The Medieval Economy of Salvation

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Chapter 5

“In Service of the Poor”

Hospital Personnel in Pursuit of Security

In the main, the martyrological obituary for the hospital of Provins is a dry, administrative document, recording the dates of death for the hospital’s donors and personnel. There are scant words of affection, and those that are there are generally reserved for someone like Praxedis, “our sister and the prioress of our house, who for a long time, faithfully worked in the service of the poor.”¹ But there are also some unusual entries that provide clues as to the wide range of people who provided services to the hospital. There is the entry for a certain Bernard, “who for a long time faithfully buried the bodies of the poor, and provided service around them to those in charge of them.”² There is also mention of Master Jean Furnerius, a physician (“phisicus”), who also appears as a witness in 1281 and 1283 in the hospital’s cartulary.³ This is one of the rare mentions of a physician in a French hospital before the fourteenth century. Unlike the vast majority of hospitals, the hospital at Provins might have

² Obituaires de la province de Sens, 1:940; AD: Seine-et-Marne: 11Hdt/ C5, fol. 35v.
Figure 4. The martyrological obituary for the hôtel-Dieu of Provins (1250 with later additions). Archives départementales de Seine-et-Marne: 11Hdt/C5, fol. 97.
been able to provide at least some medical care from a trained physician. The hospitals, which by the late twelfth and thirteenth centuries dotted the European countryside and were regular features of most cities and towns, could not have functioned without a staff of devoted workers of various kinds, from the chaplains who celebrated Mass and heard confession, to the sisters and brothers who cared for the poor and sick, to the paid maidservants who laundered the bed linens and clothes, to the serfs who cultivated the hospital’s land. Medieval hospitals were unusual religious institutions in the degree to which they were mixed, often including chaplains, lay brothers and sisters, servants, serfs, and *donati* (or corrodians) who, as the name suggests, gave themselves and their property to a hospital so as to be associated with the works of mercy performed there.

As this chapter will show, there was a good deal of variety in the makeup of a hospital’s personnel. Within the larger, wealthier, and better documented hospitals, such as those in Troyes, Provins, and Bar-sur-Aube, the personnel were strikingly diverse in terms of the social classes represented, the workers’ place of origin, the kinds of tasks they were charged with doing, and the reasons to join a hospital in the first place. This chapter contends that it was piety and a pursuit of security that underlay the inspiration to serve in hospitals. Some workers were clearly attracted by the opportunity to perform the works of mercy and acquire the spiritual rewards associated with these works. As preachers sought to remind hospital communities, serving the sick poor was not any ordinary work, but a penitential expression of piety, rich in the possibilities it offered for spiritual rewards. Joining a hospital community represented an attractive religious alternative to taking holy orders (in the case of men) or taking formal monastic vows, although the brethren in hospitals that followed the Augustinian Rule did take vows. In the eyes of the laity, however, living a religious life in a hospital would have been less religiously stringent than what was expected in most monastic houses. And if, as medieval *exempla* frequently suggested, helping the poor and sick was understood as providing assistance to Christ, disguised as a poor or suffering hospital guest, then joining a hospital community held that additional lure. The examples of recent charitable saints, many of whom had worked in

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hospitals, and the growing sanctification of charitable service more gener-
ally would also have motivated some women and men to follow these saintly
examples. In addition, however, this chapter reveals that joining a hospital
community also represented a way to obtain greater social and material secu-
ry. Hospitals housed, clothed, fed, prayed for, and in some cases even paid
some of their workers. By being part of a fraternal, caritative community,
one essentially lived with the guarantee of being cared for if one became
too infirm or frail to continue working. Moreover, some who joined a hospi-
tal’s community may already have had certain physical needs at the time of
their joining. In short, as this chapter will illustrate, the boundaries between
those giving and receiving assistance in medieval hospitals were remarkably
permeable.

The hospitals in Champagne that are the focus of this book were mostly
independent in the sense that they did not belong to a hospital or religious
order, such as the Hospitalers, Antonines, or Trinitarians, although they
were often located in towns and cities where there were hospitals affiliated
with such orders. Unlike in England, where the religious and constitutional
status of hospitals tended to be dictated by the founder’s wishes, many north-
ern French hospitals, such as the ones in Champagne, adhered to a more
monastic-like model, drawing their inspiration (if not their observance) from
the Augustinian Rule.\(^5\) This monastic influence is evident in the statutes that
were composed, including those for the hospital of Provins and the hôtel-
Dieu-le-Comte in Troyes.\(^6\) Moreover, during the thirteenth century, ecclesi-
astical reformers in northern France sought to regularize hospitals that were
under episcopal jurisdiction, subjecting them to stricter religious discipline.
Did the increasing institutionalization of charity, largely imposed from the
outside by bishops, undermine the charitable ethos or provide the structure
needed to have this ethos realized?

**The Inspiration to Serve**

It is difficult to reconstruct the roles that the medieval hospital personnel
played, since there are no narrative accounts of life inside these institutions.
In Guillaume de Saint-Pathus’s account of the miracles associated with
the tomb of Saint Louis, he relates that when Jehanne of Serris, who was

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\(^5\) On the constitutional status of English hospitals, see Watson, “Fundatio.”

\(^6\) Le Grand, ed., *Statuts d’hôtels-Dieu*; Le Grand, “Les maisons-Dieu: Leurs statuts au XIIIe siè-
paralyzed, spent time at the hôtel-Dieu of Paris, the sisters made crutches for her and helped her get out of bed and walk to the altar. The late medieval statutes for the hospital of Saint-Nicolas du Bruille, in Tournai (1460), described the experience of hospital work in rather bleak terms:

You will be called upon . . . to attend the sick day and night, often to assist them to rise, to tolerate their infirmities, their filth and their vermin, to endure harsh words and answer them gently; you will often have to fast, often confess that you are at fault and be harshly admonished, and you will have to bear this with grace and without rancour and suffer for the love of God. . . . You will have to get up when you want to sleep, rise when you are exhausted and want to rest, work when you long for recreation.

The author of these statutes made no attempt to gloss over the self-sacrifice involved in working at a hospital. Rather, the statutes sought to communicate what was expected of the hospital personnel. Why would anyone have volunteered for this kind of burdensome work?

One explanation relates to hospitals’ employment of women and men who themselves needed help. Guillaume de Saint-Pathus’s account of the miracles associated with the tomb of Saint Louis includes the story of a certain swineherd named Moriset, who hailed from Poitiers. When Moriset developed a leg paralysis, he sought help from his stepmother, who, after the death of Moriset’s father, had worked as a maidservant in the hospital at Saumur. When Moriset arrived at the hospital, he discovered that his stepmother had herself recently died, but finding his half-brother there, Moriset decided to stay at the hospital and remained there for about three months.

Hospitals, in short, could provide much-needed employment to a woman like Moriset’s stepmother, who had suddenly become widowed. That Moriset and his half-brother would turn for assistance to a hospital where their mother (or stepmother) worked also illustrates that institutional and familial support were not mutually exclusive. Hospitals could bring together several members of a family in need of assistance or employment.

Religious piety was another motivation for devoting one’s life to working in a hospital, and this seems to have been particularly true for aristocratic and royal women, as illustrated by the examples of Elizabeth of Hungary and Marguerite of Burgundy. As Lynn Courtenay has written, “Following the Gospels and the spirit of the *imitatio Christi*, the true follower of Christ was morally obliged not only to give alms, but also actively to serve the poor. Given this mentality, the rich became (demonstratively, as in the public piety of St. Louis) the servants of the poor. Menial tasks done with love and tenderness toward the afflicted and infirm (such as feeding, cleansing, dressing wounds, washing feet, and so on) became valuable currency in the ‘economy of salvation’ and part of the ritual of piety associated with hospitals.”

The documents associated with Saint Elizabeth of Hungary (daughter of King Andrew II of Hungary), who founded and worked in a hospital for the poor at Marburg in Thuringia, demonstrate that some understood hospital work through a devotional lens. These concrete descriptions of Elizabeth’s activities in the hospital give a sense of the day-to-day roles of the personnel who worked there. Admittedly, the descriptions of Elizabeth’s hospital work in many ways embodied the hagiographical genre of the “servant-saint,” particularly her selfless devotion to the sick and poor. One can well imagine how the reputation of “servant-saints,” especially those who were known to have personally worked with the sick and poor in hospitals, might have served as role models for hospital workers, particularly for hospital sisters, and may even have inspired some lay women to join a hospital’s staff. In addition to Saint Elizabeth, there were female saints from more modest backgrounds, like Ubaldesca da Calcinaia (d. 1206), a lay associate who, at age fourteen, came to Pisa where she begged for alms, lived an ascetic life, consuming only bread and water, and provided assistance to sick nuns in the female hospital of San Giovanni, in Pisa, a hospital affiliated with the Hospitaller Order.

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11. In addition to hagiographical accounts of Elizabeth’s life, another valuable source is the witness testimony that was part of canonization inquests that occurred just after her death in 1231. See Ancelet-Hustache, *Gold Tried by Fire: The Life and Afterlife of St. Elizabeth of Hungary: Testimony from Her Canonization Hearings*, trans. Kenneth Baxter Wolf (New York: Oxford University Press, 2010).


The reputations of saints like these set a new standard for what constituted holiness, linking the works of mercy to the apostolic life. These saints not only helped popularize the Christian ideology of charity discussed in chapter 1 but demonstrated that an apostolic life devoted to charity could be well suited to lay women—even members of a royal family.

Indeed, the charitable example of Elizabeth of Hungary, along with the pious and charitable role models among the French nobility of the time, helped inspire Marguerite of Burgundy, who was also from a royal family (she was Queen of Sicily and Jerusalem and hereditary Countess of Tonnerre). After becoming a widow (she had been the wife of Charles of Anjou, the brother of King Louis IX) at the age of thirty-six, Marguerite decided to remain single, and in 1293 she founded the hospital of Notre Dame des Fontenilles on her property in Tonnerre, where she lived out the rest of her life and where she was buried. In the hospital’s foundation charter, Marguerite made clear that her donation was motivated both by the biblical injunction to imitate God’s mercy and by a desire to earn eternal life, the ultimate “recompense”:

We, Marguerite, by the grace of God, Queen of Jerusalem and of Sicily, countess of Tonnerre make it known . . . that we, considering the word of the Gospel where one reads: “Be merciful always, as your Father is merciful!” And considering the mercy of our Father . . . , in order not to be judged ungrateful or displeasing to God, having compassion for the poor of Jesus Christ, and wishing to obey the Gospel . . . not only because we ought but also because it is within our means and desire to extend corporeal mercy . . . with the aspiration of receiving the recompense promised in the Gospel to all those who are merciful [that is] to receive eternal life, and to avoid the pain of those who are punished and who were not merciful, namely, the eternal fire, found a hospital or “maison-Dieu,” and we establish it at Tonnerre in the street of the said place called Fontenilles.

As Lynn Courtenay has observed, what made Marguerite different from most other female patrons of religious houses was “her long-term physical participation in the works of mercy.”\textsuperscript{17} To ensure that she was involved in the day-to-day caring for the “poor of Christ” herself, Marguerite had the hospital ward connected by stairs and an outside corridor to the castle where she lived. She continued to live as a secular countess in a conventional aristocratic household even while assisting with the hospital’s care of the poor and sick.\textsuperscript{18} Overseeing the hospital were a master, four chaplains, four choirboys (who


\textsuperscript{18} Marguerite was not the only royal or aristocratic woman to establish a hospital within her own residence. She may have been emulating Countess Jeanne of Flanders, who in 1232 created a hospital within her residence in Lille, later known as the Hospice Comtesse. Jeanne’s sister, Marguerite, who succeeded her as countess of Flanders, also went on to found a hospital, this one within the comital palace in Seclin. See Grant, “Royal and Aristocratic Hospital Patronage,” 109.
were to receive instruction in grammar and music at the hospital), a magistra, and between twelve and twenty sisters.  

The hospital ward, which, with the adjoining chapel, was one hundred meters long, had forty alcoves for beds, and was able to hold up to eighty poor and sick guests, making it an unusually large hospital. Above the entrance portal to the hospital was a sculpted representation of Christ performing a blessing, welcoming those who entered the hospital. Inside the narthex porch stood a sculpted depiction of the Last Judgment, reminding those who worked in the hospital that performing the works of mercy might save them from eternal punishment. There were four altars in the hospital chapel, with the central one dedicated to the Virgin Mary and the other three dedicated to John the Baptist, Mary Magdalene, and Marguerite’s near contemporary, Elizabeth of Hungary.  

The hospital’s decorated glazing and painted walls also contained secular imagery and symbols of aristocratic patronage, an indication of the way that Marguerite’s vision of a hospital embodied both lordship and religious charity.  

Several model sermons from northern France that were directed at hospital audiences illustrate how preachers and reformers sought to reaffirm the importance of hospital work and inspire those working in hospitals to perform the works of mercy with piety and compassion. Preaching was a common occurrence in hospitals not only by members of a hospital’s own religious community but also by outside visitors, and it represented an important opportunity for moral and religious edification. The sermons a hospital’s personnel would have heard illustrate how preachers sought to exhort, commend, comfort, and correct these workers. Sermons thus provide a window into the particular moral and religious environment of these houses of mercy, showing the ways that the themes of a sermon both shaped and were shaped by the particular social context of the preaching. Some of the northern French “ad status” sermon collections—containing sermons addressed to particular types of audiences—include sermons directed to hospital workers. These sermons may well have served as material (or “talking points”) for sermons that were preached in Champagne’s hospitals during the thirteenth century.

