for the Infirm at 10 gulden each.[17] The biggest gift of all came from Martin Zobel, a wealthy merchant and devout Lutheran who purchased a house valued at over 4000 gulden and donated it to the Alms Office.[18] The city council added another 7000 gulden, bringing the total money raised to 39,000 gulden.[19]

According to the Pilgrim House entry and exit register from May 1578, roughly 40 occupants moved from one building to the other.[20] The new facility was

substantially larger, with enough space for at least seventy occupants and separate quarters for men and women. With the new building came an opportunity for the Alms Office and the council to rearticulate the mission of its property. As a description of the building written in 1585 explained: "In the (aforementioned) new Alms House there will be no healthy people, but solely poor sick and injured people will be taken in, old and young, men and women […]."[21] Or, as the marble inscription in marble next to the entrance announced, the building was for the sick poor of Augsburg: "purchased and designated for them in perpetuity, so that they may have recourse to medicine, so that such patients may properly offer praise and thanks to the Lord their God."[22] It bears emphasizing that the occupants of the facility were not referred to as the sick, feeble, or poor; they were now referred to explicitly as "Patienten," patients who would accept medicine as charity. It had taken over twenty-five years to accomplish, but the building's rechristening as the Alms House reflected the shift in its function from house for poor wayfarers to civic house of healing.

The building's new function was reflected in its furnishings as well.[23] Like the former Pilgrim House, the Alms House was in the middle of the city's poorer artisan section at the corner of Mittlerer Lech and the Sachsengasse. A sketch of the facility from summer 1592 depicts a building with three full stories, with its adjoining small bath house and series of sheds between them.[24] The Alms House's furnishings further confirm that patients received medical treatment as well as custodial care. One room was outfitted as a barber surgeon's work area with a marble table and a four-footed stool for cutting and binding wounds. Another was a bath chamber with an oven, copper kettles, buckets, and four stools. Over the next fifteen years, the staff added ten medical books, urine vials, three bandaging boards and barber-surgeon and apothecary supplies. The remaining rooms consisted of a kitchen and storeroom. The modest furnishings were accompanied by a few devotional books that might be read aloud and some images of the Virgin Mary. Meals were prepared in a kitchen and a menu from 1586 specified the different foods to be given to the "Eehalten" (staff) and the "Patienten" (patients).[25] The staff included a barber surgeon, a house father and mother, and a physician who requested medicine from a designated apothecary shop.

By 1580, the Alms House was a large undertaking that offered care to a substantial section of Augsburg's poor residents. In assessing the scale of the facility, we are assisted by the survival of detailed account books for the years 1569–1590. These documents illustrate the growing number of patients as well as the increasing investment in medical care (table 1).

The Alms Office also began to record the number of recoveries in the Pilgrim House/Alms House against the number of deaths at the end of each year. At the bottom of a table summarizing the costs of the Alms House from 1568 to 1582, the

Table 1: *Costs for Pilgrim/Alms House Staff (Gulden:Kreutzer)*

Date	Physician salary	Doctor/ barber salary	House parents	Bath costs	Apothecary costs	Number of patients per year
1569–70	40:	***	18:	***	30:–	58*
1573–74	60:	60:	30:	***	84:38	146*
1577–78	80:	100:	30:	38:27	176:56	238
1581–82	80:	110:	54:	62:00	187:50	304
1585–86	80:	110:	82:	54:09	117:–	367
1589–90	80:	110:	62:	89:48	279:36	***

* Estimated stay of twelve weeks, based on occupancy registers from 1577–78 and 1581–82.

Sources: 1. StAA, Funffzechen Almuß Rechnungen von A°. 1568 Bis A°. 1582, 15 v–16 r; 2. StAA, Almosen Amt. Pilgerhaus Rechnungen, 1569–1590.

scribe wrote that "In these thirteen years, 3557 people were taken in, of whom 814 have passed away [...] and 2743, may God be praised, have become healthy."[26] In other words, three quarters (77%) of the people who entered the house in these years departed better off than when they came. With this claim, the account books held the facility to a standard of success and failure that differed from facilities such as the Hospital of the Holy Ghost, where residents usually purchased prebends that lasted for the remainder of their lives. The Alms House administrators were conscious of the distinction and frequently noted that their facility was a place for healing, not for those who required life-long care.

