

PREMODERN HEALTH, DISEASE, AND DISABILITY



Lucy C. Barnhouse

# Hospitals in Communities of the Late Medieval Rhineland

Houses of God, Places for the Sick

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# Premodern Health, Disease, and Disability

*Premodern Health, Disease, and Disability* is an interdisciplinary series devoted to all topics concerning health from all parts of the globe and including all premodern time periods: Antiquity, the Middle Ages and Early Modern. The series is global, including but not limited to Europe, the Middle East, the Mediterranean, and Asia. We encourage submissions examining medical care, such as health practitioners, hospitals and infirmaries, medicines and herbal remedies, medical theories and texts, care givers and therapies. Other topics pertinent to the scope of the series include research into premodern disability studies such as injury, impairment, chronic illness, pain, and all experiences of bodily and/or mental difference. Studies of diseases and how they were perceived and treated are also of interest. Furthermore, we are looking for works on medicinal plants and gardens; ecclesiastical and legal approaches to medical issues; archaeological and scientific findings concerning premodern health; and any other studies related to health and health care prior to 1800.

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*Lucy C. Barnhouse*



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To Joseph P. Huffman, mentor, teacher, and friend



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Cover illustration: Tympanum over portal to the Gotthard-Kapelle; photographer Stefan Dumont. Image provided by Dom- und Diözesanmuseum, Mainz

Cover design: Coördesign, Leiden

Lay-out: Crius Group, Hulshout

ISBN 978 94 6372 024 3

E-ISBN 978 90 4855 223 8 (pdf)

DOI 10.5117/9789463720243

NUR 684

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# Acknowledgements

Acknowledging the personal and academic debts incurred in writing a book is perhaps the pleasantest part of preparing the manuscript. Conversations with Simon Forde encouraged me to submit this work for publication with Amsterdam University Press, and Shannon Cunningham, Victoria Blud, and Jasmijn Zondervan have been supportive and responsive in the process of preparing it. I am also grateful to AUP's three external readers. Helpful bibliographic suggestions were given anonymously; Anna Peterson, a valued friend and colleague, provided both thorough commentary and helpfully provocative questions. I am particularly appreciative of the generosity of spirit with which Sethina Watson responded to a work that makes clear the points where our scholarship concerning hospitals in medieval canon law reaches profoundly differing conclusions. Thanks are owed to my Doktorvater, Wolfgang Mueller, who first suggested the medieval hospital to me as a topic where I might productively explore my interest in late medieval religious life and how it was understood in legal and social terms. His rigor has always challenged me to understand and articulate my own thought better. I am indebted to him for his personal encouragement and scholarly counsel as I prepared this book for publication. Maryanne Kowaleski not only strengthened an early version of this work with her insightful comments, but supported my development as a scholar throughout my graduate career. In criticism and encouragement, she has been a model of generosity, for which I am deeply grateful. Richard Gyug's imaginative and rigorous engagement with primary sources has stimulated and inspired me. I am also indebted to the Fulbright Commission for funding the archival research on which this work depends, and to Prof. Dr. Michael Matheus for sponsoring me as a visiting scholar of the Johannes-Gutenberg Universität during my time in Mainz.

This work was also facilitated by the staff of the many archives and libraries on whose resources I have relied. Fordham University's interlibrary loan staff provided invaluable support, not only in obtaining a remarkable range of obscure German periodicals, but in their friendliness, a support and stay. The history department of the Johannes-Gutenberg Universität provided a generous welcome, as well as an impressive and valuable collection of scholarship on the middle Rhine region. I am grateful to the staff of the department for smoothing the bureaucratic processes associated with my stay, and to the medievalists there for their collegiality. Dr. Wolfgang Dobras, of Mainz's Stadtarchiv, has provided invaluable help in sharing his extensive



knowledge of Mainz's sources and of relevant secondary literature, and provided a gracious welcome to the study of Mainz. The staff and regulars of the Stadtarchiv of Mainz became to me a valuable community in the academic year of 2013–2014. I am grateful to them for their expertise, their assistance, and their good humor. I am also particularly obliged to Herr Michael Scholz, of the Hessisches Staatsarchiv Darmstadt, for his aid in helping me view original documents, and his initiative in connecting me to Dr. Helmut Heinemann, who shared his long experience with the Cistercian records of the region.

Not least, I am indebted to friends and colleagues. I am grateful both to and for Rachel Clark, who helped and consoled me when, due to injury and bereavement, I couldn't work on the book, and who laughed at me when I simply didn't. Esther Cuenca has been a dear friend since the beginning of my time at Fordham University, and an indefatigable organizer of online writing groups. Christina Bruno, my Doktorschwester, has frequently commiserated with me on the complexities of canon law, and helped me grapple with the same. Allison Edgren, fellow Fulbright Scholar, has provided companionship, cheer, and clarification of obscure medieval German. Elma Brenner has stimulated my thinking on medieval leprosy, particularly, since the early days of this project, and has been generous both with encouragement and practical suggestions. Christina Welsch, Margaret Wee-Siang Ng, and Jordan Biro Walters, of the College of Wooster, graciously read drafts of several of these chapters as they were under revision. My writing is better for their questions and suggestions. While Monica Green has not read this manuscript, she has shown scholarly generosity and modeled scholarly rigor in ways that have aided my work on it.

Finally, this book would certainly not exist without the mentorship of Joseph P. Huffman. From the time I sat in his office as a prospective undergraduate student, he has offered both moral and practical support for my development as a medievalist. He supported the development of my German and Latin in coursework and beyond; he warned me about the uncertainties and challenges of graduate study, and supported my PhD applications when I proved resistant to dissuasion. Subsequently, through email exchanges and over cups of tea, he has continuously encouraged my professional development. He has also exemplified commitment to that profession as a humane endeavor, in the face of institutional and cultural devaluation of the humanities. In his own research and scholarship, he has modeled rigor and generosity of thought. He has, through upheavals personal and professional, been a friend in the fullest sense. It is to him that this work is dedicated.



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# Introduction

## Abstract

The introduction situates this monograph in relation to the historiography, identifies the archival documents on which it relies, and lays out its argument. I aim to show how legal status was debated and utilized by hospital communities, ecclesiastical and civic authorities, and, not least, the laity who were the donors and neighbors, and sometimes the administrators, of urban and periurban hospitals. Hospitals' entitlement to the legal privileges of religious status, and their subjection to ecclesiastical jurisdiction, were tendentious questions. This fueled the needs of hospitals to assert and defend their legal rights, but also enabled negotiation of their institutional identity. This book argues that the canon law governing hospitals served as an engine of their late medieval development.

**Keywords:** canon law, medieval history, urban history, religious houses

Today, the Heilig Geist in Mainz is an airy restaurant, a few blocks away from the Rhine. For centuries, however, this building, located between the cathedral and the city hall, was devoted to the care of the sick. The earliest list of those who resided in Mainz's oldest hospital dates to 1487, two decades after the hospital had been returned to the control of the cathedral chapter in the aftermath of a bitter dispute over the archiepiscopal see. The hospital master and the chaplain are listed first, followed by Peter, "a poor priest," and one man and a married couple who had purchased corrodies in the house, ensuring that they would be cared for in their old age. The six other men listed by name appear to have been vowed staff. There were also six sick persons receiving care, three laywomen who cared for them, and a man to bury the dead.<sup>1</sup> What bound those people together in that place?

1 StAM 33/9.

The complexity of medieval hospital history has been the subject of frustration and confusion, as well as admiration.<sup>2</sup> The late medieval intensification of debates over hospital administration has been observed by numerous historians, but it has rarely been interpreted as a sign of tension over hospitals' status in canon law, and the implications of that status.<sup>3</sup> Comparative work on late medieval hospitals can be facilitated by an examination of how hospitals' religious status was understood and debated. While the scholarship on medieval hospitals has burgeoned in recent years, examinations of their social function have rarely taken their legal identity into account. Centering hospitals' status in canon law enables comparison of *leprosaria* with multipurpose hospitals, and makes sense of the chronology of hospitals' late medieval institutional development. Rejecting the isolation of the historiography of leper hospitals from that of comparable institutions, moreover, provides a more comprehensive picture of how hospitals functioned in the later Middle Ages. Hospitals' contested legal status as religious houses is key to understanding how their functions were debated, and what participation in hospital communities could mean.

Using largely unexamined primary source material from the central Rhineland, I examine four types of hospital, representative of common institutional trajectories of the later Middle Ages. The oldest hospital of Mainz is typical of many institutions in its development under the aegis of the archbishop, and the transfer of rights of administrative appointment to the city council in the first third of the thirteenth century. Comparison to other civic hospitals in the Rhineland shows how the development of these prosperous urban institutions was connected to the evolution of canon law as well as local politics. The formation of a new community by Mainz's hospital sisters in the mid-thirteenth century, subject of the third chapter, follows a narrative common to mixed-gender hospitals, but one that has not been examined as a trend. This work compares the richly documented leper hospital of St. Georg to the multipurpose hospitals of Mainz, as well as to other *leprosaria* in the region, including the leper hospitals of Worms

2 Michel Pauly, "Für eine raumbezogene Hospitalgeschichte: Einführende Bemerkungen," in: *Einrichtungen der sozialen Sicherung im mittelalterlichen Lotharingen*, Actes des 13es Journées Lotharingiennes, 12–15 October 2004, ed. Michel Pauly (Linden: Section Historie de l'Institut Grand-Ducal, 2008), 9–14; Thomas Frank, *Heilsame Wortgefechte. Reformen europäischer Hospitäler vom 14. bis 16. Jahrhundert* (Göttingen: V&R Unipress, 2014), 14–15.

