The Medieval Economy of Salvation
Davis, Adam J.

Published by Cornell University Press

Davis, Adam J.

For additional information about this book
https://muse.jhu.edu/book/71237

For content related to this chapter
https://muse.jhu.edu/related_content?type=book&id=2465421
Introduction
A Charitable Revolution in an
Age of Commerce

It was a cold winter evening in 2010, and I had just arrived in Paris for a short research trip. The tiny hotel where I would be staying was on the fifth floor of the ophthalmological wing of the hôtel-Dieu (or hospital) just across from the cathedral of Notre Dame. Given the subject of the book I was in France to research, it seemed appropriate that I should stay in a “hospital-hôtel,” especially since some medieval hospitals not only housed the sick and poor but also functioned as hotels that charged their guests based on the length of their visits. As the TripAdvisor reviews warned, guests in this hotel often shared the elevator with patients in wheelchairs or on gurneys. When I arrived at the entrance to the hospital, however, what struck me was the large number of homeless Parisians who were using the hospital’s heated foyer as a shelter for the night. I remember thinking that if this had been the thirteenth century, these homeless people, rather than relegated to the foyer, would have been admitted to the hôtel-Dieu and given a bed and a meal after they had confessed their sins.

1. The hôtel-Dieu that is still functioning today is in a nineteenth-century structure. The medieval hôtel-Dieu, built during the twelfth century, stood on the south side of the cathedral, between the cathedral and the Petit Pont, and housed up to two hundred poor and sick guests. See Ernest Coyecque, L’hôtel-Dieu de Paris au moyen age: l’histoire et documents (Paris: H. Champion, 1889), 159–61.
A few days later, I was sitting in an archive in Dammarie-lès-Lys (in the southeastern suburbs of Paris), just down the street from the hauntingly beautiful ruins of Le Lys, the royal Cistercian abbey for women, founded in 1251. The archive’s holdings include two large cartularies for the main hospital of Provins, a martyrological obituary with the names of donors and members of the hospital personnel, and hundreds of original single-sheet charters that were subsequently copied into the cartularies. A testament from 1253 for Alice la Pelée, a bourgeois woman from Provins, records her bequests to the hospital of houses, land, a vineyard, her bedding, and the sum of 60 livres (l.). She also stipulated that bread should be distributed to the poor on the day of her death. In her testamentary bequests, Alice was more generous to the main hospital of Provins than to any churches, monasteries, houses of friars, or other hospitals or leprosaria. Did she have some connection to this hospital during her lifetime, I wondered?\footnote{2} Another testament found in the same archive, this one from 1260, came from Guillaume, a priest who served as the curate of Sceaux (in the Loiret) and the dean of Gâtinais. He also showed a strong propensity to give to various hospitals and leprosaries, particularly the main hospital of Provins.\footnote{3} His bequests included leaving a small sum for the marriage portion for ten poor girls in Sceaux and ten girls in Sourdun (near Provins), as well as funds to feed the poor in these towns and to buy them shoes. In his testament of 1219, Jacques de Hongrie, who served as sergeant to Countess Blanche, made bequests to a long list of religious and charitable institutions, including the brothers of Saint John of Jerusalem (the Hospitallers), the lepers of Crolebarbe (near Provins), a planned domus Dei in Provins for poor students, and various churches and monasteries.\footnote{4} But in addition to these gifts, Jacques showed a special attachment to the hospital of Provins, to which he not only made significant bequests of land but where he also planned to spend the last years of his life, serving the poor and sick as a conversus, having taken the religious habit while still married.\footnote{5} What explains the charitable impulses of Alice, Guillaume, and Jacques, which were so typical of their time?

During the twelfth and thirteenth centuries hundreds of hospitals and leper houses were founded all over Europe to care for the poor, sick, and vulnerable, and these new charitable institutions received broad support from

\footnotesize\textsuperscript{2} Dupraz, nos. 143, 323; AD: Seine-et-Marne, 11HdtA12 (“grand cartulaire” for the hospital of Provins), fol. 40v–41, 97.

\footnotesize\textsuperscript{3} The trust he placed in this hospital was further reflected in his choice of the hospital’s master as one of the executors of his will. See Dupraz, no. 243; AD: Seine-et-Marne, 11HdtA12, fol. 73v.

\footnotesize\textsuperscript{4} Dupraz, no. 446; AD: Seine-et-Marne, 11HdtA12, fol. 129v–130.

towners, merchants, aristocrats, and ecclesiastics. To give a sense of the scale of new hospital foundations in France, Champagne’s capital city of Troyes had five general hospitals during the thirteenth century as well as several hospitals run by other religious orders (the Antonines and Trinitarians); the diocese of Bourges had some 120 hospitals and 78 leprosaries; in the relatively small region of the lower Rhône valley, by the fourteenth century there were around 250 hospitals; by the later Middle Ages, there were as many as 360 hospitals in the provinces of Sens and Reims (not including leprosaries and houses for poor clerics). First established mostly during the twelfth and early thirteenth centuries, these hospitals were founded by a wide range of actors: members of the royal family, aristocrats, merchants, townspeople, municipalities, bishops, cathedral chapters, monasteries, confraternities, and various kinds of religious orders, including the hospital orders. That these “houses of mercy” were often located in the heart of urban centers, at major points of circulation (on trade and pilgrimage routes; near bridges and rivers), and near areas of economic exploitation (markets and fairs, mills, and lands being cultivated) reflected the degree to which they were easily accessible, highly visible, and thoroughly enmeshed in the local society and economy. As Miri Rubin has shown, hospitals were placed in the Jewish quarter of some towns “as an assertion of Christian faith,” proudly showcasing for Jews Christian welfare in action.

The word hospital is in some ways a problematic (but necessary) way of referring to what the medieval terms domus Dei or meson Dieu (house of God) and hospitale denoted. As an institution, the medieval hospital was

---


9. On the danger of inferring too much about a hospital’s function based on terminology, see François-Olivier Touati, “Problème d’histoire, d’architecture et d’archéologie hospitalière,” in Archéologie et architecture hospitalière, ed. Touati, 7–23.
not conceived primarily in medical terms but rather functioned in a variety of ways, including as a religious house (often containing a chapel with an altar), a hostel, a shelter, a retirement home, or a temporary place for physical rehabilitation and convalescence. There was no clear definition of what constituted a hospital in medieval canon law, since not all hospitals were thought to belong to the church. Since hospitals could be subject to a wide range of different custodians and jurisdictions, the legal status of hospitals was clearly distinct from that of monasteries and religious orders. The “hospital movement” in Champagne—the subject of this book—was clearly connected to a broader pan-European religious culture of charity, reflected, for example, in hagiographical texts, preaching, devotional literature, vernacular didactic texts on the vices and virtues, an outpouring of representations of the works of mercy in the visual arts, and the growing sanctification of charity evident in saints of the period, many of whom were lay women who had founded or worked in a hospital.

10. A forthcoming book by Sethina Watson on hospitals and the law in western Europe from roughly 500 to 1320 fundamentally challenges the historiography on this subject. She rejects Jean Imbert’s contention that canon law’s treatment of hospitals was based on a Roman-law model, imported into the early medieval West through Justinian’s legislation.