One of the central messages of these sermons was the penitential power of works of mercy, which may suggest both why some women and men devoted their lives to working in hospitals and why these institutions were such popular objects of benefaction. Surely one way for an outside preacher to win the favor of a community of hospital workers was to persuade them that he appreciated the difficulties of their daily lives. In an *ad status* sermon directed at those working in hospitals for the sick and poor, the French Dominican, Humbert of Romans, reassured his listeners that of all the works done in the service of the Creator, the works of mercy surpassed them all, and the greatest work of mercy was that of helping the sick poor in hospitals. In a passage that is noteworthy for its scholastic divisions—despite being intended for a popular audience—Humbert enumerated the heavy demands and sacrifices that nursing entailed:

Nurses of poor patients do works of mercy through the sense of touch, when the patient is lifted, or put down, or taken out to the lavatory, or brought what he needs, or has his bedclothes taken off, or put on, and when he is dressed and undressed, and so on. They do it through the sense of sight by comforting him with compassionate looks. Again, they show mercy through the sense of hearing by patiently putting up with their charges’ impatient remarks, and the groans at night which stop people sleeping. And they show it through taste, too, when the nurse misses a meal, as happens sometimes, to look after a patient. . . .

Thus nurses show mercy through all five senses.  

Humbert here was seeking to convey to the hospital brothers and sisters what was expected of them and that he fully grasped the burdens that were inherent in their job.

Preachers may have felt a need to reassure hospital workers of the value of their work so that they did not get discouraged by those who spoke ill of them. This seems to have been the case in a sermon that the secular master Gérard of Reims preached at the hôtel-Dieu in Paris. In discussing the ways that “denigrators” seek to negate all that is good, Gérard cited the example of a denigrator who cynically interprets charitable activity (giving alms, feeding a poor person, lifting or putting him or her to bed) merely as an

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attempt to win praise. By invoking this particular example, Gérard may have been trying to combat a kind of cynicism that some hospital workers had encountered or likely would encounter. At the Council of Paris in 1213 and the Council of Rouen in 1214, there had been criticism of the lay men and women, including married couples, who entered hospitals and leper houses under the pretext of religion so as to escape the power of secular lords and exploit the charitable resources of these institutions. It was in the context of these kinds of criticisms that Gérard sought to bolster the spirits of his listeners.

In addition to linking works of mercy to God, preachers also used various analogies to equate God/Christ with both the charitable hospital worker and the poor or sick hospital resident. By representing the poor and sick in the image of Jesus, preachers sought to galvanize hospital workers to help the less fortunate. As we saw in chapter 1, by the thirteenth century it was increasingly common in devotional art, literature, and sermons to emphasize the humanity and suffering of Jesus and to associate him with the beggar and leper. Preachers told hospital workers that they could help Jesus and draw spiritually closer to him by helping the pauperes Christi. As Guillaume de Chartres put it in a sermon in Paris, “We ought to receive Christ in our arms through good works, especially through works of mercy, by leading them [the poor] to our house and serving and warming them. Then may we dwell near the same Christ, when we support the poor with our arms.” Humbert of Romans sought to dramatize the reciprocal relationship linking God, those who worked in hospitals, and the sick and poor they served: “the Lord will restore those who restore His sick in His name.” As another thirteenth-century preacher put it, just as a king must pay his soldiers in order to win battles, so too must the ordinary Christian help the poor so as to be able to overcome the flesh, the world, and the devil. “The poor,” he proclaimed, “are our soldiers.” Thus, a work of mercy might bestow as much benefit on the one performing the work as the recipient of the mercy. This notion was dramatized by the vita of Hugh of Lincoln, written by Adam of Eynsham, which contrasted Saint Martin, who had allegedly healed lepers by kissing them, with Hugh, who had reportedly been healed of his own sickness of

26. On the notion of Christus quasi leprosus, see Rawcliffe, Leprosy; Farmer, “Leper in the Master Bedroom.”
27. Bériou, L’avènement, 339n176.
spirit by kissing lepers. A fundamental principle of the economy of salvation, in other words, was that the act of doing works of mercy could be spiritually curative and salvific for the person performing the charitable service.\textsuperscript{30}

The Franciscan Guibert de Tournai, who drew heavily on the ideas of Jacques de Vitry, made mercy the central theme of his \textit{ad status} sermons directed “to servants and hospitallers.”\textsuperscript{31} In the \textit{thema} of his first sermon to hospital workers, Guibert quoted Micah 6:8 to assure his listeners that by doing works of mercy they were fulfilling God’s expectations: “I will show you what is good and what the Lord requires from you, especially to do justice and to love mercy and to walk solicitous with your Lord.”\textsuperscript{32} In his discussion of mercy, Guibert seemed especially interested in exploring the theme of dependency and love, and he drew a parallel between the dependency of humans on God and the dependency of the sick poor on the brothers and sisters of a hospital. Guibert told the hospital workers that by helping their neighbor—the sick poor—they were helping God. But Guibert then went further, stressing the importance of motivation and intention in a charitable act. Above all, the Franciscan insisted that works of mercy be done out of love, and that this love of one’s neighbor grow out of God’s love for us: “Because works of mercy are worth little unless love of neighbor is established in the conscience, let him therefore take the form of Him who loves us, and from His love, the works will pay us mercy.”\textsuperscript{33} Guibert then drew on the metaphor from Proverbs 19:17 discussed in chapter 1 in which charity is described as a loan to God. Here, Guibert, specifically applied this metaphor to the works of mercy performed by hospital workers and quoted one of Saint Augustine’s sermons in which Augustine had imagined Jesus speaking: “You had me as a lender; make me a debtor so that I may have you as a lender.”\textsuperscript{34} Performing works of mercy was one form of lending that a Franciscan like Guibert could unhesitatingly embrace, and he exhorted his

\begin{itemize}
\item \textsuperscript{31} Paris, BnF MS lat. 15941, f. 273v–273r; 275r–277r; 277r–278v.
\item \textsuperscript{32} Paris, BnF MS lat. 15941, f. 276r: “Quia parum valent opera misericordie nisi diletio proximi solidetur in mente, conformatur igitur ei qui nos diliget et ex dilectione sua nobis misericordiam impendent.”
\item \textsuperscript{33} Paris, BnF MS lat. 15941, f. 276r: "Augustinus in parabola domini, 'habuisti me largitorem, fac me debitorem ut habeam te feneratorem." See Augustine, Sermon 123.5.5, in Patrologia Latina, vol. 38, 686.
\end{itemize}
listeners to be lenders to God by caring for the *pauperes Christi*. By building up credit with God before their death, hospital workers, just like hospital donors, might hope to shorten the time they spent in Purgatory.

In one of his *ad status* sermons directed to the hospital personnel, perhaps based on the kinds of sermons that he had already preached in hospitals in various parts of Europe and the Near East, Jacques de Vitry praised the *hospitalarios* for being living examples of humility and charity, and he then told them that in helping the poor and sick, they were “refreshing Christ in his members every day, choosing to be abject in the house of the Lord [*domo domini*], that is, in a hospital.”

“Spiritually,” he told the hospital workers, “it is said that you are the mother of Christ for whom you feed and nourish Christ in his members.” Here Jacques was playing with the idea of hospital workers being maternal, like Jesus’ mother, in nourishing the body of Christ through his “members,” the sick poor. By “refreshing Christ in his members,” it was believed that hospital workers nourished the fullness of Christ’s body both in head (Christ) and members (Church). The *thema* for this sermon was from Psalms 41:1, “Blessed is the one who considers the destitute and the poor. On the day of trouble the Lord will deliver him.” Other biblical verses were cited, such as Matthew 25:40, a popular verse in sermons dealing with works of mercy: “Whenever you have done this for the least of my brethren, you have done it to me.” The intended lesson was that in showing charity to a neighbor, one was in fact doing charity to God. If hospital workers were persuaded that those they cared for were literally stand-ins for Christ, they might be more likely to treat hospital guests like their lords, as some hospital statutes enjoined them to do.

If this was not enough of a motivation, though, Jacques de Vitry went on to suggest that the more the hospital workers suffered and sacrificed in their works of mercy, the more they would please God and earn salvation. As the lives of the saints demonstrated, the works of mercy represented a powerful form of self-mortification and were considered a central part of the penitential system. The most heroic works of mercy were those that were most revolting and involved the greatest sacrifice, such as the kissing of lepers. Moreover, by enduring the stench of hospitals, the brothers and sisters would obviate the need to experience the far worse stench of Hell: “Indeed, it is useful to sustain a moderate stench so that you will be strong enough to...”

avoid the stench of hell.” 38 In his *Historia occidentalis*, which Jacques de Vitry wrote only a few years after the Fourth Lateran Council of 1215, he sought to lay out his vision for the implementation of the new religious and moral reforms. 39 As part of this vision of reform, he singled out hospital work, when done well, as a “holy martyrdom”:

The more abject they are in the Lord’s house [*domus Dei*] upon the way, the more exalted position they will attain in their [eternal] homeland. Because they frequently endure so many of the sick’s filthinesses and the nearly intolerable assault of [various] stenches, inflicting injury upon themselves for Christ’s sake, I believe that no other kind of penance is comparable to this holy martyrdom, precious in God’s sight. The Lord will transform the odors of these squalors, which they use like manure to fertilize their minds for bearing fruit, into precious stones and instead of a stench there will be a sweet fragrance [in heaven]. 40

The correlation that Jacques drew between the misery of hospital work and the heavenly reward that would follow was a popular theme in hospital sermons. On the eve of Pentecost, 1273, in the hôtel-Dieu of Paris, the Franciscan Simon the Norman reassured his listeners that on Judgment Day, the ultimate reward would be bestowed on those who had endured many tribulations “and done works of mercy toward the indigent and the sick just as is done in this house” (*sic ut sit in domo ista*). 41

As we have seen, sermons and saints’ lives articulated how the spiritual ideal of charitable service figured in the economy of salvation. Let us now move from this spiritual ideal to the specific realities of those who made up the medieval hospital’s personnel. Sketching a taxonomy of the medieval hospital’s diverse membership will help us better understand the different roles these hospital members played and why they joined a caritative religious community in the first place.

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40. Bird, “Texts on Hospitals,” 110: The translation here is Bird’s.
Hospital Personnel: Chaplains

The capitular reform movement, which sought to reform and regularize chapters of canons, injected the hospital movement with additional energy by providing hospitals with regular canons who were committed to pastoral and charitable service and a well-defined, yet relatively flexible, structure in the Augustinian Rule. Through the Councils of Reims and Paris in 1213 and Rouen in 1214, Robert of Courson sought to make the church more directly responsible for hospitals. In the eyes of Robert and other French reformers, the laity could express their apostolic enthusiasm by joining a hospital’s religious community and performing the works of mercy, but they had to do so under the aegis of the church and within the confines of the Augustinian Rule. The reformer Jacques de Vitry expressed concern about the foundation of new hospitals that were not connected to a chapter or abbey, and that were therefore without a predetermined conventual organization, controlling body, and statutes. What really concerned these reformers were hospitals that were not actively under ecclesiastical control and that made no attempt to follow a religious rule. Despite the best efforts of these reformers, however, there was no clear or consistent principle in canon law that placed all hospitals under the jurisdictional authority of bishops. While the Fourth Lateran Council took up many of Robert of Courson’s conciliar decrees from Paris and Rouen, it ignored the decrees dealing with hospitals. During the thirteenth century, charitable institutions in northern Italy, the Low Countries, and the German Empire were increasingly municipalized, such that, even within episcopal cities, hospitals were frequently under the

42. G. D. Mansi, ed., Sacrorum conciliorum, vol. 22, cols. 817–54 (for the Council of Paris); cols. 897–924 (for the Council of Rouen); A.-M. Bonenfant-Feytmans, “Les organisations hospitalières vues par Jacques de Vitry (1225),” Annales de la Société belge d’histoire des hôpitaux 18 (1980): 31–32. Sethina Watson is currently working on a book that will serve as a corrective to Jean Imbert’s arguments about the status of hospitals in canon law. Imbert argued that hospitals possessing a chapel had the canonical status of being “religious places” and were under the jurisdiction of the local bishop, whereas other hospitals were “public places” and not under ecclesiastical authority. As Watson shows, however, canon law was far less consistent or explicit about the status of hospitals than Imbert suggested. See Imbert, Les hôpitaux en droit, 68–73.

43. De Spiegeler, Les hôpitaux et l’assistance à Liège, 147; Bonenfant-Feytmans, “Les organisations hospitalières,” 17–45; Bird, “Medicine for Body and Soul.” As we have observed, even when a hospital was “attached” to a chapter of some kind, the hospital often exercised significant autonomy. Some cathedral hospitals, such as those at Amiens, Beauvais, and Noyon, were even located in a different neighborhood from the cathedral. See Montaubin, “Le déménagement,” 69–70.
jurisdiction of the cities, not the bishops. In that sense, the episcopal and reformist context of northern France was different from much of Europe in placing limits on the laicization of charity.