3 See Benjamin Laqua, *Bruderschaften und Hospitäler während des hohen Mittelalters: Kölner Befunde im westeuropäisch-vergleichende Perspektive* (Stuttgart: Hiersemann, 2011), 99–108. On hospitals in canon law, cf. Gunther Risse, *Mending Bodies, Saving Souls: A History of Hospitals* (Oxford: Oxford University Press, 1999), 144–147.

and Speyer. Using this framework shows that *leprosaria* were institutions defined by many factors beyond disease, a reality that their historiography has often obscured.<sup>4</sup> The small hospital of St. Barbara, founded by a canon in the mid-fourteenth century, illustrates how private foundations could obtain legitimacy as religious institutions, even after the canon law on hospitals had been substantially refined over the course of the thirteenth century.

This work focuses on the archdiocese of Mainz: a territory large enough for a robust evidence base, both for prosperous and well-documented hospitals (usually urban) and for small hospitals with only scant extant records. This scope allows a study of trends in how the archbishops of this territory intervened in the regulation of hospitals and other religious institutions. Such a model could be adopted for other bishoprics and archbishoprics, overcoming the particularization which has been a common response to the apparently protean nature of the medieval hospital.<sup>5</sup> Although medieval hospitals have been described as a “total social phenomenon,” the scholarship on them remains fragmented by disciplinary and linguistic boundaries.<sup>6</sup> Studying the practical implications and negotiations of hospitals’ status in canon law enables both an integration of hospitals in studies of religious institutions and networks and a more coherent overview of late medieval hospital development.<sup>7</sup> Over a century ago, Léon Le Grand identified a “powerful movement” to create hospital statutes in the thirteenth century,

4 See Saul Nathaniel Brody, *The Disease of the Soul: Leprosy in Medieval Literature* (Ithaca, NY: Grainell University Press, 1974), 60–83 et passim. Brody’s problematic use of the term “asylum” to describe leper hospitals is perpetuated by Timothy S. Miller and John Nesbitt, *Walking Corpses: Leprosy in Byzantium and the Medieval West* (Ithaca, NY: Cornell University Press, 2014), 62–63 et passim. See also Elke Weingärtner, *Das Medizinal- und Fürsorgewesen der Stadt Trier im Mittelalter und der frühen Neuzeit* (Trier: Porta Alba Verlag, 1981), 77–79; Martin Uhrmacher, “Entstehung und Verbreitung von Leptosorien im Westen des Reiches,” in *Einrichtungen der sozialen Sicherung*, ed. Pauly, 463; Elinor Lieber, “Old Testament ‘Leprosy,’ Contagion and Sin,” in: *Contagion: Perspectives from PreModern Societies*, eds. Lawrence I. Conrad and Dominik Wujastyk (Aldershot: Ashgate Press, 2000), 99–136.

5 For valuable pan-European surveys see Gisela Drossbach, ed., *Hospitäler in Mittelalter und früher Neuzeit: Frankreich, Deutschland und Italien: eine vergleichende Geschichte = Hôpitaux au Moyen Âge et au temps modernes: France, Allemagne et Italie: une histoire comparée* (Munich: R. Oldenbourg Verlag, 2007); Michael Matheus, ed., *Funktions- und Strukturwandel spätmittelalterlicher Hospitäler im europäischen Vergleich*, *Geschichtliche Landeskunde* 56 (Stuttgart: Franz Steiner Verlag, 2005).

6 Pauly, “Einleitung,” *Einrichtungen der sozialen Sicherung*, 14. Siegfried Reicke, *Das deutsche Spital und sein Recht im Mittelalter*, vol. 1 (Stuttgart: Enke, 1932), vii, identifies the hospital (alongside “church, canonry, and cloister”) as one of the major ecclesiastical institutions of the Middle Ages.

7 The desirability of such work is noted by John R. Guy, “Of the Writing of Hospital Histories There Is No End,” *Bulletin of the History of Medicine* 59 (1985), 416; Drossbach, “Introduction,” in: *Hospitäler in Mittelalter*, 9–24.



but did not identify canon law as an impetus; as noted by Sethina Watson, this model does not work for English hospitals.<sup>8</sup> Similarly, Benjamin Laqua has observed an early thirteenth-century vogue for the creation of charters and *vitae* implying ancient antecedents for the pious purposes and dedicated care of hospitals, but the fact that these aligned with the newly defined criteria for a hospital to receive the privileges of a religious institution has not been the subject of analysis.<sup>9</sup> While mentions of hospitals in church councils of the early thirteenth century have been noted, the impact of these councils has been neglected or dismissed.<sup>10</sup>

Regulated as religious institutions—and resented or supported as such—hospitals were hubs of activity, spaces of therapeutic care both spiritual and physical, and landmarks in physical and symbolic landscapes.<sup>11</sup> Hospital communities used their religious status strategically in forming their policies and relationships. The hospitals of the central Rhineland were active participants not only in the socioeconomic networks of the city and its hinterland, but in its religious networks. In addition to providing spiritual as well as physical care, hospitals were places where the laity attended and endowed Masses. Hospitals' functional similarity to monasteries has been commented on for decades, but their legal parity has not.<sup>12</sup>

8 Léon Le Grand, *Statuts d'hôtels-Dieu et de léproseries: recueil de textes du XIIIe au XIVe siècle* (Paris: Alphonse Picard et Fils, 1901), xii-xiii; Sethina Watson, *Fundatio, Ordinatio, and Statuta: The Statutes and Constitutional Documents of English Hospitals to 1300* (Oxford: D.Phil., 2003), 280.

9 Laqua, *Bruderschaften und Hospitäler während des hohen Mittelalters*, 33–34.

10 Walter De Keyser, “Le ‘dépistage’ de la lèpre en Hainaut. De l’expertise pratiquée par les lépreux à l’examen médical (XIV-XVI siècles,)” in: *Einrichtungen der sozialen Sicherung*, 93–95, analyzes the implications of life in a hospital for the status of medieval lepers without any reference to religious privileges and obligations; idem, “L’évolution interne des léproseries,” in: *Lépreux et sociabilité du Moyen Âge aux temps modernes*, ed. Bruno Tabuteau (Rouen: Publications de l’Université de Rouen, 2000), 13; Sethina Watson, *On Hospitals: Welfare, Law, and Christianity in Western Europe, 400–1320* (Oxford: Oxford University Press, 2020), 261–294. See also Adam J. Davis, *The Medieval Economy of Salvation: Charity, Commerce, and the Rise of the Hospital* (Ithaca, NY: Cornell University Press, 2019), 109–110.

11 Studying hospitals as part of social topographies has been highlighted as a desideratum: Christian Hoffarth, pers. comm., Medieval History Seminar, German Historical Institute, 15 October 2015; Christine Jehanno, “The Medieval Hospital as Epistemological Laboratory,” University of Ghent, 15 April 2016. Michel Pauly und Martin Uhrmacher, “Die Koblenzer Hospitäler in zentralörtlicher Perspektive,” in *Zwischen Maas und Rhein: Beziehungen, Begegnungen und Konflikte in einem europäischen Kernraum von der Spätantike bis zum 19. Jahrhundert*, ed. Franz Irsigler (Trier: Universität Trier, 2006), 334–340. For an overview of the theoretical complexities of considering historical landscapes, see Karl-Georg Faber, “Was ist eine Geschichtslandschaft?” in *Festschrift Ludwig Petry, Teil I*, ed. Johannes Bärmann (Wiesbaden: F. Steiner, 1968), 20–23.

12 Sheila Sweetinburgh, *The Role of the Hospital in Medieval England: Gift-Giving and the Spiritual Economy* (Portland, OR: Four Courts Press, 2004), 21–23. See also, for example, Miri Rubin,

## Medieval Hospitals and their Legal Status

The debate on how legal status ought to affect hospitals' internal organization and external relationships began in the twelfth century, and remained active throughout the later Middle Ages.<sup>13</sup> From the second half of the twelfth century onwards, the legal status of hospitals as religious houses was invoked by hospital communities seeking privileges. The privileges of exemption from taxation conferred on hospitals and their vowed residents by religious status frequently appear in disputes over the administration and rights of urban hospitals. Medieval hospitals have, however, rarely been analyzed as religious institutions.<sup>14</sup> Recent years have seen increasing acknowledgment of the fact that, even after the watershed of Lateran IV, religious identity could be labile, and religious status contested, with religious communities able to “persist indefinitely in a state of fluidity.”<sup>15</sup> The legal evolution of religious status from the twelfth through fourteenth centuries was not a top down process, conformed to—or resisted—by individual institutions. Rather, the multiplication of texts on religious

“Imagining Medieval Hospitals: Considerations on the Cultural Meaning of Institutional Change,” in *Medicine and Charity Before the Welfare State*, eds. Jonathan Barry and Colin Jones (London: Routledge, 1991), 18; Carole Rawcliffe, *Leprosy in Medieval England* (Woodbridge: Boydell & Brewer, 2006), 322–337; Margaret A. Seymour, “The Organization, Personnel, and Functions of the Hospital in the later Middle Ages,” *The Bulletin of the Institute for Historical Research* 21 (1948), 249.

