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Church-Hospital Complex of the Holy Spirit in Szydłów (Lesser Poland) in the Light of Field Research and Against a Comparative Background

Abstract

This article presents the results of an archaeological and architectural investigation of the church and hospital complex of the Holy Spirit in Szydłów, one of the most interesting surviving examples of this type of layout in Poland. This study analyses the structural evolution of this site from the 16th to the 18th century, and reconstructs its successive development phases based on written sources, field studies and analysis of anthropological burials. Special attention was given to the complex's social and sepulchral uses, as well as its place against the background of hospital management in Poland and Europe. This study highlights the significance of future interdisciplinary studies of similar sites, which allow us to gain further insight into the transformation of the spatial disposition of hospital and sepulchral complexes that occurred between the Middle Ages and the modern period. They were marked by the narrowing of the religious sphere in favour of the secular functionalization of space and the separation of these once equivalent contents, with their long-term interpenetration evident in the example of the provincial Szydłów project up to the end of the 18th century.

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- Lesser Poland
- Szydłów
- Middle Ages
- modern period
- hospital churches
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- hospital architecture

Introduction

Szydłów (Świętokrzyskie Voivodeship, Staszów District), a town founded in the 1320s by Władysław Łokietek (duke and then king of Poland in 1320-1333), and fortified with defensive walls by Casimir the Great (king in 1333-1370) around the middle of the 14th century, is one of the most interesting historical urban complexes in Poland. To this day, the boundaries of the medieval organism remain perfectly visible, mostly due to the surviving and partially reconstructed stone fortifications that surround an upland promontory, cut off with a deep moat from the east and south. Of the two city gates, the southern, dubbed Cracow Gate, has survived in the contentious sections (the eastern, Opatów Gate, has only survived as remains). In the northwest corner of the walled area, there is the castle (from between the early 14th and the 18th centuries), with a recently revitalized hall building (so-called Royal Palace), one of the better preserved medieval monumental buildings linked to royal residential space. The area's religious buildings are two medieval churches: the parish church of St. Ladislaus (which belongs to an interesting group of axial-pillar churches founded by Casimir the Great), and the fourteenth-century filial church of All Saints, covered in Gothic polychromes (located outside the town – opposite Cracow Gate) and a younger, late-sixteenth-century

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Fig. 1. Szydłów – view from the north. 1 – Complex of the Holy Spirit with a modern cemetery from the east and the church garden to the south; 2 – The place of the former Opatów Gate; 3 – Cracow Gate; 4 – Royal Castle; 5 – Parish Church of St. Ladislaus; 6 – filial church of All Saints; 7 – Synagogue; 8 – City square, 2016. Photo: M. Pisz.

Renaissance synagogue in the town's northern part[1] (Fig. 1).

Studies on the Holy Spirit Church and Hospital Complex

Alongside this, the Holy Spirit church and hospital complex has remained a completely forgotten and poorly understood monument. Its ruin is located outside the town fortifications, to their east, and to the south of the historical route to Opatów; at present, to the south of Cmentarna Street and to the east of Staszowska Street, along its section along the eastern side of the moat. From the west, it encloses the site of the new parish cemetery, established in the early 19th century, which was significantly expanded afterwards. This neighbourhood had dominated the not too exposed yet relatively well-preserved stone building (I will present its description together with the research findings) for years, and it was treated as a cemetery outbuilding and decayed continually (Fig. 2). Although a historical-revival reconstruction of the building was postulated by architects and urban planners during Szydłów's uplifting from the damage wrought by the World War II, and Stanisław Kołodziejski insisted to *conduct research, reconstruct and set up a museum exhibition associated with hospitals*,[2] it was only during the 2018-2019 extensive revitalization of Szydłów that the Holy Spirit complex become subjected to conservation and construction work. Perhaps fortunately, they were not total in scope and limited to securing the monument as a permanent ruin (Figs. 3-6). Prior to and during the course of the work in question, the building space was the site of research that I directed.

This article provides a preliminary presentation of the findings of this research, limited to the most crucial conclusions based on the observations of soil strata, anthropological research, and, most importantly, those made in excavations and in architectural analysis of the above-grade portions of the walls. It will be preceded by a report on relatively numerous written sources that are significant to the conclusions' formulation, and will end with an attempt to place the Szydłów Holy Spirit complex in a wider comparative context.

History of the Church and Hospital in the Light of Written Sources

Foundation and Beginnings of the Holy Spirit Hospital

The foundation of the hospital in Szydłów is linked to Casimir the Great, however, there is no

[1] Essential studies on the history of the town and its monuments include: Kutrzebianka 1957; Widawski 1973, 445-455; Kiryk 1994, 146-147; Kołodziejski 2005; *Szydłów*... 2011; Olszacki 2023. These items feature older literature.

[2] Kołodziejski 2011, 239.

Fig. 2. Complex of the Holy Spirit in Szydłów, general view from the north-west, from the area of the former Opatów Gate, ca. 1970. Photo: Author unknown, Collections of the Szydłów City Hall.

Fig. 3. Complex of the Holy Spirit in Szydłów, general view from the north-west, from the area of the former Opatów Gate. Condition before conservation, 2017. Photo: T. Olszacki.

continuity of sources between the suggested time of the foundation and the early modern period, since when we have abundantly documented operations of the institution.[3] It cannot be ruled out that the beginnings of the local hospital operation of the Late Middle Ages should be connected with St. Leonard's chapel, which no longer exists and had an of as yet undetermined location, situated, like the Holy Spirit hospital, in the area of the Opatów suburb (notably called St. Leonard's suburb in 1530 and 1533[4]), probably on the opposite – northern side of the road.

[3] Kiryk 1994, 146; Kiryk 2011, 71. A hypothesis has appeared in the popular scientific literature suggesting that Casimir the Great founded a Franciscan monastery in Szydłów, whose remnants were to be a Gothic church later incorporated into the structures of the Holy Spirit Hospital: Arendarska 1999. This hypothesis has not yet been unequivocally falsified, and one even encounters the suggestion that it should be archaeologically verified: Kołodziejski 2011, 236. In the light of written sources, the last of the crowned Piasts, while implementing their monastic policy, did indeed intend, among other things, to establish a mendicant convent in Szydłów, albeit a Dominican one, to which Pope Urban V agreed, suggesting, however, a Franciscan foundation, cf. Zyglewski 2011, 154-155. Apart from an exchange of correspondence between the royal chancellery and the Holy See from the mid-1360s, and thus not long before the monarch's death, there is no trace of the implementation of these plans. The research reported in later clearly exclude both the medieval origins of the surviving structures of the church of the Holy Spirit and the presence of thus dated building relics in archaeological strata. Also notable is the relation between the church's and hospital's location on the course of roads, which certainly formed much later than the foundation, and resulted in, among others, the significant deviation of the presbytery's axis towards the northeast. Thus, the presence of mendicants in Szydłów, interesting in itself and undoubtedly related to the spatial planning of the monastery within the developing town (perhaps in its northern, overly sparsely developed part in the Middle Ages), should be clearly separated from the problems of the suburban zone with the hospital and religious complex that operated here.

[4] Kiryk 1994, 147.

Fig. 4. Complex of the Holy Spirit in Szydłów, general view from the south-west. Condition after conservation, 2025. Photo: T. Olszacki.

The name of St. Leonard (apart from that of the Holy Spirit) is an alternative to town-based hospital foundations, especially those from the 15th century.[5] A former burgher's donation to a hospital clergyman in the form of four fields located near this very church was confirmed in 1523 by King Sigismund the Old (reigned in 1506-1548); perhaps it was the fields in question – with the proper name Pręty – that became the site of the new project?[6]

Development and Operation of the Complex between the 16th and the 18th Centuries

We owe an archival query that has collected written sources on the complex to S. Kołodziejski, who published is results in an excellent historical and conservation study; the information presented below on the site's history come from the data included there.[7] Although the existence of a poorhouse is mentioned in 1515,[8] the first certain mention of the Holy Spirit Hospital, located in the suburb, is in 1529, but we do not know if there was a church alongside it at the time. Certainly, a wooden chapel existed at the hospital in 1561, when its provost was mentioned.[9] It is also mentioned as being next to the hospital in the 1595 visitation of the parish, and the information there was repeated during a subsequent inspection of the parish in 1598. In the possession of the presbyter at the time was a garden near the parish house that was meant for the needs of the hospitalized, a patch of land near the former St. Leonard's chapel and a house in the town.[10] In 1610, another visitation documented the consecrated chapel of the Holy Spirit, which was covered by a *shoddy, wooden* roof, and a *simple wooden ceiling (drewniany*, *niedobry* i *prosty strop deskowy)*, while the floor was lined with *ashlar (ciosami kamiennymi*), and nearby there was a wooden sacristy with a wooden ceiling and floor. Next to the chapel (and hospital) was a provost's residence, which was *a cottage well covered with a roof and enclosed (domek dobrze przykryty dachem i zamknięty*). His endowment had also increased since the previous visitation by one lan of land. The visitation document of 1618 notes that *There is also a hospital chapel behind the town gate dedicated to the Holy Spirit, consecrated, with a good roof (Jest także kaplica szpitalna za bramą miejską pod wezwaniem Ś. Ducha, konsekrowana, mająca dobry dach)*, located next to the associated cemetery and in the immediate vicinity of the hospital, which *is adjacent to said chapel*, *under a shared roof (szpital sąsiadujący z pomienioną kaplicą, pod wspólnym dachem)*. In 1619, generous sums were bequeathed to the hospital: 100 florins each from Krzysztof Szurmicz, a parish priest from Szydłów, and Bartłomiej Nowodworski, a knight of the Order of Malta of the Nałęcz coat of arms.[11] In 1630, the hospital and chapel most likely burned

[5] Krasnowolski 2004, 221.

[6] Wiśniewski 1929, 307.

[7] Kołodziejski 2005. Thus, I omit here the extensive citation of archival written sources referring to them in the text only in general terms.

[8] Kiryk 2011, 60, 71.

[9] Kiryk 2011, 71; Kołodziejski 2005, 23. Mentions of a clergyman holding this position also appear in 1577, 1602, 1608, 1618, 1634, 1637 and 1643.

[10] Kołodziejski 2005, 26-27.

[11] Wiśniewski 1929, 307-308. In this publication, Father Wiśniewski mistakenly calls him "Nowogrodzki", and this has probably been repeated in different texts.