A hospital’s **magister** was often a priest in addition to being a brother, and he oversaw both the hospital’s spiritual and temporal affairs, although in some hospitals, like at Amiens, it was not the **magister** but rather a “provisor” or “procurator exteriorum,” who was charged with managing the hospital’s finances and external relations. In hospitals where the Augustinian Rule was observed, Augustinian canons often served as the arbiters of the Rule’s precepts, ensuring that the lay brothers and sisters adhered to its prescriptions. In addition to serving as hospital administrators, clerics above all played a vital role in overseeing the liturgical life. As will be discussed in greater depth in the next chapter, sacramental medicine was at the heart of a hospital’s caretaking mission, and there was therefore a fundamental need for priests to celebrate Mass, recite the canonical hours, hear confession, preach, anoint the sick, and perform other pastoral services for the sick poor and the hospital’s other personnel. In this sense, clerics were understood as being just as much the caretakers of a hospital’s sick poor as the lay sisters and brothers who tended to be more involved with providing for the physical needs of the sick and poor. The liturgical life inside hospitals was also critical to the institutions’ donors, who expected that prayers and masses were regularly said for them and their ancestors. In addition, it is clear that some hospitals were offering parishioners outside their walls a range of pastoral services—as an example, the master of the hospital of Saint-Nicolas also performed the weddings of artisans in Troyes—and this kind of pastoral care could be perceived as threatening to local churches and their clergy. From 1245 to 1276, for example, the hospital of Saint-Nicolas in Troyes found itself in a protracted conflict with the curate of Saint-Nizier, who accused the hospital of “stealing” his parishioners and usurping parish rights and revenues. Ultimately Saint-Nicolas had to agree to stop burying parishioners of Saint-Nizier in its cemetery. From the time that a chapel was endowed by a knight in 1233 in the hospital of Jonchery-sur-Vesle, just west of Reims, it was agreed that all of the residents of this hospital would be subject to the curate of the town and that the hospital’s chaplain, who was required to live outside the hospital, would not begin the celebration of the Mass before

47. AD: Aube, 43H4, layette 35, no.1.
the curate of the parish reached a certain section of the Mass. 48 In addition to the pastoral services being provided within hospitals, the clerics of these hospitals were also providing services to remote communities. According to a seventeenth-century source, the wealthy and powerful lord of Mortery ran into conflict with the curate of Grisy-sur-Seine when the lord appointed one of the clerics from the hospital of Provins to serve the new chapel of Notre-Dame de Grisy, which he had arranged to build. 49

As we have seen, not all canons or clerics were considered brothers, nor were all hospital brothers clerics (the term *lay brother* marked a brother as non-clerical). Some clerics living in hospitals were carrying out roles that were not religious in nature. At the hospital of Saint-Nicolas in Troyes, a certain hospital brother who was also a priest was charged with overseeing the production of wine and the management of the hospital’s lands that were under tenure. 50 While some hospital clerics resided within the hospital, others did not and might even be salaried. A chaplain for the hospital of Laon who lived outside the hospital bequeathed significant property to the hospital. 51 Account books for the hospital of Saint-Nicolas in Troyes list the total expenses for salaried chaplains. The account book for 1300–01 also indicates that there was a dormitory specifically for priests, who slept in a separate space from the brethren. 52 Visitation records from fourteenth-century hospitals in the diocese of Paris indicate that it was common for those who joined a hospital as a lower-level cleric to be promoted to the priesthood during their time at the hospital. 53 In this way, hospitals could serve as a training ground for priests.

Hospitals could also provide much-needed social security to clerics. Elderly, infirm, or disabled clerics were at times on the receiving end of care from hospitals, and yet they might still also provide the hospital with pastoral services. Take the example of Jehan, a priest from Payns, who in 1217 gave the hôtel-Dieu-le-Comte all of his property in houses, lands, and meadows, excluding his brother’s house. In exchange, the hospital granted him a lifetime of sustenance ("victum") as well as an annual clothing stipend of 4 l. so

48. AD: Marne (Reims), 2G454, no. 1 (June, 1233).
50. The account books from 1382 and 1389 indicate that the hospital priests and a certain brother, Felix Boutet, carried out these administrative roles with the *magister*. Gesret, “Un hôpital au moyen âge,” 181.
52. BnF ms lat. 9111, fol. 285v.
53. See, for example, the 1351 visitation record for Gonesse, in Le Grand, ed., “Les maisons-Dieu et les léproseries,” 246.
long as he physically lived at the hospital and performed the office of chaplain suitably. If Jehan ended up taking the religious habit, he would receive a lesser clothing stipend of 60 *sous*, and if he were to go on pilgrimage to Jerusalem, the hospital would give him the value of his clothing stipend for three years up front. Most interesting for our purposes, however, is that the hospital made these arrangements, according to the charter, as recompense for an earlier donation of personal property that Jehan made to the hospital when he was sick and presumably being cared for by the hospital. It appears that at some point before becoming a chaplain of this hospital, Jehan may have been one of its sick guests. He then made a donation of some personal property to thank the hospital for its care and made yet another donation of landed property upon becoming one of the hospital’s chaplains (being promised room, board, and a clothing stipend), with the possibility that he might still take the religious habit.

Although some hospitals were specifically established to house poor and aged clergy, such as the one established in mid-thirteenth-century Amiens by Bishop Gérard de Concy, even general hospitals often cared for clerics who were in need of assistance, and the employment of such clerics could itself constitute a form of charity. Among the skeletal remains excavated from the chapel of the English hospital of St. Giles by Brompton Bridge, in Brough, were those of a disabled priest who had been buried with a chalice and paten. An analysis of his bones revealed that as a young man he had had an untreated slipped proximal femoral epiphysis, which meant that he could not put weight on his right leg and would have used a crutch over a period of many years. It is unclear whether he served a pastoral and liturgical function at this hospital or was there purely as the recipient of care, but if he worked there, it might well have been because he could not find employment elsewhere due to his disability.

The Magister and Prioress

The hospital’s *magister* served as the administrative and spiritual head of the community. In some cases he also seems to have been regarded as a leader in

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54. AD: Aube 40H1, no. 26; AD: Aube 40H189, No. 165, fol. 33v. The original charter is dated January 1217, while the cartulary copy is dated as January 1207: “Et hoc in recompensationem mobilium eius que ante in elemosinam predicte Domui Dei in infirmitate sua contulerat.”
**Figure 6.** A seal representing Magister G. of the hôtel-Dieu of Bar-sur-Aube (1183). Archives départementales de l’Aube, 3H1183.
the urban religious and political community and was asked to serve as a mediator in various conflicts outside the hospital. *Magistri* also frequently served as the executors of wills. Some of the *magistri* in Champagne’s hospitals served very long tenures, and this was in contrast to the *magistri* of the hôtel-Dieu of Laon, who were all cathedral canons and who generally returned to the cathedral chapter after serving as *magister* for only a couple years.  

From 1185 to 1220, the hospital of Provins was run by a certain Eudes. From 1241 until 1263, the hospital was overseen by Magister Adam. Jean Gaultier served as *magister* for forty-one years, from 1263 until 1304. According to a seventeenth-century source, when Pierre Britaud, the count’s viscount, was ruling while the count was on crusade and was faced with the decision of whom to appoint as the *magister* of the hospital of Provins, he turned to Guibert, one of Henri the Liberal’s chaplains. At the hôtel-Dieu-le-Comte in Troyes, a certain Hébert is identified as the hospital’s master or procurator in 1206, and in 1222, he was still in this position. It is possible that this is the same “Magister Herbertus medicus” who held a prebend at the chapter of Saint-Étienne in 1199 and whose prebend Thibaut III gave to the poor of the hospital. If so, this might suggest that the *magister* was a physician. It was common to spend many years serving as a hospital brother before being elected or appointed as *magister*. Henri Coci, for example, served as a brother at the hospital of Gonesse in 1328 and became *magister* twenty-three years later. Some *magistri* served much shorter tenures. From 1220 to 1228, for example, the hospital at Provins had four different *magistri*, with each serving for only a year or two. Although the foundation charter for the hospital at Tonnerre gave the *magister* enormous responsibility over the temporal and spiritual administration of the hospital, he was actually only required to be in residence for a minimum of six months out of the year, a sign perhaps that the *magistri* were quite often absent. This may have been why at Tonnerre and elsewhere, a female *magistra* was appointed to help oversee the hospital.

Having a prioress or *magistra* present also made it easier to oversee the hospital sisters and the sick poor who were women, given the desire to maintain

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60. AD: Aube 40H189, fol. 75v, 82 (cartulary for hôtel-Dieu-le-Comte).  
gender separation as much as possible.\textsuperscript{64} The hospital at Provins had a sister who served as prioress, and the hospital’s obituary singled out three prioresses, Sisters Emelina de Vernon, Praxedis, and Cecilia “for having worked for a long time in the service of the poor.”\textsuperscript{65} Sister Emelina is mentioned in the cartulary as having donated her sheets, towels, and murra stones to the hospital.\textsuperscript{66} As was also true for Champagne’s hospitals, the magistra of the hospital at Laon rarely appears in the sources. When someone endowed a pittance for the poor at the hospital of Laon, however, the prioress was often designated as the one to choose which foods were distributed, consistent with her regular contact with the hospital’s poor.\textsuperscript{67}

The Brethren

Hospitals varied a great deal in the size and makeup of their personnel. During Archbishop Eudes Rigaud’s visitation of the hôtel-Dieu of Saint-Mary Magdalene in Rouen in 1266, for instance, he found eight canons living inside the hospital, eight additional canons living outside the hospital (presumably serving outside churches), twenty-two sisters, three brothers (and others living outside the hospital), and eleven maidservants.\textsuperscript{68} The small hospital at Les Andelys, by contrast, had a staff of only three: a prior, a sister, and a maidservant.\textsuperscript{69} Like other kinds of monastic houses, hospitals struggled to achieve the right number of workers relative to the hospital’s size and financial resources. Hospital statutes limited not only the total number of hospital workers but also the number of priests, brothers, and sisters. Episcopal visitors sought to enforce these rules, since exceeding personnel limits could place a strain on a hospital’s resources. The Council of Paris in 1213 had tried to limit the size of a hospital’s personnel roster in order to ensure that the staff did not outnumber the sick poor or siphon off the resources intended to help them.\textsuperscript{70} The statutes for both the hôtel-Dieu-le-Comte in Troyes and the hospital of Provins stipulated that there should be no more than eight

\begin{footnotes}
\footnotetext[64]{Saint-Denis, \textit{L’hôtel-Dieu de Laon}, 84–85.}
\footnotetext[65]{\textit{Obituaires de la province de Sens}, 1:933, 934, 951.}
\footnotetext[66]{Dupraz, no. 426; AD: Seine-et-Marne 11Hdt A12, fol. 124–124v (December 27, 1267).}
\footnotetext[67]{Saint-Denis, \textit{L’hôtel-Dieu de Laon}, 84–85.}
\footnotetext[69]{\textit{The Register of Eudes of Rouen}, 309.}
\footnotetext[70]{Le Grand, “Les maisons-Dieu, leur régime intérieur,” 99.}
\end{footnotes}
priests (including the magister), ten lay brothers, and ten sisters, but unlike in Provins, where these numbers were increased shortly after the statutes were drawn up, these numbers appear to have remained in force at the Troyen hospital during the later thirteenth century.\textsuperscript{71} In 1261, at the hospital of Châlons-en-Champagne, the chapter of Saint-Étienne, which oversaw the hospital, sought to limit the number of conversi (that is, brothers and sisters who were converts from the laity) to twenty, and stipulated that they had to be at least twenty-five years old and no older than fifty.\textsuperscript{72} A similar attempt was made at containing the size of a hospital’s personnel at the hospital at Laon in 1294.\textsuperscript{73} The statutes for the hospital at Angers, however, stipulated that the number of brothers or sisters could exceed the maximum of seventeen it had established if the new postulant could offer the hospital sufficient resources.\textsuperscript{74} This provision seemed to embody the simony that most hospital statutes claimed to oppose. Bishops and church reformers were concerned that hospitals were losing sight of their core charitable mission of caring for the sick poor and instead turning into retirement homes for the hospital sisters and brothers.\textsuperscript{75} Viewed another way, however, by fulfilling the needs of the sisters and brothers, these hospitals were fulfilling a different kind of charitable function, whereby the dispensers of charity were in fact also its beneficiaries, something that often seems to have been happening anyway.

The number of brethren at the hospital of Provins and the hôtel-Dieu-le-Comte in Troyes was quite similar to that of other hospitals in northern France, such as those at Laon, Noyon, and Rouen, although at some hospitals, the number of sisters greatly outnumbered the number of brothers.\textsuperscript{76} To be admitted to the hospital community at Laon, men had to be at least twenty-five years old, and women had to be at least thirty, and both needed to be approved by the master, dean, and chapter. However, these age

\textsuperscript{71} In 1266, the master of the hospital of Provins received permission from Count Thibaut, the pope, and the archbishop of Sens for the maximum number of hospitallers to be raised to thirty-eight, with twenty-five sisters, eight lay brothers, four priests (one of whom was the magister), and one cleric-brother. AD: Seine-et-Marne 11Hdt/E6 (1266), a charter from the archbishop of Sens, Guillaume de Brosse.

\textsuperscript{72} Saint-Denis, L’hôtel-Dieu de Laon, 89n93.

\textsuperscript{73} Saint-Denis, L’hôtel-Dieu de Laon, 89.

\textsuperscript{74} Le Grand, ed., Statuts d’hôtels-Dieu, art. 17, p. 107.

\textsuperscript{75} Le Grand, “Les maisons-Dieu, leur régime intérieur,” 102.