13 Oliver Auge, “Ne pauperes et debiles in...domo degentes divinis careant.” Sakralreligiöse Aspekte der mittelalterlichen Hospitalgeschichte,” in *Sozialgeschichte mittelalterlicher Hospitäler*, eds. Neithard Bulst and KarlHeinz Spiess (Ostfildern: Jan Thorbecke Verlag, 2007), 77. On hospitals as spaces of moral and moralized care in later periods, see for example John Chircop, “Management and Therapeutic Regimes in Lunatic Asylums,” in *Hospital Life: Theory and Practice from the Medieval to the Modern*, eds. Laurinda Abreu and Sally Sheard (Oxford: Peter Lang, 2013), 179–208; Victoria Sweet, *God's Hotel: A Doctor, A Hospital, and a Pilgrimage to the Heart of Medicine* (New York, NY: Riverhead Books, 2012), 2–10, 62–67, 106–114.

14 Benjamin Thompson, “From ‘Alms’ to ‘Spiritual Services’: The Function and Status of Monastic Property in Medieval England,” in *Monastic Studies, II. The Continuity of Tradition*, ed. Judith Loades (Bangor, Gwynedd: Headstart History, 1991), 227–261. Risse, *Mending Bodies, Saving Souls*, 180. Laqua, *Bruderschaften und Hospitäler*, 16–32, and Sweetinburgh, *The Role of the Hospital*, 133–6, acknowledge the importance of religious identity for the material support of hospitals.

15 Jennifer Kolpacoff Deane, “Geistliche Schwestern: The Pastoral Care of Lay Religious Women in Medieval Würzburg,” in *Partners in Spirit: Women, Men, and Religious Life in Germany, 1100–1500*, eds. Fiona J. Griffiths and Julie Hutchin (Turnhout: Brepols, 2014), 237. See also *Labels and Libels: Naming Beguines in Northern Medieval Europe*, eds. Letha Böhringer, Jennifer Kolpacoff Deane, and Hildo van Engen (Turnhout: Brepols, 2014); Sherri Franks Johnson, *Monastic Women and Religious Orders in Late Medieval Bologna* (Cambridge, Cambridge University Press, 2014) 1–2, 10–11, et passim.



status was in large part the result of hospitals and monastic institutions defending or claiming legal privileges, usually of exemption for persons or properties.

In the early twentieth century, Siegfried Reicke devoted a magisterial work to how hospitals in medieval German lands were legally defined and regulated.<sup>16</sup> Thomas Frank has explored the appearance of hospitals in thirteenth- and fourteenth-century commentaries on the classic texts of canon law.<sup>17</sup> But analysis of connections between juristic discussions of theory and the practice of hospital reform remains a desideratum, despite the recent work of Sethina Watson.<sup>18</sup> The present study examines how religious status was negotiated and utilized by hospital communities, ecclesiastical and civic authorities, and, not least, the laity who were the donors and neighbors, and sometimes the administrators, of urban and periurban hospitals. Over the course of the later Middle Ages, hospital administrators, ecclesiastical and civic authorities, and those who interacted with hospitals as donors and tenants all responded to the changing criteria for religious status, which was intimately connected to hospitals' policies and relationships.

By the early thirteenth century, the teaching of canon law had expanded to all major universities; and those educated in the law, in turn, to numerous ecclesiastical hubs, including Mainz.<sup>19</sup> The Fourth Lateran Council, building on regional synods, was also of enormous influence on how religious institutions were defined and regulated.<sup>20</sup> Documents of practice often echo synodal and conciliar language, demonstrating that such prescriptive texts were hardly isolated from social realities. Hospitals, as individual houses, were at the lower end of the hierarchy of ecclesiastical corporations. Thus, formal observance was relatively unlikely to be of importance to the papal curia, and perhaps even to local authorities, unless significant resources were involved.<sup>21</sup> Grants of exemption could make religious houses answerable to

16 Reicke, *Das deutsche Spital und sein Recht*, vii-xi et passim.

17 Thomas Frank, "Spätmittelalterliche Hospitalreformen und Kanonistik," *Reti Medievali Rivista* 11 (2010), 2 et passim.

18 Watson, *On Hospitals* (see above, note 10).

19 Kenneth Pennington, "The Decretalists 1190 to 1234," in *The History of Medieval Canon Law in the Classical Period, 1140–1234: From Gratian to the Decretals of Pope Gregory IX*, eds. Wilfried Hartmann and Kenneth Pennington (Washington, DC: Catholic University of America Press, 2008), 242–245.

20 Paul B. Pixton, *The German Episcopacy and the Implementation of the Decrees of the Fourth Lateran Council 1216–1245: Watchmen on the Tower* (Leiden: Brill, 1995), 225–282; Anne J. Duggan, "Conciliar Law 1123–1215," in *The History of Medieval Canon Law*, 359–366.

21 James A. Brundage, *Medieval Canon Law* (New York: Longman, 1995), 98.

the pope rather than to local authorities.<sup>22</sup> Moreover, the majority of hospitals in late medieval Europe belonged to no order. The status of a hospital relative to the ecclesiastical hierarchy might thus be ambiguous. And ecclesiastical authorities might be more interested in formalities—and their legal and economic implications—than the exactitude of observance.<sup>23</sup> Bound by rules, wearing habits, and vowed to the service of the sick, hospital staff were visibly religious persons, and committed to preserving that status in law.

## The Historiographies of Medieval Hospitals

The scholarship on medieval hospitals remains fragmented as well as voluminous. Sethina Watson has pithily described medieval hospitals as the “oddly elusive subject of a great deal of study.” Michel Pauly’s question of whether it is possible to define the medieval hospital has been echoed tacitly, if not explicitly, in many recent works.<sup>24</sup> Gisela Drossbach has called for a “deconstruction of the historiography”; such a bringing together of research traditions appears more than ever desirable as the study of medieval medicine and health continues to grow as a subfield.<sup>25</sup> The early legal focus of German studies has remained separate from the movements towards social and economic history that characterized many studies of medieval hospitals in the 1960s and 1970s.<sup>26</sup>

22 Brundage, *Medieval Canon Law*, 43, has asserted that exempt houses “for practical purposes enjoyed immunity from any outside supervision whatever.”

23 Frank, *Heilsame Wortgefechte*, 69–73.

24 Watson, *Fundatio, Ordinatio, and Statuta*, iii. Pauly, ed., *Einrichtungen der sozialen Sicherung*, 9–14. Walter Schneider, “Die Hospitäler im Raum Alt-Tirol: Probleme einer Pass- und Übergangsregion,” in *Funktions- und Strukturwandel spätmittelalterlicher Hospitäler im europäischen Vergleich*, ed. Michael Matheus (Stuttgart: Franz Steiner Verlag, 2005), 61–62; Christine Vanja, “Offene Fragen und Perspektiven der Hospitalgeschichte,” in *Europäisches Spitalwesen. Institutionelle Fürsorge in Mittelalter und Früher Neuzeit*, ed. Martin Scheutz, Andrea Sommerlechner, Herwig Weigl, and Alfred Stefan Weiß (Munich: R. Oldenbourg Verlag, 2008), 19–41. On comparative studies as a desideratum, see also Bettina Toson, *Mittelalterliche Hospitäler in Hessen zwischen Schwalm, Eder, und Fulda* (Darmstadt: Hessische Historische Kommission, 2012), 16–19; Peregrine Horden, “A Discipline of Relevance: The Historiography of the Later Medieval Hospital,” *Social History of Medicine* 1 (1988), 365.