Fig. 5. Complex of the Holy Spirit in Szydłów, view of the hospital church from the south. Condition after conservation, 2025. Photo: T. Olszacki.

down along with the town during the infamous Lisowczycy raid, characteristic of the declining stage of this brash military formation.[12]

By 1635, a new brick chapel and hospital had been erected.[13] The new hospital is also reported in a visitation text from around 1640: *There is also a hospital in this town, freshly built after a fire (Jest także w tym mieście szpital świeżo wymurowany po pożarze)*. After the Polish–Swedish War in 1663, it was found that *behind the* [Opatów – T.O.] *gate there was a church consecrated by the executor of the present visitation (jest kościół konsekrowany przez wykonawcę obecnej wizytacji)* [i.e., Bishop Mikołaj Oborski, auxiliary bishop of the Diocese of Cracow since 1658 – T.O.], *with a larger altar and a cemetery. Its roof, with a turret, is good. Its possessor is Krzysztof Kostkiewicz (z ołtarzem większym i cmentarzem. Dach z wieżyczką ma dobry. Posesorem jego jest Krzysztof Kostkiewicz)*.[14] A year later, two brick hospital houses are mentioned: a separate one for women and men.[15] The Chapel of the Holy Spirit was to house a golden monstrance and church books. A visitation conducted in 1699 provides interesting information. At that time, for a change, one hospital brick house was noticed (we can surmise that, as in the visitation of 1783 mentioned below, the second building was occupied by a clergyman), with which *a brick chapel, dedicated to the Holy Spirit, is connected (złączona jest kaplica murowana, pod wezwaniem Ś. Ducha konsekrowana*). Adjacent to it was *a brick, vaulted sacristy* (...) *without a floor (Zakrystia murowana zasklepiona* (…) *bez podłogi*). The entire church was reportedly covered with tiles, and a turret[16] rose above the roof. A detailed description of the hospital and religious complex is given in the visitation of the Bishop of Płock and coadjutor of Cracow Michał Jerzy Poniatowski in 1783. The church was then characterized as a *brick* church *with a soffit of lumber* (*murowany z podsiębitką z tarcic*) [i.e., a ceiling covered with boards – T.O.], with *two doors* leading to it*, one large leading to the town* [i.e., to the west – T.O.], *the other smaller on the south side drzwi dwoje, jedne wielkie do miasta* [czyli na zachód – T.O.] (*drzwi dwoje, jedne wielkie do miasta*, *drugie mniejsze od strony południowej)*. This situation is therefore analogous to that currently observed.[17] In addition, there is

[12] Kołodziejski 2005, 30.

[13] Wiśniewski 1929, 305.

[14] Kołodziejski 2005, 35.

[15] The visitation records written down in Szydłów do not specify which wing was intended for which sex. However, we can guess that, as during Mass, women in the pre-conciliar tradition typically occupied the place on the left when looking from the main altar, and the men the place on the right (and this custom is sometimes continued freely in some rural parishes), so the women's wing would be the southern, and the men's wing would be the northern. This hypothesis is objectified by the close and contemporaneous case of the Holy Trinity hospital and church complex in Kielce, where the old men's chamber and grand hags' chamber, rather unsubtly named in 1670, remained in this relation to the church: Samek 1989, 60. Separation by sex, intended to ensure moral behavior in hospital institutions (which had clearly not been evident earlier), became mandatory during the reception of the Council of Trent's decisions, and great emphasis on it was placed, as seen in the light of the Kraków diocese, while in the 18th century these norms were not adhered to as strictly, e.g., see Staniszewski 2004, 324-326. The history of the Szydłów hospital fully confirms the aforementioned regularity.

[16] Kołodziejski 2005, 37.

[17] As mentioned above, the church and hospital complex is not situated precisely relative to the cardinal directions, which

Fig. 6. Complex of the Holy Spirit in Szydłów, view of the hospital church from the north. Condition after conservation, 2025. Photo: T. Olszacki.

mention of a *masonry sacristy* (...) *and in it, a stone floor (Zakrystia murowana* (…) *w tej posadzka kamienna)*. On the church and sacristy was *an old roof* (...) *and a dome also covered with shingles, in which the signature* (...) (*dach stary* (…) *i kopułka także gontami pokryta, w której sygnaturka* (…), while the area was surrounded by *Fences around the church and cemetery made of wood and pine poles (Parkany wokół kościółka i cmentarza z drzewa i słupów sosnowych*). Regarding the buildings accompanying the church, it was noted that: *on one side of the Holy Spirit church is a brick hospital for the poor, on the other side is a residence for the priest, also made of brick. On this residence, the roof needs improvement. Opposite of this residence is a grange for servants, under a roof, several decades old (po jednej stronie kościółka Ś. Ducha jest szpital murowany dla ubogich, w drugiej stronie rezydencja dla księdza, także murowana. Na tej rezydencji dach poprawy potrzebuje. Przeciwko tej rezydencji jest folwark dla czeladzi, pod dachem, lat kilkadziesiąt mający*).[18] The two-section disposition of the building with the hospital and priest's residence is also attested by a text from the end of 1791: *a hospital with 10 poor people, under one wall with the house of the hospital chaplain (szpital z 10 ubogimi, pod jednym murem z domem kapelana szpitalnego*).[19] Following archival cartography, we can equate the priest's dwelling with the southern wing of the complex (probably occupied by women beforehand), as the regulatory plan of Szydłów, which is a chronologically close source to the visitation (and in a less legible view on the map of Western Galicia from the years 1801–1804), we can see a rectangular house located around a dozen meters to the southeast of the building, and behind it we see grange buildings.[20] Between 1783 and 1789 there was a fire, due to which the Church of the Holy Spirit was seen during the town's inspection as *now standing without a roof, which was destroyed during a fire caused by lightning, its chaplain is H.M. Fr Zagorowski, presented from the town (teraz bez dachu stojący, który od ognia piorunowego zniszczony, tego kapelanem jest JM ks. Zagorowski, od miasta prezentowany*).[21] We do not know whether the hospital suffered from this event, but it most certainly operated in 1790.

Number of Patients

Throughout the entire period under discussion, the number of the hospital's residents changed, but did not exceed 13 people: in 1618 and 135, they were equal to this number, in 1664 notes mentioned 12, but in 1669 there were only 6, as in 1699, while in 1711 there were 7, and in 1748

is not accidental and is instead the consequence of the adaptation of its successive versions to the alignment of existing roads. In fact, the longer (hospital) axis of the layout is located along the a northwest–southeast line, and the shorter (religious) axis is located along an intersecting northeast–southwest line. To avoid overly elaborate terms which do not facilitate communication, I adopt the conventional location of the chancel to the east, and thus the correspondingly longer hospital axis along the north–south line, using terms such as "north wing of the hospital". The source texts report that this kind of simplification for the sake of order has a long tradition with regards to this building.

[18] Kołodziejski 2005, 41-42.

[19] Kołodziejski 2005, 45.

[20] Published in: Strojny 2011, 153. Digital version of the Map of Western Galicia: http://maps.arcanum.com.

[21] *Lustracja*… 1789, 129.

the number decreased to 5, in 1790 it increased to 9, and in 1791, to 10 people.[22]

Period of Decline and Planned Uses

On the aforementioned 1823 plan, the Holy Spirit complex is listed as a Catholic hospital (on plot no. 267, a Jewish hospital operated independently of it nearby).[23] Further into the 19th century, with the progressing degradation of the town, the religious use of the complex disappeared, while its role as a communal building for those in need persisted without pause, although it was a building in a state of progressive deterioration. In 1923 the following were seen: *Of the church of the Holy Spirit* (...) *there is only ruin* (...) *only the walls supported by buttresses* (…) *In the shelter (hospital) there live the poor, while next to the ruin of the church stretches a cemetery.*[24] As I found from conversations with older residents, after the severe destruction of Szydłów during World War II, the north wing became a shelter for the poor, while the porch acted as a smithy for some time, the south wing was used as an animal pen, while the roofless church nave became a site of horticultural cultivation. In the late 20th century the building had already become abandoned, although, interestingly, in the postwar era, the two architects in charge of rebuilding and revitalizing Szydłów in succession, Jerzy Żukowski (from 1946) and Wacław Podlewski (from 1957), seriously considered restoring the site to its former uses, seeing it as a maternity hospital or an old people's home, respectively.[25] Apparently, the engineers who were active some seven decades ago did not see a problem in the coexistence of these institutions and the adjacent cemetery, displaying preference for the virtues of a peculiar *genius loci*. In a probably unintended way, they thus left a telling testament to the reality of persistence.

Unfortunately, with the exception of the aforementioned cartographic sources and the photographs published here that show the deplorable state of the Holy Spirit complex around the mid-20th century (with few but important fragments of the walls, now not preserved, for understanding the building's transformation), we do not have any iconographic sources.[26]

Building History of the Church and Hospital in the Light of Archaeological and Architectural Research

Methodology and Scope of Field Research

In 2017-2018, an excavation covered the interior of the Holy Spirit complex and a small part of the area to its west. The area to the east and south remained inaccessible due to being used as a cemetery and a circulation area; unfortunately, 2018 also saw circumstances that made it difficult to continue investigating the south hospital wing. A total of thirteen trenches were set up, with a combined area of around 60 m^2. All existing masonry was subjected to surface architectural investigation, and if in doubt, small ground probes were set up at their nodes (Fig. 7).[27] Anthropological analyses were also performed.[28]

Before the area occupied by the hospital and church complex was subjected to anthropogenic transformations, it was a nearly level area built on sands (resting on a layer of clay), with a rather low culmination in the area of the eastern part of the chancel and the southeastern zone of the nave of the present church (257.05-257.10 m a.s.l.). Under the northern end of the future north wing of the hospital, the natural layers reached 256.80 m a.s.l., while at the extreme locality of the south wing they were recorded at 256.60 m a.s.l. A late medieval cultural layer (dated to the late 14th and the 15th centuries), not directly related to any building structure exposed during the survey, was deposited only on the 'church' culmination, where its floor was observed at 257.35-257.55 m a.s.l. (trenches 1 and 8/2017).[29] Away from the preserved cultural layer, trench 12/2018 located at the west facade of the south wing of the hospital exposed the southwest corner of a late medieval building most likely

[22] These figures do not deviate from the standards of other hospitals, with the exception of the largest metropolitan institutions, see, for example Kracik and Rożek 1986, 123-124; Staniszewski 2004, 275-283.