The Alms House considered petitions from a wide range of people: widows who were sick, young children who were injured, and tradesmen who were physically incapacitated. To regulate the entrance and exit of occupants, one of the Alms Lords held a session twice a week at which petitions for admission and other matters would be considered. Prospective occupants would then be examined by a physician who would also determine when the person was sufficiently healthy to leave. In contrast to all other houses for the sick in Augsburg, the Alms Office insisted that occupants normally stay only twelve weeks; and vagrants and others found on the streets were allowed to stay for the usual one to three days. A typical case of an applicant from October 1593 was a man named Ruedall who petitioned to the Alms Lords with the help of his overseer who was a gatekeeper. Ruedall's wife had been accepted to the Hospital of the Holy Ghost. He was described as "completely helpless and poor, and now for thirteen weeks has lain down sick,

exhausted in all his limbs."[27] Ruedall had received money from the Alms Office but he did not believe this would be enough to improve his condition.

While a wide range of applicants were considered, there was a limit to who could get in because of the great demand. The Alms Lords were particularly anxious to make sure that no one was admitted to the Alms House without first being examined during one of the two weekly meetings. In January 1602 the city council received an angry complaint from the Alms Lords after mayor Lucas Stenglin sent several sick people to the Alms House without consulting anyone. In their view, Stenglin had not only overstepped his authority, he had created a health risk; a doctor, or at least the house father or mother had to be present "to diligently examine the patients, to sensibly examine their sicknesses and conditions, so that the house is not burdened, because of an inaccurate report, with someone who has a congenital disease *(Erbsucht)* or other sickness that cannot be healed."[28] The people who came to the house needed to come through the proper channels, with appropriate notice from the neighborhood chiefs. Otherwise, everyone who was there to get well would be endangered since people lived in close quarters and had to share utensils and eat the same food.[29]

This concern over access was further reflected the Alms Lords' ceaseless efforts to restrict care to citizens and long-term residents of the city. In this respect, Augsburg differed from some other towns, cities, and lordships in which provision of medical care was one means of maintaining ties with the surrounding territory. The nearby imperial city of Memmingen, for example, had a semi-official relationship with clerics at the large Ottobeuren monastery and often received petitions from sick residents in its surrounding territory.[30] Augsburg, in contrast, rejected applicants from elsewhere almost without exception unless they had a financial or legal tie to the city. For example, Elisabeth Widemann wrote in October 1602 from the nearby village of Oberhausen to ask for help for her daughter, whose eye was badly swollen. While she claimed that a barber surgeon there urged her to seek treatment, the Alms Lords replied that helping in this case did not fall under the purview of the Alms House ordinance, and that residents from Oberhausen would only be helped at the pox house, and even then under limited circumstances.[31] Indeed, petitions to the facilities took on some of the qualities of an application for employment, as lower tradesmen and servants would enlist their masters as sponsors to vouch for the urgency of their need and for their upright character.[32]

People with chronic conditions were also referred elsewhere since the Pilgrim House would not take "those who have to be supported in bed their whole lives, as in a hospital."[33] There were not enough resources even for those who were qualified to receive them. A case in point is Regina Brunner, a preacher's servant, who was taken into the Alms House first for eleven weeks and then for twelve

more weeks in December and January 1589. Doctors attended to her and she was given twelve medications from an apothecary but her health was not fully restored. When her father Hans asked for additional aid it was denied on the grounds that "right now the degree of distress among the poor is so great, and the house has 95 sick people, more than ever before; and matters are such that as soon as one is released three or four others are there to ask the city for help and assistance of their conditions for a short time."[34]

