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The Sick Poor: How do we define them and what should we do with them?

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Organized care for the poor was not known in the civil charity that existed in the classical culture of Greece and Rome. In its framework, aid was distributed by rich philanthropists among all citizens, regardless of their social status or financial status. The new charity system, based on donations, was established on the basis of Christian and not Greco-Roman values and led to a redefinition of the concept of „poor". Christians regarded the poor as blessed by God, endowed with a special grace, and even in poverty reflect the image of God. Christian ideas of charity for the first time identified and simultaneously lifted the poor as a distinct social group. Change of hospital care occurred in the XVI century under the influence of the Reformation. It marked the transition from medieval Christian views on medical charity to secular social policy.

Keywords: hospital care, Christianity, the Reformation, the sick poor people, charity, philanthropy

Few descriptions of epidemic disease are better known than that of Thucydides. In a well-known passage that became a model for later writers, Thucydides describes the plague of Athens in 430 B.C., which he himself had experienced in a city that was overcrowded with citizens of outlying villages who had taken refuge inside the walls of Athens during the Spartan invasion of Attica:

Terrible, too [writes Thucydides], was the sight of people dying like sheep through having caught the disease as a result of nursing others. This indeed caused more deaths than anything else. For when people were afraid to visit the sick then they died with no one to look after them; indeed, there were many houses in which all the inhabitants perished through lack of any attention....The bodies of the dying were heaped one on top of the other and half-dead creatures could be seen staggering about in the streets, or flocking around the fountains in their desire for water. The temples in which they took up their quarters were full of the dead bodies of people who had died inside them.[1]

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In the world of classical Athens, responsibility for health was regarded as a private, not a public, concern. In spite of several well-known epidemics in the ancient world, virtually all outbreaks of infectious disease were left to individuals to deal with on a self-help basis. Emergency measures were rarely taken by municipal officials—hence the frequently described scenes in classical literature of corpses lying unburied in the streets during times of plague. Moreover, public officials did not believe they had any responsibility to prevent disease or to treat those who suffered from it.[2] Alex Scobie speaks of "a cynical acceptance of the state's indifference to the lot of the urban poor."[3] Traditional attitudes of pessimism and quietism—the feeling that little could be done on a public level to end widespread disease, or to care for the ill—also underlay the inactivity of public officials and their failure to undertake preventative or emergency measures.

There existed in classical antiquity, moreover, little recognition of social responsibility on the part of the individual. Philanthropy among the Greeks did not take the form of private charity, or of a personal concern for those in need, such as orphans, widows, or the sick.[4] There was no religious or ethical impulse for almsgiving. Phil-

anthropic acts were undertaken for the purpose of increasing one's personal reputation. Philanthropy brought honor to the donor. It was a regular practice to obtain a portion of the public revenue of a city from the gifts of the wealthy; in the case of a public subscription, a motion would be made to establish a fund, to which the wealthy members of a community were expected to contribute. The impulse for such giving was *philotimia* ("love of honour") or *philodoxia* ("love of glory"). In return for a donation, the community rewarded wealthy benefactors by setting up statues and honorary inscriptions, which recorded on stone or bronze the nature and amount of the benefaction. Thousands of these inscriptions remain today that testify to the public philanthropy of the wealthy—and others, such as physicians, teachers, and philosophers—who made public benefactions, or performed some public service.[5]

The classical world did not recognize emotion or pity either as a desirable response to suffering or as a motive for personal charity. "Broadly speaking," writes A.R. Hands, "pity for the poor had little place in the normal Greek character; and consequently, for the poor as such, no provision usually existed; the idea of democracy and equality was so strong that anything done must be done for all alike; there was nothing corresponding to our mass or privately organized charities and hospitals."[6] Hence when donors made gifts or performed services, they intended them for the entire community. No distinction was made between the destitute and others. In fact, the poor were never viewed in the classical world in a separate category that deserved special consideration. The sick poor simply did not have an identity as a defined group. Hence there existed no public or private charitable foundations, clinics, or hospitals for meeting their needs. Any benefaction, endowment, or foundation had to be provided for all members of the city-state, rich and poor alike, a situation that was equally true of the Greek city-states in the fifth century B.C. and of the large cities of the Roman Empire in late antiquity.[7] Classical society required a new movement, which arose outside the traditional framework of the classical world, to challenge this assumption. That movement was Christianity.