25 Drossbach, “Introduction,” *Hospitäler in Mittelalter*, 22–24.

26 Jürgen Sydow, “Spital und Stadt in Kanonistik und Verfassungsgeschichte des 14. Jahrhunderts,” in *Der deutsche Territorialstaat im 14. Jahrhundert*, ed. Hans Patze (Frankfurt am Main: Thorbecke, 1970), 175–195. For examples of social and economic history, see Ulrich Knefelkamp, *Das Gesundheits- und Fürsorgewesen der Stadt Freiburg im Breisgau im Mittelalter* (Freiburg im Breisgau: Herder, 1981), 30–42; Ulrich Knefelkamp, *Das Heilig-Geist-Spital in Nürnberg vom 14–17.*

I analyze the varied ways in which hospitals of all types—including leper hospitals—fit into socioeconomic and religious networks as religious institutions. In studying the legal status of medieval hospitals, this work follows Siegfried Reicke's monumental *Das deutsche Spital und sein Recht im Mittelalter*. Reicke's work was based entirely on printed material, however, and few subsequent studies have examined the effects of hospitals' legal status.<sup>27</sup> Recent scholars have been understandably chary of Reicke's division of medieval hospitals into ecclesiastical and civic institutions, which tends to obscure the complexities of hospitals' institutional development.<sup>28</sup> The religious characteristics of hospital life have too often been treated as an outgrowth of charitable impulses, rather than a consequence of hospitals' legal status.<sup>29</sup> When commonalities between hospitals and monastic houses

*Jahrhundert: Geschichte, Struktur, Alltag* (Nürnberg: Verein für Geschichte der Stadt Nürnberg, 1989), 25–41; Brigitte Pohl-Resl, *Rechnen mit der Ewigkeit: Das Wiener Bürgerspital im Mittelalter* (Munich: Oldenbourg Verlag, 1996), 22–33; Beate Sophie Gros, *Das Hohe Hospital in Soest (ca. 1178–1600). Eine prosopographische und sozialgeschichtliche Untersuchung* (Münster: Aschendorff, 1999), 58–64 et passim; Ernst-Adolf Meinert, *Die Hospitäler Holsteins im Mittelalter: Ein Beitrag zur mittelalterlichen Stadtgeschichte* (Neumünster, Wachholtz Verlag, 1997), 9–11.

27 An exception is Jürgen Sydow, "Kanonistische Fragen zur Geschichte des Spitals in Südwestdeutschland," *Historisches Jahrbuch* 83 (1964), 54–68. Sydow sees the history of the medieval hospital as ending in communalization, a teleological process which I question. Gisela Drossbach, *Christliche caritas als Rechtsinstitut: Hospital und Orden von Santo Spirito in Sassia 1198–1378* (Paderborn: Ferdinand Schöningh, 2005), focuses on the history of the papally founded Order of the Holy Spirit, without exploring the wider context of the questions of legal and social identity that her work engages with as they affected the hospital in Rome and its daughter houses. Gisela Drossbach, "Das Hospital—eine kirchenrechtliche Institution? (ca. 1150–1350)," *Zeitschrift der Savigny – Stiftung für Rechtsgeschichte: Kanonistische Abteilung* 118 (2001), 510–522, raises the question of whether or not the medieval hospital was governed by canon law in the twelfth through fourteenth centuries, but does not touch on the social implications of the question.

28 Reicke, *Das deutsche Spital*, v–xi. This model inspired numerous studies, especially in Germany, where a wave of scholarship in the 1960s and 1970s focused on the socioeconomic development of individual urban hospitals; see for example Knefelkamp, *Das Gesundheits- und Fürsorgewesen der Stadt Freiburg*, 30–42; Knefelkamp, *Das Heilig-GeistSpital in Nürnberg*, 265–275; Pohl-Resl, *Rechnen mit der Ewigkeit*, 22–33; Meinert, *Die Hospitäler Holsteins im Mittelalter*, 9–11.

29 Rudolf Virchow, "Der Hospitäliter-Orden des Heiligen Geist, zumal in Deutschland," in *Monatsberichte der Königlich Preussischen Akademie der Wissenschaften zu Berlin* 43 (1878), 341–342, pointed out that the hospitals of the Islamic world in the Middle Ages were numerous and well appointed, and similar institutions existed under Buddhism, but generalizations about hospitals and Christian charity persist. See MarieLouise Windemuth, *Das Hospital als Träger der Armenfürsorge im Mittelalter* (Stuttgart: Franz Steiner Verlag, 1995), 13; Monika Eschner-Apsner, "Karitativsoziale Leistungen bruderschaftlicher Organisationen im hohen und späten Mittelalter," in *Einrichtungen der sozialen Sicherung im mittelalterlichen Lotharingen, Actes des 13es Journées Lotharingiennes (12–15 Oct. 2004)* (Linden: Section Historie de l'Institut Grand-Ducal, 2008), 178–180; Gerhard Aumüller, Kornelia Grundmann, and Christina Vanja, eds., *Der Dienst am Kranken: Krankenversorgung zwischen Caritas, Medizin und Ökonomie vom*

have been discussed, it has often been in the context of contrasting medieval hospitals with modern clinical institutions; preconceptions about medieval attitudes towards health, medicine, and hygiene have particularly shaped studies of leper hospitals.<sup>30</sup> Attempts to analyze medieval hospitals using modern clinical categories of care and cure have often brought more frustration than insight.<sup>31</sup> Peregrine Horden and others have sought to shift scholarly debate from a teleological, practitioner-centered view of gradual medicalization towards more nuanced assessments of therapeutic care in medieval hospitals.<sup>32</sup>

Struggles between ecclesiastical and civic authorities have often been taken as an explanation for conflicts over hospital administration, without being adequately explained themselves. The ascendancy of municipal leadership groups, in such interpretations, becomes both cause and effect for the transfer of hospitals from the supervision of bishops or cathedral chapters.<sup>33</sup> Treating

*Mittelalter bis zur Neuzeit* (Marburg: Elwert, 2007); Jean Imbert, *Histoire des hôpitaux français: contribution à l'étude des rapports de l'église et de l'état dans le domaine de l'Assistance Publique: les hôpitaux en droit canonique du décret de Gratien à la sécularisation de l'administration de l'Hôtel-Dieu de Paris en 1505* (Paris: J. Vrin, 1947), 9–10.

30 Kay Peter Jankrift, *Mit Gott und schwarzer Magie: Medizin im Mittelalter* (Stuttgart: Konrad Theiss Verlag, 2005), 14; Jankrift describes a “medical Middle Ages” as lasting through the late sixteenth century; Karl W. Heyden, “Die Hospitäler in Oppenheim,” *Oppenheimer Hefte* 1 (1990), 14–15, repeats numerous stereotypes about medieval cities.

31 Katharine Park, “Healing the Poor: Hospitals and Medical Assistance in Renaissance Florence,” in *Medicine and Charity Before the Welfare State*, eds. Jonathan Barry and Colin Jones (London: Routledge, 1991), 26; Monika Eschner-Apsner, “Geistliche Institutionen und Hospitäler,” in *Caritas im Bistum Trier: Eine Geschichte des Helfens und Heilens*, ed. Roland Ries and Werner Marzi (Trier: Kliomedia Verlag, 2006), 78–79. Nicholas Orme and Margaret Webster, *The English Hospital 1070–1570* (New Haven: Yale University Press, 1995), 1–9, 49; Edward J. Kealey, *Medieval Medicus: Physicians and Health Care in England, 1100–1154* (Baltimore: Johns Hopkins University Press, 1981), 100–106, has drawn attention to the persistence of a care-or-cure dichotomy in evaluating medieval hospitals; Kay Peter Jankrift, “Herren Kranke, arme Siechen. Medizin im spätmittelalterlichen Hospitalwesen,” in *Sozialgeschichte mittelalterlicher Hospitäler*, 149–167, seems to echo cited early modern critics who saw in medieval establishments nothing worthy of the name of a hospital; Jennifer Stemmler, “From Cure to Care: Indignation, Assistance, and Leprosy in the High Middle Ages,” in *Experiences of Charity, 1250–1650*, ed. Anne M. Scott (Farnham: Ashgate, 2015), 61; Rubin, “Imagining Medieval Hospitals,” 14–15.

32 Horden, “A Discipline of Relevance,” 372–74. For teleological views, see for example Riegel, *Leprosy, Pest, and andere Seuchen*, 27; John Henderson, *The Renaissance Hospital: Healing the Body and Healing the Soul* (New Haven: Yale University Press, 2006), 1–13; Joel Agrimi and Chiara Crisciani, “Charity and Aid in Medieval Christian Civilization,” in *Western Medical Thought from Antiquity to the Middle Ages*, ed. Mirko D. Grmek (Cambridge, MA: Harvard University Press, 1998), 182–192; C.H. Talbot, *Medicine in Medieval England* (London: Oldbourne, 1955), 176–180.

33 For examples, see Franz Meffert, *Caritas und Krankenwesen bis zum Ausgang des Mittelalters* (Freiburg im Breisgau: Caritas Verlag, 1927), 312–313; Jesko von Steynitz, *Mittelalterliche Hospitäler der Orden und Städte als Einrichtungen der Sozialen Sicherung* (Berlin: Duncker und

hospitals merely as symbolic pawns in such conflicts, however, leaves important elements in their history unexplained. A desire to curb or channel hospitals' institutional privilege often, as in Mainz, provided grounds for collaboration between civic and ecclesiastic leaders. Examining hospitals as religious institutions provides grounds for comparing multipurpose institutions with leper hospitals, and hospitals of all types with monastic houses. Well into the fourteenth century, the understanding of hospitals as religious institutions was independent of established orders. The provision of canonically valid rules for their shared life, however, became increasingly important. This is demonstrated by the inclusion of hospitals in Mainz and beyond in archiepiscopal attempts to regulate religious observance within their archdiocese.