The overall vigilance with which the Alms Lords restricted admission strongly suggests that they defined the Alms House role narrowly, and used the facility for the sick, not as a place of enclosure for the deviant and disorderly. Caring for the sick was expensive enough: between 1570 and 1575, the expenses of the Pilgrim House averaged 6.6% of the Alms Office's total budget for charitable works, but by the early 1580s, the figure for the Alms House had risen to 16%. The city retained this level of funding into the first decades of the seventeenth century. By 1620, the Alms House claimed 19.2% of the city's poor relief budget. Together with the distribution of apothecary goods and other expenses, the city's provision of medical poor relief accounted for well over a quarter of its Alms Office budget. Thus, the Alms House was the cornerstone of a large-scale effort that first took shape decades after Augsburg first passed its poor relief ordinance in 1522. By the time the Alms House was rededicated to the sick in 1578, it operated amid many wealthier charities with long Catholic traditions and powerful supervisors. Since it was the only house for the sick poor in which Lutherans exerted a major influence, we may well ask how "confessionalized" the Alms House was and if one's religious faith affected the experience there. Formally, as in Augsburg's other civic institutions, all residents were to be treated the same. The facility did not record the confession of its applicants, and there was no evidence that the actual medical care was any different. But the atmosphere was without question confessionally charged. According to its ordinances, the house provided more resources for the spiritual care of Lutherans. A description and roster of employees from 1585 noted that Pastor Nicola Palek was paid 5 gulden a week for the following services: "He gives a sermon every week at the Alms House and serves the Holy Communion and comforts the sick as often as he is asked […]."[35] Catholic sick, on the other hand, had to be content with the cool assurance that if they asked for a priest, "he will likewise be summoned to them immediately and without protest."[36] There is also some later evidence that the facility favored Protestant workers and services. In the late seventeenth century, a Catholic writer noted that the last seven apothecaries who served the Alms House had been Lutheran, which was a violation of the formal legal parity between the confessions. This was an economic as well as a religious issue since the contract with the Alms House was one of the most lucrative opportunities for an apothecary in the city.

Confessional tensions simmered among the occupants to the point that Lutherans and Catholics were periodically put in separate rooms. In September 1611, an administrator recorded that under current conditions, "those of the same faith can have no practical opportunity for confession, praying, communion, comforting and other appropriate necessities; rather out of such mixing [comes] much impurity and great ignorance, as well as in some cases a strengthening of a sickness or prevention of health, with the development of other inconveniences."[37] The report went on to note that "separation of patients of both faiths" *(separation beder* [sic] *Religion patienten)* had been tried, but the room set aside for the Catholics was not suitable for the sick.[38] In 1621, a city council member who supervised the facility noted that Catholic men and women, young and old, lived in one large room.[39] By that time, it was more important to avoid religious disputes than it was to maintain the propriety of separate quarters for men and women.

Religious and institutional divisions also complicated the issue of caring for people whose symptoms or behavior were unusual or unpredictable. Sufferers from epilepsy, or the "falling sickness" *(fallende Kranckheit),* for example, oscillated between normal behavior and violent spasms and dementia that terrified family and neighbors as well as residents. Ostensibly, the Hospital of the Holy Ghost assumed responsibility for these people but at times it turned them away or insisted that the Alms Office share the load. In February 1577, the Alms Lords complained to the city council that a young girl with the disease had stunned the other residents of the Alms House with a violent outburst. A young boy who was being treated in the same room was so shaken by the episode that the Alms Lords feared that he would succumb to the falling sickness himself. In response, the hospital director replied that all of the current beds were full and that he would not create new space for such sufferers.[40] Even when religious issues were not directly at stake, as in this case, such disputes over jurisdiction affected the daily administration of charity and the provision of medical care to the poor.