\textsuperscript{76} Saint-Denis, L’hôtel-Dieu de Laon, 90. The thirteenth-century Register of Archbishop Eudes Rigaud of Rouen also shows that the number of hospital personnel could fluctuate quite a bit over a short period of time, something that the archbishop did not like. When he visited the hospital of Pontoise in 1256, he found only five sisters. At his visitation in 1266, the number of sisters had tripled, with thirteen sisters and two more about to be veiled. See The Register of Eudes, 283, 654.
requirements were not always followed. A statute for the hospital at Angers prohibited receiving as sisters any woman who was too young or too pretty out of fear that she would serve as a distraction. At Troyes and Provins, all of the hospital brethren professed the three vows of poverty, chastity, and obedience. Indeed, the prologue to the statutes for the hôtel-Dieu-le-Comte at Troyes asserted that one could only be a true hospital brother or sister, living in a “state of religion,” that is, “the perfection of the Holy Gospel,” by observing all three vows. According to the prologue, each vow was a metaphor for a part of “the house,” that is the hospital—with obedience being the foundation, poverty being the walls, and chastity being the ceiling—and if any one of the three vows was not followed, the “meson de religion” would fall apart. Shortly before the Fourth Lateran Council in 1215, church councils in Reims, Paris and Rouen sought to impose greater religious discipline on hospital communities, insisting that the brethren wear the religious habit, take the three vows, and follow the Augustinian Rule. This effort is reflected in the statutes that a number of hospitals, such as those at Troyes and Provins, promulgated in the thirteenth century. The prologue to the statutes for the hospital of Provins and the hôtel-Dieu-le-Comte at Troyes scorned “the many mesons Dieu” that had no religious rules or standards, where “just as people freely come there as they please, so too are they able to depart, believing that they are not obligated to take vows or oaths.” Imposing the rules of the religious life was likely much more difficult at tiny, rural hospitals, which might offer only a couple of beds. The existing sources for Champagne contain scattered references to many small, rural hospitals in places like le Chêne, Biesme, Rosnay, Mery, and Hans, but apart from knowing of their existence, we know virtually nothing about the people who lived and worked there. Many of these hospitals did not have statutes and the sisters and brothers might have carried the titles of sisters and brothers and even worn the habit, but they generally took no formal religious vows and were sometimes even married. The most that episcopal authorities could demand of these lay hospital workers was that they practice charity and live in an honest and orderly way.

78. Le Grand, ed., Statuts d’hôtels-Dieu, art. 38, p. 29.
Some of the brethren at Troyes and Provins were clerics, while others were referred to as “lay brothers” to distinguish them from clerical brothers. A brief note about the term *conversi*, a term whose meaning evolved over the course of the twelfth and thirteenth centuries and which could mean different things in different contexts. In earlier centuries, *conversi* denoted those who entered a monastery later in life. Similar to the later twelfth-century Cistercian context, where “conversi” sometimes referred to humble peasants considered second-class citizens compared to full-fledged monks and nuns, in some French and Italian hospitals *conversi* was another term for the *donati*, who generally did not take vows and in some cases even lived outside the hospital. At the hôtel-Dieu of Laon, the term *conversus* was used to refer to those brothers who had not yet taken vows or adopted the religious habit, that is, those in the novitiate who were on their way to becoming fully professed brethren. In many northern French hospitals, however, including at Provins, *conversi* seems to have simply been a synonym for the sisters and those brothers who were not clerics. In the Provins cartulary, the few times that the term appears, it is in the context of a relative making a donation to a *soror conversa*, perhaps because the donation was a reminder of the sister’s blood ties and her relatively recent conversion to the religious life. While many hospital records from northern France stressed the brothers’ lay status, they did so not to suggest that the brothers did not lead religious lives, which they frequently did, but to differentiate them from those who had received holy orders (the “fratri sacerdotes” and “clerici” who were also considered brethren).

Many statutes seem to have conceived of hospital sisters as the principal caretakers of the sick and poor, saying, as the statutes for the hôtel-Dieu-le-Comte put it, that the sisters ought to be “humble and suitable for filling the needs of the house and for serving the poor—God’s messengers—with great diligence and in complete nobility.” According to the statutes, during the day the sick were to be visited devotedly by sisters, and at night two sisters

85. For examples of the term in the Provins cartulary, see Dupraz, nos. 104, 164, 290. The term *conversi* was used synonymously for lay brothers in the statutes for the hospital of Provins as well.
86. On the kinds of formulas used in the professing of vows to a hospital’s *magister*, see the formula (in French) used at the hospitals of Pontoise and Lille, in Le Grand, ed., *Statuts d’hôtels-Dieu*, 142–43.
or “girls” (presumably servants) were charged with keeping vigil over the poor and ministering to them. According to the foundation charter for the hospital at Tonnerre, the sisters were expected to look after the sick and oversee the washing of the bedding, while the chaplains and choirboys said the canonical hours and Mass at least twice daily. The statutes include no references to the brothers’ involvement with the care of the sick poor. Likewise, when the bishop delegate of Paris visited the hospital at Gonesse, he found that the master and brothers oversaw the hospital’s properties and its workers in the fields and vineyards, whereas the prioress and the sisters cared for the sick and housed travelers. Interestingly, when the king of France, Louis IX, fed delicacies to the sick poor in the hospital of Vernon, he reportedly first asked the hospital sisters “what was wrong with” the sick poor, wondering “if they could eat meat and other things, and what was good and healthy for their meals.” The king clearly assumed that the sisters, not the brothers, would be most knowledgeable about the physical condition of each sick person and what would be an appropriate diet. The obituary for the hospital of Beauvais referred to one sister who had died, Ermentrudis, as “the mother of the poor,” perhaps reflective of her special connection with the poor but also clearly tapping into notions of mothers as nurturing to those with needs. In some cases, the hospital sisters’ care of the sick required them to leave the hospital. The sisters of the hospital of Saint-Nicolas in Troyes, for example, at times attended to sick canons from the nearby cathedral chapter of Saint-Pierre. Since the hospital was under the jurisdiction of the cathedral, this is not all that surprising. However, it is interesting that sick canons did not move to the hospital but rather were cared for by the sisters in the canons’ residences. In his study of the hôtel-Dieu at Laon, Alain Saint-Denis concluded that while the hospital brothers were initially charged with caring for the sick and distributing pittances, by the later thirteenth century they were increasingly occupied by the temporal administration of the hospital, including acting as the executors of wills, working with donors, and managing the hospital’s agricultural cultivation. Although the sisters at the hospital of Laon were not cloistered, they do not appear to have been involved in

91. Rawcliffe, “Hospital Nurses,” 57.
93. Saint-Denis, L’hôtel-Dieu de Laon, 97.
the temporal administration of the hospital. Many hospital charters from Champagne mention the *magister* and brothers but make no mention of the sisters even though we know that the hospital sisters outnumbered the brothers. For instance, Philippe Poil-de-Chien sold his *cens* on thirty-seven *arpents* of land to “the master and brothers of the domus Dei of Provins.” The absence of any mention of the sisters may reflect the fact that it was the *magister* and the brothers who were viewed as the managers of the hospital’s properties.

On the other hand, a donation charter from 1219, from a certain widow, Belina, the wife of the late P. Godet, was clearly directed to the sisters of the hospital of Bar-sur-Aube, this even though there was a *magister* and brothers there as well. While conceding a part of her vineyard and requesting that an anniversary mass be said every year after her death, this widow was thinking of the sisters, not the brothers. Although the masters at the hôtel-Dieu-le-Comte in Troyes and the hospital of Provins were expected to appoint a brother to solicit bequests and oversee the hospital’s worldly business, there was also an expectation that the sisters would be involved in the administration of the hospital and its business affairs. The statutes for both of these hospitals reference the sisters and brothers working by the labor of their own hands, with whatever they made becoming the property of the hospital community. Some sisters from the hospital of Provins appear to have been involved in agricultural work. A papal bull from Celestine III, for example, mentions that both brothers and sisters were staying on a hospital grange, where they worked with the hospital’s land, vineyards, and livestock. The master was also expected to appoint a suitable sister as prioress to minister to the brothers, sisters, and the sick. The prioress could be sent to the hospital’s granges, and in such a case, suitable brothers and sisters would fill in for her in dealing with the hospital’s business matters. Moreover, the statutes suggest that the sisters were involved in the administrative and business side of the hospital as well as caring for the sick poor.

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95. BM Provins, ms. 85, no. 52.
99. Dupraz, no. 1; AD: Seine-et-Marne, 11HdtA12, fol. 16. The hospitalers who worked outside the hospital were still part of the hospital community and were expected to follow the rule. Moreover, in 1195 the pope granted the hospital the right to have a chapel built on the grange.
100. Le Grand, ed., *Statuts d’hôtels-Dieu*, art. 41, p. 110.
The hôtel-Dieu-le-Comte in Troyes had separate refectories and dormitories for the brothers and sisters. For those who socialized with members of the opposite sex, the statutes threatened a penance of bread and water every Friday for seven years. Sexual relationships between a hospital brother and sister at Troyes could result in the brother’s expulsion and the sister’s being deprived of her habit and subject to a lifetime’s penance of discipline and fasts. A case from the hospital of Saint-Nicolas of Troyes in 1430, a bit beyond the period covered in this book, shows a hospital brother being found guilty of having a sexual relationship with a woman and placed in one of the hospital’s prisons (“carceres dicti hospitalis”). An even more dramatic case unfolded in 1354/55 at the hôtel-Dieu in Paris where one of the hospital sisters gave birth to a baby that she reportedly conceived with one of the hospital brothers. The new parents were then accused of murdering their baby. While the fate of the father is not known, the mother spent the next fourteen years in the hospital’s prison and was permanently stripped of her veil, although she appears to have stayed at the hospital after her release. When the bishop delegate of Paris conducted hundreds of visitations of hospitals and leprosaries in the mid-fourteenth century, however, keeping a detailed inventory of what he found, he did not record a single instance of a sexual relationship among a hospital’s personnel. Even Archbishop Eudes Rigaud of Rouen, who was just as zealous a disciplinarian and meticulous recorder of visitations, found only one instance of fornication among the hospital personnel in Normandy. In short, non-marital sexual relationships involving the personnel of medieval hospitals appear to have been quite rare.

Unlike at some hospitals, where the sisters and brothers held separate weekly chapter meetings, at the hôtel-Dieu-le-Comte and the hospital of Provins the brothers and sisters were permitted to hold their weekly chapter meetings for mutual correction together. While guests were permitted in the hospital with the approval of the magister, male guests could only visit

103. AD: Aube G1275, fol. 62 (June 30, 1430); Gesret, “Un hôpital au moyen âge,” 144.
with brothers and female guests with sisters. No man was allowed in the women's refectory, an injunction that even the prior could not overrule.\textsuperscript{108} The statutes were generally quite lax, however, about visitors, even permitting male relatives and guests—potential donors, for instance—to stay with brothers in the dormitory and female guests to eat with sisters if the need to honor the guest required doing so.\textsuperscript{109} And while the statutes sought to regulate outside expeditions by the brothers and sisters, such excursions were permitted if they involved the hôtel-Dieu's business affairs. Given the hospital's extensive properties and seigneurial rights, there would have been a frequent need for members of the community to travel, especially the \textit{magister}. Hence, the statutes sought to regulate the conduct of members of the community when they ventured outside the hospital: they were expected to avoid visiting taverns that were of ill repute; they were not supposed to wander around the city without purpose; and any “open fornication” outside the hospital would result in warning and punishment. If these warnings went unheeded, the brother or sister would be ejected.

The statutes for both the hôtel-Dieu-le-Comte in Troyes and the hospital of Provins were adamant that no hospital brother or sister be permitted to retain any individual property. Even the poor and sick at the hospitals of Troyes and Provins were required to deposit any clothes or belongings upon entering the hospital; their belongings were returned to them when they left.\textsuperscript{110} This was in marked contrast to the hospital of Laon, where sisters were permitted to keep property that helped them provide for their needs.\textsuperscript{111} At the hospital of Reims, too, it appears that the hospital sisters retained some of their property. A charter from 1221 records a widowed \textit{conversa} from the hospital giving a small annual rent of 2 s. to the nuns of Clairmarais.\textsuperscript{112} Upon taking vows, the hospital sisters and brothers at the hôtel-Dieu-le-Comte and the hospital at Provins were required to renounce all claims to property, and if a brother or sister was found to have retained some property by placing it in the trust of someone outside the hospital, he or she would be punished; continued failure to renounce all right to property would lead to the brother or sister being stripped of their habit and thrown out of the hospital as an excommunicate. Any hospital brother or sister who died with

\textsuperscript{110} Le Grand, ed., \textit{Statuts d’hôtels-Dieu}, art. 74, p. 114.
\textsuperscript{111} Saint-Denis, \textit{L’hôtel-Dieu de Laon}, 99 and note 153.
\textsuperscript{112} AD Aube 3H3784 (March 1221). The \textit{conversa} was Agnès, widow of Eudes de Marhello.
property would be denied a funeral and burial in the hospital cemetery and, in the words of the statutes, be “thrown out into the countryside like dogs.”