[23] Strojny 2011, 154.

[24] Wiśniewski 1927, 308.

[25] Kołodziejski 2011, 226-227.

[26] Here it is worth noting that the expedition delegated in the 1840s to survey monuments in the lands of the Kingdom of Poland incorporated into the Russian Empire, led by Kazimierz Stronczyński, misidentified the medieval Szydłów church of the Holy Spirit as the church of All Saints, including a description and illustration of this church. This issue has already been noted and discussed in the literature: *Opisy i widoki zabytków w Królestwie Polskim…* 1844-1855, 109, 315, table 48.

[27] Olszacki 2017; Olszacki 2018. The conclusions presented in this article and formulated over an in-depth analysis and later supplemental observations sometimes differ in details from those written in reports.

[28] They were carried out by Agnieszka Przychodni while the excavation work was being carried out. After completion, human remains were deposited in anatomical arrangement in previously occupied burial pits, which was combined with a small reburial ceremony.

[29] A total of 120 fragments of ceramic vessels were recovered from this layer with a thickness of about 0.15-0.25 m, the vast majority of specimens fired in an oxidizing atmosphere to a brown color (brownware) (68.5%), with a smaller number of grayware ceramics fired in a reducing atmosphere.

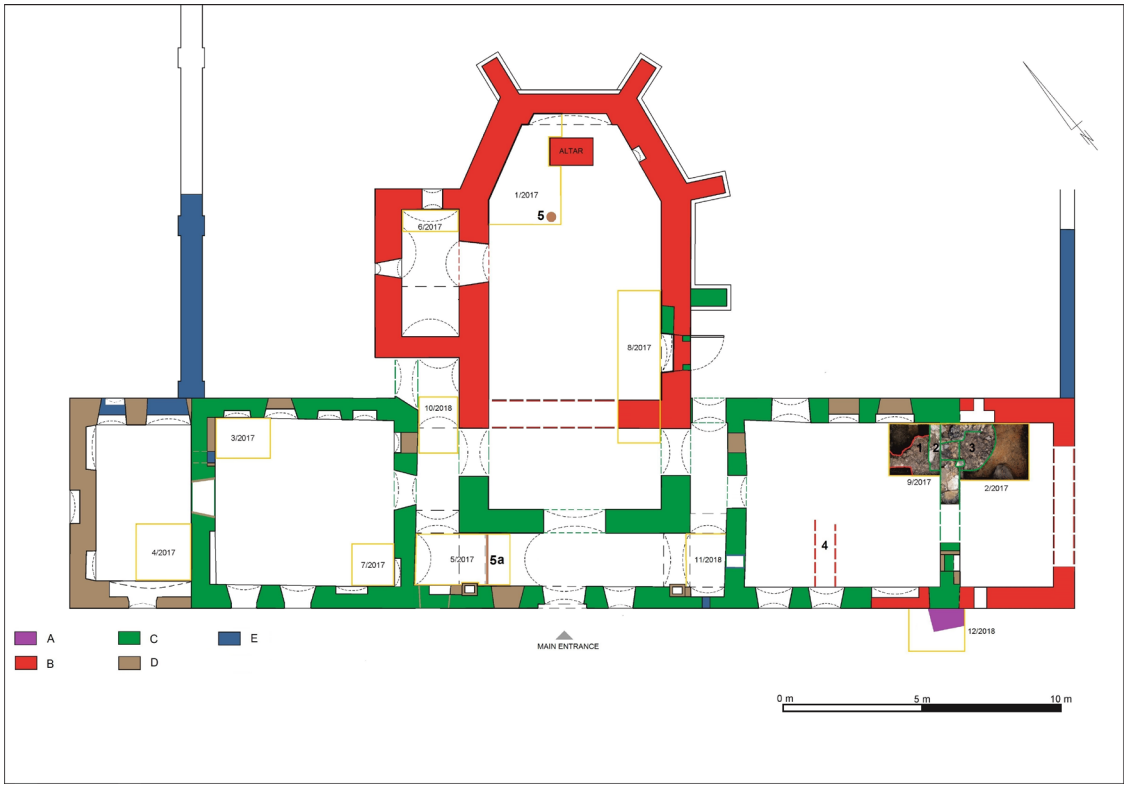

Fig. 7. Complex of the Holy Spirit in Szydłów in the light of archaeological and architectural research: A – Late medieval relic (between the late fourteenth and the fifteenth centuries); B – The church and hospital walls of Phase Two (ca. 1635–1660); C – The church and hospital walls of Phase Three (between ca. 1660 and the end of the 17th century); D – The church and hospital walls of Phase Four (between the end of the 17th and the 18th centuries); E – Later masonry modifications (between the 19th and the 21th centuries); 1 – Hearth inside the Phase Two hospital; 2, 3 – Fireplace, hearth inside the hospital of Phases Three and Four (between ca. 1660 and the 18th centuries); 4 – The hypothetical location of the northern wall of the Phase Two hospital's main wall (ca. 1635–1660); 5 – Roof support of the Phase One chapel (between the early 16th century and 1630); 5a – Beams of the northern wall of the Phase One hospital (between the early 16th century and 1630). Graphic design: T. Olszacki.

not related to the hospital (Fig. 7:A).[30] Potentially, the faint relics of a char-covered light wooden structure found in trench 4/2017 can also be linked to the period before the hospital's foundation (although they may have operated also in phases one and two); both these and the previously mentioned corner displayed a different orientation relative to later development.

The Site's Transformation over Time

Phase One: Wooden chapel and hospital (between the early 16th century and 1630)

In the early 16th century, the culmination mentioned above became the site of a chapel dedicated to the Holy Spirit and an adjacent (as we are informed by the 1618 visitation *under the same roof*) wooden hospital, which can be distinguished as phase one of the hospital and church complex (between the early 16th century and 1630). The area between the culmination and the area under the later porch was then levelled at 257.20-257.55 m a.s.l. Relics of the chapel and presumably the hospital, adjacent to it to the west, were identified only in the form of a rubble heap of their beam-built walls and postholes potentially related to the roof structure or internal divisions (trenches 1 and 5/2017) (Fig. 7:5, 7:5a). The arrangement of the burned beams in trench 5/2017 suggests that they were stacked on top of each other, and therefore the hospital was erected in a log or post-and-plank structural system. Their location makes it possible to guess the location of the north, outer wall of the building roughly in line with the inner face of the later north wall of the church nave. The fact of the occurrence of numerous "gothic" bricks (with heights of 81 and 110 mm) and brick rubble in trench 10/2018 and the location of these destructs in relation to other relics allow us to presume that the chapel and the hospital may have been separated by a firewall located on the north–south axis. The two subsequent usable levels of the hospital found in trench 5/2017 were at the levels of 257.10 and 257.30 m. There are indirect indications of the existence of a cesspit or well approximately 3 m north of the northern wall of the original hospital, which continued to function during Phase Two. This indicates a significant, localized deepening of the foundation at the node from the phase-three porch and north hospital wing (trenches 5 and 7/2017, where the wall foundation was found at 255.90 m a.s.l.), as well as the extension of the hospital's west wall from this node, with the use of – only at this site) of an arcade foundation spanning an old trench

[30] The stone building, erected using strong lime mortar, was founded about 0.6 m deeper than the later hospital wall, reaching its foundation as deep as about 0.8 m into the natural strata. No continuation of it was recorded in either trench 9/2017, located 5.8 m to the east, or trench 13/2018, located 6.5 m to the south of the hospital's south wing, meaning it did not reach 12 m in length. Perhaps the discovery of an object related to the context of legal archaeology is to be reckoned with. Clarification of these issues requires continued research.

(7/2017) (Fig. 8). The cesspit or well itself, investigated in trench 7/2017, was not explored down to sterile soil due to safety, and an exploration level of 255.50 m a.s.l. was reached here (which is ca. 1.6 m below the usable level of phase one). Its edge was about 1.5 m east of the hospital's western wall, and it reached deep under that wall.

Phase Two: Reconstruction after a fire (between ca. 1635 and ca. 1660)

The chapel and hospital burned down in 1630 and were rebuilt in solid masonry by 1635 (Phase Two: between ca. 1635 and ca. 1660) (Fig. 7:B). The building material was gray, coarsely hewn organodentric limestone from local outcrops, also used predominantly in the later stages of the building's development.[31] According to observations from trenches 1/2017, 6/2017 and 8/2017, the walls were founded at levels from 256.70 to 256.75 m a.s.l. The walls above the foundations were plastered. The church was a northeast-oriented, hall-based, two-bay building, with extreme dimensions of about 8.3×12 m. Inside, its nave measured about 6.15×7.25 m, and it was closed by a trilateral chancel apse about 2.65 m deep. There were buttresses at the two outer eastern corners and the southern chancel. Certainly, the buttresses were not present in the corners of the original western wall of the church (while the buttresses at the south side of the nave are from a later period, which we will discuss later). There were window openings in the south wall and most likely in both sides of the chancel apse (certainly in the south side). The entrance to the church initially led only from the west side. The east wall of the chancel and the western part of the south wall of the nave had shallow ogival niches closed with a segmental arch. The stipes of a stone altar measuring 0.9×1.7 m, which survives to this day, are dated to the same time. A small niche for liturgical paraments survives in the south side of the apse. The usable level of the church was at an elevation of about 257.75–257.80 m a.s.l., while the area to the west of the church was raised to about 257.35 m a.s.l., which probably required the introduction of a two-step staircase to the nave. Along with the church, a sacristy was built connected to it on the north side (observation from trench 6/2017). Without the thickness of the church's wall, it measured 2.95×6.1 m in plan, illuminated by two small window openings and covered originally with a barrel vault with lunettes.