In the words of André Vauchez, the twelfth and thirteenth centuries witnessed “a veritable revolution in charity” and the emergence of “an authentic spirituality of benevolence,” a turning point in the way that women and men thought about and acted toward their poor and needy neighbors. In addition to drawing new and much-needed attention to the charitable revolution of the high Middle Ages, a period whose legacy of persecution and religious violence (the Crusades, the violent repression of heretics, the massacres and expulsions of European Jews) tends to be far better known, this book is the first to explore the relationship between the European charitable revolution and the commercial revolution that was unfolding simultaneously. Until now, no one has examined the evolution of medieval ideas about charity, the outpouring of charitable giving, and the creation of new charitable institutions through the lens of the concomitant commercial explosion. This book explains how these two revolutions gave rise across Europe to the medieval hospital, a new type of social welfare institution.

My study of the emergence of hospitals in Champagne casts new light on the nature of religious charity during Europe’s first great age of commerce. Using hospitals in the region of Champagne as a case study, The Medieval Economy of Salvation explores the connection between the robust profit economy of the time and the flowering of new charitable institutions. In tracing the emergence of hospitals during a period of intense urbanization that saw the transition from a gift economy to a commercial one, this book demonstrates that far from eroding the power of the gift, the new commercial economy infused charitable giving and service with new social and religious meaning and a heightened expectation of reward.

The county of Champagne, southeast of Paris, provides the ideal stage for illuminating the connections between charity and commerce. With its international trade fairs and robust markets for credit and currency exchange, Champagne was the epicenter of European commerce and international exchange at the time, bringing together merchants from all over northern Europe and the Mediterranean basin. The twelfth and thirteenth centuries witnessed enormous demographic and economic expansion across Latin Christendom, including the clearing of lands for commercial cultivation, the founding of new markets and towns, the enlargement of existing towns, the expansion of trade, the growth of the money supply, and the development of systems

of credit.\textsuperscript{13} In this context, Champagne’s fairs played a critical role both in the commercialization of the medieval economy and in the stimulation of economic development.\textsuperscript{14} Champagne’s international trade fairs are well recognized as “a standard-bearer of the medieval Commercial Revolution,” and “the undisputed fulcrum of international exchange in Europe for much of the thirteenth century.”\textsuperscript{15} The four principal Champenois fairs, which took place six times a year, each for a period of about six weeks, rotating among the towns of Bar, Lagny, Provins, and Troyes, served both as “the money-market of Europe,” and as “an emporium for the trade in wares,” most especially the exchange of cloth and wool supplied by Flemish and northern French traders for items provided by Italian and Provençal merchants from Mediterranean markets.\textsuperscript{16} Thus, studying the emergence of new charitable institutions in Champagne during the twelfth and thirteenth centuries makes it possible to probe the interplay between the charitable revolution and the concomitant commercial revolution. This book does not often venture into the fourteenth century, which was marked by dramatic demographic and economic changes, concentrating instead on the twelfth and thirteenth centuries, the golden age of hospital foundations. Much of this book focuses on the southern part of Champagne (Troyes, Provins, and Bar-sur-Aube), since this region was the site of the major trade fairs and thus provides an ideal window for exploring the nexus between commerce and charity. This southern part of Champagne, south of the Marne River, was also the base of comital power, with the counts playing a significant role both in overseeing the fairs and in founding, patronizing, and protecting hospitals.\textsuperscript{17} But this book also draws on examples

\begin{itemize}
  \item \textsuperscript{16}Edwards and Ogilvie, “What Lessons for Economic Development,” 132.
  \item \textsuperscript{17}As Michel Bur has shown, it was only in the later twelfth century that the counts of Champagne began acquiring greater power in the diocese of Reims. See Michel Bur, “Le comte de
from elsewhere in Champagne, such as Reims (in the north of the county), an archiepiscopal city, which makes for an interesting point of comparison with the comital cities of Troyes and Provins. In considering evidence from other parts of northern France and Europe, I have sought to embed developments in Champagne within a larger charitable and commercial context, pointing to some of the ways that the county was distinctive while also demonstrating that the emergence of hospitals in Champagne was part of a broader pan-European phenomenon.

On several levels, Champagne’s commercial context is crucial for understanding the emergence of its hospitals. First, the fairs generated some of the capital needed to support these institutions. Hospitals received revenue from the fairs directly, and the hospitals benefited even more indirectly from the commercial prosperity that made pious bequests possible. Second, Champagne witnessed a great deal of traffic of peoples and goods due to the criss-crossing of merchants and their wares. Foreign merchants, migrants in search of work, and others in need of accommodation often turned to Champagne’s hospitals for assistance. More generally, though, the greater economic prosperity experienced by some during this period did little to reduce widespread poverty, and in fact may have contributed, along with urban transformation, to an increase in the number of people who were visibly living on the margins. As one medieval economic historian put it, “Among the costs of commercialization was a more precarious life for perhaps a fifth or more of the population.”18 This is borne out by chronicles of the time and even more so by tax records from different regions, which suggest that a significant percentage of rural and urban households (peasants, urban migrants, single women, and so on) were considered to be living below what was considered a taxable level.19 Finally, although the Christian religious imagination had drawn on the language of commerce as a conceptual framework from the time of


INTRODUCTION

Gospels and the early Church Fathers, the profit economy of the high and later Middle Ages, as Giacomo Todeschini, Jacques Chiffoleau, and others have shown, also left its imprint on the spiritual realm, infusing the notions of spiritual rewards, exchange, and reciprocity with heightened meaning, particularly within the context of charitable institutions and practices.\(^{20}\) During a period of commercial effervescence, but also increasingly visible poverty, ideas about commerce and markets were redeployed in the spiritual realm of charitable giving and service.

As this book shows, far from being oppositional forces, commerce and charity were remarkably symbiotic. At the same time that Champagne’s economy was becoming monetized and that the number of commercial transactions was increasing, the amount of voluntary, pious giving was also on the rise, particularly in the form of gifts to charitable causes such as hospitals.\(^ {21}\) That this period was marked by a renewed focus on the redemptive aspects of almsgiving and on the way that gifts and charitable service were thought to generate rewards can be seen both in the language of donation charters to Champagne’s hospitals and in the writings of biblical exegetes about pious giving.\(^ {22}\) Archival evidence indicates that pious *pro anima* gifts were understood at the time as reciprocal and dynamic exchanges, whereby the donor reaped valuable and calculable assets in the form of spiritual benefits.\(^ {23}\)


\(^{21}\) As I demonstrate in chapter 3, the continued vitality of *pro anima* gifts to Champagne’s hospitals during the thirteenth century stood in contrast to a decline in the number of pious gifts to Champagne’s monasteries, as Richard Keyser has shown. As a result, monasteries came to rely more on acquisitions from purchases, exchanges, and quitances. Léopold Genicot noted a similar pattern with respect to gifts to the abbeys of the county of Namur. Gifts to these abbeys declined precipitously from 1280 onwards, and donors in the thirteenth century placed far more conditions on their gifts. See Genicot, “L’évolution des dons aux abbayes dans le comté de Namur du Xe au XIVe siècle,” *XXXe Congrès de la Fédération archéologique et historique de Belgique, Bruxelles, 28 Juillet—2 Août 1935: Annales* (Brussels, 1936), 133–48.