### The Sources and Hospitals of the Archdiocese of Mainz

This work examines both the urban and rural hospitals of the Archdiocese of Mainz. Its source base, like the archdiocese itself, is centered on the city of Mainz itself. Mainz boasted five independent hospitals in the later Middle Ages. These were the oldest hospital (sometimes called the Heilig Geist Spital,) the "new hospital" managed by St. Agnes, St. Barbara, and the leper hospital of St. Georg, as well as the hospital of St. Katherine in Vilzbach, just outside the city. While Ludwig Falck has identified as many as nine independent hospitals, I have been unable to find evidence for the existence of more than these.<sup>34</sup> Other hospitals in the city were associated with monastic institutions, and thus did not have legal status as religious institutions in their own right. The relevant records are concentrated in two archives: the Stadtarchiv of Mainz and the Hessisches Staatsarchiv of Darmstadt. The records of Mainz's cathedral chapter, long believed to have administered a hospital, were consulted both in the Martinus-Bibliothek of Mainz, and the Bayerisches Staatsarchiv of Würzburg.<sup>35</sup> The relevant records of Eberbach, the Cistercian house theoretically

Humblot, 1970), 103–105; Meinert, *Die Hospitäler Holsteins im Mittelalter*, 17–23; Mathias Kälble, "Sozialfürsorge und kommunale Bewegung. Zur Bedeutung von Hospitälern für die politische Gruppenbildung in der Stadt," in *Sozialgeschichte mittelalterlicher Hospitäler*, eds. Neithard Bulst and Karl Heinz Spiess (Ostfildern: Jan Thorbecke Verlag, 2007), 254–261; Ulrich Knefelkamp, "Stadt und Spital," in *Städtisches Gesundheits und Fürsorgewesen vor 1800*, ed. Peter Johanek (Köln: Böhlau Verlag, 2000), 30–40.

34 Ludwig Falck, *Mainz in seiner Blütezeit als Freie Stadt (1244–1328)*, Geschichte der Stadt Mainz III (Düsseldorf: Verlag Rau, 1973), 52.

35 No records of relevant import survive in the Dom- und Diözesanbibliothek, despite indications in Wolfgang Wann, "Die alten Mainzer Archive," *Archivalische Zeitschrift* 60 (1964), 101, 115, and

responsible for supervising the convent formed by Mainz's hospital sisters, survive in Wiesbaden and Oxford; collections of canon law and medical compilations created and used in the region surrounding Mainz are now in the Stiftsbibliothek Aschaffenburg and the Bodleian Library, Oxford.<sup>36</sup> In addition to these materials, and those of civic and state archives throughout the former archdiocese, I have made use of antiquarians' collections of sources copied out or summarized in the seventeenth and eighteenth centuries.<sup>37</sup>

In comparison to cities of similar size and influence, Mainz remains patchily covered by modern historiography. In part, this is attributable to the state of the extant sources.<sup>38</sup> Due to the frequent redrawing of political boundaries, and the responsibilities both secular and ecclesiastical of Mainz's powerful archbishops, relevant materials are widely scattered, as well as fragmentary.<sup>39</sup> The losses sustained when still active religious houses and hospitals were secularized under Napoleonic Law pose a particular challenge; many sources were moved, and more still destroyed, their administrative usefulness being at an end.<sup>40</sup> Moreover, Bodmann, the archivist and antiquarian, was himself responsible for the sale and loss of many documents, and for the removal of many seals; I have seen numerous charters missing their last lines as a result, and it is there, rather than in the *arengae*, that the date formulation is often contained.<sup>41</sup> The bulk of Mainz's losses had occurred before the First and Second World Wars; but burnings, bombings, and occupation resulted in further destruction of documents, to

Bundeskonferenz der kirchlichen Archive in Deutschland, ed., *Führer durch die Bistumsarchive der katholischen Kirche in Deutschland* (Siegburg: Franz Schmitt Verlag, 1991), 137–138.

36 Ludwig Falck, "Sammlung und Erschliessung der Quellen zur Mainzer Geschichte, vornehmlich des Mittelalters. Ein Zwischenbericht," *Mainzer Zeitschrift* 96/97 (2001/2002), 50, has a fuller list of cities with archives containing materials from Mainz: Marburg, Karlsruhe, Stuttgart, Wien, Koblenz, and many other state, communal, ecclesiastical and private archives in and outside Germany.

37 Valentin Ferdinand Gudenus, *Codex diplomaticus: exhibens anecdotas ab anno DCCCLXXXI ad MCCC Moguntiacas, ius Germanicum, et S.R.I. historiam illustrantia* I, (Göttingen: Sumptu Regiae Officinae Librar. Academ., 1743); Stephan Alexander Würdtwein, *Dioecesis Moguntina*, vol. I (Mannheim: Typis Academicis, 1768); Franz Joseph Bodmann, *Rheingauische Alterthümer oder Landes und Regimentsverfassung des westlichen oder Niederrheingaus im Mittlern Zeitalter*, (Mainz: Florian Kupferberg, 1819); Ludwig Baur, *Hessische Urkunden: Die Provinz Rheinhessen von 963–1325*, vols. 1–2 (Darmstadt: Der historische Verein für das Grossherzogthum Hessen, 1862).

38 Falck, "Sammlung und Erschliessung der Quellen," 49

39 Wann, "Die alten Mainzer Archive," 115–121.

40 Falck, "Sammlung und Erschliessung der Quellen," 49–50. Legally, all the foundations' records became the property of the state, but in practice, much was lost.

41 Wann, "Die alte Mainzer Archive," 101; Dr. Wolfgang Dobras, pers. comm.; Herr Michael Scholz, pers. comm.



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an extent impossible to calculate precisely.<sup>42</sup> The projected multi-volume series on the history of Mainz begun in the 1970s was never completed, leaving the pivotal thirteenth and fourteenth centuries neglected.<sup>43</sup> While regional publications contain valuable studies of the political and economic life of Mainz, the history of the hospitals of the city and archdiocese remains substantially unwritten.<sup>44</sup>

Mainz's hospitals were deeply embedded in the city's socioeconomic and religious networks. In this, they were typical of the hospitals that emerged as independent institutions in the twelfth and early thirteenth centuries across Europe. Of other cities in the archdiocese, Worms and Speyer boast comparatively well documented hospitals; I draw on their surviving account books and statutes, as well as on extant legal records relating to hospitals throughout the region.<sup>45</sup> Most of these records have hitherto been unstudied. I have drawn on a range of source genres in order to give as full a picture as possible of how hospitals functioned in their communities, and how the vocabulary and privileges of canon law affected these functions. Particularly in the case of leper hospitals, using documents of practice alongside normative texts shows the extent to which these institutions and their residents were integrated with their social environment. The focus on Mainz is largely due to the fact that the city's hospitals have richer surviving records than do those of Worms and Speyer. Even comparison of the edited charters of the three cities shows a marked difference.

42 Wann, "Die alten Mainzer Archive," 122–130.

43 Franz Dumont, Friedrich Schütz, and Ferdinand Scherf, eds., *Mainz: Eine Geschichte der Stadt, Mainz: die Geschichte der Stadt* (Mainz: P. von Zabern, 1998) is a valuable survey, but more focused studies remain a desideratum.

44 Dieter Demandt, *Stadtherrschaft und Stadtfreiheit im Spannungsfeld von Geistlichkeit und Bürgerschaft in Mainz (11–15. Jahrhundert)* (Wiesbaden: Franz Steiner Verlag 1977), 76–82 et passim; Falck, *Mainz in seiner Blütezeit*, 3–9 et passim; Michael Matheus, "Vom Bistumsstreit bis zur Mainzer Stiftfehde: Zur Geschichte der Stadt Mainz 1328–1459," in *Mainz: Eine Geschichte der Stadt*, 171–204. Franz Dumont, "Helfen und Heilen," in *Mainz: Die Geschichte der Stadt*, 771–774; Ludwig Falck, "Mainzer Hospitäler im Mittelalter," in *Moguntia Medica: Das medizinische Mainz von Mittelalter bis ins 20. Jahrhundert*, ed. Franz Dumont (Wiesbaden: B. Wylicil, 2002), 409–417; Ute Mayer and Rudolf Steffens, *Die spätmittelalterliche Urbare des Heiligeist-Spitals in Mainz* (Stuttgart: Franz Steiner Verlag, 1992), provide an overview of the late medieval economic history of the city's oldest hospital.

45 See Alfred Hilgard, ed., *Urkunden zur Geschichte der Stadt Speyer* (Strassburg: Trübner, 1885), 72,18, 117,30, 133,29ff, 142,13, 143,29, 150,41, 151,22, 159,17, 161,37, 163,2, 166,14, 167,31, 172,26, 180,23, 188,24, 196,3, 199,32–41, 216,42, 254,2, 265,19, 282,8, 289,16, 380,40, 390,2, on the civic hospital, many of the references being topographical.