A new – this time brick – hospital was built to the south of the church, partially occupying the area

Fig. 8. Complex of the Holy Spirit in Szydłów, the north hospital wing, the archaeological trench 7/2017: an arcade foundation of the western wall of the hospital's north wing, 2017. Photo: T. Olszacki.

of the old cemetery. I identify with its remains the main walls of the extreme southern part of the current south wing of the hospital building founded at the level of 256.58 (eastern wall) – 256.91 (western wall) m a.s.l. With the known width of the building being 7.5 m, we unfortunately do not know its length, we can only state that it was certainly less than the length of the later south wing (12.5 m), and if the window in the western wall discovered during architectural investigation (later removed) was located centrally, then we can presume that it reached about 9.5 m (an excavation to verify this was impossible) (Fig. 7:4). However, it cannot be ruled out that the building was erected on a near-square plan. In addition to the aforementioned window in the lower floor of the hospital, two openings from the phase under consideration have survived. The first is a small window opening with a side of about 0.3 m located in a recess covered by a segmental arch (later partially bricked up) in the eastern wall, which may have been a hearth vent (Fig. 14:D), while the second is a low opening in the western wall (waste drain? a furnace's fire pit?), about 0.5 m high (Fig. 4). The discovery of a stone structure near the east wall, built of two layers of stone, with a usable level at 257.47 m a.s.l., which may be seen as a base for an open kitchen hearth, is crucial to interpreting the interior's use (trench 9/2017) (Figs. 7:1 and 14:A). The image is complemented by a wide niche in the west wall from the same period, located approximately opposite the hearth, and which

[31] Fijałkowska-Mader et al. 2019, 746-747.

Fig. 9. Complex of the Holy Spirit in Szydłów, view of the hospital church from the south: side portal and buttress of the Phase Three. Condition after conservation, 2025. Photo: T. Olszacki.

probably once featured wooden shelves. The sum of the observations, despite fundamental gaps hindering analysis (preservation of the south wall only up to the ceiling of the foundation and failure to identify the north wall), allows us to see the room as a multifunctional, probably single-space interior used for, among other things, preparing meals and spending time together in warmth. At the same time, it is likely that residential use may have been provided, or supplemented, by an unknown second story of the building.

Phase Three: Expansion of the complex after the 'Swedish Deluge' (between ca. 1660 and the end of the 17th century)

An extension of the hospital and church complex took place after the 'Swedish Deluge', after 1658, and before 1663 (Phase Three: ca. 1660 – end of the 17th century) (Figs. 7:C and 19:A). The church was then extended by one bay toward the west by about 3.8 m (to about 15.75 m in total length), hospital wings were erected on either side, and a corridor, which I will hereafter refer to as the ambulatory porch, was inserted between it and the western wall of the church. The walls of the church, as before, were erected in strict narrow-space trenches, founding them slightly deeper at about 256.60 (trench 5/2017) to 256.80 m a.s.l. (trench 11/2018), built from local limestone, but broken into longer blocks and more carefully composed than in the previous phase. The walls were covered with plaster. Two south buttresses were added to the nave (the one located more to the west extended from a corner with the hospital's south wing). This may have been linked to a planned vaulting of the interior, which – as we know from the texts of successive church visitations – never happened. A former panel niche in the south wall of the nave was reduced by about 1 m by bricking up. A second entrance to the church was inserted into its south newly vaulted section, with a stone rectangular portal with shallowly fluted ornamentation that gave it the characteristics of a vulgarized Renaissance (Fig. 9). In the extended part of the nave, in its lower floor, there were three entrance openings – the main one leading into the church in the western (gable) wall, with a clear width of 2.35 m, and two side openings in the northern and southern walls (each about 1.7 m wide). All of them took the form of arched, closed arcades, probably with the wooden doorposts – which has not survived, but are legible thanks to the plaster brought to their edge. In front of this stonework – on the west side and in both side openings – were once fixed double, probably wooden, door leaves. All of these openings had surviving sockets for solid-sized bar beams, which had survived to varying degrees in all openings up to the recent revitalization, which allowed the church to be opened from inside; unfortunately, the aforementioned renovation has partially erased them. Similarly, three doorways, though much smaller, were placed in the upper story of the nave extension. It served as a beam-supported wooden gallery (with the level of the plank-lined floor elevated just over 3 m to the floor of the nave) lit by an oculus in the gable wall, with simple stonework on the inside and a strong splaying on the outside to 1.25 m in diameter in the face. The gallery was accessible from the west side from the farmyard porch, using a ladder attached to a small, arched portal leading to a narrow, high-vaulted corridor with stone steps. On either side of the gallery there were very low passageways (having a daylight of ca. 1.15 m high) originally from the interior of the church framed by blocky, rough-hewn stone fixtures of rectangular design, flush with passageways in the thickness of the wall closed with a segmental arch. These openings led to the attics above both hospital wings (we will discuss their other possible purpose, as well as the possible non-musical functions of the gallery itself later in the text) (Figs. 10 and 11).

The U-shaped ambulatory porch (Polish: kruchta obejściowa) was planned as a practical, multifunctional, circulation space. As shown by excavations 5/2017 and 11/2018 (Fig. 13), the western, front wall

Fig. 10. Complex of the Holy Spirit in Szydłów, the nave of the hospital church: view towards the southwest with the western corridor of the ambulatory porch visible in the background: A – fragments of the western wall of the church of the Phase Two; B – partial bricking up of the panel niche of the Phase Two, and carving out a door opening in it in the Phase Three; C – former floor level of the gallery. Condition after conservation, 2025. Photo: T. Olszacki.

of the porch was fully connected to the corners of the two hospital wings, while its foundation was (with the exception of the corner with the northern wing of the hospital – as mentioned in the analysis of Phase One) at about 256.80-256.50 m a.s.l., with a slope towards the north. This wall contained the main entrance to the entire complex, located in the axis of the main entrance portal to the church. The porch was also the circulation zone between the two wings of the hospital and connecting the hospital with the garden and cemetery zone, through the northern exit (at the point of contact with the sacristy) and the southern exit (where the church is connected to the southern wing). The width of the western corridor reaches 1.95 m, the northern corridor ca. 1.5 m, and the narrowest southern corridor ca. 1.25 m. The original usable level of the cobblestone-lined porch was at about 257.35 m a.s.l. On either side of the main entrance there was a window opening and behind it two niches with segmentally arched vaults (about 1.95 m wide with a height of about 2.35 m) with straight corners located at the corners with the hospital wings. Originally, the interior of the porch was not vaulted, and was probably covered by an open roof truss. Above the south arm of the porch was a pulpit roof (the sockets of its rafters are preserved in the west facade of the church), and it merged with the gabled roofs over the hospital wings (Fig. 12).[32]

The southern wing of the hospital was built after the partial demolition and expansion towards the north of the brick hospital from the early 17th century. It eventually acquired a rectangular shape measuring 7.5×12.5 m, and was a single-story, two-space building with an attic. A 0.8 m wide partition wall was inserted into the light of a former window opening in the west wall. The extreme, smaller southern room measured 3.35×5.85 m. It was entered through a partition wall from the west, but there was also probably an exterior door, in the main wall preserved only in the southern foundation. This can be inferred from the function of this room – it was a kitchen, a direct connection to which, both for the transportation of fuel, food products and waste disposal, seems obvious. The northeast corner of this room was fitted with a hearth with a solid stone foundation bonded with clay, its plan shaped like the quarter of a circle, and having extreme dimensions of 1.2×1.7 m (trench 2/2017). Its foundation level was at about 256.60 m a.s.l., and the usable level was 1.3 m higher. Above the hearth rose a hood set on stone columns about 1 m high, of which the outermost one – the wall-mounted western pillar – is preserved in about two-thirds of its original height, and its full form can be seen in the archival photo. This photograph also shows a steep smoke duct leading out from it in the thickness of the wall facing east. The bricking up of a small window in the hospital's east wall (the former vent) was linked to the construction of the kitchen hearth. The hearth was connected through the thickness of a partition

[32] The roof documented in mid-twentieth century photographs had a higher pitch and a higher ridge (it covered the oculus in the church's west elevation to half its height), and was covered with shingles. It was probably created over the shelter only in the 19th century.

Fig. 11. Complex of the Holy Spirit in Szydłów, the nave of the hospital church: view towards the southwest, on the left side the western corridor and on the right side north corridor of the ambulatory porch. On the right side in the background Patients' room in the north hospital wing. Condition after conservation, 2025. Photo: T. Olszacki.

wall to a contemporaneous fireplace, after which a foundation survives in the southeast corner of the northern hospital room, measuring 0.45×1.8 m in plan, set on the relics of the Phase Two hearth (Figs. 7:2-3; 14:B-D and 15:A). The larger northern room that it heated was 5.85×7.05 m. It was illuminated by four windows: two each in the east and west walls. Between the windows in the east wall was a doorway (later bricked up), most likely leading to the latrine. In addition, a wall cabinet dating back to Phase Two was still functioning in the west wall. In the northern wall, shared with the porch, on the eastern side of the doorway that originally had a splayed reveal, there was a small arched window opening open to the interior of the porch and nave, that was later fully bricked up.

The north wing of the hospital was built from scratch in the phase under analysis. It originally measured 7.5×8.05 m and was single-spaced. Two window openings were carved into the western main wall. In the eastern wall, closer to the northeast corner, there was a doorway, in all likelihood leading to the latrine (unfortunately, in the case of both the northern and southern wings, archaeological identification of the latrine was not possible due to the presence of contemporary graves behind the wall) (Fig. 16). There were numerous and varied recesses in the walls: two extensive panelled recesses in the north wall, and a total of five narrower and similar recesses: three in the east wall (two to the south and one to the north of the latrine entrance) and one each in the south and west walls, near the southwest corner. We should interpret these recesses as spaces for shelving or cabinets in the wall. It was different from the opening located in the south wall, to the east of the splayed doorway from the porch, originally the only entrance to the centre of this hospital wing. There was a twin to the aforementioned window open to the porch and nave. A tiled stove was positioned to the west of the room's entrance. The usable level of the interior was at about 257.15 m a.s.l. Below the floor, in the southwest corner, there was a cellar reaching to about 255.70 m a.s.l.