Despite this warning, there are a number of cases, particularly at the hospital of Provins, of sisters who had presumably taken vows of voluntary poverty receiving a life annuity. I have only found one instance of this happening at the hôtel-Dieu-le-Comte in Troyes, where, in 1270, the knight Henri de Saint-Benoît made a donation to the hospital conditional upon his daughter, Johanna, a sister in the hospital, being promised a life rent of barley. Yet it seems to have been fairly common for sisters in the hospital of Provins to receive life rents, in direct violation, it would seem, of the statutes’ prohibition of the hospital brothers and sisters owning individual property. At Provins, Agnès de Courbouzon gave a lifetime rent of half a muid of wheat to her daughter, Marguerite, a conversa in the hôtel-Dieu. When Marguerite died, this rent would be transferred to the hospital in mortmain. In 1261, Pétronille de Vieux-Maisons, who came from a well-connected family and was a frequent donor to the same hospital, gave Emanjarde, a sister in the hospital, the use of a life rent of 20 s. on some houses. Upon the sister’s death, the hospital would be able to collect the rent and use it for a pit- tance for the poor. It is likely that this is the same Emanjarde (or possibly her daughter) who was the widow of Eudes Poilechien and a neighbor of Pétronille’s. In the 1270 testament of Raoul Comtesse, the chamberlain of Count Thibaut, Raoul and his wife Marguerite bequeathed a house to the hospital of Provins so that their anniversaries would be celebrated and 20 s. given as pittances to the poor. In addition, they requested that a life annuity of 40 s. be given to their daughter, Edelina, a conversa, for her “necessities” in the hospital. Although the statutes for the hospital of Provins, like those for Troyes, explicitly prohibited the sisters and brothers from having personal property, in fact the hospital and its charitable mission profited from donations to individual members of the hospital staff, and this may help explain why in 1283 Pope Martin IV authorized the hospital sisters and brethren to receive testamentary bequests.

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114. AD: Aube 40H1, no. 63 (April 1270).
117. Verdier, L’aristocratie, 48–49. Both notable Provinois families, the Vieux-Maisons and the Poilechien, had residences in the Jewry and may well have been involved in money and exchange.
As Paul Bertrand has shown in his study of the economic structures of mendicant convents, even individual mendicant friars, who were among the strictest adherents of the vow of voluntary poverty, accepted life pensions as gifts, particularly when a legal loophole rendered the gift a licit transaction. For instance, a donor might confer the lifetime use of a rent (as opposed to ownership of the rent) on an individual friar (who often was a family member), with the ownership of the rent only being transferred from the donor to the friar’s convent upon the friar’s death (a donatio post obitum). Those giving pensions to individual friars also used hospitals as intermediaries to hold the donated pension and then distribute it, almost as a form of charity, to the individual friar. The central point is that just as friars found ways to justify the individual friar’s receiving a pension, the brothers and sisters working inside Champagne’s hospitals did much the same thing.

Champagne’s hospitals received significant entry gifts from those wishing to join the hospital community as brethren. Hugues, the curate of Colombé-le-Sec, made a donation to the hôtel-Dieu of Bar-sur-Aube (which owned properties in his parish) in 1170 while he was becoming a brother at the hospital. A charter from 1211 shows that during the period when Agnès Falconaria, a widow, was in the process of adopting the religious habit, she agreed, with her son’s consent, to give a vineyard in the Val de Tors to “the convent of the conversae sisters” of the hospital of Bar-sur-Aube. Agnès would not actually surrender the vineyard until her death or until she left the secular world by taking the religious habit, which she was in the process of doing, almost certainly at the hospital itself. In other words, the vineyard was Agnès’s “entry gift,” and in that sense was very much part of an agreed-upon exchange. Charters from 1228 and 1232 that detail this same hospital’s granting the lifetime use of several other vineyards reveal that one of the vineyards belonged to a certain “brother Bernard” and another to a certain “brother Berangerius” who had died. A conflict in 1254 between the hôtel-Dieu-le-Comte and a priest, Guillaume de Hancourt, reveals that some disputed land in Dronay had been given to the hospital by Guibert, a

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123. Agnès’s late husband, Ansericus, had assigned an annual wine rent (from the same vineyard) to the hospital while he was approaching death.
124. AD Aube HD 33/78, no. 16.
125. AD Aube HD 33/87 (two separate charters, dated 1228 and November 1232).
priest and brother of the hospital. Hospitals were often tempted to take on additional personnel as a way of augmenting revenues from entry gifts. Anyone who wished to take the religious habit at the hospital at Laon, for example, was expected to make a donation in accordance with his or her means. In contrast, the statutes for the hospital at Angers made clear that in recruiting personnel, no financial demands were to be made of postulants and no attention was to be paid to the extent of their wealth.

The charters that record entry gifts at times provide a valuable glimpse into what motivated some people to join a hospital community. When the shoemaker Colet Neele made a donation to Saint-Nicolas of Troyes in 1346, he did so “in order that the master, brothers, and sisters would receive the same Colet in their community, and as a brother, and so that as long as he lived in the same place, they would minister to him and give him sustenance just as they did to their others.” The language of the charter makes it sound more as though Colet was being admitted as one of the sick or poor in need of care, rather than as a brother who would serve as a caregiver. While Colet may have decided to become a hospital brother in part out of a desire to lead a religious life and help the pauperes Christi, he was clearly also concerned about obtaining food and care during his later years of life. For Colet and many others, joining a hospital community offered a form of social security, just as it did for the sick and poor, but with a much greater sense of permanence. Moreover, the statutes for the hôtel-Dieu-le-Comte promised that if a brother became senile, infirm, or sick, he would be provided for in the infirmary specifically designed for the hospital personnel. The statutes even included a provision for any brother who contracted leprosy. Although the hospital did not admit lepers, it would still ensure that its own leprous member would be kindly ministered to at some location in Troyes, outside the hospital.

126. AD Aube 40H1, no. 53.
127. Saint-Denis, L’hôtel-Dieu de Laon, 91. When Helwide d’Avin, who belonged to an important and wealthy bourgeois family in Laon, joined the hospital community, she made a donation to the hospital but also stipulated that at her death, part of her estate should go to the Cistercian abbey of Sauvoir-sous-Laon. The abbess, however, argued that Helwide’s entry into the hospital was itself a kind of quasi-death and that the abbey could collect its portion of Helwide’s bequest right away, a point that the hospital was quick to contest.
129. AD Aube 43H12, layette 31, cote A, no. 57 (1346): “ut ipsi magister, fratres et sorores, eundem Coletum in suum consocium recipiant, et in fratrem, et ut eidem, quamdiu vixerit, sicut uni eorum, victui tribuant et ministrent.”
Although it is difficult to learn much about the social background of the hospital brethren, one can occasionally acquire hints, and the picture that emerges is of hospital brothers and sisters made up of everyone from former serfs, to townspeople, to members of noble and aristocratic families. During the twelfth and thirteenth centuries, it was not uncommon for aristocrats to supply various kinds of religious houses with their daughters as well as with adult conversi.131 Indeed, the majority of monks at the abbey of Clairvaux came from aristocratic backgrounds, and the prospect of recruiting monks or nuns from wealthy families along with the substantial gifts that they might bring led many monasteries to accept larger and larger numbers of professed religious, a frequent point of criticism by church authorities. In 1312 the bishop of Cambrai sent a letter to the sisters of the hôtel-Dieu Saint-Jean, who were apparently terrified to reject the entreaties by many nobles and powerful people that the hospital accept their “unsuited” and “useless” girls as sisters. According to the bishop, it was vital that the hospital have a strictly enforced limit on the number of sisters so that it could more easily turn away such requests even from those with power and influence.132 We have seen that a number of the hospital sisters, in particular, had substantial landed properties that they bequeathed to hospitals. A charter for the hospital of Provins mentions that Marguerite, one of the hospital sisters, was the daughter of the noblewoman Agnès de Courbouzon.133 Some hospital workers like Marguerite received gifts from family members while they were professed sisters. The sister of the Provinois squire Jacques de Saint-Martin de Huppello was a sister of the hospital of Provins and received a lifetime rent from her brother.134 Maresonne, the daughter of the wealthy lawyer-clerk Guillaume de Clermont, became a conversa in the hôtel-Dieu of Reims. The wealth of this hospital sister’s family is evident in the 600 l. inheritance that each of her brothers received, one of whom was a lawyer and professor of civil law and the other a canon at the chapter of Saint-Symphorien.135

As noted earlier, a number of thirteenth-century female saints and holy women who worked in hospitals, which in some cases they founded, came from aristocratic or even royal backgrounds. The royal ancestry of Elizabeth of Hungary (d. 1231), the daughter of the king of Hungary and the wife of the landgrave of Thuringia, made it all the more remarkable that she so

gladly and humbly personally ministered to the poorest and sickest guests of the hospital she founded. This was also true of Saint Hedwig (d. 1243), the duchess of Silesia, as well as Angela of Foligno and Margaret of Cortona, both wealthy, married women who became Franciscan tertiaries and worked in hospitals that they founded. In the early fourteenth century, Dauphine de Puimichel, who came from an aristocratic Provençal family and also had ties to the Franciscans, lived and worked for a number of years at a hospice in Apt, where she was buried. Those who promoted her cult highlighted her adoption of lowly, “vile,” servant-like roles in the hospital, such as brushing out the hospital’s sawdust, cleaning dishes and pots and other kitchen utensils, and sitting at the same dining table as the servants.  

As François-Olivier Touati has shown in his study of lepers in the province of Sens, it was not uncommon during the thirteenth century for aristocratic families to place young family members in leprosaries as a pious act. Some lay aristocrats at the end of their lives chose to retire to a leprosary, where they took the religious habit.

It was also increasingly common during the thirteenth century for middle-class townspeople to place their daughters in a variety of religious institutions, from Cistercian houses to hospitals. The hospital brethren, however, were not limited to aristocrats and townspeople. Some peasants also adopted the religious habit and joined the personnel of hospital communities. Ernault Blanchard, a citizen of Reims, left the city’s hospital a portion of his house in his testament from 1251 and also asked that the master and rectors receive Ernault’s servant, Gaultier, as a brother in the hospital. A charter from 1211 records a property dispute between the hospital of Provins and the heirs of Gilles le Meunier and his wife Mabille, two serfs (“homines”) who had taken the religious habit at the hospital at the end of their lives (“in fine”) and had since died. Had Gilles and Mabille been tenants on land acquired by the hospital and then granted the right to enter the hôtel-Dieu as conversi later in life? In other words, was the recruitment of conversi at times tied to


137. Touati, Maladie et société, 337. Not all of the healthy brethren in leprosaria were ministering to the lepers, particularly given that the number of lepers in a given leprosarium was often dwarfed by the number of brothers and sisters.

138. AMC (Reims): FH-HD B40, no. 6 (Grandchamp), a “vidimus” of the testament. Ernault also bequeathed his larger horse to this servant.

a hospital’s acquisition of land the way it was for Cistercian monasteries?140 Or is the reference to the couple’s conversion “at the end” an allusion to their having made a deathbed conversion (“ad succurrendum”)? Either way, in contrast to the example of the daughter of a noblewoman becoming a hospital sister, we have here an example of a peasant couple taking religious vows at the end of their lives. Some of those who joined a hospital’s religious community may have been as poor as the sick poor they served.141 Economic security was likely a common reason that some people pursued hospital work, especially single women. Moreover, in some cases hospital work itself represented a kind of survival strategy for the poor and those in need of assistance. This could even extend to those in trouble with the law. One of the sisters at the hospital of Gonesse in 1351, Johann La Morgente, who was from Paris, was known to be a fugitive.142 Thus, as we have seen before, the boundaries between those receiving and providing care in medieval hospitals could be remarkably fluid.

Where did a hospital’s personnel come from? Alain Saint-Denis has found that of the twenty-six brothers and sisters at the Hôtel-Dieu of Laon, sixteen came from the Laonnais, with most of these coming from over ten kilometers away from the city itself and some from as far as forty kilometers away.143 Of the hospital brethren from the Laonnais, three were from the rural aristocracy, fourteen from the landed property class, and four were clerics. Of the ten brothers and sisters who came from Laon proper, six were citizens of Laon, and several of the sisters came from the wealthiest families in the city.144 The records for Champagne’s hospitals provide less information about the place of origin of the brethren, but based on where they held property that they donated, it appears that quite a few of them came from areas where the hospital made its power felt through its own property holdings and lordship. Jean de Jouy, for example, who was a brother at the hospital at Provins, had donated his house at Jouy (about twelve kilometers northwest of Provins) and part of the woods there.145 Sister Perrota Lavenderia gave the hospital her house and garden and fourteen arpents of land at Sourdun,

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143. Saint-Denis, L’hôtel-Dieu de Laon, 93.
144. Saint-Denis, L’hôtel-Dieu de Laon, 94–95.
145. Obituaires de la province de Sens, 1:950.
just five kilometers southeast of Provins. Sister Theota Pometa gave land at Servolles (thirteen kilometers south), where the hospital already had a press, as well as a vineyard at Mez-de-la Madeleine (today, Sainte Colombe), just five kilometers southeast of Provins. The parents of Guillaume Normans, a priest and brother at the hospital at Provins, gave some land they owned at Lizines, just ten kilometers southwest of Provins, as well as land at Viseuviliers. The sister Juliana Villana gave a pasture and a rent on territory in Molinpré, which is modern-day Rouilly, just five kilometers north of Provins.

We noted in chapter 3 that it was common for some hospital donors to come from a family with a history of patronizing the same hospital, and in some cases, the donor even had a relative who worked there. Some of Champagne’s hospital workers likely had a prior connection to the hospital they joined, and this was true at leprosaries as well. In 1248, Ysabelle de Chevière, recognizing the donations made by her late mother, Blanche de Chevière, to the leper house of Les Deux Eaux near Troyes, decided now to “give herself to the hospital” as a donata, while reserving the use of her property during her lifetime. Likewise, some hospital brethren made donations to a hospital many years before deciding to take the religious habit there.

It was not uncommon for several members of a family (or even multiple generations) to live in a hospital. A charter from 1214 mentions that the daughter (Emelina) and granddaughter (Maria) of a certain Evrard Blond both wore the religious habit at the hôtel-Dieu-le-Comte in Troyes. Evrard had given a vineyard in dowry to his two daughters, and although a certain priest had a lifetime lease on the land, the daughters would not lose their hereditary right to the land. After the priest’s death, half of the land would go to the domus Dei, and the other half would go to the heirs of Evrard’s daughter, Agnès, who did not live in the hospital. One can only wonder how a mother and daughter both ended up working in the hospital and whether they had joined at the same time or separately.