Without question, Augsburg's Alms House was one of the largest houses of healing in the entire Empire, and its staff probably attended to well over 5000 patients between 1580 and 1600. However, it would be a mistake to overstate the novelty or the uniqueness of this facility. In Strasbourg, for example, in the early 1570s the Alms Office took control of the city's pox house, which had been funded in 1538 by the endowment of a dissolved monastery. This house was staffed full time by a barber surgeon and each year cared for over 100 patients with various ailments. Ulrich Knefelkamp has argued that there was a similar development in the Nuremberg city hospital at the end of the sixteenth century. Elsewhere in the Empire, the Julius Spital was founded in Würzburg in 1578; Erik Midelfort has suggested that the medical activities there were characterized by a similar "therapeutic optimism."[41] In Munich, Bavarian court officials decided in 1618 to

allocate funds at the hospital of St. Catherine for "poor patients *(Patienten)* which one could certainly cure."[42] These examples, from territorial states as well as cities, suggest that we have much to learn about efforts to heal the sick and the role of health care in the poor relief of the sixteenth century.

The case of Augsburg's Alms House, however, is a particularly illuminating example of the impact of confessional pressures on civic institutions and the social function of enclosed poor relief in large urban centers. First, the house's history suggests that long-term institutional divisions between Protestants and Catholics were at least as significant as the initial impulse for poor relief reform that accompanied the early Protestant movement. In this biconfessional city, the Alms House was tolerated and financially supported by a city council dominated by Catholics. But in its early years it also relied almost largely on Protestant donations and was administered by Lutheran Alms Lords. While this apparently did not affect medical care directly, the Alms House's confessional identity clearly framed the experience of its occupants and created tensions between the Catholic and Protestant sick. Augsburg's case thus suggests that Protestantism's ultimate legacy to civic health care was institutional pluralism rather than a distinctive theology of brotherly love or care for one's neighbor.

Second, we may justly question the extent to which Augsburg's medical charity was intended to serve, or actually did serve, as social discipline as it has been defined in the recent scholarly literature. Certainly the occupants of the Alms House were poor and they had more problems than power, but the vast majority of them actively petitioned, even begged, to receive care from the city. From the Alms Lord's point of view, each person in the Alms House was a cost to be minimized or at best avoided altogether; indeed, the initial justification for reform to the Pilgrim House was that it would be much cheaper to care for sick residents in one place rather than dispersed in their home. At the same time, because of the overlapping social imperatives of public order and Christian charity, there was a genuine interest in helping the deserving poor. The city treated its sick poor in a more medicalized and strategic fashion but otherwise did not attempt to control behavior or use the facility to extend its authority over Augsburg's poor. In discussions of the role of social discipline in the early modern city, we must distinguish between attempts to discipline society at large and pragmatic attempts to use charitable funds to their greatest advantage.

Perhaps the most significant contribution of medical poor relief was the change it brought in the criteria for assessing the deserving poor. As doctors and alms officials read the petitions of the poor, examined their bodies and diagnosed their illnesses, they reserved medical charity for a new kind of recipient, "the patient." In the inscription at the entrance to the Alms House, the house ordinances, and in bureaucratic discussions of the institution, the term identified those who received

consultation and care: the sick poor *and only* the sick poor. After 1578, thousands of residents were evaluated case by case, to be accepted as patients or sent away. This strategic approach to medical care, and the conceptual category it created, is one of the most enduring legacies of civic health care in the early modern period.