## Mainz in the Later Middle Ages

Late medieval Mainz was an economic, political, and religious hub. *Aurea Moguntia*—golden Mainz—was a center for trade, with its prosperous burghers making use of the Rhine, as well as the surrounding vineyards and arable land. With archbishops drawn from powerful elites, and serving as prince electors in the Holy Roman Empire, it was, often with explosive results, a city of considerable political significance. It was also a center of ecclesiastical authority, with the archbishops exercising jurisdiction over the nearby bishoprics of Worms, Speyer, and Würzburg, and over an ecclesiastical province stretching from Strasbourg to Prague. The city itself served both as a space for the performance of archiepiscopal power, and as a locus of resistance to it.

Accounts of religious activity in Mainz often begin with the influential Archbishop Willigis (r. 975–1011). Not only was the city's great cathedral constructed under his leadership, but his tenure as archbishop also saw the creation of numerous religious foundations.<sup>46</sup> It is from the time of Willigis, too, that the first record of care for the sick-poor in Mainz dates. The prosperous canonry of Liebfrauen, that initially supervised the St. Barbara hospital, dates from the latter eleventh century; this period, too, contains the first mentions of a community at Heilig Kreuz, where the leprous would later gather.<sup>47</sup> By the twelfth century, Mainz was already a great and powerful city, according to the chronicler Otto von Freising.<sup>48</sup> Several twelfth-century archbishops—notably Adalbert I and Marcolf—took an active interest in the religious institutions of the city and its environs, providing patronage or intervening in administration.<sup>49</sup> This period saw increasing political tensions between the burghers of Mainz and the archbishops. Consequently, the bishop's council, composed of burghers and clergy, dissolved. In the aftermath, the cathedral chapter, the burghers of Mainz, and the archbishop

46 Ludwig Falck, "Die Erzbischöfliche Metropole, 1011–1244," in *Mainz: Die Geschichte der Stadt*, edited by Franz Dumont, Friedrich Schütz, and Ferdinand Scherf, (Mainz: Philipp von Zabern, 1998), 113–114. The foundations first recorded under Willigis include St. Stephan, St. Victor, St. Alban, and Altmünster.

47 Falck, "Die Erzbischöfliche Metropole," 114. Michael Kläger, "Das Stadtbild im Wandel," in *Beiträge zur Mainzer Geschichte* 28 (1988), 17–18, notes that Liebfrauen was located in the center of Mainz's early medieval settlement area.

48 Adolf Hofmeister, ed., *Ottonis Episcopi Frisingensis Chronica: Sive, Historia De Duabus Civitatibus*, MGH SS rer. Germ. 45 (Hanover: Hahn, 1912), 329.

49 Josef Semmler, "Vita Religiosa und Bischof bis gegen 1200," in: *Handbuch der Mainzer Kirchengeschichte: Christliche Antike und Mittelalter*, ed. Friedhelm Jürgensmeier (Würzburg, Echter Verlag, 2000), 631–640.





were rivals for influence in matters both ecclesiastical and civic.<sup>50</sup> In the latter half of the twelfth century, the archbishops were conspicuously caught up in the power struggles between pope and emperor; their engagement in the administration of Mainz and its archdiocese is less visible.<sup>51</sup> While archiepiscopal and civic factions were rivals for power, religious leaders and institutions often pursued independent policies.

From the thirteenth century onwards, the city grew in political independence, economic power, and religious complexity. Political activity under the archbishops Siegfried II and Siegfried III made Mainz an influential hub, but also gave rise to conflict within the city, and demands on the part of civic leadership for independence from the potentially polarizing policies of the archbishop.<sup>52</sup> Ludwig Falck has described the civic liberties obtained from the archbishop in 1244 as “purchased” through the city’s support of the papal rather than the imperial interest, in contrast to most of the urban centers along the Rhine.<sup>53</sup> The thirteenth century also saw Mainz expanding its territories and its trade. The religious networks of the city and its environs diversified and grew, as new orders and movements found a home in Mainz. In addition to a center of ecclesiastical and religious activity, the city was also a favored location for synods.<sup>54</sup> Under Archbishop Siegfried III, houses such as Altmünster in Mainz, and Nonnenmünster in Worms, were brought under Cistercian observance.<sup>55</sup>

50 Demandt, *Stadtherrschaft und Stadtfreiheit*, 50–68; see also Semmler, “Vita Religiosa und Bischof,” 644–645. On the political developments of the twelfth century see also Falck 138–160. Thomas Just and Herwig Weigl, “Spitäler im südöstlichen Deutschland und in den österreichischen Ländern im Mittelalter,” in *Europäisches Spitalwesen. Institutionelle Fürsorge in Mittelalter und Früher Neuzeit*, eds. Martin Scheutz, Andrea Sommerlechner, Herwig Weigl, and Alfred Stefan Weiß (Munich: R. Oldenbourg Verlag, 2008), 158, argue that Demandt’s analysis of power relationships is an oversimplification.

51 Semmler, “Vita Religiosa und Bischof,” 644–669, esp. 667–669; Falck, “Die Erzbischöfliche Metropole,” 123–128.

52 Falck, “Die Erzbischöfliche Metropole,” 129–136. See also Jennifer Kolpacoff Deane, *Papal Schism, Archiepiscopal Politics and Waldensian Persecution (1378–1396): The Ecclesiopolitical Landscape of Late Fourteenth-century Mainz* (Ph.D. diss., Northwestern University, 2000), 50–58.

53 Ludwig Falck, “Die Freie Stadt in ihre Blütezeit,” in *Mainz: Die Geschichte der Stadt*, eds. Franz Dumont, Friedrich Schütz, and Ferdinand Scherf (Mainz: Philipp von Zabern, 1998), 143.

54 Falck, “Die Freie Stadt in ihre Blütezeit,” 143–148. Michael D. Bailey, *Battling Demons: Witchcraft, Heresy, and Reform in the Late Middle Ages* (University Park, PA: Pennsylvania State University Press, 2003), 71, discusses the influence of the 1318 synod.

55 Brigitte Flug, “Mainz, Altmünster,” in *Die Männer – und Frauenklöster der Benediktiner in Rheinland – Pfalz und Saarland*, edited by Friedhelm Jürgensmeier, *Germania Benedictina*, vol. 9 (St. Ottilien: EOS Verlag, 1999), 398–425, esp. 404–405; Christine Kleinjung, “Nonnen und

The Premonstratensians and Augustinians also formed communities in Mainz. Both mendicant orders were present in the city by the mid-thirteenth century, but never became as influential as in many other urban centers. The fact that a Franciscan mission from Mainz to Thuringia made stops in multiple hospitals along the way suggests that Mainz's thriving hospital may have been seen—by the mendicants themselves, by donors, or both—as fulfilling the functions of providing charitable and liturgical services which were often undertaken by these orders.<sup>56</sup> Both mendicant orders were the recipients of patronage from Mainz's prosperous civic elites, but were not as active in the city's socioeconomic networks as its hospitals.<sup>57</sup> In this, Mainz forms a notable contrast with other cities in the region and beyond.<sup>58</sup>

Mainz's oldest hospital, known as the Heilig Geist Spital, was granted its first statutes, and thus its institutional independence, in 1236. Just over two decades later, the sisters of the hospital departed. Instead of joining the Cistercian Order as foreseen by the religious and civic officials overseeing the division of the hospital staff, the women formed an independent community, eventually managing a hospital of their own in a semiagricultural belt along the river Ambach.

The origins of the city's leper hospital, St. Georg, are unclear, but it was an established institution by the midfourteenth century. With numerous properties inside as well as outside the city walls, St. Georg was a landmark in the city, and a community with active social ties to its neighbors and donors. When a canon of Liebfrauen created the hospital of St. Barbara as a private foundation in the mid-fourteenth century, he was careful to obtain for it the privileges of a religious institution. Each of these hospitals was

Personal, Familie und Stifter," in *Norm und Realität: Kontinuität und Wandel der Zisterzienser im Mittelalter*, eds. Franz Josef Gelten and Werner Rösener (Münster: LIT Verlag, 2009), 229–240; Wolfgang Seibrich, "Monastisches Leben von ca. 1200 bis zur Reformation," in *Handbuch der Mainzer Kirchengeschichte: Christliche Antike und Mittelalter*, edited by Friedhelm Jürgensmeier, vol. 2 (Würzburg: Echter Verlag, 2000), 688–698, esp. 695–696; Brigitte Flug, "Mainz, Dalen," in *Die Männer – und Frauenklöster der Benediktiner in Rheinland – Pfalz und Saarland*, edited by Friedhelm Jürgensmeier, *Germania Benedictina*, vol. 9 (St. Ottilien: EOS Verlag, 1999), 426–444, esp. 428–433 on Dalen's flexible affiliation and on its history as a mixed gender house until 1251.