\(^{23}\) As Jacques Chiffoleau demonstrated in his study of Avignon, the notion that it was possible to calculate the price of salvation only became fully developed during the later Middle Ages. See Chiffoleau, *La comptabilité de l’au-delà: Les hommes, la mort et la religion dans la région d’Avignon à la fin du moyen âge (vers 1320–vers 1480)* (Rome: École Française de Rome, 1980). For the north of France, see Catherine Vincent, “Y-a-t-il une mathématique du salut dans les diocèses du nord de la France à la veille de la réforme?” *Revue d’histoire de l’Église de France* 77, no. 198 (1991): 137–49.
By analyzing the complex and overlapping motives that led women and men to support hospitals, this book probes what giving meant to medieval people and thereby provides a window into a pivotal moment in European history when care for the sick and poor became popularized and institutionalized. Champagne’s hospitals served as visible symbols of piety and the works of mercy, and as a result, they were popular objects of benefaction—so popular that they increasingly eclipsed monastic houses in the number and size of the donations they received from a broad segment of society. These institutions also presented lay women and men with a new penitential opportunity to personally perform the works of mercy. Working in a hospital was embraced as a pious way to earn salvific rewards without necessarily taking monastic vows, while still acquiring the security that came with living and working in a fraternal community dedicated to mutual assistance.

Some of the new significance of gifts and charitable service, I argue, was related to religious developments, such as growing Eucharistic piety, a preoccupation with Purgatory, and the rise of a confessional society, all of which fueled a greater demand for the celebration of Masses, which was sometimes a condition for pious gifts. Charity was also widely regarded as an antidote to the vice of avarice, which was associated with commerce. In this way, Champagne’s thriving commercial economy helped fuel the perceived moral need for charity. Indeed, in an effort to promote the value of almsgiving, some preachers cast the practice as a potentially lucrative alternative to commerce, both in the temporal and spiritual sense, with almsgivers promised the hundredfold reward referenced in Matthew 19:29. Almsgiving was itself increasingly conceived and described in commercial terms, with God even cast as a debtor and the almsgiver as a virtuous moneylender. While some potential donors might have been reluctant to give away a portion of their wealth to the poor, preachers sought to reassure them that they were making the wisest kind of investment by earning credit with God and funding “a heavenly treasure.” As this book demonstrates, the notion of charitable gifts as loans to God with the strong potential for a redemptive reward played a crucial factor in fostering charitable behavior in the monetized and commercial economy of thirteenth-century Europe. Moreover, support for charitable institutions may have been fueled by spiritual anxiety about growing prosperity, with charity serving to justify profit-making when some of

those profits were channeled toward alms. In that sense, the pursuit of profit, it was believed, could advance the pursuit of salvation. In this vein, some Franciscan and Dominican preachers defended the money used for almsgiving and donations to hospitals as “virtuous wealth.” The foundation of so many hospitals in the twelfth and thirteenth centuries is thus a manifestation of the tension between traditional Christian morality and the new profit-oriented economy, a penitential expression in a society increasingly preoccupied with acquisition.

This book also seeks to shed new light on the diverse and often surprising roles that hospitals played and the impact that they had on the larger society. For instance, as chapter 4 shows, Champagne’s hospitals were engaged in significant profit-making of their own and served as creditors, landlords with large numbers of tenants and serfs, holders of fiefs with lordly rights (including justice), cultivators of crops for sale, and owners of commercial stalls at trade fairs. Account books from some of Champagne’s hospitals disclose how they managed their finances, how they sought to juggle their expenses and revenues, caring for those in need of assistance while aggressively participating in the agricultural and rent markets. To fully understand hospitals’ relationships with their patrons, it is necessary to learn more about the diverse services that they provided to the larger community (such as providing money loans, leasing mills and ovens, and distributing life annuities in return for donations), the social networks that hospitals were part of, and the ways they functioned as power brokers. Pious gifts made to Champagne’s hospitals during the thirteenth century at times had conditions placed on them that obligated the hospital to perform a service, such as paying a lifetime annuity to one of the donor’s relatives. As a result, it was the wishes and needs of donors that shaped a hospital’s manifold functions, requiring the institution to perform services well outside of its original charitable and religious mission. As Paul Bertrand has shown, hospitals even served as economic partners to members of mendicant orders (who might otherwise have

27. This same phenomenon can be seen in the late medieval and Renaissance hospitals of Italian lay confraternities. See Nicholas Terpstra, Lay Confraternities and Civic Religion in Renaissance Bologna (Cambridge: Cambridge University Press, 1995); Matthew Thomas Sneider, “The Bonds of Charity: Charitable and Liturgical Obligations in Bolognese Testaments,” in Poverty and Prosperity in the Middle Ages and Renaissance, ed. Cynthia Kosso and Anne Scott (Turnhout, Belgium: Brepols, 2012), 129–42.
not been connected to a hospital at all), with hospitals serving as intermediaries between donors and individual friars, distributing pensions to friars so that they did not violate their vows of poverty.\textsuperscript{28} By creating a social taxonomy of those who engaged in various kinds of transactions with hospitals (gifts, exchanges, sales and purchases, loans), this book demonstrates how these charitable institutions were enmeshed in complex webs of reciprocity.

In exploring the rise of Champagne’s hospitals, I have also tried to uncover as much as possible about the individuals that hospitals served, including the vulnerable, the needy, and the sick as well as the newly arrived migrants with no familial or neighborly support. Drawing on scattered pieces of evidence, this book seeks to deepen our understanding of these people and their experiences living on the margins of medieval society. Why did an individual in need of help turn to a particular institution or for that matter, certain groups, neighbors, or family members? What constituted hospital care, and what forms of assistance did hospitals provide to those living outside the hospital walls? And how were the recipients of hospital care thought to play a critical role in the economy of salvation for a hospital’s benefactors and its personnel? In short, this book asks what it was that held together a hospital’s dense network of relations, including the institution’s benefactors, its personnel, and those for whom it cared.

While the benefaction of medieval monasteries has been studied extensively, far less attention has been paid to the significant charitable support given to hospitals, notwithstanding some studies of hospitals in particular regions.\textsuperscript{29} We still need to learn more about the social networks involved in

\textsuperscript{28} Paul Bertrand, Commerce avec dame pauvreté: Structures et fonctions des couvents mendiants à Liège (XIIe–XIVe siècles) (Geneva: Droz, 2004), 215–16, 472.

the giving and receiving of charitable support. How did a particular family come to patronize certain charitable institutions or organizations, including institutions that were at times located some distance away? In addition to closely examining patterns of hospital patronage, this book interrogates the identities of those who worked in Champagne’s hospitals, who, in some cases, had themselves been benefactors before joining the hospital’s religious community. What propelled them to join a hospital’s personnel? Were there any gender or class patterns as to those who patronized and worked inside hospitals? A plethora of untapped primary source material for Champagne provides tantalizing clues as to what hospitals meant to people of various social classes and what motivated charitable giving and service. Institutions never simply emerge in a given society but are created by individuals and groups, often in response to problems. Institutions thus reflect the social and cultural values, beliefs, and aspirations of a particular place and time. This study of medieval charity and charitable institutions illuminates broader questions about the nature of social relationships and lived experiences.

**Explaining the Emergence of a Charitable Revolution**

The popularization of charitable giving and service as religious ideals emerged as part of the larger apostolic movement of the twelfth and thirteenth centuries, which included an outpouring of lay religious devotion. Charitable giving and service were very much tied to a growing concern with personal salvation and the penance that it was believed was needed to achieve it. Those making pious bequests often explicitly linked their giving...
to the welfare of their souls, thereby reflecting a belief in the intercessory powers of the sick and poor recipients of their gifts. Moreover, the traditional theological notion of an almost quantifiable link between salvation and almsgiving became all the more vital with the development of the doctrine of Purgatory during the twelfth century. As Jacques Le Goff put it, “at the heart of the economy of salvation and its social functioning were ‘mercy, caritas and the gift.’”