Phase Four: Eighteenth-century transformation

Further transformations of the site took place at the end of the 17th or already in the 18th century (Phase IV), in the light of research it is difficult to periodize them, and it cannot be ruled out that it was a single construction project (Figs. 7:D and 19:B). The ambulatory porch was vaulted with a barrel vault with lunettes. The window located in the porch to the north of the main doors was bricked in, and a new one was made – at the site of the north recess. The southern recess was reduced in size, and stone stoups have been introduced into the space of both former niches (Fig. 16). In the south wing, in the kitchen, a recess whose function is unknown (a fireplace?) was made in the partition wall. In the larger northern room, the cut of the doorway in the northern wall was changed from a splayed to a straight one, the former window open to the nave was bricked up and plastered over, and probably the access from the inside to the latrine was also abandoned at that time, replacing the doorway with

Fig. 12. Complex of the Holy Spirit in Szydłów, the western corridor of the ambulatory porch from the south side. Condition after conservation, 2025. Photo: T. Olszacki.

a recess, and the window located to the south of the former latrine entrance was similarly transformed. More significant transformations affected the north wing, as a new room was added to its former gable wall, so that this part of the building, extended to 12.50 m, became a reflection of the south wing in terms of size. This is how the mass which has survived to this day was formed, with a long hospital sequence with an elevation of about 36.15 m and the west wall of the church (once more strongly accented with a gable) towering over it. During the extension of the north wing, the eastern part of the partition wall (originally a gable wall) was demolished, after which it was rebuilt, but without the recess, but with a doorway jamb and smoke duct inside. The latter was connected to the stove then standing to the east of the door. At the same time, the northern window opening in the eastern main wall of the southern (older) room of this wing was bricked up, and the latrine door was abandoned by converting the opening into a niche. The south window once open to the porch and nave has also been converted into a vaulted niche. The basement was also abandoned, and a new utility level was introduced at a levelling height of 257.30 m a.s.l.

Hospital Cemetery

Phase One – the oldest graves

At the end of this part of the text I will present problems associated with sepulchral subject matter. Phase One should certainly be associated with two graves: in trench 1/2017 (in the church) and under the later south wing of the hospital, in trench 9/2017 (which can be considered a burial associated with the hospital cemetery).

The feature located in trench 1/2017 (grave 1), with its floor at 256.60 m a.s.l., was severely damaged by later excavations, but it is known that an adult male was buried there in a wooden coffin, with the head facing east and the hands clasped on the bosom, clad in an ornate robe. Given the location of the grave, probably close to the altar (as can be inferred from its later location and the tradition of burial in the same place) it is legitimate to assume that the deceased was a clergyman, or lay donor to the church and hospital. Unlike the later burials located in the same area, this grave was dug in the axis of the church, rather than aligning it with the diagonal position of the chancel wall of Phase Two, which may indicate that the original chapel made of perishable materials was enclosed by a straight wall (Fig. 17). The deceased identified in trench 9/2017 (grave 2) is probably a hospital resident, and was laid in a coffin, but with his head facing west.

Phases Two to Four – additional graves

Due to the impossibility of conducting research on the eastern side of the buildings, there is no archaeological data on the functioning of the cemetery in Phases Two to Four, although based on a reference from 1783 one can be certain of its existence; further information therefore relates only to the interior of the church. The tradition of interring the mortal remains of those associated with

Fig. 13. Complex of the Holy Spirit in Szydłów, the archaeological excavation 7/2017: corner of the hospital's southern wing and the western corridor of the ambulatory porch with stoup (Phase Four) introduced into the north part of the niche of the Phase Three, 2018. Photo: T. Olszacki.

caring for a hospital was undoubtedly continued in front of the altar, but these burials were not numerous. The aforementioned Phase One grave was intersected by a deeply entrenched burial of *infans one* laid in a trapezoidal coffin, with its head to the west, 0.8 m away from the altar stipes (grave 3) (Fig. 17).

The next grave of an adult was located above the burial of the child (grave 4). A clear negative of a trapezoidal in outline coffin about 1.6 m long, positioned with its wider side (and therefore the head of the deceased) to the west, and reaching almost to the foundation of the altar, has been preserved. It is known that it had been exhumed. It can be assumed that this was a late burial perhaps from the late 18th century. The transfer of the deceased to a more dignified place probably occurred as a result of the church fire in the 1780s and the subsequent cessation of the site's religious use. Insofar as we can infer from the scope of the research, there was a greater density in the western side of the nave. A total of four remains were recorded in trench 8/2017 (graves 5, 6, 7, 8), while the northern profile outlined the edge of one more grave pit (grave 9), extending beyond the field of observation (Fig. 18). In the central part of this trench, a grave containing the skeletons of two women (graves 5 and 6) – laid one above the other and facing west – was fully explored. The deceased aged *adultus/maturus* located below (grave 5) was a toothless person (loss of teeth while alive). The one lying above (certainly buried in a shroud) was also characterized by pathological changes in the oral cavity: her teeth were worn down, one of the dental chambers was compromised. In addition, the presence of some deciduous teeth was noted. Her age was determined as *adultus* (grave 6). Next to the women's heads was the skull of another individual (grave 7), whose grave was probably destroyed during the digging of the later burial pit. As in the case of the former two, the skull was characterized by fine features, which may suggest female sex; the age of the deceased was determined to be *adultus/maturus*. At the eastern edge of the trench began a burial pit (grave 8) from which only the skull of a person of unspecified sex, deceased aged *senilis*, resting on the left side (probably buried in a shroud) was examined.

In summary, within the church one can notice the separation of zones according to the social position of the deceased. People of privilege, as well as members of their families, were buried in close proximity to the altar; these burials were not numerous (graves numbered 1, 3, 4). The west side of the nave was used to bury the hospitalized, and this is evidenced not only by the location of the burials, but also by the practice of shroud burial[33] and lesions. Perhaps the fact that only the identified remains of women were recorded on the south side of the nave (which could be related to the church and hospital assigned to them, mentioned earlier) is significant, but the lack of examination of the graves on the north side of this part of the nave does not objectify this hypothesis.[34]

The Szydłów Church and Hospital against a Comparative Background

Genesis and Development of Hospital-church Foundations

Knowing the building evolution of the Szydłów complex of the Holy Spirit, reconstructed in the light of research, it is worth looking at it in comparative terms. Developing in Poland from the 13th century onward, hospital and church foundations (in the local realities, mostly urban provostries associated with churches or chapels of this name, or parish hospitals, not the Order of the Holy Ghost called *Duchacy*) resulted directly from

[33] According to the ordinance issued in 1739 for the Holy Spirit Hospital in Kraków by Bishop Jan Aleksander Lipski, burial of the sick in a shroud was obligatory: Staniszewski 2004, 294.

[34] In addition to the aforementioned social segregation, there was apparently an additional one that affected the privilege of burying Holy Spirit residents inside the church and in the church cemetery. Naturally, the criteria for this division (origin? length of "seniority?" opinion of the virtues of the deceased? a fee?) are impossible to explain.

Fig. 14. Complex of the Holy Spirit in Szydłów, the south hospital wing, the archaeological trenches 2 and 9/2017: A – Hearth inside the Phase Two hospital; B – Fireplace inside the hospital of Phases Three and Four; C – Shaft between hearth and fireplace of Phases Three and Four; D – Small window-vent in the hospital's east wall of the Phase Two, later bricked up, 2017. Photo: T. Olszacki.

the implementation of Christian works of mercy, hence the most common *patrocinium* referring to the Third Person of the Holy Trinity: bearing, among other titles, that of *Paraclete* – Comforter and Father of the Poor.[35] Extending spiritual care (*cura animarum*) to the weaker, ill members of the Church, providing them with dignified lodgings and laying their bodies *ad sanctum* after death in expectation of resurrection was, to the contemporaries, often much more essential than the tasks of what we consider the role of hospitals today, which does not mean that treatment was not offered in these institutions.[36] The clergy associated with the foundations discussed here were to carry out their mission in a special way, combining deeds for the soul and body in spaces that creatively correlate the duality of human nature by bringing *sacrum* closer to the meager corporeality of the hospitalized. This pastoral ministry gained a new developmental impetus by the power of implementing the provisions of the Council of Trent, which contributed to the intensive progress of hospital operations themselves in the Polish lands in the 17th century, with one example being the Szydłów hospital of the Holy Spirit, which underwent numerous alterations at the time.[37]

European Models and Their Reception in Poland

The specific function discussed here had an overwhelming influence on the forms of architecture of church and hospital complexes, with the church section open to the patients undergoing their pilgrimage to eternity, which found perhaps the most impressive formal and ideological expression in the – still surviving – medieval buildings of the French Hôtels-Dieu (Angers, Tonnerre, Beaune), similar English (Ramsey) or German (Lübeck) foundations.[38] The hospital of the Holy Spirit and the chapel of St. Anne in Frombork, academically explored by the expedition of Jerzy Kruppé,[39] were shaped according to the same pattern. In the years around 1426-1514, a long rectangular hospital building was constructed there, combined with a chapel from its east, and open towards

[35] Cf. Bardecka 1978, 301-303; Kalinowski and Keckowa 1978, 374-377. The multifaceted state of research on Polish hospital management up to date at the end of the previous century is referred to in the collective work: *Szpitalnictwo w dawnej Polsce*, ed. M. Dąbrowska and J. Kruppé, Warszawa 1998, while the introduction to Zimnowoda-Krajewska 2011 is an excellent sketch that presents the entirety of hospital operations from the end of antiquity to the Late Middle Ages, both sociologically and architecturally. An extensive overview of the structures of Church-linked hospital operations in historical Poland is presented in Surdacki 2015 (also older review work Prucnal 1999), while a modest outline of this subject matter, presented from the perspective of the Sandomierz region, crucial to Szydłów, is shown in Guldon and Kowalski 1998, 155-163. A detailed study, based on written sources, on the broad issue of the establishment and functioning of hospitals (combined with an attempt at a formal analysis of the buildings and a reconstruction of the daily life of the residents) in the borderlands of Central Poland and Mazovia was published by Staniszewski 2004.

[36] E.g., Tyszkiewicz 1998, 37-38; Słoń 2000, 5 et seq.; Staniszewski 2004, 260 et seq.

[37] Litak 1998, 16-17.

[38] le Duc 2000, 522-529; Zimnowoda-Krajewska 2011, 53-55 (there is more literature here).

[39] Kruppé 1998.