At times, charters make it possible to determine that some hospital brothers and sisters joined the community at an early age and lived and worked

146. Obituaires de la province de Sens, 1:931.
147. Obituaires de la province de Sens, 1:937.
148. Obituaires de la province de Sens, 1:926.
149. Obituaires de la province de Sens, 1:927.
150. Harmand, Notice, 49.
151. AD: Aube 40H1, no. 22 (September 2014); see also 40H189 (cartulary for the hôtel-Dieu-le-Comte), fol. 61–61v (September 1214).
there for many years. Obituaries, such as the one for the hospital of Provins, also sometimes provide the number of years that a sister or brother worked at the hospital, and as we have seen with the *magistri*, these tenures were at times more than forty years in length. This continued to be true at northern French hospitals in the later Middle Ages. When the bishop delegate of Paris visited the hospital of Gonesse in 1351, he found six sisters, two of whom had already been at the hospital for thirty-three years.\(^{152}\) That three of these six sisters all joined the hospital on the same day in 1349, right in the midst of the Black Death, suggests that they arrived together, perhaps in response to the massive scale of suffering that they saw around them.\(^{153}\) There were also cases of *conversi* joining a hospital community quite late in life. The obituary for the hospital of Provins records a donation made by a certain Acelin for the celebration of the anniversary of his father, Robert, who had been a brother at the hospital.\(^{154}\) This Robert would have presumably joined the hospital as a *conversus* later in life, evident in his grown son’s donation to the hospital at the time of his death. Jacques de Hongrie, who served as sergeant to Countess Blanche, is another example. According to the hospital’s obituary, he took the religious habit, becoming a *conversus* at the hospital of Provins “at the end of his life,” while still married. In his testament of 1219, Jacques made bequests to a long list of religious and charitable institutions, including the brothers of Saint John of Jerusalem, the lepers of Crolebarbe (near Provins), the church of Saint-Marie Magdalene of Mez, and three other churches where his anniversaries would be celebrated, the Cistercian abbeys of Jouy and Sellières, the convent of Champ-Benoist of Provins, and the “domus Dei scolarum” of Provins if it ended up being established.\(^{155}\) But in addition to these gifts, Jacques showed a special attachment to the hospital of Provins, to which he made a bequest of forty-three *arpents* of land at Sourdun. There was no evidence at this point that Jacques planned to join the hospital. By 1222, he and his wife had bought an additional forty-six *arpents*

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152. Le Grand, ed., “Les maisons-Dieu et les léproseries,” 246–47. Likewise, in her study of the hôtel-Dieu of Paris in the later Middle Ages, Christine Jéhanno cites the example of Pierre Luillier, who was received as a novice brother at the hôtel-Dieu of Paris on June 1, 1401, and then named *magister* fifty-seven years later, on August 28, 1458. Within three years of becoming *magister*, he was described as “senex et debilitatus de persona,” and in 1467 he died. Martin Thoulouse was admitted to the hôtel-Dieu Paris on April 3, 1400, and he was still a brother at the hospital in 1450. See Jéhanno, “Sustenter les povres malades,” 704, 707.


at Champrond to give to the hospital.\textsuperscript{156} It is only in the hospital’s obituary that we learn that at the end of his life, Jacques took the religious habit.\textsuperscript{157}

**Married Couples Working in Hospitals**

Serving in a hospital represented one of the only ways a married couple could be part of a religious community.\textsuperscript{158} Yet church councils held in Reims and Paris in 1213 and Rouen in 1214 prohibited married couples from living in hospitals, alleging that some married couples were joining hospital communities so as to gain immunity from secular jurisdiction even while continuing to live full married lives.\textsuperscript{159} A number of thirteenth-century hospital statutes prohibited married couples from being received. The statutes for the hôtel-Dieu-le-Comte at Troyes, while including such a ban, also stipulated that the hospital master had the right to waive this prohibition. In fact, it was not uncommon for hospital brethren to include married couples, and this was true at leper houses as well.\textsuperscript{160} A couple making a donation to the hôtel-Dieu of Bar-sur-Aube in 1232 reserved the right to enter the hospital as religious at some point in the future.\textsuperscript{161} Among the sixty-four hospitals that were visited during the mid-fourteenth century by the bishop delegate of Paris, there were numerous examples of married couples, and even married magistri, managing hospitals. At the hospital of Longjumeau, the bishop delegate found that the hospital’s magister did not carry the title of frater because he was married to one of the hospital sisters. Yet his wife, who in fact had remarried after her first husband, another hospital brother, had died, continued to carry the status of being a hospital sister.\textsuperscript{162} At the Quinze-Vingts, the Parisian hospital for the blind founded by King Louis IX, both the master and the minister (who was the second-in-command after the master) were expected, or in some cases even required, to be married. Unlike the master, the minister lived within the hospital community, and his wife played such a vital role as a caretaker that, according to the mid-fourteenth-century

\begin{footnotesize}
\begin{enumerate}
\item Dupraz, no. 447; AD: Seine-et-Marne, 11HdtA12, fol. 130.
\item Obituaires de la province de Sens, 1:943.
\item Farmer, “Leper in the Master Bedroom,” 91–93.
\item De Miramon, Les “donnés,” 187.
\item For a case of a married couple taking the religious habit and joining the leprosary of Les Deux Eaux at Troyes, see the example of Thierry le Lorgnes and his wife Crestienne, a bourgeois couple from Troyes, in Harmand, Notice, 50, 144–45.
\item Arbois de Jubainville, Histoire de Bar-sur-Aube, 81.
\end{enumerate}
\end{footnotesize}
statutes, if the minister’s wife died, he was expected to quickly remarry so that a new wife could help care for the blind.163

In March of 1220 André le Comte and his wife, who were serfs at the chapter of Saint-Étienne in Troyes, made a donation of four jugères of land to the hospital of Saint-Nicolas in Troyes, making known that they wished to enter the hospital and live there as conversi, presumably no longer leading married lives after professing vows.164 Other professed brethren in Champagne’s hospitals were (or had been) married, in some cases leaving a spouse in order to become a religious in a hospital. The obituary for the hospital of Provins indicates that one of its donors, Jacob de Luserna, made a gift for the soul of his wife, Emanjarde, who was a hospital sister.165 So, too, did Sister Ricent give the hospital some wooded lands “with her man” (“que cum viro suo”).166 Sister Richildis, who was the mother of Odo, a priest, gave the hospital a vineyard with her spouse, Richero.167 In noting the death of the hospital sister, Juliana, and the gift she had made, the obituary notes that she had been married to Evrard Monetarii. The use of the past tense may indicate that Evrard had since died, but in most cases hospital sisters were identified as the wives of named men.168 It may be that these were entry gifts, made to the hospital (with their husbands) when these women were still leading secular, married lives and that once they took their vows, they ceased leading married lives. It was certainly not uncommon for female (and male) religious communities to house nuns who had once been married.169 But the sisters’ married status continued to be central to their identities right up until their deaths, at least in the context of gifts that came from the married couple.

Elsewhere in northern France, hospital brethren were at times continuing to lead married lives. The martyrological obituary for Châteaudun includes an entry in a thirteenth-century hand recording the death of Robert de Villa

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164. AD: Aube, 43H1, No. 5 (March 1220). Interestingly, the statutes for the hospital at Troyes, promulgated in 1263, specifically prohibited the hospital from receiving a married couple. See Le Grand, ed., Statuts d’hôtels-Dieu, 105n2.
165. Obituaires de la province de Sens, 1:947.
166. Obituaires de la province de Sens, 1:950.
167. Obituaires de la province de Sens, 1:929.
168. Obituaires de la province de Sens, 1:951.
Galli and his wife Asa, “brothers of this house.”  

It is striking that the charter does not refer to Asa as a sister but rather as a “frater” like her husband. At the hôtel-Dieu of Gournay, according to the archbishop of Rouen, some of the brothers were sleeping with their wives, while others lived in granges, where they managed the hospital’s landed property. Since this hospital did not observe a rule, these brothers had probably never taken a vow of chastity, and so there was little the archbishop could do about what he found. Although the *donati* were not generally bound by the vows that the professed brethren took, they were sometimes expected to temper their secular lives, for instance by practicing sexual moderation, if not total abstinence. The *donati* living at the hôtel-Dieu of Laon had once included married couples, but in 1225 a rule was established requiring much stricter physical separation of the sexes and explicitly banning married couples from entering the hospital.

The fourteenth-century Chronicle of Apt, which was produced as part of the canonization inquest for Countess Dauphine de Puimichel, recounted how her flight to the hospital of Apt, probably as a *donata*, was an expression of her desire to remain in a perpetual state of virginity. In the words of the Chronicle, the hospital was itself a “testudinem,” which could mean both a protective tortoise shell or a military shed used by soldiers for protection while attacking enemy fortifications. The Chronicle described Dauphine’s escape from the earthly world of matrimony to the sanctuary of the hospital where she could offer her full tearful devotion to Christ and the Virgin Mother. As the Chronicle later reveals, Dauphine’s husband, Elziarius de Sabran, joined her in the hospital, where they shared a room and slept in the same bed, yet ceased having sexual relations. Indeed, Dauphine was reportedly careful to never sleep unless dressed, and she never touched any part of her husband’s body, except when she washed his head, or when he was sick and she needed to feel his head or take his pulse. Dauphine represents yet another example of how fluid the lines were separating a hospital’s personnel and its sick and poor guests. According to the Chronicle, which naturally sought to underscore Dauphine’s humility and apostolic piety, she

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was known to wash the feet not only of the hospital’s poor and those who were sick and deformed in the face, but her own servants as well.\footnote{177} During much of her lifetime, Dauphine apparently also suffered from various bodily illnesses, including fevers and hydropsis.\footnote{178} In short, despite the canonization inquest’s emphasis on the healing miracles that Dauphine provided to others, she may have been both a care provider and the recipient of the hospital’s care, and this may have been some of the impetus for her entering the hospital in the first place.

The Donati and Boarders

When many hospitals were first established in the twelfth century, their founders envisioned a personnel made up of both clerics and lay or semi-religious women and men. That vision, however, was challenged during the thirteenth century by episcopal reformers like Robert of Courson, who sought to regularize hospitals, making them more homogeneous, monastic-like institutions in which the personnel all observed the Augustinian Rule. Of particular concern to hospital reformers were the donati, who were often not professed members of a hospital’s religious community and who gave their property in exchange for the hospital’s spiritual and material support, often in the form of annuities.\footnote{179} Since annuities could pose a strain on the financial well-being of religious institutions, they were the object of strenuous criticism within the church even though annuitants at times provided the hospital with valuable property and services. Reformers like Jacques de Vitry and Robert de Courson criticized annuitants for essentially stealing food from the poor.\footnote{180} Article 6 of the statutes for the hôtel-Dieu-le-Comte stated that no “house bread” was to be given to anyone unless he served the hospital or was a member.\footnote{181} Additionally, a donat’s entry into a hospital or monastery could raise suspicions of simony, since the donat’s donation of property might be regarded as an entry fee as opposed to a “free gift.” This, too, was addressed by the statutes, which warned that no one’s entry into the hospital was to be connected to simoniacal money or a dishonorable pact (“turpi pacto”), although as we have seen, entry gifts were common...
even among the professed brothers and sisters. Yet hospitals continued to accept donati, largely as a way to increase revenue, and few hospital statutes banned the practice. The cartulary for the hospital of Beauvais contains a record of a donation from Agnès, the wife of Pierre du Pressoir, a bourgeois. In 1240 she gave the hospital two houses and also asked that when she died, her clothes be sold and the money used to feed the hospital’s sick poor. Agnès’s donation, however, also included a stipulation that should her husband predecease her, the magister and brothers would provide for her so that she could live comfortably at the hospital and be given two denarios and two breads daily. The charter indicates that Agnès’s first husband had died, and having already experienced widowhood once before, she was anticipating the possibility of becoming a widow again.

Although the precise terms of a donat’s relationship to a hospital varied, the autotraditio was the legal act by which a lay or religious man or woman (or married couple) made a gift of their person and possessions (“se et sua”) to a hospital, much as an oblate did in a monastery. The donat usually reserved the lifetime use of his or her donated goods. Although donats generally did not take religious vows and thus carried a different status from the professed brethren, in some cases they were nevertheless expected to live a chaste life, and they also sometimes provided the hospital with services just as the brethren did. In exchange, the donat was given a lifetime guarantee of being lodged and fed by the hospital. Some donati were merely boarders, at times living in a dwelling outside the main hospital building. These corrodians had essentially purchased a life annuity from the hospital. Other donati, however, dedicated themselves to serving the poor and sick and wore clothing that was different from both that worn by lay people and that deriving from the professed religious. The acts of admission were sometimes explicit about a donat’s reason for vowing herself or himself “in donatum,” such as devotion toward Christ and the Virgin. In 1294, Adélaide, the widow of the butcher Pierre Castillon, gave herself and her property to the

184. Leblond, ed., Cartulaire, 213.
185. In declaring their intentions to give themselves to a hospital, donati could be explicit about their desire not to take the religious habit. The autotraditio of Garnier de Frenoie, for example, made this clear to the hôtel-Dieu of Beauvais. See Leblond, ed., Cartulaire, 269–70.
186. Gilchrist, Contemplation and Action, 28.
hospital of Narbonne out of a desire to consecrate herself in the service of the poor. The giving of the self was ritualized by the *donata* paying homage with bended knee and giving herself between the hands of the hospital’s master or prioress. By the mid-fourteenth century, some small hospitals were made up only of *donati*. The fourteenth-century visitation records of the bishop delegate of Paris reveal that the hôtel-Dieu of Saint Brice had only a master, who was himself a *donatus*, and two female *donatae*, one of whom was married to the master. By this period, it was increasingly common for most hospital clerics and brethren to carry the status of being *donati*, having given themselves and their property to the hospital upon joining the community.