56 Thomas Berger, "Die Bettelorden," in *Handbuch der Mainzer Kirchengeschichte: Christliche Antike und Mittelalter*, edited by Friedhelm Jürgensmeier, vol. 2 (Würzburg: Echter Verlag, 2000), 805.

57 Berger, "Die Bettelorden," 805–817.

58 See Heyden, "Die Hospitäler in Oppenheim," 19–20; Charlotte A. Stanford, *Commemorating the Dead in Late Medieval Strasbourg: The Cathedral's Book of Donors and its Use (1320–1521)* (Farnham: Ashgate, 2011), 285–291; Angela Montford, *Health, Sickness, Medicine and the Friars in the Thirteenth and Fourteenth Centuries* (Aldershot: Ashgate, 2004), 134–160.

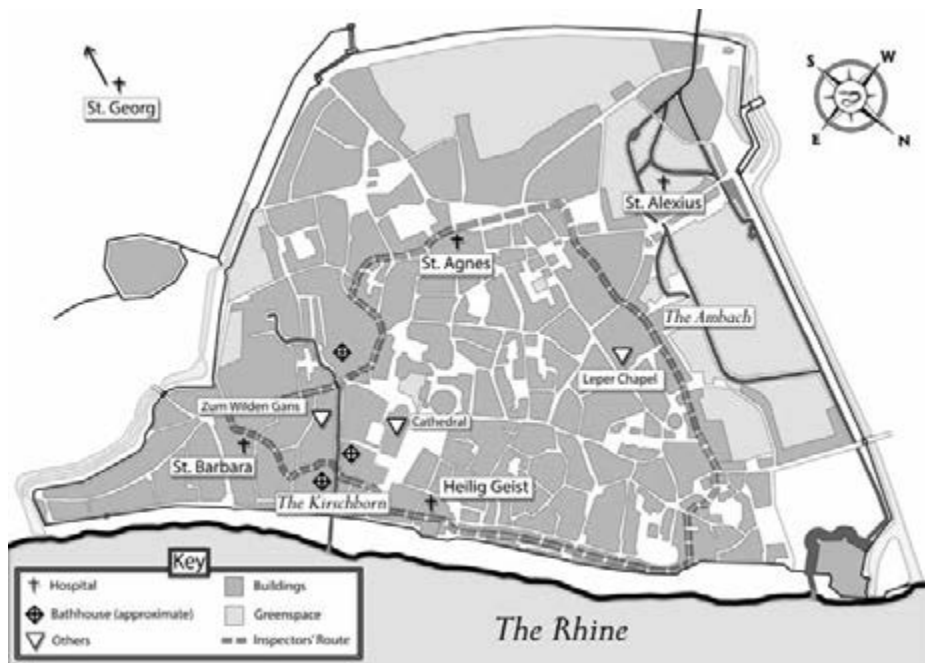


Figure 1: Hospitals of Mainz in the 14th century (J.W. Greenlee)

integrated in Mainz in ways shaped by their legal status, as well as by their socio-spatial locations in the city. After the conflict over the archiepiscopal see between Dieter von Isenburg and Adolf von Nassau, from 1461–1463, Mainz’s Heilig Geist Spital, having supported Dieter’s losing party, passed back into the control of the cathedral chapter after centuries of independence. In the aftermath of that episode, we see responses from Mainz’s other hospitals. The women’s community which managed the city’s “new hospital” appears to have sought a relationship with the nearby Cistercian cloister of Eberbach. The hospital of St. Katherine had its statutes written down in 1471. The leper hospital of St. Georg started making copies of its charters, and received several sets of statutes in quick succession in the 1480s–1490s. This study takes this wave of political and legal change, in the second half of the fifteenth century, as its chronological endpoint.

## The Vocabulary of this Work

Charters make clear that the sick who resided in hospitals, and the staff who were vowed to service there, were viewed as members of the hospital



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community. The medieval vocabulary applied to hospitals and to men and women who had taken religious vows is both labile and diverse. The vocabulary scholars have used in assessing the routines and statutes of hospitals has often been qualified—quasimonastic, quasireligious—in ways that obfuscate the issue of hospitals' legal identity.<sup>59</sup> The religious privileges of Mainz's hospitals, while sometimes contested, were retained throughout the period under study. I am, therefore, referring to the hospitals that are the subject of this work as religious institutions, without qualification. The medieval vocabulary for hospitals, too, includes them as a category of religious house. One of the most specific terms for hospital is *domus dei*, a house of God. But as the first chapter will discuss in more detail, they are also referred to as a type of monastery, and included as such in canonical legislation.

Echoing the language of documents created by and for medieval hospitals, I refer to the vowed men and women who served in them as brothers and sisters. The presence of permanently resident lay staff is not clearly indicated for the hospitals of Mainz and the central Rhineland, though some non-resident servants were responsible for the supervision of gardens and bathhouses, essential to the provision of therapeutic care.<sup>60</sup> Also significant is the question of vocabulary for those whose care provided hospitals with their distinctive social function and legal purpose. For those whose infirmities are not specified in the surviving records, I have chosen to use Sheila Sweetinburgh's term "the sick-poor" to approximate the connotations of *pauperes*. The medieval *pauperes* were a vast and broadly construed group including those affected by all sorts of sickness, weakness, and social vulnerability.<sup>61</sup> I refer to the sick-poor of hospital communities simply as

59 Jean Avril, "Le troisième concile de Latran et les communautés de lépreux," *Revue Mabillon* 60 (1981), 65; Reicke, *Das deutsche Spital und sein Recht*, 57–63, 87; Françoise Bériac, "Les fraternités de lépreux et lépreuses," in *Doppelklöster und andere Formen der Symbiose männlicher und weiblicher Religiösen im Mittelalter*, ed. Kaspar Elm and Michel Parisse (Berlin: Duncker and Humblot, 1980), 203–211. De Keyser, "L'évolution interne des léproseries," in *Lépreux et sociabilité*, 15–16. Risse, *Mending Bodies, Saving Souls*, 153, describes the medieval hospital as a "substitute monastery." Meinert, *Die Hospitäler Holsteins im Mittelalter*, 28–30, 47–50.

60 On lay servants, see Robert F. Berkhofer, *Day of Reckoning: Power and Accountability in Medieval France* (Philadelphia: University of Pennsylvania Press, 2004), 123–156; Odo Rigaldus, *Registers of Eudes of Rouen*, trans. Sydney M. Brown, ed. J. F. Sullivan (New York: Columbia University Press, 1964), 462, 514, 564, 569, 682–629, 671, 676; Falck, "Mainzer Hospitäler im Mittelalter," 410; Meffert, *Caritas und Krankenwesen*, 204–206, 260–269; Orme and Webster, *The English Hospital*, 80–83; Pohl – Resl, *Rechnen mit der Ewigkeit*, 134; Reicke, *Das deutsche Spital und sein Recht*, vol. 2, 111–116; Le Grand, *Statuts d'hôtels-dieu*, 7–15, 18–21, 49, 64–66, 120.

61 Sweetinburgh, *The Role of the Hospital*, 1–18 et passim. On the many meanings of the term "pauper," and its employment for hospital residents, see for example Wolfgang W. Schürle,

“residents,” since the vocabulary of the “patient” presumes an anachronistic clinical relationship.<sup>62</sup>

Lastly, special attention is warranted by the terms “leprosy” and “lepers.” As has been widely observed, it would be misleading to treat Hansen’s Disease and medieval leprosy as identical; it is also inappropriate to assume continuity between ancient and medieval attitudes towards conditions identified as “leprosy.”<sup>63</sup> The nature and effects of a diagnosis of leprosy in the Middle Ages have been much debated.<sup>64</sup> The visible, sometimes disfiguring, symptoms of lepromatous leprosy may have affected its popularity as a literary trope as well as social responses.<sup>65</sup> But this disease, so easily

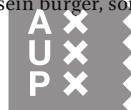
*Das Hospital zum Heiligen Geist in Konstanz; ein Beitrag zur Rechtsgeschichte des Hospitals im Mittelalter* (Sigmaringen: Jan Thorbecke Verlag, 1970), 25–28; P.G. Caron, “L’evoluzione dalla quarta pauperum alla pia fundatio a scopo ospedaliero in alcuni testi della letteratura decretistica,” *Il diritto ecclesiastico* 73 (1962), 137–159; Joseph P. Huffman, “Potens et pauper: charity and authority in jurisdictional disputes over the poor in medieval Cologne,” in *Plenitude of Power: The Doctrines and Exercise of Authority in the Middle Ages. Essays in Honor of Robert Louis Benson* (Aldershot: Ashgate, 2006), 108. Michael Rogers McVaugh, *Medicine Before the Plague: Practitioners and their Patients in the Crown of Aragon, 1285–1345* (Cambridge: Cambridge University Press, 2002), 230–240; Michel Pauly, *Peregrinorum, pauperum ac aliorum transeuntium receptaculum: Hospitaler zwischen Maas und Rhein im Mittelalter* (Stuttgart: Franz Steiner Verlag, 2007), 16.