Early Christianity

From the beginning, Christianity displayed a marked philanthropic imperative that manifested itself in both personal and corporate concern for those in physical need. In contrast to the pagan classical world, which had no religious impulse for charity that took the form of personal concern for those in distress, Christians regarded charity as motivated by *agape*, a self-giving love of one's fellow human beings that reflected the redemptive love of God in Jesus Christ.[8] At the same time that ordinary Christians were encouraged privately to visit the sick and aid the poor, the early church established forms of organized assistance. The administrative structure of the local church (*ecclesia*) was simple, but well suited to the supervision of charitable activities that relied on both clerical and lay activity. Each church had a two-tiered clergy composed of priests and deacons, who directed the corporate ministry of the congregation. Deacons, whose main concern was the relief of physical want and suffering, had a special duty to visit the ill and report them to priests. They received collections of alms every Sunday for those who were sick or in want, which were administered by priests and distributed by deacons. Widows who did not need assistance formed a separate class that later developed into the office of deaconess. They were expected to help the poor, especially women who were sick.[9] Although their numbers and resources were often small, Christians were equipped, even in the most adverse of circumstances, to undertake considerable charitable activity on behalf of those who were ill. Owing to a combination of inner motivation, self-discipline, and effective leadership, the local congregation created in the first two centuries of its existence an organization, unique in the classical world, which effectively and systematically cared for its sick.

In the third century the rapid growth of the church, particularly in the large cities of the Roman Empire, led to the organization of benevolent work on a larger scale. Roman cities were crowded, often unsanitary, and, for large numbers of city-dwellers, lonely. There existed groups, like guilds and burial societies, which maintained a degree of fellowship and mutual support, but there were

many urban dwellers who were outside any family or supporting social network. As the number of those who benefitted from the church's charitable activity increased, there came to be too few clergy to deal with the demands made on them. Hence congregations began to create minor clerical orders to assist them. From a letter that is preserved by Eusebius, written in 251 by Cornelius, bishop of Rome, to Fabius, bishop of Antioch, we learn that the church in Rome supported 46 priests, seven deacons, seven subdeacons, and 42 acolytes, as well as 52 exorcists, readers and doorkeepers--altogether a staff of considerable size.[10] Apparently the church in Rome had divided the city into seven districts, each under a deacon, who was assisted by a subdeacon and six acolytes. They cared for 1,500 widows and distressed persons who were supported by the church. Adolf Harnack estimated that the Roman church spent each year from 500,000 to one million sesterces on the maintenance of those in need.[11] A century later John Chrysostom writes that the Great Church in Antioch supported 3,000 widows and virgins along with other sick and poor persons and travelers.[12] All this--the establishment of minor orders to assist priests and deacons, the creation of sizable staffs of clergy in large churches, the regular support of considerable numbers of the poor and sick, and the expenditure of large sums of money--suggests that the churches devoted a good deal of attention to corporate philanthropic activity. The maintenance of the sick was viewed by the pre-Constantinian churches as a part of their charitable ministry. As that ministry grew, so apparently did the number of sick who were supported by the churches. Presumably much of the care was directed towards relieving individual suffering rather than rendering prophylactic or therapeutic treatment, and it is likely that the assistance given was in many cases rudimentary and palliative. The church's care of the sick relied primarily on the clerical orders, which were composed of men chosen for their spiritual rather than medical qualifications. If they possessed the latter it will have been merely incidental.