In 1355, a certain Isabelle from Montier-en-Der (some sixty kilometers northeast of Troyes), who had been living in Troyes, gave herself to the hospital of Saint-Nicolas as a *donata*. Her donation charter makes clear that she already had a relationship with the hospital, and her stated reasons for joining the community included not only her respect for the “good deeds, prayers, and divine offices” performed there daily but also the significant “favors, assistance, and care” that had been extended to her in the past and that continued to be given to her day after day. As part of the “serene favor and humble affection” extended to Isabelle from the master, brothers, and sisters of the hospital, she was promised the same pint of good wine and two rolls of bread given daily to the brothers and sisters of the house. But Isabelle did not wish to be constrained by the religious vows and charitable and communal duties imposed on the hospital sisters. Her charter made clear that unlike the sisters, she would have the freedom to either eat and drink with the sisters at their communal table or take her food and drink to her room, where she could keep her own furniture. Isabelle was given a private room, deep within the hospital, in an upper room where a certain Anelota, probably also a *donata*, had lived before her death. The hospital offered Isabelle room and board, a Mass of the Holy Spirit during her lifetime and a requiem Mass after her death (as well as Masses for the souls of her deceased parents and friends). In return, she turned over all of her moveable property and her house in Troyes, which was next to the hospital.

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189. AD Aube 43H12, layette 31, cote A, no. 58 (July, 1355): “beneficia et oraciones ac divina officia. . . . grata, auxilia, curialitates . . . retroactis temporibus, impenderunt et adhuc de die in diem impendere non desistunt.”
Just as widows may have made up a disproportionate percentage of hospital sisters, they frequently appear as donatae, perhaps because joining a hospital community provided a widow who could not (or did not wish to) remarry with a spiritual community, the material security of guaranteed room and board, and the promise of care should she become infirm. One of the witnesses in a fourteenth-century canonization inquest, Alsacia de Mesellano, was the widow of a wealthy draper from Apt. Following her husband’s death, she seems to have had her own room in a hospital there, suggesting that she was a donata. Ironically, however, Alsacia became seriously injured when she fell out of one of the hospital windows. She first sought medical help from several Jewish doctors outside the hospital but finally turned to the curative spiritual powers of Dauphine de Puimichel, who was herself probably a donata at the hospital.  

Apart from those who formally gave themselves to a hospital as a donat, there were others who wished to associate themselves with a hospital in other ways. The priest, Jean “Langlois,” who held a benefice in the cathedral of Saint-Pierre, is one such example. He made bequests in his will of 1274 to multiple churches and religious houses as well as a small donation to each hospital of Troyes. But Jean showed a special affection for Saint-Nicolas, donating his house to the hospital, asking that pittances be distributed on the day of his funeral, requesting burial in the hospital cemetery, and most significantly, asking to be received as a “socium.” This did not necessarily mean that Jean planned to move into the hospital, but he clearly was interested in obtaining a title and status that conveyed his special relationship with the house. Since the cathedral had jurisdiction over the hospital and was just across the street, it is perhaps not surprising that a cathedral canon felt a special connection to the hospital and its mission. However, Jean does not appear to have formally become a “donatus,” and it is possible that the title “socius” was an honorific one that he wished to be conferred on him posthumously, denoting a “fraternitas post mortem.”

The donati were not the only boarders at Champagne’s hospitals. An account book for Saint-Nicolas from 1302 refers to someone who paid 6 l. as annual room and board for living there. A charter from Countess Blanche in 1204 reveals that the hôtel-Dieu-le-Comte built additional rooms to house

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191. AD Aube 43H12, layette 31, cote A, no. 35 (1274).
192. Saint-Denis, L’hôtel-Dieu de Laon, 129.
paid boarders.194 This was done at the initiative of Elizande de Chappes, the daughter of the late Tuboeuf de Rosnay, and confirmed by the countess. Count Thibaut had earlier made a donation so that Elizande “could have her bread” at the hospital. Given her aristocratic background and patronage of the hospital, Elizande was probably a donata. She was responsible for the expansion of the hospital, namely the construction of seven rooms in front of the baths of Saint-Étienne. These new guest rooms were to house “hospites” or “albani,” that is, newcomers, and although Elizande was entitled to the revenue that these rooms brought in, she wanted it to go to the hospital, specifically for food and pittances for the sick poor. In short, the hôtel-Dieu-le-Comte had a secondary function as a “for-profit” guest house or inn, which provided additional income that could be used for the sick poor. We usually think of donati as a potential drain on institutional finances, since this was a common complaint of medieval churchmen, but a donata like Elizande could help a hospital tap into invaluable social networks and bring in additional revenue, as could the paying boarders who occupied the hospital’s new guest rooms. After all, revenue from hospital boarders helped pay for the sick poor.

Serfs and Servants

Anne-Marie Patault has argued that serfdom was in decline in Champagne during the later Middle Ages. Even in the thirteenth century, she suggests, there were more free rural tenants in Champagne than unfree, with much of the rural population being dependent upon lords but not classified as servile. Furthermore, the lines separating free and unfree tenants were hazy, since some serfs had a surprising amount of freedom, especially those in towns. Indeed, some serfs were even able to leave their seigneurie, choose their lord, leave their lord for another lord, not live on their lord’s land, and buy, sell, and donate property.195 In other words, free and unfree peasants did not necessarily belong to starkly different classes; the principal difference between them was that serfs were subject to the seigneurial taille—an additional symbolic rent called the “chevage”—and mainmorte, which meant that the serf’s lord was automatically his or her heir.196

194. AD: Aube 40H1 (1204); Guignard, ed., Les anciens statuts, 97–98. See also Boutiot, Histoire de la ville, 319, 348–49.
Yet even if serfdom was in decline during the fourteenth century and the restrictions on serfs were gradually being loosened, in 1309 the cathedral chapter of Saint-Pierre in Troyes still possessed approximately 1,250 serfs, a staggering number, especially when one considers that this chapter had only about forty canons.\textsuperscript{197} The number of serfs possessed by the hôtel-Dieu-le-Comte was certainly not on this scale, but the hospital continued to receive serfs as pious donations “in alms” and purchased and exchanged serfs as well.\textsuperscript{198} The “great charter” from 1189, in which Count Henri II approved the donations to the hôtel-Dieu-le-Comte made by his father, Count Henri the Liberal, lists over forty serfs, including many families.\textsuperscript{199} Usually a serf had little agency when he or she was given as a pious donation. In 1205, Isabelle, a lady from Raiz, responding to the pleas of her brother Guido, and with the assent of her husband, Otho, then in Constantinople, gave her serf, Dodo, a carpenter, along with his whole family and their things to the hôtel-Dieu-le-Comte in alms.\textsuperscript{200} Because Isabelle did not have a seal of her own, her mother sealed the charter. Lord Hugues de Villemoyenne gave the same hospital his fisherman, Aubert, along with his family.\textsuperscript{201} The knight Gaultier Damenois and his wife, Lady Oda, wishing to provide for the health of their souls, gave lordship over a certain Ermengarde in perpetual alms to the master and brothers of the domus Dei in April of 1241.\textsuperscript{202} The hospital also purchased serfs. Jean de Logia, a “domicellus,” sold his serf, Radulph, to the hospital for 10 l. and stipulated that he would assign any difference between what he paid for the serf and the serf’s actual value to the hospital in alms.\textsuperscript{203} A common pious gift in medieval Champagne was the voluntary self-subjugation to a monastery, and with the rise of hospitals, some peasants chose to submit themselves to a hospital’s lordship.\textsuperscript{204} Such a decision could be sparked by piety, but it could also be pragmatic if the person’s spouse was one of the hospital’s serfs. Furthermore, just as some women and men joined a hospital’s staff, taking vows with the aim of acquiring greater material

\textsuperscript{197} Patault, Hommes et femmes, 21–24, 34.

\textsuperscript{198} For examples of the purchase and exchange of serfs, see AD: Aube 40H16 (April 1228; April 1241; 1244; 1244; 1245). On the exchange of serfs, see Patault, Hommes et femmes, 112–14.

\textsuperscript{199} AD: Aube 40H1, no. 1 (1189).

\textsuperscript{200} Aube 40H16 (1205).

\textsuperscript{201} Aube 40H1, no. 16 (1208).

\textsuperscript{202} AD: Aube 40H16.

\textsuperscript{203} Aube 40H16 (April 1228). In 1245 another serf was sold to the hospital for only 50 s., just a quarter of the sale price of the serf seventeen years earlier, so it is quite likely that these “sales” in fact represented charitable bequests, but bequests wherein the donor did receive some capital. See Aube 40H16 (1245).

\textsuperscript{204} Patault, Hommes et femmes, 65–66.
security (or a spiritual community), so too might some peasants have
voluntarily subjugated themselves to a hospital, knowing that if and when they
themselves became infirm, the hospital would care for them and make sure
that all their needs were met.

In 1269 Maria, who was the widow of the late Radulph de Montealano
and was married to a certain Nicolas called “Baigneo,” a cleric (probably of
lower orders), received her husband’s permission to give herself to the mas-
ter and brothers of the hôtel-Dieu-le-Comte as a “femina de corpore.” Maria
agreed to an “abonamentum,” a fixed annual seigneurial payment of 20 s. so
long as she lived with her husband (“in consortia”), implying that she might
one day leave her husband to become a religious of the hospital, in which
case she would no longer owe this due, since her status would change. 205 But
what explains Maria’s auto-dedition, her voluntary giving of herself to the
hospital as a serf? 206 There is nothing in Maria’s charter to suggest that piety
motivated her. In that sense, this charter is quite different from the pious
language one finds in charters where a conversa joined a hospital as a sister
(or for that matter, when a woman gave herself as a donata), at least in part
out of a desire to be associated with the hospital’s charitable mission. But like
a donata or a hospital sister, Maria’s desire to join the hospital community
probably reflected her desire for greater security. In addition, all lower-class
tenants in Champagne (with the exception of “albani,” that is, foreigners)
had to have a lord. Moreover, Henri the Liberal had made clear that lordless
tenants had to establish residency under a lord’s jurisdiction within one year
of moving. We do not know who had previously been Maria’s lord or where
she had lived. If she had married Nicolas recently, she may have only just
moved to Troyes. Regardless, it is likely that economic necessity pushed her
into acquiring a new tenancy and accepting the hospital as her lord. Earlier
we noted an example of two serfs who were married taking religious vows
at the hospital of Provins, and this happened elsewhere as well. In 1216,
the cathedral chapter of Troyes made clear, probably because the issue had
arisen there as well, that if any of the cathedral’s serfs wished to take the
religious habit so as to serve the poor of the hospital of Saint-Nicolas, they
would first need the chapter’s permission. Just three years later, a married
couple, André “Comte” and his wife, who were serfs (“homines”), received

206. For a comparable example, see the case of Marmoutier in Dominique Barthélemy, La muta-
tion de l’an mil a t-elle-eu lieu? Servage et chevalerie dans la France des Xe et XIe siècles (Paris: Fayard, 1997),
57–91.
the chapter’s consent to give pieces of arable, vineyard, and meadow to the poor of the hospital (they were clearly landowning serfs) and to give themselves to the house as *conversi* at some future point of their choosing. We do not know whether André and his wife envisioned Saint-Nicolas merely as a retirement home or were attracted by its charitable and religious mission.

In addition to serfs, many of Champagne’s hospitals had servants. The statutes for the hospitals of Provins and Troyes indicated that if more help was needed beyond what the statutory number of hospital sisters and brothers could provide, servants could be employed to provide the services needed. We have already observed that female servants (“meskines”) were expected to minister to the sick poor during the night, and elsewhere the statutes suggest involving servants in the serving of food in the refectory. A sacerdotal Mass was to be said three times for servants who died, reflective of their status as members of the hospital community. The late thirteenth-century obituary for the hospital of Beauvais listed the names of servant girls (“famulae”) who had died, just as it did for its patrons and clerical and religious personnel. One of the members of the hospital of Gonesse in 1351 had earlier been a servant of the bishop of Paris, and one of the sisters at this hospital was referred to as a “sister-servant” (“sororem familiarem”), suggesting that perhaps she began as a servant and subsequently became a sister. Not all hospitals, however, considered servants as members of the community. Servants at the hospital at Lagny, for example, were not allowed to enter the chapel, which was restricted to the brethren and the sick poor. The account book for Saint-Nicolas in Troyes for 1300–01 lists an annual expenditure of 26 l. “for the salaries of servants of the hospice and of the granges.” In 1212 Countess Blanche gave most of the collateral inheritance (in the form of land) of Savine, a poor woman (“paupercule mulieris”) from Payns, to the hôtel-Dieu-le-Comte in perpetual alms. There is no

207. Arbois de Jubainville, “Étude,” 92. See also AD Aube 43H12, layette 31, cote A, no. 5.
208. Le Grand, ed., *Statuts d’hôtels-Dieu*, art. 5, p. 105. Likewise, the brothers were to sleep in their dormitory with their “familiaribus.” See art. 65, p. 113.
211. See, for example, the example of a servant named “Sgau,” who is described as a servant of the poor (“famula pauperum”); Leblond, ed., “L’obituaire,” 354.
214. BnF ms. Lat 9111, fol. 285. The following year, 24 l. was spent on servants’ salaries. See fol. 292v.
215. Aube 40H1, no. 18 (July 1212).
reference to Savine being a “homo de corpore,” the usual term for a serf, and so she was likely one of Blanche’s servants. Robert “Sorins” Normand, one of the servants of the hospital in Provins, is listed in that hospital’s obituary as having given 20 l. t. so that the hospital could buy rents. A certain Jean, who was one of the servants of a craftsman, gave the same hospital 10 l. to buy rents.