Notes

1   Juan Vives, *De Subventione Pauperum,* Reprint Florence 1973, p. 78; Martin Luther, *Luthers Werke,* Weimarer Ausgabe, vol. 23, p. 359–360.
2   Ole Grell, "The Protestant Imperative of Christian Care and Neighborly Love", in: Ole Grell, Andrew Cunningham (eds.), *Health Care and Poor Relief in Protestant Europe,* London 1997, p. 43–65; Thomas Fischer, *Städtische Armut und Armenfürsorge im 15. und 16. Jahrhundert,* Göttingen 1979; Martin Dinges, "The Reception of Foucault's Ideas on Social Discipline, Mental Asylums, Hospitals, and the Medical Profession in German Historiography", in: Roy Porter, Colin Jones (eds.), *Reassessing Foucault. Power, Medicine, and the Body,* London 1994, p. 181–212; Colin Jones, "The Construction of the Hospital Patient in Early Modern France", in: Norbert Finzsch, Robert Jütte (eds.), *Institutions of Confinement. Hospitals, Asylums and Prisons in Western Europe and North America 1500–1950,* Cambridge 1996, p. 55–74.
3   Christoph Sachsse, Florian Tennstedt (eds.), *Geschichte der Armenfürsorge in Deutschland,* vol. 1, 2nd ed., Stuttgart 1998, p. 39.
4   Otto Winckelmann, "Die Armenordnung von Nürnberg (1522), Kitzingen (1523), Regensburg (1523) und Ypern (1523)", *Archiv für Reformationsgeschichte* IX (1911–1912), p. 256–271. For an overview of Augsburg's charitable facilities, see Max Bisle, *Die öffentliche Armenpflege der Reichsstadt Augsburg,* Paderborn 1904. For general information on Augsburg in this period the standard work is Bernd Roeck, *Eine Stadt in Krieg und Frieden. Studien zur Geschichte der Reichsstadt Augsburg zwischen Kalendarstreit und Parität,* Göttingen 1989.
5   "So geb[en] vnns die Closter, ausserhalb hailig + [Kreuz] deßglaich[en] die gewes[en] zunfft[e], welche vor jaren auch jerliche handtraichung gethon gar nichts." Stadtarchiv Augsburg [StadtAA], Almosenamt. Bittschriften 1530–1831, 1550.
6   "Es pegebt sich offt das ain person mit sundersiech vnd dannoch pey den gesunden vnleidlich." StadtAA, Collegium Medicum. Ärzte, Ordnungen und Dekreta, 2 May 1556.
7   Ibid.
8   "[…] ietz vom hauß ainem weinschenk[en] verleicht […] vnd also auß ainem Gotthaus ain Zechhaus gemacht, do man frue vnd spatt täglich würtschafft vnd gastungen hat […]." StadtAA, Bittschriften 1530–1581 (see note 6), Nov 1569.
9   Robert Jütte, *Obrigkeitliche Armenfürsorge in deutschen Reichsstädten der frühen Neuzeit,* Köln 1984, p. 169.
10 David Kauffman, the last tradesman to oversee the Pilgrim House, resigned over the issue. StadtAA, Almosenamt. Pilgerhaus 1564–1699, Tom. I, 28 Jul 1571.
11 StadtAA, Almosenamt. Generalia 1548–1763, 18 Nov 1569.
12 StadtAA, Almosenamt. Pilgerhaus 1564–1699 (see note 10), 23 Mar 1570.
13 Sachsse and Tennstedt (see note 3), p. 43 and 46.
14 Claus Peter Clasen, "Armenfürsorge im 16. Jahrhundert", in: Gunther Gottlieb et al. (eds.), *Geschichte der Stadt Augsburg,* Stuttgart 1984, p. 339.
15 StadtAA, Almosenamt. Pilgerhaus 1564–1699 (see note 10), 14 Aug 1571.
16 StadtAA, Kleinere Stiftungen A–Z. Adolph Occo, 1 May 1574.
17 Ibid., Georg Christoff Schwinnenbach, 22 May 1570 and 14 Oct 1577.
18 Trometer, Johann, *Das Augsburger Pilgerhaus,* Diss. Universität Augsburg 1997, p. 57.
19 StadtAA, Almosenamt. Pilgerhaus 1564–1699 (see note 10), no. 4.
20 StadtAA, Almosenamt. Pilgerhaus Register 1578–79.

21 "In obgemelt neü Allmusenhaus wirdet kein gesunde Person, sondern allain arme kranke vnd schadhaffte Leüth, alt vnd Jung, Mannes- und Weibspersonen, inn vnd ausserhalb deß gemainen Allmusensekels auf vnd eingenommen." StadtAA, Almosenamt. Acta des Pilgerhauses 1575–1729, no. 1.