Fig. 15. Complex of the Holy Spirit in Szydłów, view from the south. In the foreground south hospital wing, hospital church in the background: A – The pillar and smoke duct of the hearth (Three and Four Phases); B – The finial of the hospital church window, ca. 1970. Photo: Author unknown, Collections of the Szydłów City Hall.

it with a wide arcade. The western section of the hospital, most distant to the church section, initially and similarly, a masonry chapel, was a mass that incorporated the sanitary and dining facilities, and between this section and the chapel there was a great hall for the sick, initially made of timber frame, and after the institution went from capitular to monastic hands (those of the Antonites), it was remodelled as masonry.[40] A major remodel from 1686 featured the alterations of the patients' hall from a hall-based to a basilica layout and the introduction of divisions into localities meant for the hospitalized in the side naves; a central hallway was also built, cutting through the *opus occidentale*, which extended the main circulation and visual axis towards the altar, making the whole even more akin to a church scheme.[41]

Comparison of Architectural and Functional Forms

Treating the hospital hall as essentially as the building's nave body, with a clearly accentuated predominance of religious messaging is a mark of traditional buildings. In younger buildings one can observe a progressively increasing independence of the hospital zone, still remaining in close relationship with the church that retained the character of a compositional landmark of these projects, and which also remained their focal points. Nevertheless, hospital wings were increasingly planned as transverse to the longer axis of the church.[42] Functional corridors and porticoes that connected individual modules and formed larger, sometimes complex layouts with separate courtyards became significant, which again is interdependent with the progressive categorization of space and medicalization of hospitals, and gave them their own non-religious architectural expression. The origins of these transformations, in time popularized in early modern Europe, are naturally to be sought in projects from the Italian Quattrocento (Florence – the Ospedale degli Innocenti designed by Filippo Brunelleschi, Milan – a long-built hospital designed by Antonio di Pietro Averlino known as Filarete, and others).[43] In the lands of the former Kingdom of Poland, progressive models of hospital buildings arrived later, connecting more with the era of the Counter-Reformation, but the general order of modifications was similar here, although especially in the countryside it was subject to far-reaching vulgarization and did not bring about outstanding works, and in the vast majority of cases hospital construction remained the domain of foundations frugal both in form and material, which, as a result, allowed only a few examples to survive to the present day. The construction of the eclectic Municipal Theatre (now the Juliusz Słowacki Theatre) in Cracow at the end of the 19th century led to the complete destruction

[40] Kruppé 1998,190-194.
[41] Kruppé 1998, 194-195.
[42] Kalinowski and Keckowa 1978, 374, 376.
[43] Cf. Zimnowoda-Krajewska 2011, 55-57.

Fig. 16. Complex of the Holy Spirit in Szydłów, the north hospital wing, east wall of the patient's room: A – Former doorway to the latrine, 2017. Photo: M. Cichocki.

of arguably the most important establishment of the type in question in Lesser Poland, namely the hospital of the Holy Spirit. Shaped since the late Middle Ages, it gained its final shape in the years 1657-1679 as a result of extensive construction carried out through the efforts of Bishop Andrzej Trzebicki. At the time, it consisted of a small, single-nave, towerless church with the main entrance from the west, and two wings connected to it – the eastern one connected to the monastery of the Order of the Holy Ghost and, more important in the context discussed here, the northern, transverse monumental hospital wing opened to the interior of the nave by a magnificent arcade that allowed a direct relationship between the patients and the zone of *sacrum*. Detailed visitation protocols provide insight not only into its complex spiritual and artistic program, but also into the uses of each room intended for the disabled and the elderly (who were to be found, due to their physical limitations but also their relatively stable condition, precisely in the vaulted locale closest to the nave), further on there was a *patients' room or infirmary* (*niemocnica vel infirmeria*) for the fever-stricken and those suffering from hydrops, which was followed by a room for the incurably ill and another: for those recovering from operations and the infectious. The first floor was occupied by a shelter for foundlings with a room for wet nurses. These interiors were separated by vestibules, and those located further from the church were equipped with their own altars.[44] Naturally, there were many more possible variants of hospital and church complexes at different stages of their formal and functional evolution, their presentation would far exceed the framework of this text.[45]

Spirituality rooted in the Middle Ages was, of course, not at odds with practicality, and hence – for fear of pestilence (though perhaps also out of concern for providing better air for the sick) – church and hospital complexes were traditionally sited outside of compact urban development. This was the case, for example, in the defunct but one of the few archaeologically explored Holy Spirit ensembles – in Kołobrzeg, where the hospital zone occupied the southern edge of the town as founded, near the gate, in a zone that had not been settled until the last quarter of the 14th century.[46] Sometimes they were located outside the defensive perimeter of the towns themselves, but in close proximity to the town gates, for example, in Mazovia the ensemble of the Holy Spirit in Stara Warszawa, founded by Prince Janusz I the Old (died in 1429) and later given to the city, and the ensembles of the same name: the bishop's ensemble in Pułtusk and the capitular

[44] Antosiewicz 1978 (especially 38-43).

[45] Cf. for example, the extremely interesting layouts in the structures of Teutonic castles in Prussia in terms of their hospital ideas: Pospieszny 1998.

[46] Rębkowski 2010, 151. In this work the author presents a wide panorama of church and hospital complexes in Pomerania against a comparative background, while also referencing wider contexts of medieval hospital operations.

Fig. 17. Complex of the Holy Spirit in Szydłów, hospital church – chancel, view from the north of the archaeological trench 1/2017 while exploring the graves: A – The stipes of the altar; B – Foundation of the stipes; C – Foundation of the northern wall of the chancel; D – Foundation of the eastern wall of the chancel, 2017. Photo: M. Cichocki.

complex in Płock[47] were also sited this way. Similarly, the establishment of hospitals in the suburbs was also typical of Lesser Poland, and the sparse presence of such complexes inside the perimeter of the walls (in Cracow and Sandomierz) in this province's towns was the result of later spatial transformations, resulting from the expansion of the boundaries of the largest urban organisms there.[48] In addition to the aforementioned sanitary aspect, the suburban location of welfare buildings is also sometimes associated with their use as shelters for late travellers, a convenient place to seek alms, but also the possibility of establishing gardens, whose cultivation was often important for the boarders' sustenance and was done – if their condition allowed it – by their hands.[49] Finally, and what is sometimes brought to the fore, this siting applied to the vast majority of provostries established before the Council of Trent, which were legally and administratively independent bodies from parishes themselves, served by separate clergy and directed pastorally to a different group of the faithful which also imposed their clear spatial separation.[50]

The location of the Holy Spirit complex in Szydłów met the standards described above, while its form corresponded to the rich tradition of hospital architecture. In the early modern period, the hospital was outside the town walls, behind a moat, at a distance of over 50 km to the east of Opatów Gate, and thus aligns with the wider context of suburban foundations, located near a gate and an important road, or to be more precise, at a fork in a road that led to closer localities and then to Raków and Kurozwęki (and further to Staszów). Unfortunately, we know little about the forms of the Szydłów complex before 1630 beyond the fact that it was rather modest, and made of perishable materials. While the indications from the research are not sufficiently telling, the fact that relics of the original chapel were identified on the site of the later brick church, and the presumed hospital building to the west of it, with the immediate proximity of the two buildings and the highly probable adjacency of the two, they allow us to look hypothetically at this context through the lens of medieval hospital building traditions. We can therefore assume that the sixteenth-century hospital structure had a rectangle-shaped plan, with extension as a chapel, the two zones were most likely separated by a firewall, but remained connected, *toutes proportions gardées* in the likeness of the Hôtel-Dieu, or the geographically closer Frombork example. This inference seems to be supported by a record from the end of the operation of the complex during this phase, from 1618, which notes the fact that the church and hospital were located *under a common roof (pod wspólnym dachem)*, that is, probably under a visually integrating truss with a ridge at the same or similar height.

In phase two, the form underwent significant transformations, both formal and spatial. After it was destroyed in a fire, both the church and the hospital

[47] Kunkel 2006, 84-87.
[48] Bardecka 1982, 138-139; Krasnowolski 2004, 200.
[49] Cf., e.g., Staniszewski 2004, 288.
[50] Surdacki 1992, 206; Staniszewski 2004, 201.

Fig. 18. Complex of the Holy Spirit in Szydłów, the nave of the hospital church, view from the north of the archaeological trench 8/2017 while exploring the graves. A – Foundation of the southern wall of the church; B – Foundation of the western wall of the church (Phase Two), 2017. Photo: M. Cichocki.

were rebuilt as masonry, and insofar the location of the former continued the place-based tradition, the two-story hospital building ended up around 5 m to the south of the church and probably did not adjoin it. This disconnection of the buildings despite their close proximity was, in addition to the above-discussed typical hospital solutions, another variant of the church–hospital relationship related to social assistance, but more appropriate to shelters, which did not require that the buildings interpenetrate each other due to their residents' mobility.[51] If, in the light of incomplete research, the functional interpretation of the hospital's lower story is correct, then we should see in it a type of common room for the poor – an interior with a hearth and stove called a *hypocaustum* chamber, which is a common element of eighteenth-century descriptions of the spatial dispositions of hospitals in the Łowicz and Łęczyca archdeaconates, which have been analysed by Paweł Staniszewski.[52] The small masonry church of the Holy Spirit was the work of provincial masons and, although it was built around 1635, then as the surviving relics allow us to reason, was structurally a Late Gothic work (this was certainly the form of its polygonal terminated presbytery with a bundle of buttresses) and elements that fit Renaissance tradition. These include arcade niches topped with a segmental arch, semicircular – rather than ogival – finials of window niches and the stonework that fills them, clearly visible in the south window of the church in one of the archival photos (Fig. 15:B), and finally the forms of the capitol cornices of the church buttresses and the collector-lunette vault of the sacristy. The traditional form of the temple has often wrongly led to conclusions about its older metric, seen in the early 16th century or earlier,[53] which, however, contradicts both what written sources say, the results of field research, and artistic comparative analysis. This Lesser Polish, as Adam Miłobędzki called it, *average provincial religious construction* in the early 17th century still remained in the realm of primitivized Gothic, while in the vicinity of Szydłów there were mostly stylistically Gothic projects of greater rank than the hospital church in question, such as the monumental Dominican church in Klimontów (1617-1620, a foundation of voivode Zbigniew Ossoliński), or the Bernardine monastic church in Piotrkowice near Chmielnik (1635-1652).[54]

Insofar as in relation to the earliest phase, the proposal of the spatial reconstruction of the complex may be seen as a highly probable hypothesis, then in relation to phase three, the idea of forming

[51] Cf. working conclusions of a study of Toruń's St. Lawrence shelter: Zimnowoda-Krajewska 2011, 67-68.

[52] Staniszewski 2004, 295, 297, 300.