The growing sanctification of charity is evident in the large number of saints from this period who were venerated for their acts of compassion, which often included founding and working in a hospital. André Vauchez has shown that “a new category of saint” emerged as part of the apostolic movement, with sanctity increasingly tied to the practice of charity as opposed to contemplation. Many of these charitable saints were lay men and women (as opposed to monastic or clerical saints), and quite a few, like St. Elizabeth of Hungary, came from aristocratic or even royal backgrounds. Even apart from those who were formally canonized, however, charity became a central feature of lay spirituality, an opportunity to do penance without renouncing the world by joining a monastic order or going on crusade. Even crusading, however, was seen by contemporaries as a charitable endeavor, an expression of one’s love of God and one’s fellow Christians in the East who were in need of assistance. As Jonathan Riley-Smith put it in his classic essay, “Crusading as an Act of Love,” “the crusades were as much the products of the renewed spirituality of the central Middle Ages, with its concern for living the vita apostolica and expressing Christian ideals in the active works of charity, as were the new hospitals, the pastoral work of the Augustinians and Premonstratensians and the service of the friars.”

The penitential aspect of both charity and crusading can certainly be seen in the descriptions of Saint Louis, the thirteenth-century king of France, who twice went on crusade and patronized religious houses, the mendicant

34. Vauchez, *Sainthood*.
orders, and numerous leprosaria and hospitals, even founding a hospital for the blind in Paris. Louis IX’s hagiographers stressed that his extraordinary generosity and concern for the downtrodden were evidence of his sanctity, but his charity was in fact rooted in a Capetian tradition of giving generously not only to religious houses but also hospitals, leprosaries, and other charitable causes: Louis’s grandfather, Philip Augustus, left 21,000 l. par. for “poor, orphans, widows and lepers” in his testament of 1222; his father, Louis VIII, bequeathed 10,000 l. par. in 1225 for some two thousand leprosaries; and in 1269 Louis IX left 2,000 l. par. for eight hundred leprosaries and 2,000 l. par. for two hundred hôtes-Dieu. The Book of Hours of Jeanne of Evreux (Louis’s great-granddaughter) gave visual expression to Saint Louis’s charity, with the humble king depicted caring for the sick in hospital beds, washing the feet of the poor, and so forth. Interestingly, Louis’s hagiographers cast his charity as central to his style of royal governance and his sense of responsibility to God for the administration of justice in his kingdom. One of Louis’s hagiographers described him as “the father of the poor,” and late medieval “mirrors for princes” often used this same phrase to underscore that charity was not just a religious virtue but also a royal responsibility. In trying to account for the popular outpouring of charitable giving during this


period, one wonders whether the example of the royal patronage of charitable institutions may have played a role in inspiring greater lay (and even clerical) generosity. In a region like Champagne, the continued patronage of counts and countesses, who founded several of the largest and wealthiest hospitals (and who, more generally, were deeply involved in ecclesiastical affairs, regularly confirming the election of abbots and abbesses), was absolutely vital for the success of these charitable institutions.

As Michel Mollat, André Vauchez, and others have shown, medieval social and religious attitudes toward the sick and poor were ambivalent, often combining feelings of scorn and fear with reverence toward those considered the “poor of Christ,” who were widely regarded as powerful spiritual intercessors and were credited with making charity and its attendant spiritual benefits possible. As these scholars readily acknowledge, the poor continued to be stigmatized and harassed, and there was suspicion that some beggars were able-bodied and therefore “undeserving” of assistance. The hagiographic topos of a saint’s humble, personal ministry to the sick poor continued to have force in the high Middle Ages precisely because the *miserabiles* were still met with disdain, and it was thus considered unnatural for someone to care for them. Yet in terms of collective attitudes, poverty was also increasingly regarded as a sign of divine election, with the poor seen as Christ’s vicars on earth. It was common in medieval *exempla*, for example, for a poor man (or leper) to appear as Christ in disguise. The status of the *pauperes Christi*, traditionally those who took religious vows of voluntary poverty, was gradually extended to include the *miserabiles*, a category that, according to the churchman Jacques de Vitry (d. 1240), included the involuntary poor, the hungry, the leprous, those with various kinds of disabilities, and those who cry. In this way, the *miserabiles* came to supplant monks and nuns as sought-after intermediaries between this world and the next, as the natural agents of collective redemption. The new spiritual power ascribed to the poor, sick, and disabled, and to the works of mercy performed on their behalf reflects what


41. In his study of the problem of wealth in late antiquity, Peter Brown likewise cites examples of the poor being both the objects of scorn and admiration. The fantastically wealthy Pinianus and Melania the Younger so wished to identify with the poor that they enlisted on the poor roll of the church of Jerusalem in 417. See Brown, *Through the Eye of a Needle: Wealth, the Fall of Rome, and the Making of Christianity in the West, 330–560 AD* (Princeton: Princeton University Press, 2012), 300.

42. Mollat, *Poor in the Middle Ages*, 102.
the French historian François-Olivier Touati has called nothing short of a “mutation de conscience” on the part of the medieval laity. This “transformation of conscience” is evident not only in the frequency of twelfth- and thirteenth-century charitable giving and the mushrooming of hospital foundations but also in the decision of some women and men to dedicate their lives to caring for the *miserables* in these institutions.

In trying to understand medieval Christians’ expressions of support for new charitable institutions like hospitals, we ought to consider how specific cultural and devotional experiences might have conditioned people to feel compassion and behave charitably toward those in need of assistance. The historian Lynn Hunt has proposed a causal relationship between the rise of humanitarian concerns during the eighteenth century and cultural experiences such as the reading of epistolary novels. Just as these novels provoked “imagined empathy” in their readers for the plight of the novels’ characters, the medieval faithful projected their own “imagined relationship” with a suffering Jesus and a compassionate Mary, evoked in preachers’ sermons and in visual representations in churches, onto the *miserables* of their own community. In short, developments in medieval spirituality, including a greater emphasis on the humanity of Jesus and Mary, may have made it easier for medieval Christians to empathize with a suffering stranger, to see themselves, a family member, or Jesus in the sufferer (or, for that matter, in the one seeking to alleviate the suffering).

There remains a need to explore the relationship between charitable practices and developments in devotion that expanded medieval Christians’ capacity for imagination and empathy. Beginning in the late eleventh century and continuing through the twelfth and thirteenth centuries—the very period that saw the mushrooming of hospital foundations and the creation of new charitable organizations—compassion became a pervasive theme in devotional literature, so much so that J. A. W. Bennett argued that the popularity of the literary genre of affective meditation on Christ’s Passion represented a “revolution in feeling.” Likewise, Sarah McNamer has credited affective meditations on the Passion with “the invention of compassion.” According to McNamer, “The cultivation of compassion in the devotional realm . . . clearly had the potential to effect ethical thinking and behavior on

---

a wider scale.” The objective of meditations such as the pseudo-Bonaventurean *Meditationes vitae Christi* was “to teach their readers, through iterative affective performance, how to feel.” This imitative devotion and affective identification with Jesus and Mary could also be stimulated with help from the painted rood screens and crucifixes that were ubiquitous in medieval churches (and hospitals) or the scenes of the crucifixion and the Man of Sorrows in psalters, missals, and Books of Hours. Scenes from the evangelical past, whether visual or textual, sought to elicit a sense of compassion and above all empathy from the meditant.