One group that administered medical assistance in the urban churches were the lay orders of *spoudaioi* and *philoponoi*, which were to be found in the Eastern Roman Empire in late antiquity and the Byzantine period.[13] They were a lay order of men and women who were attached to large churches in the great cities of the East: Alexandria, Antioch, Constantinople, Beirut, and Jerusalem, most prominently, although they are attested for smaller cities as well. A chief function of the *spoudaioi* was to provide assistance to the homeless sick of the urban areas in which they lived. Throughout the entire classical period, we find reference to the indigent sick who populated the streets of Greek cities. They remained uncared for in public places, suggesting that they were without resources, and were either set out to die or had no family or friends to care for them. One finds in sermons that were given in the large churches of Greek cities in the Eastern Roman Empire examples of the poor and disabled who congregated in public places in late antiquity: a woman lying in labour in a church portico at midnight; and the poor seeking warmth in the public baths on winter nights. The picture was a familiar one reflecting, argues Peter Brown, not time-specific events that depicted a declining Roman Empire, but the kind of poverty that had always existed in the Mediterranean world, which were intended to elicit sympathy from those who were expected to give alms. What was new was that it was noticed for the first time by Christians.[14]

There existed in Greaco-Roman society no provision for public or private shelter or care of any kind for those who were destitute. Hence they were often forced to live on the streets, or in porches, tombs, or makeshift dwellings. Public baths provided fresh water that was essential for hygiene and furnished some warmth in cold winters. Some of the poor sought the assistance of Asclepius in his temples. Those afflicted with mental disorders or loathsome diseases were often driven away, as we see recorded in several instances in the Gospels. Even in time of plague, no public services were maintained by municipalities to bury the dead, who were thrown onto the streets. Here as elsewhere in the classical world, self-help was taken for granted.[15] It was to these urban poor, sick or dying on the streets, that the *spoudaioi* devoted their service. They would frequently search the streets and alleys by night for

those who were ill, distribute money to them, and take them to baths. The number of the sick poor must have been large in the major cities of the late Roman Empire, where poverty was ubiquitous.

The perception that the church had an obligation to care for "the poor" was basic to the founding of the earliest hospitals. The hospital was, in origin and conception, a distinctively Christian institution, rooted in Christian concepts of charity and philanthropy.[16] There were no pre-Christian institutions in the ancient world that served the purpose that hospitals were created to serve, namely, the offering of charitable aid, particularly of health care, to those in need. Roman infirmaries, called *valetudinaria*, were indeed maintained by Roman legions and large slaveholders, but they provided medical care to a restricted population of soldiers or slaves, and they were not charitable foundations. The earliest hospitals, called *nosokomeia* or *xenodochia*, grew out of the long tradition of diaconal care of the sick in Christian churches. The best known, and the earliest, was the Basileias, which was begun about 369 and completed about 372 by Basil the Great, who became bishop of Caesarea in Cappadocia (Turkey). Basil's hospital employed a regular live-in medical staff that provided not only aid to the sick, but also medical care in the tradition of Greek medicine. It included a separate section for each of six groups: the poor, the homeless and strangers, orphans and foundlings, lepers, the aged and infirm, and the sick. Hospitals spread rapidly in the Eastern Roman Empire in the fourth and fifth centuries, with bishops taking the initiative in founding them. They appeared in the Western Empire a generation after they were established in the East, but their growth was much slower in the West owing to economic difficulties. Only a minority of hospitals had the resources to employ physicians and those that did were situated in the Byzantine East. In Western Europe there were few physicians in hospitals until the end of the Middle Ages. Hospitals were founded specifically to provide care for the poor (Basil called his hospital a *ptochotropheion* or poorhouse). The pattern of hospitals caring for the poor persisted until the mid- nineteenth century, and hospitals remained for centuries what they had been intended to be from the beginning, namely, institutions for the indigent who were taken off the streets and given a place in which to die. Those who could afford a physician's care received it in their homes.[17]