[53] Kutrzebianka 1957, 77; Kołodziejski 2011, 236. Zbigniew Łabęcki's note is certainly accurate here: *The stylistic and structural analysis shows that the church and the hospital for the poor were built in the early sixteenth century, which indicates Late Gothic construction / local building traditions / and those of the Renaissance*: Łabęcki 1994. This research would have us "rejuvenate" the previously accepted date of the church's construction by around a hundred years.

[54] Miłobędzki 1975, 59 et seq; Miłobędzki 1980, 136-137, 247-249.

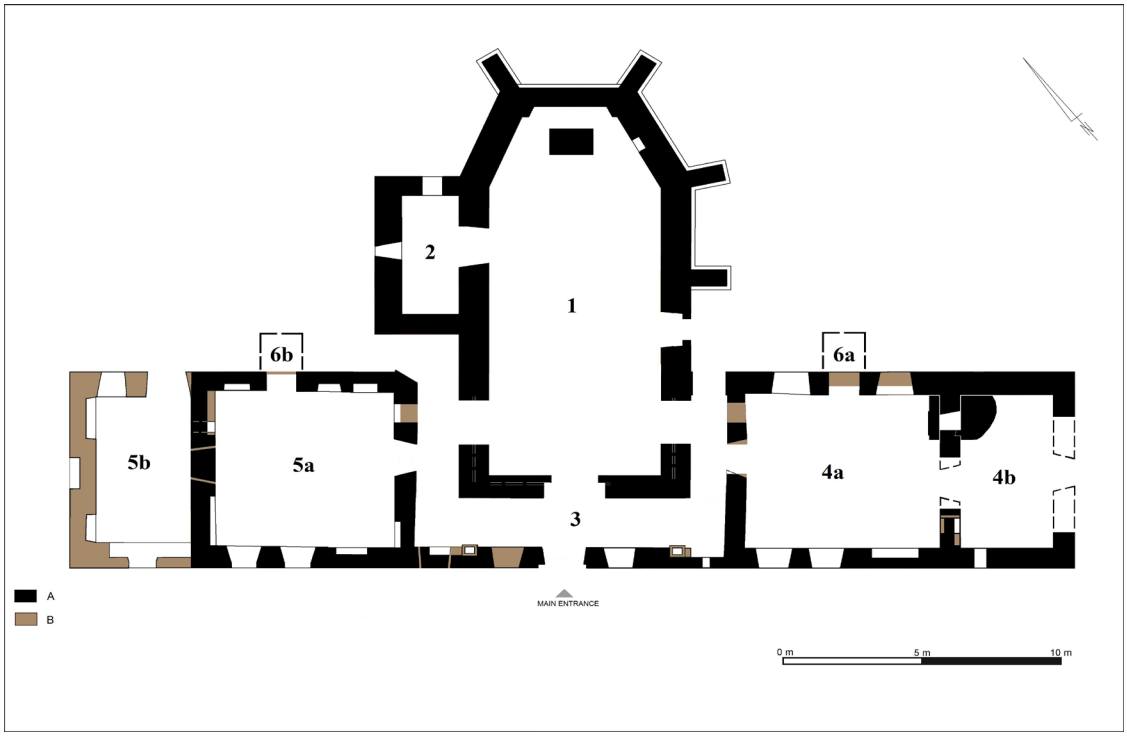

Fig. 19. Reconstruction of the floor plan of the church and hospital of the Holy Spirit in Szydłów from ca. 1660 to the end of the 18th century: A – Walls that exited in Phase Three (between ca. 1660 to the end of the 17th century); B – Walls that existed in Phase Four (between the end of the 17th century and the 18th century); 1 – Church; 2 – Sacristy; 3 – Ambulatory porch; 4a – Patients' room (probably women's) in the south hospital wing (provost's chamber in Phase Four); 4b – Kitchen in the south hospital wing (incorporated into the provost's residence in Phase Four); 5a – Patients' room (probably men's) in the north hospital wing (a mixed-sex patients' room in Phase Four); 5b – Room created after the expansion of the north wing of the hospital (new hospital kitchen in Phase Four?); 6a – Alleged latrine at the south hospital wing (it functioned in Phase Three); 6b – Alleged latrine at the north hospital wing (it functioned in Phase Three). Graphic design: T. Olszacki.

a direct relationship between *sacrum* and *profanum* raises no doubt. The design by the anonymous architect of the complex of the Holy Spirit from around 1660 formed a still-legible – although ruined – integrated, mixed-use building with secondary and unobvious stylistic features that combined elements of Late Gothic and Renaissance and the two previous phases with austere Baroque. The last style is visible in the new facade of the church: with an oculus, a profiled top cornice and a probably triangular, smooth gable (forms taken from the more modest churches of early-seventeenth-century Cracow[55]), and a portal in a newly-made western door to the nave and dripper cornices introduced onto the new buttresses (which continued the previous solution). In the interior, Baroque features can be seen in the semicircular topped doorways leading to the west bay of the nave; in the hospital, perhaps only the covering of the windows with segmental arches and the time-appropriate style of the tiled stove can be considered progressive. The provincial artistic level is, however, accompanied by an excellent functional concept. The task of both extending the complex via a new (northern) hospital wing and enclosing the masonry buildings of the church and the hospital building to its south into one structure was accomplished by the architect by slightly extending the church's nave to the west (this essentially allowed for little more than introducing a musical gallery and its gable above it) and extending the old hospital to the north; the ambulatory porch is primarily what gave sense to the entire project. This corridor, rather unimpressive in scale and U-shaped in plan, low and quite cramped, draws attention with its creativity upon closer analysis. This passageway became the central functional element of the composition. Being itself the vestibule of both the church and hospital wings allowed for a symmetrical placement of the secular north–south axis (with the newly minted north wing of the hospital) and the religious east–west axis. The Szydłów ambulatory porch, while solving the current structural problem, at the same time sensibly regulated circulation issues, while fitting into the tradition of 'hospital spirituality' and becoming, so to speak, the architectural sum of its content. Within it (including the walls of the new western module of the church nave and the hospital walls) there were as many as nine (!) doorways. These included the main exterior entrance to the entire complex (in the western wall), the main entrance portal to the church, located on its axis, as well as the main (and, in the case of the northern wing, only) entrances to the hospital side wings. The relationship between the latter and the porch allowed circulation between secular areas without having to cross the church, which could, moreover, be closed from the inside. Two spaces immanent to hospitals, namely, the garden cultivation that provided crops and the cemetery, the place where the mortal remains of hospital residents were laid to rest, were accessible through a door set at the point of contact of the porch and the hospital wings, on the eastern side; thus, daily movement through

[55] Miłobędzki 1975, 75.

Fig. 20. The non-existent chapel-hospital complex of st. Trinity in Piotrków Trybunalski, before 1939, Photo: private collections. Source: https://www.piotrkowski24.pl/

them also did not violate the zone of *sacrum*. In addition, a portal was available from the porch that allowed access to the gallery.

Undoubtedly the most interpretively inspiring are the two side entrances from the porch to the nave's west zone. If one were guided only by practical considerations, then the existence of these grandiose openings within the confines of a small church seems completely unnecessary. Here we should return to the remark above, about the necessity incorporated into the spatial disposition of the hospital church, to ensure the participation of the hospitalized in the liturgy, including those who are bedridden. In the case of many hospitals, especially urban provostries, there was also a more pragmatic metaphysical dimension behind this, stemming from the real obligations of the sick to their burgher or noble benefactors, for whom they were expected to actively intercede before God during services.[56] The variety of formal solutions to ensure this transgressiveness of function is considerable. In the minimalist variant, we know it from some Teutonic castle infirmaries, where the infirmary room was connected with the chapel only by a narrow spyhole (Golub).[57] A much later but similar solution was used in the Holy Trinity complex in Kielce – there, in the 1640s, the opposite hospital chambers with the nave of the church were connected by small windows with surrounds with upper parts of the trim widened, as appropriate for the early Baroque.[58] On the other side are the aforementioned "hospital churches" with the sick introduced directly into the hall space of the main nave, where – as more than one example shows us – people awaited either death or the blessing of health, contemplating the clearly visible presbyteral paintings depicting the Last Judgement. Intermediate solutions, aligned with the generally outlined spatial evolution of hospital complex presented above, can be found in projects similar to the Cracow-based hospital of the Holy Spirit, with a wing transverse relative to the nave, but opening to it was an immense arcade. The arcade, inherited from the Middle Ages, could be reduced to a simple door, preserving proper transparency. In the records of the visitation of the Holy Trinity complex in Piotrków Trybunalski (shaped probably in its final form in the late 17th century), conducted in 1780, we read that from the northern tracts of a rectangular hospital building set to a cubic chapel, housing two rooms intended for the hospitalized *there is a door to the chapel, with glass windows in itself at the middle for the patients to watch Mass in the chapel (są drzwi do kaplicy, z oknami w sobie szklanymi u połowy dla zapatrywania się przez chorych Mszy Św. w kaplicy mianej*).[59] For the hospital residents to easily participate in services, the altar was placed in its chapel's north wall, and not

[56] Staniszewski 2004, 319-320.

[57] Pospieszny 1998, 115-116, 120.

[58] Samek 1989, 60 and note 25.