While it is impossible to establish a direct causal link, it is possible that affective devotional experiences made it easier for some people to empathize with their needy neighbors. Moreover, material support for charitable causes such as hospitals may be related to developments in meditative and devotional practices. Did meditations on the Passion and a growing preoccupation with the figure of the suffering Jesus create an enlarged capacity for feelings of compassion for fellow Christians in need? In this vein, is there any connection between women’s (especially widows’) high rate of charitable giving and service in hospitals, as we will see in chapters 3 and 5, and the fact that, as McNamer and others have shown, affective devotion was so gendered, with compassion for the suffering Christ associated with “feeling like a woman”? 

**Institutionalizing a Charitable Ideal: The Medieval Reinvention of the Hospital**

The ideology of charity that served as the basis for the support medieval hospitals received was rooted in scriptural and patristic thought that emphasized the responsibility of all Christians to perform charitable works. Medieval sources often cited the words of Jesus in Matthew 25:35–36, enumerating what came to be understood as the six corporal works of mercy: “For I was hungry, and you gave me to eat; I was thirsty, and you

---

48. McNamer, *Affective Meditation*, 150. Admittedly, it was one thing for a Passion narrative to elicit devotion to Christ and another for that compassion to be translated into concrete works of mercy directed at strangers in one’s own midst. As Miri Rubin and others have shown, meditations on the Passion could just as easily lead to horrific violence against Jews as inspire acts of compassion for a fellow Christian.
INTRODUCTION

gave me to drink: I was a stranger, and you took me in: naked, and you covered me: sick, and you visited me: I was in prison, and you came to me.” Jesus’s words in Matthew 25:40 (“As long as you did it to one of these my least brethren, you did it to me”) represented a central tenet of Christian charity, namely that to help the poor and needy is to help Jesus himself. Christians believed that if Christ was to show them mercy, they had to show beneficence to their neighbors in need, since they considered the poor and powerless to be Christ’s representatives on earth.

While the medieval theological concept of caritas referred to the love of God, it was believed that one way to show one’s love of God was by providing assistance to one’s needy neighbors. Charity was understood as an act of mercy and love that could take the form of hospitality, personal acts of service, or a specific material gift or bequest (coin, food, clothing, property). Gifts to churches and monasteries were also considered a form of charity, a way of fulfilling one’s duties both to Christ and the poor, since churches and monasteries were thought to redistribute the gifts they received as alms to the poor. Yet as we shall see in chapter 3, during the twelfth and thirteenth centuries lay donors and testators increasingly directed their bequests to hospitals, which were thought, even more so than churches and monasteries, to embody the performance of the seven corporal works of mercy. Church Fathers such as Ambrose and Augustine had earlier popularized the notion that almsgiving and benefaction of the poor had the capacity to erase sin and deliver the almsgiver from death, and this idea of redemptive almsgiving remained a central force underlying charity during the medieval period and beyond.

Although the notion of serving others and seeing Christ in those who are suffering was a central part of New Testament teaching, Peter Brown has argued that it was only during the late fourth century that “the poor,” a category essentially created by late Roman bishops, became objects of material and religious concern, as reflected in the emergence of the first hospitals, or xenodocheia. From the fourth to the seventh centuries, these Christian charitable institutions, which cared for the sick, leprous, disabled, and strangers, developed in the Byzantine Levant and Asia Minor, supported by both the


52. Brown, Through the Eye of a Needle, 53–90.
A CHARITABLE REVOLUTION IN AN AGE OF COMMERCE

Byzantine Church and emperors. Above all, late antique bishops founded and patronized hospitals as a way of asserting their role as protectors of the poor. Giving gradually shifted from the traditional, pagan civic generosity, in which the wealthy gave large gifts to their city, to a new Christian model in which the “middling” classes gave what modest gifts they could to the poor and their local church. As the pages that follow will show, a second wave of this “democratization of charity” was to take place in twelfth and thirteenth-century Europe, but on a completely different scale.

Already in late antiquity, however, charitable practices were redefining the relationship between the spiritual and the material. Institutionalized charity in the form of xenodocheia provided the church with a way of legitimizing its own growing wealth. Peregrine Horden has argued that late antique hospitals allowed the church to draw a distinction between accumulated wealth and wealth that was distributed to those most in need, a kind of “down-payment on salvation.” Hospitals in the Byzantine world developed earlier and in different ways than those in the less urbanized early medieval Latin West. By the twelfth century, the Pantocrator Xenon-Hospital in Constantinople, a royal hospital foundation that was unusual even for Byzantium in its size and in the degree of its medicalization, was serving as a teaching facility with a medical staff (including an elaborate hierarchy of physicians)

---


54. Brown, Through the Eye of a Needle, 81.

55. Peregrine Horden, “Cities within Cities: Early Hospital Foundations and Urban Space,” in Stiftungen zwischen Politik und Wirtschaft: Ein Dialog zwischen Geschichte und Gegenwart, ed. Sitta von Reden (Munich, 2015), 160. Even the so-called “Spiritual Franciscan,” Peter John Olivi, known for what was seen as his radical understanding of the meaning of ecclesiastical poverty, would make a similar point at the end of the thirteenth century, arguing that commerce could be beneficial to society so long as the wealth it generated was distributed rather than accumulated. See Sylvain Piron, “Le devoir de gratitude: Émergence et vogue de al notion d’antidora au XIIIe siècle,” in Credito e usura fra teologia, diritto e amministrazione: Linguaggi a confront (sec. XII–XVI), ed., Diego Quaglioni, Giacomo Todeschini, and Gian Maria Varanini (Rome: École Française de Rome, 2005), 97–99.

56. Although there has been some debate about the extent to which Byzantine hospitals were medicalized, there were clearly some Byzantine hospitals that provided professional care for the sick, regardless of their social class. Timothy Miller has been criticized for the extent to which he described Byzantine hospitals as medicalized and for arguing that the institutional origins of the “modern hospital” can be traced back to Byzantine hospitals. For an example of this critique, see Vivian Nutton, review of The Birth of the Hospital in the Byzantine Empire, Medical History 30 (1986): 218–21; Peregrine Horden, “How Medicalised Were Byzantine Hospitals?” in Hospitals and Healing from Antiquity to the Later Middle Ages, ed. Peregrine Horden (Aldershot, U.K.: Ashgate, 2008), 213–35. For a comparison of the treatment of leprosy in Byzantium and the Latin West, see Timothy S. Miller and John W. Nesbitt, Walking Corpses: Leprosy in Byzantium and the Medieval West (Ithaca: Cornell University Press, 2014).
numbering close to one hundred and housing up to sixty-one patients. In terms of medicalization, there was nothing during this period remotely like this in the Latin West, where hospitals rarely had physicians. By the ninth and tenth centuries, many cities in the Islamic world, from Egypt and the Levant, to Baghdad, also had hospitals, or *bimaristans* (a Persian word), charitable and pietistic institutions that cared for the sick and poor. As was true in the Byzantine world, some *bimaristans* were remarkably medicalized and served as centers of medical education, although the principal function of many *bimaristans* was to house the poor.

Although the *xenodocheia* and *bimaristans* of the early medieval Byzantine and Islamic world were clearly more medicalized and systematized than the institutional forms of poor relief that existed in the Latin West at the time, one should not discount the role of both episcopal and monastic poorhouses that fed, clothed, and sheltered the poor and strangers. Several hospitals had been established in Rome by as early as 400, including one founded by Jerome’s disciple, Fabiola. Various bishops (Caesarius of Arles, Praejectus of Clermont) and kings (Childebert I) in Merovingian Gaul are known to have founded hospitals. During the ninth century, the Carolingians sought to reform social welfare by tying the management of hospitals to cathedral chapters and the canonical life, and this association would persist during the high Middle Ages. Meanwhile, the connection between monasticism and charity was inscribed in the Rule of Saint Benedict, which cast hospitality as an obligation of the religious life. Benedictine guesthouses and infirmaries were standard features of monasteries in the Latin West during the early Middle Ages and up through the high and later Middle Ages. During the

---

57. Horden, “How Medicalised Were Byzantine Hospitals?”
early Middle Ages, monasteries were also the exclusive centers of medical learning. The famous early ninth-century monastic plan for the monastery of St. Gall, although never executed, nonetheless reflects the significant charitable role that was envisioned for the monastery, including serving as a “hospitale pauperum” as well as a regular distributor of food and clothing to the poor.  