As late as the mid-fourth century the concept of being a "lover of the poor" (*philoptôchos*) was a novel one in the Greco-Roman world, with no antecedents in classical models of philanthropy. Organized care of the poor was contrary to patterns of civic beneficence, in which aid was distributed by public benefactors (*euergetai*) to all citizens alike without regard to wealth or status. Within the traditional classical pattern of euergetism (public philanthropy), the rich expressed their civic patriotism to the city by sharing their wealth, not with the poor, but with all their fellow citizens. When the sense of community within the city-states was weakened in late antiquity, the old ideological basis for euergetism was replaced by a new ideology of private charity in which one group within society (the poor) was elevated above the rest as recipients of philanthropy. The introduction of new ideas of almsgiving, which had their origin in Christian rather than Graeco-Roman culture, led to a redefinition of the poor. A specific group defined as "the poor" (*hoi ptochoi*) had not previously existed in the public eye as long as the community was viewed as a collective whole, one in which all citizens of the city shared in public benefactions. Wealthy pagans continued to espouse the traditional classical view that the poor were passive recipients of fate, and they looked down on them as base and ignoble in character. Christians, influenced by biblical texts that spoke of the care of the poor as a duty, rather saw them as especially blessed by God, endued with special grace, and even in their poverty bearing the image of God. They regarded giving to them as giving to Christ, and philanthropy to the poor as demonstrating love for their Saviour. Both donor and recipient came to regard themselves as fellow servants, a theme that one finds repeatedly in contemporary sermons. Hence distinctive Christian ideas of charity, which had not enjoyed public recognition till the mid-fourth century, for the first time in classical society both identified and elevated the previously invisible poor as a specific group. The lower classes of the

city, given a specific identity and defined for the first time as collectively deserving the assistance that had previously belonged to all citizens, came over time to replace all citizens as the beneficiaries of assistance. This little-noticed movement marks one of the truly revolutionary changes in human sentiment in Western history and constitutes a significant feature of the transition from classical to a Christian society.[18]

The Middle Ages

In the Middle Ages Christians viewed the poor as being under the special care of God and as the deserving objects of charity. Begging for alms was central to medieval charity in its understanding of evangelical poverty. The underlying theology was that poverty was a blessed estate, which existed to remind those who had possessions of their own blessings and of their responsibility to assist those less fortunate. Their works of charity, moreover, provided a means of lessening their suffering in purgatory, an emphasis that was always important in Catholic teaching. The rich engaged in good works by providing alms, while the poor earned their heavenly reward by begging and by praying for the soul of the almsgiver. Giotto's depiction of St. Francis's betrothal to Lady Poverty, from the St. Francis cycle in Assisi, idealizes the voluntary poverty that underlay the ideology of the mendicant orders, which sometimes themselves begged for their own support.

The Protestant Reformation

As a result of the Protestant Reformation, which began in 1517 with Martin's Luther's nailing the 95 Theses to the door of the Castle church at Wittenberg, the treatment of the sick poor underwent a considerable transformation in becoming secularized and medicalized. Luther and the Reformers attacked the begging of the mendicant religious orders and rejected the doctrine of voluntary poverty by challenging the theology on which it was based, namely, the concept that good works were meritorious for those performing them. They also argued that it undercut genuine poverty, which communities should work to eliminate, as well as true charity, which should be the result of faith and love of one's neighbors and not undertaken to acquire salvation through one's good works.[19] 19 Protestants viewed the begging of the poor as at best a temporary measure. While they believed that the poor had a justifiable claim on the assistance of the Christian community, they maintained that they should seek to support themselves as soon as they were able to return to a normal life. Some Protestant countries limited or abolished begging for alms and replaced it with poor relief that was provided by municipal authorities in connection with the churches in a joint effort in which overseers worked together with deacons. This became the pattern in the German cities, the United Provinces, England, Scotland (to a lesser extent), and the Scandinavian countries. Converting monasteries into municipally operated hospitals and merging several smaller hospitals into larger ones were the most common Protestant approaches to hospital maintenance following the Reformation. The underlying basis for doing so, however, was not to remove religious motivation from charity. Rather it was to create a Christian commonwealth that took upon itself the obligation to provide medical care for those who were destitute. The aim was to restore them to being productive citizens of society. In England in 1436 Henry VIII had confiscated the monasteries and closed their hospitals, which were placed under the control of secular boards. In the second half of the sixteenth century authorities in Reformed and Lutheran countries in Northern Europe followed a similar path by converting urban monasteries into secular lay institutions that were operated by municipalities for the poor and the sick. Catholic religious orders were laicized, while nuns were released from their vows and forbidden to distribute alms. In Calvin's Geneva, the city consolidated the hospitals, together with other charitable institutions, to form the General Hospital, which was operated as a municipal institution.