22 "Kaufft und ihnen geignet zu allen zeiten damit si zu ihrer arznei ir fuegliche wart haben kinden, darum solche Patienten billich Got dem Herrn darfür Lob und Danck sagen […]." Ibid., no. 5.

23 Inventories of the house's furnishings survive from 1597, 1598, 1613, and 1616. StadtAA, Almosenamt. Rechnungen.

24 Trometer (see note 18), p. 136.

25 StadtAA, Almosenamt. Generalia 1543–1786, Was die Patienten und Ehehalten vor Speise zu geniessen haben, 1586.

26 "Inn welchem 13. Jaren [1569–1582] seind 3557 krancke personen eingenomen, von denen seind 814 im herrn entschlaffen […] vnd 2743 seind Gott lob gesund worden." StadtAA, Almosenamt. Rechnungen (see note 23), 1568–1582.

27 StadtAA, Almosenamt. Pilgerhaus 1564–1699, Tom. I, 26 Oct 1593.

28 "[…] die *Patienten* mit fleiss zubesichtigen vnnd ir kranckheit vnd anligen nach notturft zuerforschen, damit auf ungleichen bericht niemanndt so mit ainicher Erbsucht, oder anndern kranckheiten, so der orten nit Curiert werden können, behafft, dasselbsten eingeschlaicht vnnd das hauß verunrainiget werden mochte." Ibid., Jan 1602.

29 Ibid.

30 Stadtarchiv Memmingen. Reichsstadt, 408/2. 1539–1617.

31 StadtAA, Almosenamt. Pilgerhaus 1564–1699, Tom. I, 10 Oct 1602.

32 See, for example, the petition for the goldsmith apprentice Jacob Walther who "sich ganz wol vnd gar vfrecht gehalten," and asks to be admitted into "das Pilgram oder Kranckenhaus alhie." StAA, St. Martin's Stiftung. VI, Karton 52, 28 Feb 1587.

33 "[…] die man ir lebenlang wie im spital im bett erhalten mieste." Ibid., 10 Jun 1600.

34 "[…] so ist diser zeit die nott unnder den armen und khrankhen so groß und den hauß mit 95 khrankhen als noch nie gewesen beladen, der gestalt so bald ains ab dannckht 3. in 4. andere verhannden so an die Statt umb hilff und rath ires anligens für ain khürtze zeit begern […]." StadtAA, Almosenamt. Bittschriften und Berichte 1529–1741, 16 Jan 1589.

35 "[…] thut alle wochen ob dem Allmußhauß ein Predigt, vnd reicht das H. Abendmahl vnd spricht den kranken zu so offt seiner begehrt wird […]." StadtAA, Almosenamt. Acta des Pilgerhauses 1575–1729, 22 Mar 1585.

36 Ibid.

37 "[…] ein vnnd anderer Religion verwandte mit beicht[en], *communiciern,* betten, zussprechen, vnd anderer gebürenden notturft, kein füegliche gelegenheit haben könd[en], sondern vil mer aus sollicher vermischung vil unrainigkait, vnd grossen vnwissen, auch wol etwan mit v[er]mehrung eines kranckheit oder verhinderung dessen gesundheit, sambt and[er]n *inconvenienten* mehr entstanden […]." StadtAA, Almosenamt. Pilgerhaus 1564–1699, 31 Jan 1612.

38 Ibid.

39 Trometer (see note 18), p. 137.

40 StadtAA, Spitalarchiv. Supplicationen, 5 Feb 1577.

41 For these examples, see Otto Winckelmann, *Das Fürsorgewesen der Stadt Strassburg,* Leipzig 1922, p. 173–179; Ulrich Knefelkamp, *Das Heilig-Geist-Spital in Nürnberg vom 14.–17. Jahrhundert,* Nürnberg 1989, p. 203–204; Erik Midelfort, *A History of Madness in sixteenth-century Germany,* Stanford 1999, p. 245.

42 Bayerisches Hauptstaatsarchiv, Litteralien General (GL), No. 617, 18 Nov 1618.