63 During the high Middle Ages, bishops and monasteries continued to play an active role as dispensers of charity, whether by building new hospitals to house the traveling poor and sick, making regular distributions of bread and clothing to the poor (particularly in ritualized, liturgical forms, such as the *mandatum* on Holy Thursday, when thirteen poor people were received, had their feet washed, and were given alms), or managing hospitals that they appropriated.  

64 However, with the proliferation of new charitable institutions during this period, monks increasingly played only a secondary role in the provision of charity.  

The same cannot be said, however, for nuns and other religious women, many of whom were zealous in their pursuit of charitable and caretaking roles. As Anne Lester has shown, during the late twelfth and thirteenth centuries Cistercian nuns in Champagne were frequently associated with caregiving, which was seen as a defining feature of their spiritual activities. There are numerous cases of Cistercian nuns taking over a struggling hospital or founding a new monastic house next to a preexisting hospital.  

66 Charitable work was also a central element of the beguines’ activities in northern France and the Low Countries, enabling them to marry their spiritual ideals with pressing social needs.  

67 Indeed, some beguinages were founded as hospitals for sick, elderly, or needy women, and outside the beguinages, it was common for beguines to work as nurses for individual women in their homes or in hospitals. More generally, the religious reform movements of the twelfth century and the aspiration to lead an apostolic life gave new energy to the longstanding tradition of religious women serving as caregivers.

66. Lester, “Cares Beyond the Walls”; Lester, *Creating Cistercian Nuns*.
Also central to the emergence of the hospital movement of the twelfth and thirteenth centuries was the growing influence of the canons regular, who sought to revive the apostolic ideal by embracing a life of monastic-like poverty and communal living without withdrawing from the world. These canons regarded pastoral service, particularly to the poor living outside the cloister, as central to the apostolic life and therefore to their mission and identity. The reform of many chapters, including cathedral chapters, which often involved the “regularization” of the canons such that they became subject to the Augustinian Rule, gave new impetus to charitable activity. In this context, the apostolic aspirations of the clergy simultaneously involved a new inward-looking religious discipline as well as outward-looking service to others, evident in canons’ role overseeing hospitals.

The reformer and promoter of the canonical movement, Yves de Chartres (d. 1116), who himself served as head of an abbey of canons regular before becoming the bishop of Chartres and an influential canon lawyer, was particularly preoccupied with the value of almsgiving and performing the works of mercy, as evidenced by his prolific letters (a staggering 298 of which are extant) and sermons, which exhorted monks, canons, and members of the laity to do more to share their wealth with the poor and feed and house the stranger. Yves regarded the canons regular as the ideal managers and moral stewards of charitable institutions. He was instrumental in reorganizing hospitals and leprosaria in various parts of Europe under the aegis of canons regular, and he invoked the charitable and pastoral activities of these canons in claiming their superiority over monks. Some communities of canons regular specialized in caretaking, and the early charitable activities of canons regular also served as models for the new charitable orders that emerged during the thirteenth century, such as the Canons Regular of the Holy Cross (who ran inns for pilgrims and travelers), the Penitents of Saint Mary Magdalen (who sought to reform repentant prostitutes), the Trinitarians and Mercedarians (who ransomed captives), and the Val-des-Écoliers, founded


71. Touati, Yves de Chartres; Touati, “Aime et fais ce que tu veux,” 183–91.
in Champagne in the early thirteenth century by masters and students from Paris to address worldly problems, including caring for the sick poor. In Champagne, the Val-des-Écoliers oversaw hospitals and leprosaria at Meaux (1262), Traînel (northeast of Sens), Reims, and Louppy-le-Château (by 1220), near Bar-le-Duc. The activities of this order are perhaps the most concrete example from this period of scholastics not just giving serious thought to the pressing moral and social problems of the day, such as poverty, but also actively working to alleviate those problems.

Let us consider just one example of a hospital whose foundation was clearly an outgrowth of the ecclesiastical reform movement of the twelfth century. In late December of 1120, the famed Parisian scholastic and reforming bishop of Châlons-en-Champagne, Guillaume de Champeaux, whose most famous pupil (and bitter rival) had been Peter Abelard, must have sensed that the end of his days was near. On Christmas Day, just a few weeks before he made a deathbed conversion to Cistercianism, he composed what was essentially a testament, in which he founded a “hospitalis domus” for the poor, adjoining the cathedral chapter of Châlons. As Guillaume made clear, the foundation of this hospital was directly tied to his desire to curb corrupt customs, including the sale of prebends, the sale or pledging of liturgical vessels from the cathedral’s treasury, the holding of induction banquets for new canons, and the payment of a fee (“feodum”) for new deans and cantors. Among the gifts that Guillaume bequeathed to his new hospital foundation, his testament stipulated that henceforth, whenever a cathedral canon died or departed, the hospital would receive the fruits of the canon’s prebend for “the use of the poor.” It is noteworthy that Guillaume, who decades earlier had converted to the religious life to become a canon regular, did not channel these annates to the Augustinian chapter, but instead chose to use these funds to endow a hospital for the poor. Given Guillaume de Champeaux’s association with the canons regular (and his defense of Saint Bernard of Clairvaux and the Cistercians), it is in some ways not surprising that at the very end of his life he founded a hospital essentially as an act of pious reform, an antidote to the avarice and corruption that he felt was all too ubiquitous.

---

INTRODUCTION

Whereas in some regions, confraternities, guilds, or parishes played a leading role in the provision of charity, in Champagne the principal institutional form of charity during the twelfth and thirteenth centuries were hospitals run by canons regular and lay sisters and brothers, who like the canons, frequently lived according to the Augustinian Rule. These hospitals provide a fascinating window into the intersection of the religious and lay life, a way for lay women and men to participate in the evangelical and fraternal life alongside the clergy. Indeed, both the growing desire of the laity to devote themselves to charitable service and the increased “regularization” of lay women and men who worked in hospitals—the hospital sisters and brothers—often reflected the inspiration of the canons regular. Jean de Montmirail, for example, who was a Champenois lord and counsellor to King Philip Augustus, decided, after befriending a canon regular, to abandon the life of the court and build a hospital near his castle, where he and his wife would care for the sick and leprous.75 Here, too, Yves de Chartres played a leading role not just in promoting the canonical life but also in carving out what François-Olivier Touati has called a “third way,” a religious life open to lay women and men who wished to devote themselves to caring for the poor without the constraints of becoming a canon, monk, or nun.76 The Augustinian Rule, which was the most widely observed rule among the canons regular, provided the ideal structure, flexibility, and charitable spirit for institutions that cared for the needy and the vulnerable.77 Yet, as Touati has rightly warned, we should not assume that hospitals that were, at least on the surface, “Augustinian” shared any institutional ties with each other or were part of an organized network. It was common for hospitals to draw on monastic vocabulary and inspiration without being administratively connected.78