An ideological basis for the reforms was provided by several Protestant theologians and by Christian humanists as well. Both advocated programmatic poor relief to those who were morally upright residential members of the community (as opposed to being vagrants). Prominent among them was Andreas Hyperius, professor of theol-

ogy at Marburg and a noted humanist, whose *De publica in pauperes beneficentia* (*The Public Beneficence among the Poor*, 1570) was translated into English and encouraged the role of medical care in poor relief, which took on a major role in Protestant reforms. In England, as in Protestant cities on the Continent, poor relief and health care were centralized into common institutions, which included both hospitals (usually situated in former monasteries), and workhouses, where the able-bodied poor were obliged to work since they too were expected to contribute to the community. The rationale was theological and had been provided initially by the Protestant Reformers. Luther's views were popularized in his early treatise, *Letter to the Christian Nobility of the German Nation* (1520). Ulrich Zwingli, the Protestant Reformer in Zurich, called the involuntary poor "living images of God," and urged poor relief so that "Christ should lie no more abroad in the streets." The duty to help the sick and poor was a staple of Protestant sermons and pamphlets by which pastors encouraged their congregations to give liberally to assist those in need. But it constituted only one aspect of the Reformers' goal of transforming both church and society. Protestant reforms of the mode of baptizing infants and the regulation of midwifery, as demonstrated by the work of Johannes Bugenhagen, a close friend and collaborator of Luther who designed an extensive program of poor relief, had broader implications for health.[20] Of course, the new institutions and regulations provided a good deal of social control, as Foucault has emphasized,[21] but as Ole Grell and other historians of the period have noted, the historical sources leave little doubt that care was the primary concern. It supported the claim of the Protestant Reformers to bring about nothing less than a wholesale reconstitution of the Christian community on Christian principles.

Economic and social factors brought about a transformation in traditional attitudes to the poor. A rapid growth of population in the sixteenth century led to crowded cities, while repeated crop failures and resultant famine in rural areas led to masses of starving peasants leaving the countryside for cities. Wages fell and food prices rose, with a resulting increase in the number of poor vagabonds. Municipal authorities began to organize poor relief by channeling monies from scattered charitable institutions into a common fund, which was modeled after Luther's Common Chest, or by introducing poor rates (taxes for the charitable support of the poor), as was done in England and Holland. In municipalities where religious populations were mixed, Catholics and Protestants often cooperated to create municipal services to carry out this programme. Basic to the change in hospital care were the substitution of secular for religious support of charity and an administrative concern to manage the large numbers of the poor. Holy Spirit hospitals had been founded in late medieval times to care for both the poor and the sick and they survived the Reformation. In southern Germany several such hospitals were founded in both Protestant and Catholic towns in the sixteenth century. They were charitable multipurpose institutions that served religious, social, and political functions. They became centers of the care of the sick poor, and both distributed food to prevent pestilence and provided shelter not only for those who were sick or in need but for those who were healthy as well. They also admitted for short stays those who had suffered trauma. Over time they became increasingly diversified in treatment and types of patients.[22]