Administrative Anxieties

The sermons preached to the personnel in hospitals reflected preachers’ anxieties about the way that hospitals were administered, and this included everything from the physical state of hospitals to the interactions of women and men, from the source of the money given in alms to how those resources were used. Hospital sermons were not solely words of encouragement and comfort but also included warnings, a reflection of preachers’ fears about the possibility of abuse and corruption and the urgent need for reform. Just as it was believed that there was a connection between physical and spiritual health, so did preachers view the physical state of a hospital as reflecting and contributing to the spiritual and physical health of its sick and poor guests. In commenting on the need for hospitals to have clean and well-ordered beds, Jacques de Vitry noted, “For this, indeed you ought to have male and female servants, lay brothers and sisters in hospitals so that they clean dirt and maintain clean beds. Moreover, in certain places many die from foul and corrupt air as much as from the sickness of the body itself.” It is noteworthy that Jacques expected both female and male servants and conversi to take responsibility for cleaning and maintaining the hospital beds. Jacques and other thirteenth-century reformers criticized hospitals in which almost all of the physical caring for the sick and poor was done by servants, while the brothers and sisters concerned themselves with the religious life and other matters. Jacques reminded hospital brothers and sisters that it was not only servants who were expected to visit the sick and minister to them with their own hands, lifting and carrying them, “but you yourselves” (sed per vos ipso), that is, the brothers and sisters. Far from avoiding the sick poor, the brothers and sisters were often commanded in their own hospital statutes (beginning

216. *Obituaires de la province de Sens*, 1:954.
with the Order of Saint John of Jerusalem) to treat the sick and poor as “our lords.”

In fact, as we have seen, the division of labor in hospitals quite often was gendered, with sisters ministering to the sick and poor, while the brothers were preoccupied with the religious life, managing the hospital’s temporalities, and other matters. As noted earlier, Jacques de Vitry compared a group of hospital workers to the mother of Christ in that they fed and nourished Christ (just as she had) through his members. This is particularly interesting given developments in Cistercian spirituality of this period, with male Cistercians expressing a desire to imitate a Jesus they conceived of as a giving, nurturing, and even lactating mother. In contrast, the vita of Jutta of Huy, written by Hugh de Floreffe, argued that Jutta’s work in a leprosarium was particularly valuable for her in allowing her to prevail over the pride and vanity that were inherent to her sex. Moreover, Hugh observed, the experience of doing works of mercy had made Jutta’s soul “more manly” (viriliter).

In the eyes of churchmen and moral reformers, the diversity of those living inside hospitals—priests and other clerics, lay brothers and sisters, servants, donati, and the poor and sick—posed various kinds of potential problems for religious discipline. Preaching in the large and diverse hôtel-Dieu of Paris, the secular master Ranulphe de la Houblonnière expressed concern about the many different forms of religious life represented both inside and outside the hospital. In Ranulphe’s view, there were simply too many lifestyles to choose from. “The multiplicity of ways,” he argued, caused confusion and deviation from “the narrow gate” and “straight way” that leads to

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221. As Daniel Le Blévec has observed, although hospital roles were sometimes gendered, they were not always so, with the division of labor varying according to the size and makeup of the hospital. See Le Blévec, “Le rôle des femmes,” 171–90.

222. On de Vitry’s gendered view of the physical care of the sick poor, see Farmer, “Leper,” 95–6.


life (Matthew 7:14): “This you will see today: each one makes his own way, one through the religion of the beguines, etc., thus that there are so many forms of religious life today that man does not know in which status he might be in.” Speaking to a diverse audience at the hôtel-Dieu in Paris, which had a staff of over one hundred, including various kinds of clerics, brothers, sisters, female novices, and servants, Ranulphe reflected on the challenges of maintaining religious discipline in such a mixed community.

Both Jacques de Vitry and Humbert of Romans acknowledged in their preaching that there were corrupt hospitals, and Humbert lamented that some of those who supposedly entered a hospital to serve the poor in fact did so “not on account of God or penance or any good intention, but only so as to have sustenance, and therefore they deserve nothing before God.” Nor did Humbert look kindly upon hospital brothers and sisters who moved from hospital to hospital until they found the one that most suited them and then sought to procure extra quantities of food and drink for themselves. Humbert reminded his listeners why they had joined (or should have joined) a hospital community in the first place: to help and serve the sick and poor. Moral reformers generally did not hold a favorable view of the donati, and a thirteenth-century pastoral handbook for archdeacons recommended that archdeacons investigate whether any members of a hospital community had paid in order to be admitted.

Unlike the sermons that were preached in hospitals, the anonymous thirteenth-century *Summa pastoralis* for archdeacons, which contained six chapters on how an archdeacon should conduct visitations of almshouses, was principally concerned with the kinds of pragmatic administrative issues dealt with in hospital statutes: Did the hospital have a written copy of its rules and statutes? How many brothers and sisters lived in the hospital, and was this number excessive relative to the house’s resources? How were the hospital’s properties managed? What was the relationship between the house’s revenues and expenditures? Indeed, the archdeacon’s visitations were intended to ensure that the statutes were being properly observed. Occasionally, as we have seen, hospital sermons did tackle the kinds of issues addressed in statutes. In one of his sermons, Jacques de Vitry, for instance, warned his
listeners to ensure that the hospital be separated by gender, with the infirm
men to whom the brethren ministered in one part and the women to whom
the sisters or female servants ministered in another part or even a separate
building. “Do not place straw near fire,” he cautioned, “nor women near
men.” At times the pastoral handbook echoed some of the criticisms
found in hospital sermons about what motivated brothers and sisters to join
hospitals:

No brothers or sisters ought to be received unless they wish to or are
able to serve God’s poor in all patience and humility and poverty, thus
that they not consider themselves lords but servants and ministers of
the poor. Therefore since very many do not enter so, but in order to
drink and eat and as is said vulgarly, “to have their bread well baked”—
they acquire damnation and they are the cause of the destruction of
almshouses because they live badly there, they enter badly with insincere intention, nor do they serve God nor the poor.

Reminding archdeacons that almshouses were intended to support only the
traveling poor and those with temporary illnesses, the pastoral handbook
railed against almshouses that were supporting those with chronic disabili-
ties: “For the burgesses and very many others, not having God before their
eyes, almost under a certain pretext of piety, are accustomed to burden
houses of this kind, placing there certain members of their family or neigh-
bors who are physically disabled, blind, old and powerless, even when the
almshouses were not founded for this but for showing hospitality for the
currenting poor and especially the sick until they convalesce.”

Humbert of Romans bemoaned those hospitals which, “although they
overflow and are enriched by alms given on account of the poor, nevertheless when the destitute come, they are not received there, and it is done
to them just as the Jews did to Christ, who came among his own and they
did not receive Him, their own.” In hospitals such as these, according to
Humbert, the hospital staff were living magnificently from the alms that had
been collected for the poor, while the poor were “sent away to languish in
great poverty. If, moreover, the rich evangelist [Pharisee] was punished thus
because he did not give from his own goods to that one, Lazarus, lying before

his gate, what ought to be done about those, who with the poor lying in this house with them, do not give from the goods of their poor?” In an attempt to instill fear in his listeners in another sermon, Humbert echoed words from Ecclesiasticus and the Gospel of Matthew, telling his listeners, “‘Be not slow in visiting the sick,’ because the Lord is going to say to those on the Day of Judgment, ‘I was sick and you all did not visit me.’”

On the other side of the spectrum, Jacques de Vitry expressed concern not that the brothers and sisters would exhibit insufficient charity toward the sick and poor but rather that the staff would be too indulgent with them. He cautioned the staff not to give the sick and poor whatever they wanted:

In this, moreover, many hospitallers are delinquent, as if under the guise of piety, they walk around the beds of the sick and ask each one what they wish to eat or drink. The ignorant ones, moreover the poor and sick, ask for meat or wine according to their own appetite, although they may suffer a violent fever or another fierce illness. Whence very often many die from a diet which is contrary to the diet for that infirmity. Therefore, you ought not knowingly give foods that are bad for the sick just as you would not wish to give a sword to a madman with which he might kill himself.

What all of these sermons reflect is a deeply felt anxiety about sincerity, motives, and the enormous responsibility with which hospital workers were entrusted. Preachers sought to convey to hospital audiences just how high the stakes were in the way that they carried out their charitable work. It was not merely the actions of hospital workers that mattered, but the intentionality and sincerity behind their actions.

The unease expressed by ecclesiastical reformers about the way that hospitals were being administered continued into the early fourteenth century, culminating in canon 17 (the decretal Quia contingit) of the Council of Vienne, summoned by Clement V in 1311. This decretal, which represented the first significant treatment of hospitals in conciliar law, directly addressed some of the perceived abuses being committed by those overseeing hospitals, including hospitals that were mismanaged; the properties and rights of hospitals being usurped; funds for the sick poor being used to create benefices for non-resident clerics, with the poor being turned away as a direct consequence;

buildings being left in a state of disrepair; a dearth of inventories of hospital properties and regular bookkeeping of hospital incomes and expenditures.\textsuperscript{238} The overriding concern of this decretal centered not on the religious life and discipline of the hospital brethren but on protecting hospital assets and ensuring that the donations made to hospitals were being used for the poor and sick, not the personnel. \textit{Quia contingit} was meant to serve as a reminder of the need for competent personnel to carry out the caritative function for which hospitals were founded and endowed. From the perspective of the decretal, when a hospital’s personnel outnumbered its poor and sick guests, the institution had lost sight of its mission. The decretal sought to affirm the power of bishops to oversee the management of hospitals where abuses were occurring, regardless of whether the hospital was exempt from episcopal control. There is evidence that in the wake of \textit{Quia contingit}, at least some bishops implemented the decretal’s injunctions and sought to exercise greater control and oversight over hospitals.\textsuperscript{239} In the mid-fourteenth-century, as we have observed, the bishop delegate of Paris conducted visitations of dozens of hospitals and leprosaria in his diocese and recorded his detailed findings in a register.\textsuperscript{240} One of the striking things revealed by this register is just how much control the bishops of Paris were exercising over these houses of mercy in the decades following the Council of Vienne. According to the register, it would seem that almost every cleric and lay brother and sister had needed the bishop’s approval to be received by a hospital or leprosarium. The bishop delegate regularly inspected the documents recording these episcopal authorizations to ensure that all personnel were legitimate and that the staff was not increasing in size.

While some French bishops expressed concern about the lack of moral and religious discipline that might result from a hospital’s autonomy or lack of external oversight, a bishop’s own cathedral chapter could also serve as a disruptive force to what was supposed to be the solemn and tranquil state of a hospital. In 1322 the \textit{magister} and the brothers and sisters of the hôtel-Dieu of Reims complained to the cathedral chapter, with which they were affiliated, about an annual custom in which choirboys and young canons from the cathedral celebrated the end of the Advent fast by congregating in the hospital on Christmas morning, following the chanting of Matins and


\textsuperscript{239.} Mollat, \textit{Poor in the Middle Ages}, 181–82.

\textsuperscript{240.} Le Grand, ed., “Les maisons-Dieu et les léproseries.”
the Nine Lessons. The choirboys and young canons would gather around a large fire in the hospital, drinking and feasting on sausages and other foods. At the request of the hospital, the Rémois chapter agreed to put an end to this annual practice, and the hospital agreed in return to pay an annual rent to the cathedral chapter.  

Although some French bishops sought to reform, and in some sense, “regularize” hospitals, it was not church councils or the actions of bishops that fueled the hospital movement or the broader charitable revolution. Rather, it was propelled by the broad-based social and religious impulse of members of the laity and ecclesiastics to offer up their own property, wealth, and labor in service of the *miserabiles*. The diverse members of hospital communities—lay women and men, male and female religious, clerics, peasants, townspeople, and aristocrats—were surely motivated for different reasons, but to some extent they all came to hospitals in search of greater security, whether spiritual or material, and believed that they might find that security by participating in a community dedicated to performing the works of mercy. For some, that sense of security might have come through the realization of their apostolic aspirations to live in a caritative religious community. Still others might have obtained a sense of security by no longer living alone, instead being part of a supportive community formed around mutual assistance, where they could be assured of meals, clothes, and a bed. However, the reality surely was that many medieval hospital workers never found the security they were hoping to find. Working in a hospital, which could involve caring for those suffering from malnutrition and various kinds of mental and physical illness, carried its own risks and hardships—exposure to pathogens, abuse by violent guests or fellow brethren, the possibility that the institution might at any time shut down due to insufficient resources or be taken over by another religious house—and so hospital workers, who were charged with caring for those on the margins, must have often lived with a profound sense of their own vulnerability. Ultimately, there was not that much separating the widow who worked as a hospital sister, or the aged and frail hospital chaplain, from the sick and poor for whom they cared.

241. AD: Marne (Reims) 2G354 (October 1322).