The creation of hospital orders associated with the crusading movement may also have contributed to the popularization of hospitals as religious and charitable institutions worthy of benefaction in the Latin West.79 The Knights of Saint John, or Hospitallers, founded in Jerusalem before the Latin

76. Touati, Yves de Chartres, 15, 58, 79.
77. Touati, Yves de Chartres, 19, 55–56.
79. Questions have been raised about the possible mutual influences between Islamic, Byzantine, and crusader hospitals. While it is likely that some crusader hospitals were influenced by existing bimaristans in the Levant, the bimaristan al-Salahi in Jerusalem was partially built on the grounds of the Christian hospital of Saint John of Jerusalem. See Ragab, Medieval Islamic Hospital, 59.
conquest of the city, were originally established to house and care for pilgrims, and even after the order became militarized, it continued to manage a large network of hospitals not only in the Levant but all over Latin Christendom as well, including in Champagne. Reflective of the influence of the crusading movement on hospitals in the West, it was common for hospitals in Europe to be dedicated to the Holy Sepulchre or to Saint John the Baptist, the name of the Order’s famous hospital in Jerusalem. There is some debate about the extent to which the Templars engaged in charitable activities in the Latin West, but it is clear that some Templar commanderies were established in preexisting hospitals, that hospitals were at times placed under the protection of Templars, which occurred in Champagne, and that such hospitals served as a source of income for the Order. In France and elsewhere in Europe, the military orders helped shape the urban landscape of the twelfth and thirteenth centuries, engaging both in the pastoral ministry and a range of charitable activities (which included involving members of the laity, through their orders’ lay confraternities, in the provision of charity) as well as participating actively in the new urban economy. Far less well known are the networks of hospitals managed by canons from particular churches in the Levant, such as the Church of the Nativity in Bethlehem.


and the Church of the Annunciation in Nazareth, both of which possessed dependent hospitals in Champagne. Although hospital orders and churches based in the Levant possessed dependent hospitals in the Latin West, it is not clear that the line of influence for the hospital movement in the West came principally from the Levant. Indeed, Jean Richard has argued that hospitals in the West also exerted their own influence on Levantine hospitals.

The twelfth and thirteenth centuries were clearly the golden age for new hospital foundations in the Latin West, and many of these hospitals were not attached either to a monastery or to a bishop’s palace. Champagne very much reflects this trend, with hospitals being founded during this period by counts and countesses, aristocrats, cathedral chapters, and various kinds of monastic houses. In charting the remarkable scale of leprosaria and hospital foundations during this period, François-Olivier Touati has documented the massive wave of leper hospitals that swept across Europe as early as the eleventh century, somewhat earlier than the foundations of general hospitals for the sick poor during the twelfth and thirteenth centuries. Leprosy was considered a permanent condition, with lepers being required to take religious vows upon being received in a leprosarium. The majority of Europe’s leprosaria were very small, many containing only one or two lepers, with the number of personnel often outnumbering the lepers. In contrast, those admitted to general hospitals were regarded as temporary guests, and many hospital statutes barred entry to those with chronic conditions, such as leprosy, a disability, or chronic illness, fearing that these individuals might never leave and would pose a permanent financial strain on the institution. The sick and poor in hospitals generally outnumbered the personnel, although

84. Jean Richard, “Hospitals and Hospital Congregations in the Latin Kingdom During the First Period of the Frankish Conquest,” in Outremer: Studies in the History of the Crusading Kingdom of Jerusalem, ed. B. Z. Kedar, H. E. Mayer, and R. C. Smail (Jerusalem: 1982), 89–100. The regular canons of Nazareth had dependent hospitals in Chambry, Evergnicourt (until it was later transferred to the hospital of Laon), Pierrepont-en-Laonnois (until it was turned over to the bishop of Laon), and Chappes. The bishop of Hebron also established the hospital of Saint-Abraham in Troyes in the twelfth century. See also Brodman, Charity and Religion, 172–74.


86. Unlike in other parts of France and Europe, Champagne does not seem to have had hospitals that were founded or run by town officials.


88. Touati, Maladie et société, 380.
there were certainly a good number of tiny rural almshouses that might contain only one or two guests.

**Interpretative Approaches to Understanding Charitable Practices**

Scholarship on medieval charity has been influenced by a broader anthropological literature on the meaning of gifts. Scholars have examined how the practice of giving gifts promoted social bonding, enforced social cohesion among the aristocracy, and reinforced personal ties. How much social and physical distance separated givers and takers? How did the process of giving and receiving affect the social dynamic and power relations between different groups, either to reaffirm hierarchy and deepen social divisions or to undermine them? Some scholars, meanwhile, have argued that preindustrial charity functioned as a kind of strategy and social negotiation between elites and the poor, part of a broader pattern of reciprocity and exchange, since there was almost always an expectation on the part of the giver to receive something in exchange for a gift, thereby placing pressure on the recipient of the gift to repay the donor. It is clear that charitable practices and the emergence of charitable organizations were not merely responses to demographic changes or greater demands from those in need of assistance. Rather, the practice of charity often reflected developments in patronage networks and divisions among social elites, including conflicts over family wealth or competition over prestige.

This book addresses many of these important questions, paying close attention to the language of gifts, counter-gifts, and service, and traces

---

89. For a critique and “problematization” of some of the anthropological models for explaining gift-giving during the early Middle Ages, see the edited collection, Wendy Davies and Paul Fouracre, eds., *The Languages of Gift in the Early Middle Ages* (Cambridge: Cambridge University Press), 2010. See also Eliana Magnani, ed., *Don et sciences sociales: Théories et pratiques croisées* (Dijon: Éditions de l’Université de Dijon, 2007).


records of earlier gifts and transactions between the same parties. A systematic analysis of the bequests made to Champagne’s hospitals, the identities of donors, and other types of transactions involving these hospitals reveals that gifts to hospitals were rarely one-way transfers but rather often multidirectional and at times multi-generational, often involving the building and nurturing of long-term relationships. While drawing on a rich, anthropologically informed literature, the arguments in this book remain grounded in the particular social and cultural context of medieval Champagne. The universalist Maussian model of gift exchange clearly cannot be applied to all societies, since charitable practices and the motivations underlying them are highly variable and are tied to particular social, cultural, and institutional forces. Nor can we simply apply the latest findings from the field of neuroscience, which suggest that most humans are biologically hardwired to be altruistic, a sharp departure from the long-received *homo economicus* model of human nature which assumed “rational,” narrowly self-interested behavior as the norm.\(^9^3\) Even if we now know that to provide care to a needy stranger or to voluntarily give up one’s property does not run counter to human nature, there is compelling evidence that these are learned behaviors fulfilling the particular social roles of a given community. The nature and scale of charitable practices has varied across space and time, and the challenge is to explain how so and why.