Charitable institutions not infrequently found themselves short of funds after the Reformation, and it has been suggested that the motivation for Protestant charity might have been less effective than the motivation offered by Catholic theology. For a half century after the Reformation Protestant monarchs considered public charity to be an aspect of their religious duties. By the late 1580s, however, crown grants proved to be inadequate and private endowments came to replace them. As municipal institutions, hospitals increasingly had to depend for their financial resources on private charity, though churches provided support as well. No part of Continental Europe was more famous for its welfare institutions than the Netherlands, where the Reformed churches worked closely with municipal authorities. But the fact that the English were able to introduce a poor rate, while Continental countries failed to do so, is one that Grell attributes to a "long Reforma-

tion [that] carried with it a special dynamic which repeatedly served to inspire new generations of Protestants." After several earlier but unsuccessful attempts, the English Poor Law, championed by leading Puritans in Parliament, was established in 1601. It tied poor relief and medical care to parish life and placed both under the supervision of parish clergy and officers. It required that workhouses be established in major cities to regulate behavior by discouraging idleness among healthy and able-bodied beggars and insuring that vagrants and vagabonds (who were thought to be carriers of epidemic diseases) would be confined. Outdoor (extra-institutional) relief of the poor was maintained by a poor-rate that would be levied on each house in the parish and collected jointly by municipal and church authorities. The authorities did not always distribute charity gratis within the parish, since whenever possible they asked the able-bodied poor to assist in the care of the sick as part of their duty to society, a system that initially worked reasonably well. The care that was given in English hospitals varied, depending on the financial resources of the parish. The goal was cure rather than long-term care so that the sick could return to a productive life. Care was local and therefore varied widely from place to place.[23]

The changing landscape of hospital care was not limited to Protestant northern Europe. It can be seen in Catholic countries as well. In Italy famous hospitals that had once served as hospices for travelers and the healthy poor had come, by the early sixteenth century, to limit their care to the sick poor. But the treatment varied. The most famous hospital in all Europe, Santa Maria Nuova in Florence, still enjoyed its superior reputation at the end of the century. Even with the secularization of hospitals in Catholic Europe during the Renaissance, the care of the soul retained its primary importance, with the theme of Christus Medicus central to the healing of both soul and body. This may be illustrated by the manner in which the Hospital's statutes describe the care given to a dying patient:

When a patient is close to death, we place before him an image of Christ on the cross, and a nurse watches over him, never leaving his side and reading him the Creed, the Lord's Passion, and other holy texts. When he is dead, the head nurse comes with assistants; they take the dead man from the bed, clothe him in linen, and place him on a bier in the middle of the ward, where the chapel is, with a consecrated candle at his head and a lamp at his feet. At the appointed time a bell rings, and the priest comes with a cross. Two lay brothers light torches and the others take the body and bear it to the church, where the funeral service is sung.[24]

The reorganization of hospitals not only marked a transition from medieval charity to a civic and secular social policy but it produced a change in the way society came to view the poor. Since the first organization of Christian charity in the fourth century, the poor had been viewed as especially set apart by God and deserving of care. Now they became separated into the deserving and the undeserving poor**,** a distinction that is first found in Denmark in legislation passed in 1522. The undeserving poor were perceived as disease-ridden vagabonds and beggars who refused to work and who introduced infection into the city, thereby posing a threat to the social order. They were routinely sent back to their cities of birth. But society also recognized the deserving poor as a separate category, made up of children, widows, and the aged, who were thought to have suffered misfortune and therefore to be worthy of public assistance. The latter were, where institutional resources permitted, placed in hospitals and work houses and provided with medical care; or, where resources were lacking or facilities overcrowded, given assistance on the streets.