[59] Quoted in Staniszewski 2004, 206-207. In a visitation of the same building conducted in 1766, by contrast, the function of this arrangement was emphasized as being provided *for the sick to hear Mass*: Glinkowski 1989, 63; Staniszewski 2004, 212,

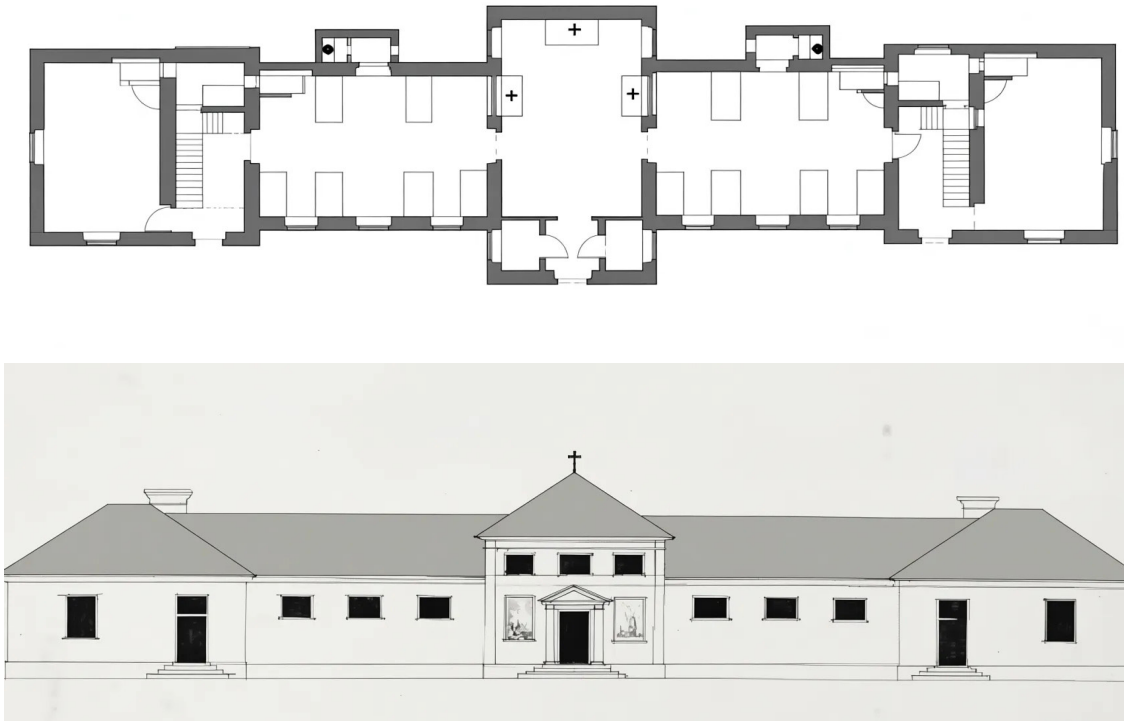

Fig. 21. The non-existent church-hospital complex in Czerniaków (now Warsaw): 1 – Plan design, first version, by Tylman from Gameren, ca. 1687; 2 – Front elevation design, first version, by Tylman from Gameren, ca. 1687. Source: Architectural Archives of Tilman van Gameren in the Collection of the Print Room of Warsaw University, 410 and 411r.

the east wall: *Altar to the north, painted on a wall, featuring an image of the Holy Mother on the wall* (...) *the mensa near this altar is wooden* (*Ołtarz na północ na ścianie malowany, w którym jest obraz na ścianie Matki Najświętszej* (…) *Mensa przy tym ołtarzu drewniana*) (Fig. 20).[60]

We should place the case from Szydłów within the circle of inspiration of the solutions developed through a reduction of the Cracow solution, and close in form to the Piotrków and Kielce Holy Trinity complexes, with which the Szydłów complex is almost contemporaneous. In Szydłów, in Phase Three, both doorways leading to the hospital wings were splayed, and when the doors (perhaps, as in Piotrków, glazed?) were opened, the patients on the female and male sides remained in communion with those gathered in the nave without leaving their beds. They were able to see inside the church (though not to the altar itself) and actively participate in the services; similarly, those present in the church could hear the prayers of the hospitalized. Since the visual relationship between the two spaces was limited to the area along the west wall of the patient hall (it is still visible today), in order to allow it to also be located at the east wall, the program was originally supplemented by windows – spyholes pierced to the east of the door.[61] A remodel dating to the late 17th century limited the above-discussed transgressiveness, which, after the aforementioned window was turned into a niche, already applied only to the door to the patient hall in the northern hospital wing. On the south side, the window-spyhole was bricked up and the door was set in simple jambs, prioritizing the privacy of the interior, the seat of the clergy excluded from the liturgical context.

Closing the topic of the Szydłów ambulatory porch, it is still necessary to draw attention to another element of its program, namely the presence of two windows on either side of the main entrance leading to it. They obviously performed important functions to illuminate the cramped space, which was probably dark when the multitude of doors were closed. They were part of the original program of the porch, and the number of them was also preserved after the remodel of Phase Four, when, after the northern window was bricked up, a new one was made, moved further to the north by demolishing the older niche. As can be inferred

[60] The Piotrków hospital complex, which is a monument of exceptional value close to the example from Szydłów analysed here, survived in a largely unaltered state up to the II World War. In the 1980s it was barbarously demolished during the construction of a road, cf. Głowacki 1984, 235-236. Happily, the structure is documented by both written sources, engravings and numerous photographs, which can be found, for example, in Głowacki 1984, fig. 58, 382 and in Szóstek 2025.

[61] Less likely, due to significant circulation difficulties, seems to be a direct connection of the patient halls by stairs with very low side portals leading to the musical gallery, which would be another way to integrate the hospital community into the church space, also allowing for individual devotion after the church closes. It is worth noting, however, that such a solution functioned in the late 17th century in Kielce's Holy Trinity hospital (cf. Samek 1989, 60), while the careful bricking up of the passageway leading to the attic over the south wing in the face of its permanent opening from the north may be a trace of the potential functioning of the hospital–gallery arrangement in Szydłów while abandoning it in the case of the provost's residence.

from an analysis of other sites (such as the oft-cited Frombork) the presence of a window doublet in the front of hospital complexes was a common phenomenon. Although, of course, there is no direct evidence of this, one can guess that these windows allowed for the free provision of support to the hospitalized, probably primarily in the form of food products,[62] following the model of monastery wickets, they were a place of communication with the outside world, but also – using the analogy of the church of the Holy Spirit in Cracow – one can assume that they were also the 'baby hatches' of the time, where foundlings were left without legal consequences. In Cracow, a bell was installed in just such an opening, available both day and night, as written sources attest, all too often summoning wet nurses to unwanted infants, whose lives, unfortunately, were usually very short.[63]

The complex of the Holy Spirit in Szydłów in View of the Development of Modern Hospital Construction and Directions for Future Research

Reception of Tradition and Functional Innovations

Just as in the concept of Phase Three of the Szydłów complex of the Holy Spirit one can see a modest but creative reception of the old hospital and church architectural traditions, the Szydłów edifice seems to stand in the developmental sequence of later projects, naturally independent of the real influence on them. We can merely recall the projects by Tylman van Gameren that are slightly younger, and which present the hospital near the Bernardine monastery in Czerniaków, then near Warsaw. In their first variant, as in Szydłów, two single-story hospital wings (each designed for six beds) were connected transversely to the western part of a hall chapel, opening to it directly through an arcade (without the use of an additional corridor).[64] Similarly, each of the wings was equipped with access to its own adjacent sanitary facilities, thus, both in Szydłów and in Tylman's designs, we are dealing with the creation of modules that offer a full range of care for the spirit and body, in keeping with the era. The addition of risalit-like extended pavilions at the ends of the Czerniaków project, in the first design version along with wings that were lower than the church, but then were elevated along with it by a *mezzanino* and the equal levels of ridges with the chapel's roof, despite the continuation of the tradition to spatially converge both zones, gave the entirety an expression close to manorial architectural and had undoubtedly been heavily inspired by it (Fig. 21:1-2).[65]

The progressive functionalization and growth of hospital interiors coupled with the simultaneous reduction of the religious zone (still clearly present for a long time, however, if only in the form of altars within the halls) set the further course of the evolution of hospitals towards secular public buildings, served by external chaplains.[66] The Szydłów monument described here, in the younger phase of its existence, is an important testimony to the beginnings of this transition.[67] This example shows that a closer interdisciplinary analysis of even an inconspicuous work of provincial architecture, devoid of much artistic value, can lead to conclusions that are extremely interesting, allowing us to fundamentally redefine its qualities. In the situation of the Holy Spirit complex in Szydłów, the most significant of these qualities, I believe, is a kind of archetype of the hospital and church complex contained in its preserved ruins, with all the components inscribed in it along the way of centuries of transformations, at the same time legibly preserved to the present.

Conclusions and Postulates for Future Interdisciplinary Research

It is appropriate to conclude this text with a postulate for further research, of both the field and desk

[62] The functions of such openings require further in-depth research. As the examples discussed here indicate, the existence of spaces embedded in medieval traditions with mixed church and hospital functions was possible, which should probably verify the critical judgments rejecting the traditional belief that eremites resided in chapels and had offerings made to them in such windows. These openings were noted and were discussed at length (without explaining their function) in the interesting complex of two wooden chapels of St. Anthony (from the late 17th century) and of St. Roch (early 18th century) in the Łagiewnicki Forest near Łódź: Filipowicz and Witkowski 2007, 59, 61.

[63] Kracik and Rożek 1986, 125. As the most important objective of the former hospital institution was not to save a foundling's life but to christen it, perhaps we should not ignore the peculiarity of Szydłów's Holy Spirit institution, namely the presence of as many as two stone stoups located in the ambulatory porch right beside these windows. The placement can be explained naturally by the desire to center their accessibility for those entering the church from outside and the hospitalized. Perhaps they also acted as easily available baptismal fonts? This question, as well as a number of other doubts in the face of the uniqueness of the site under analysis and the modest scope of Polish studies of the spatial and functional contexts of former hospitals, must remain only a postulate for further research.

[64] Mossakowski 1973, 188-189 and fig. 178-179; Mossakowski 2012, 166-168.

[65] Mossakowski 1973, 86.

[66] Mazur 1998.

[67] The quality of the Szydłów example, although with erroneous dating, has already been incidentally noted in academic literature: Kalinowski and Keckowa 1978, 377, where we can read: *New hospitals (e.g., Szydłów – sixteenth century) were built with the division of religious and hospital uses already built-in.*

types (archaeological, architectural and artistic) on the still too poorly explored issue of Polish hospital operations in relation to the significant progress of historians' studies. Research work by archaeologists should be conducted especially in the areas where urbanistic processes have led to the erasure of memory about typically modest zones of suburban charity that are nevertheless crucial to the essence of civilization. What remains in the hands of art and architectural historians, however, is a closer comparative formal and functional analysis of the surviving hospital and church complexes, necessarily supported – if possible – by archaeological prospecting, combined, for example, with the study of burials that accompany these complexes, the search for heating devices and a focus on reconstructing the world of things that accompany the operation of former hospitals. The individuality of these secular and religious microcosms, together with their observed formal variability throughout history, the specificity of their material culture and their sepulchral context, makes them a fascinating field for interdisciplinary research, close to the study of monasteries or castellology.

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