Another historiographical trend in the study of medieval charity has been a shift away from focusing on the institutional provision of charity to instead consider the role the poor themselves played in the provision of welfare services and the systems of support they relied upon from family members, friends, and neighbors.\(^9^4\) In her study of the survival strategies employed by the poor in thirteenth-century Paris, Sharon Farmer used an inquest into the posthumous miracles of Saint Louis to reconstruct the daily lives of the poor witnesses to and the beneficiaries of alleged miracles. When a

---


forty-two-year-old widowed Parisian laundress became paralyzed in 1272, for instance, she received assistance from a circle of female friends, who not only helped dress and feed her but also took her to Saint Louis’s tomb in Saint-Denis in the hopes that she would be cured, as she allegedly was. While the focus of the present book is on the people who received institutional care as well as on those who worked in and supported these institutions, the issue of neighborly and familial support nonetheless arises frequently, since hospitals were very much part of other networks of care. Moreover, some of the very recipients of familial or neighborly care who appeared in Farmer’s study also received institutional care. Hospitals were not remote and foreign entities that the sick and poor turned to only in dire need or when one lacked familial assistance. One might have a relative or friend who worked in, had spent time in, or even supported the local hospital, and the person who turned to a hospital for temporary assistance might well have interacted at an earlier point with the hospital in some capacity, receiving a distribution of food or clothing, purchasing something at one of the hospital’s stalls at a trade fair, or even hearing Mass in the hospital’s chapel. In short, this book, which is just as much about individuals, families, and neighborhoods as it is about institutions, demonstrates that there was not as stark a divide as is sometimes suggested between familial or neighborly forms of support and what we think of as institutional forms of charity.

Reconstructing the motivations behind charitable activity, while notoriously difficult to do, is crucial for understanding social relations and the medieval mentalité. In trying to understand medieval charity, scholars have considered the mingling of self-interest and self-sacrifice, of paternalism and humility. While some have argued that charity was principally spurred by economic and material forces and a burgeoning urban culture, others have suggested that developments in spirituality and devotional culture are central to understanding what charity meant to its practitioners. Was medieval charity embedded in a larger culture of reciprocity and exchange? Or was it primarily a reflection of religious devotion and an attempt to secure salvation by imitating the life of Christ? Did it represent neighborliness and concern for the less fortunate, or was it instead an assertion of power, a way to elevate one’s social status and affirm existing hierarchies of power?

Underlying these questions about what lay behind medieval charitable practices is a fundamental disagreement over just how charitable medieval society was. Some have expressed skepticism that medieval charity was ever

performed without an expectation of reward. Miri Rubin is surely right in observing that “Charity cannot be satisfactorily understood as a purely altruistic act since gift-giving is so rich in rewards to the giver.”96 Teofilo Ruiz, however, has gone even further. First, in his study of medieval northern Castile, he argued that charitable bequests generally represented a tiny proportion of overall bequests and appeared “as an afterthought” to the testators, who were generally far more focused on “secular concerns,” such as their family, friends, and business obligations.97 Second, Ruiz has challenged the notion that limited, “ceremonialized” giving even constituted a form of charity, since it was so routinized: “It was bread and vestments given without love. It was not charity.”98 Far from bringing benefactors and recipients of charity together, “ritualized giving,” according to Ruiz, “reaffirmed the existing social distance between rich and poor, reminding those receiving charity of their place in a well-defined hierarchy of eating and dressing.”99 By highlighting the instrumental aspects of medieval charity, scholars have at times echoed the suspicion with which Enlightenment philosophes viewed religious charity as a form of outright égoïsme, stemming solely from the giver’s concern with his or her own social status and prospects for salvation (as opposed to the recipient’s material or spiritual state).100 What this explanatory model ignores, however, is that a donor’s concern with his or her own salvation or social status could easily coexist with genuine concern for the recipient’s material or spiritual state.101 Rarely can human behavior be reduced to a simple explanation or single cause, such as power, gender, status, or piety. Charity is and was an inherently complex and multi-layered phenomenon.

Unlike much of the work done on medieval charity, this book does not regard giving as merely ceremonial or as a self-serving, calculated display of the giver’s power and prestige. Rather, I contend that multiple factors and motivations could simultaneously be at play in charitable giving and service.

---

96. Rubin, Charity and Community, 1.
100. Whereas the philosophes associated religious charity with égoïsme, they argued that bienfaisance represented a more pure, selfless form of altruism, in large part because it was stripped of religious values. See Colin Jones, Charity and Bienfaisance: The Treatment of the Poor in the Montpellier Region 1740–1815 (New York: Cambridge University Press, 1982), 2–3.
101. For a fuller discussion of these issues, see Adam J. Davis and Bertrand Taithe, “From the Purse and the Heart: Exploring Charity, Humanitarianism, and Human Rights in France,” French Historical Studies 34, no. 3 (Summer 2011), 413–32.
including religious devotion. While it is difficult to know what moved a particular donor to make a bequest or decide to join a hospital community, I pay close attention to the language of charters, the parties involved, and the circumstances of these decisions. Wherever possible, I try to reconstruct the relationship between a donor and a hospital and the particular context for a gift or a decision to join a hospital community. While closely examining the particular circumstances and relationships that may have informed an individual’s choices and interactions, I also consider the spiritual and devotional dimensions of charitable service and giving.

The medieval culture of reciprocity and exchange was just as evident in devotional practices as in the marketplace. Yet it would be unfair to impose our own modern discomfort with “the economics of salvation” onto the people of the past or to cynically cast aspersions on the motivations behind their pious gifts. As is true of all historical inquiry, our task is to understand what charitable giving and service meant to them. Peter Brown has observed that while early Christians in the West viewed wealth as a conduit between this earthly world and the heavenly world to come, many people living in the twenty-first century are reflexively made uncomfortable by Jesus’ suggestion to the rich young man in Matthew 19:21 that almsgiving might bring about the transfer of treasure to heaven. For well over a millennium, however, this notion was considered “a metaphor to live by.” As Brown has put it in describing the late antique religious imagination, almsgiving was understood as being like the “paradoxical joining of heaven and earth, of base money and eternity, and of God with humanity.” While drawing on a long intellectual tradition that stretched back to the Hebrew Scriptures, the commercialization of charity in the religious imagination of thirteenth-century Christians also reflected the commercial and monetized economy of their own day. For medieval Christians, almsgiving was in some respects seen as another economic transaction that involved exchange, like buying, selling, exchanging, or lending property or money. What differentiated almsgiving from these other economic transactions, however, was the possibility of its being spiritually redemptive.

The county of Champagne, southeast of Paris, provides an excellent case study for addressing these issues. There is unusually abundant documentary evidence.

103. Brown, Ransom of the Soul, 30.
104. Brown, Ransom of the Soul, 32.
105. Bain, Église, richesse et pauvreté, 368–69.
INTRODUCTION

evidence for the many Champenois hospitals founded during this period. Until now, no one has utilized these many documents—hundreds of single-sheet charters (records of property dealings), lengthy cartularies, hospital statutes, donor and personnel records, visitation records, financial inventories and account books, and comital records—that exist for the dozens of hospitals in Troyes, Provins, Bar-sur-Aube, Nemours, Meaux, Châlons, and Reims. These rich, untapped sources help illuminate the identity of hospital donors, the economic power of hospitals, the nature of hospital religious life, the life details of the personnel, the annual expenditures on a hospital’s food and supplies, and even the use and organization of a hospital’s space. A careful analysis of these sources reveals how embedded hospitals were in the wider social, cultural, religious, and economic fabric of Champagne.

At the center of this story about the charitable practices and institutions in medieval Champagne are the counts and countesses and other members of the aristocracy who served as significant institutional benefactors. However, the largesse of the urban bourgeoisie and various kinds of clerics, ranging from parish priests to cathedral canons, was also critical and reflects the democratization of charity during this period. Since Champagne was such a hub of monastic life, particularly reformed monasticism, using the county as a case study permits us to consider the relationship between contemporary monastic currents and the hospital movement. How did the foundation (and reform) of chapters of canons regular in Champagne contribute to the institutionalization of charity? Finally, how did the county’s economic prosperity—a product of its role as an international center of commerce and banking, featuring annual trade fairs, a constant flow of people and goods, and a mint that produced the dominant coin of international commerce—sustain this culture of charity?