Conclusion

Organized care of the poor was unknown in patterns of civic beneficence that existed in the classical world of Greece and Rome, in which aid was distributed by wealthy benefactors (*euergetai*) to all citizens alike without regard to wealth or status. Within the classical pattern of euergetism or public philanthropy, the rich showed their civic patriotism by sharing their wealth, not only with the poor, but with all their fellow citizens. Supernatural healing was available to all classes in temples of Asclepius, the god of healing, but there existed no philanthropic or charitable organizations

to offer medical assistance to the poor. With the weakening of the sense of community in the cities of late antiquity, the traditional ideological basis for euergetism came to be replaced by a new ideology of private charity, in which one group within society, namely the poor, was elevated above the rest as recipients of philanthropy. The introduction of new patterns of almsgiving had their origin in Christian rather than in Graeco-Roman values and led to a redefinition of the poor. In classical society a specific group defined as "the poor" (*hoi ptochoi*) had not previously existed in the public eye, as long as the community was viewed as a collective whole in which all citizens of the city shared in public benefactions. Christians saw the poor as blessed by God, endued with special grace, and even in their poverty bearing the image of God. Distinctive Christian ideas of charity, for the first time in classical society, both identified and elevated the previously invisible poor as a specific group. The lower classes of the city, defined for the first time as deserving the assistance that had previously belonged to all citizens, came over time to replace the entire citizen body as the beneficiaries of assistance. This little-noticed movement marks a revolutionary change in human sentiment in Western society and constitutes a significant feature of the transition from classical to mediaeval Christian societies.

The reorganization of hospitals in the sixteenth century marked a second transition, in this case from mediaeval Christian views of medical charity to a civic and secular social policy that produced a change in the way early modern society came to view the poor. They became divided into the "deserving," or involuntary, poor, who had suffered misfortune and were worthy of public assistance, and the "undeserving" poor, such as vagabonds and beggars, who would not work and who sought public welfare. This once new way of viewing the poor proved to be long lasting and it is still widely prevalent in Western society today.[25]

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21. Michel Foucault (1926-1984) argued that the creation of institutions for the insane, criminals, and the poor in the mid-seventeenth century constituted a "great confinement" that sought to incarcerate deviants in order to bring them under discipline and teach them to work. See his Madness and Civilization: A History of Insanity in the Age of Reason (New York, 1973), and Discipline and Punish: The Birth of the Prison (New York, 1995 [1977]). For a critique of Foucault's views regarding "the manufacture of madness" see C. Jones and R. Porter, eds., Reassessing Foucault: Power, Medicine, and the Body (London and New York, 1994); and Grell, "The Protestant imperative" 60.
22. A. Kinzelbach, "Hospitals, Medicine, and Society: Southern German Imperial Towns in the Sixteenth Century," Renaissance Studies 15 (2001): 217-28, esp. 219-21.
23. E. I Kouri, "Health Care and Poor Relief in Sweden and Finland: c. 1500-1700," in Grell and Cunningham, Health Care and Poor Relief 179-80; and Grell, "The Reformation" 23-33, quotation at 32-33.
24. On hospitals and poor relief in southern Italy see D. Gentilcore, Healers and Healing in Early Modern Europe, Manchester, 1998, 125-55; John Henderson, "Healing the Body and Saving the Soul: Hospitals in Renaissance Florence," Renaissance Studies 15 (2001): 188-216 (block quotation at 216); and Hugo Soly, "Continuity and Change: Attitudes towards Poor Relief and Health Care in Early Modern Antwerp," in Grell and Cunningham, eds., Health Care and Poor Relief, 90.
25. See Brian S. Pullan, Rich and Poor in Renaissance Venice: The Social Institutions of a Catholic State 1650 (Oxford, 1971); Grell, "The Reformation" 19; Andrew Wear, "The popularization of medicine in Early Modern England," in Roy Porter, ed. The Popularization of Medicine 1650-1850, London and New York, 1992, 244-50.

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