62 On the assumption of an anachronistic clinical relationship, and the perils of implying the participation of medieval hospitals in a teleological narrative culminating in the contemporary, Western clinical environment, see Rubin, “Imagining Medieval Hospitals,” 14–15; Fay Skevington, “The Unhal and the Semantics of Anglo-Saxon Disability,” in *Social Dimensions of Medieval Disease and Disability*, eds. Sally Crawford and Christina Lee (Oxford: Archaeopress, 2014), 7–14; Peter Murray Jones, “Image, Word, and Medicine in the Middle Ages,” in *Visualizing Medieval Medicine and Natural History, 1200–1550* (Farnham: Ashgate, 2006), 1–2; Rawcliffe, *Leprosy in Medieval England*, 13–43.

63 For claims of such continuity, see Stephen Ell, “Blood and Sexuality in Medieval Leprosy,” *Janus* 71 (1984), 155; Courtney Krokoski, “Saints and Sinners: The Role of the Saint in the Life of the Leper Before the Thirteenth Century,” *Annual of Medieval Studies at CEU* 18 (2012), 66–67, asserts that the Vulgate use of *lepra* for *za’arath* meant that the medieval leper “was stripped of his or her previous life and set outside the boundaries of his or her previous society.” For more on Jerome’s use of *lepra*, see Luke Demaitre, *Leprosy in Premodern Medicine: A Malady of the Whole Body* (Baltimore: Johns Hopkins University Press, 2007), 83–86.

64 Risse, *Mending Bodies, Saving Souls*, 167–172. Charlotte A. Roberts, “The Antiquity of Leprosy in Britain: The Skeletal Evidence,” in *The Past and Present of Leprosy: Archaeological, Historical, Palaeopathological and Clinical Approaches*, ed. Charlotte A. Roberts, Mary E. Lewis, and Keith Manchester (Oxford: Archaeopress, 2000), 214–215, Simon Roffey sounds a more moderate note in “Medieval Leper Hospitals in England: An Archaeological Perspective,” *Medieval Archaeology* 56 (2012), 203–233. Catherine Peyroux, “The Leper’s Kiss,” in *Monks and Nuns, Saints and Outcasts: Religion in Medieval Society*, eds. Sharon Farmer and Barbara Rosenwein (Ithaca: Cornell University Press, 2000), 174.

65 Demaitre, *Leprosy in Premodern Medicine*, 67–74, 175–195; Fritz Dross and Annemarie Kinzelbach, “Nit mehr alls sein burger, sonder alls ein frembder.’ Fremdheit und Aussatz in



recognizable in the stylized form given to it by the authors of romances, sermons, and saints' lives, often defied precise classification by those charged with medical diagnosis.<sup>66</sup> Many scholars have claimed that fear of such ambiguity drove medieval communities to ensure that the leprosy would be identified—and set apart—by distinctive clothing, and by membership, constrained if necessary, in leper hospitals.<sup>67</sup> The evidence from the archdiocese of Mainz does not bear out such claims.

Medieval vocabulary for the disease and those deemed to be afflicted with it was frustratingly labile. *Lepra* and *elephantiasis* were both used; sometimes, it is only context that tells us *infirmi* were thought to be suffering from this disease. *Misellus/a* entered European vernaculars as *mesel/meselle*; those affected by the disease might be known as *leprosi* or simply *infecti*. In Middle High German, the sick could be *Aussätzig*, but were often simply *die armen Siechen*, or, still more ambiguously, *die armen Kinder Gottes*.<sup>68</sup> The latter term was frequently used for informal communities established at crossroads.<sup>69</sup> In this work, I focus on the development of formally established leper hospitals, which were affected more signally by debates around religious status for institutions and individuals than by the diagnosed disease of their residents. When possible, I follow Elma Brenner's

frühneuzeitlichen Reichsstädten," *Medizinhistorisches Journal* 46 (2011), 1–23; Miller and Nesbitt, *Walking Corpses*, 1–3.

66 Lucy C. Barnhouse, "Examining for Leprosy in the Fifteenth Century," in *Medieval Disability Sourcebook: Western Europe*, ed. Cameron Hunt McNabb (Earth, Milky Way: punctum books, 2020), 76–93.

67 Peter Richards, *The Medieval Leper and His Northern Heirs* (Woodbridge: Boydell, 2000), 31–32 et passim; Robert Jütte, "Stigma – Symbole: Kleidung als identitätsstiftendes Merkmal bei spätmittelalterlichen und frühneuzeitlichen Randgruppen (Juden, Dirnen, Aussätzig, Bettler)," *Saeculum* 44 (1993), 65–89. Sheila Zimmerman, "Leprosy in the Medieval Imaginary," *Journal of Medieval and Early Modern Studies* 38 (2008), 561, argues that leprosia afforded "a curious mixture of protection and humiliation."

68 Demaitre, *Leprosy in Premodern Medicine*, 81–83; Knefelkamp, *Gesundheits- und Fürsorgewesen der Stadt Freiburg*, 54; Miller and Nesbitt, *Walking Corpses*, 32–43; Rawcliffe, *Leprosy in Medieval England*, 72–78, offers a survey of leprosy in ancient and medieval medical texts; Antje Schelberg, "Unification des recherches sur la lèpre et les lépreux sous le nom de 'léprographie'? Une réponse," in *Lépreux et sociabilité du Moyen Âge aux temps modernes* ed. Bruno Tabuteau (Rouen: GRHIS, 2000), 93–98; Anna M. Peterson, "Connotation and Denotation: The Construction of the Leper in Narbonne and Siena Before the Plague," in *Leprosy and Identity in the Middle Ages: From England to the Mediterranean*, eds. Elma Brenner and François-Olivier Touati (Manchester: Manchester University Press, 2021), 327–329.

69 See Lucy C. Barnhouse, "Good People, Poor Sick: The Social Identities of Lepers in the Late Medieval Rhineland," in *Leprosy and Identity in the Middle Ages: From England to the Mediterranean*, eds. Elma Brenner and François-Olivier Touati (Manchester: Manchester University Press, 2021), 183–207.



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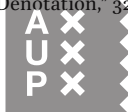
use of “the leprous” to refer to those diagnosed with leprosy. I also use the term “leper,” despite its contemporary social stigma, because of the ways in which this identity was significant in medieval Europe.<sup>70</sup>

## The Form of this Work

Following chapters on canon law, civic hospitals, hospitals run by women, and *leprosaria*, there are two comparative chapters, one concerning small hospitals in the central Rhineland, for which few records survive, and one examining the participation of hospitals of all types in the religious and socioeconomic networks of the city. In the first chapter, I discuss the evolution of canon law related to hospitals as religious institutions from the twelfth to the fourteenth centuries. Hospital communities were active in claiming and maintaining their legal privileges, and the social and economic implications of these privileges often drove local and regional interactions with hospitals. The ecclesiastical province of Mainz has often been recognized as a hub of synodal legislation; this chapter examines the implications of that legislation for hospital communities in the region and around Europe. From the Third Lateran Council (1179) to the Council of Vienne (1311–1312), the meaning of religious status for hospitals was actively negotiated and debated. While law concerning hospitals did not stagnate in the fourteenth century, Vienne marked a culmination of thirteenth-century negotiations and conflicts over appropriate hospital administration.

The second chapter examines the formation of Mainz’s oldest hospital as an independent institution, from its presumptive episcopal foundation, to twelfth-century tensions over its administration, through the mid-thirteenth century, with its move to a new location and its transfer to the administration of the council as part of the city’s assertion of legal independence from the archbishop. This contributes to historiographical debates on the emergence of hospitals as independent institutions in the twelfth and thirteenth centuries, and what this meant for their position in relation to ecclesiastical and civic authorities. This chapter also reassesses the question of how and why civic involvement in hospital administration grew in the mid-thirteenth century. From the 1220s to 1250s, hospitals across Europe

70 On debates concerning terminology, see Elma Brenner and François-Olivier Touati, “Introduction,” in *Leprosy and Identity in the Middle Ages: From England to the Mediterranean*, eds. Elma Brenner and François-Olivier Touati (Manchester: Manchester University Press, 2021), 6–7; Peterson, “Connotation and Denotation,” 323.



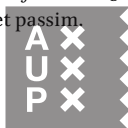
underwent transformations paralleling those of monastic houses: they received new statutes governing their common life, and in many cases, mixed-gender houses were forced to divide, with the women often joining established orders. Such transformations have not, however, been analyzed as a coherent phenomenon reacting to legal changes.<sup>71</sup>

The third chapter is dedicated to the community formed by the vowed women who were forced to leave Mainz's oldest hospital in 1259. Studying the development of the hospital sisters' independent community sheds light both on hospitals, where the voluminous historiography on religious women can be usefully applied, and on the fraught question of religious status in the later Middle Ages.<sup>72</sup> The ambiguities of religious status remain better examined for female than for male communities. In the rich literature on religious status, moreover, hospitals have barely been mentioned.<sup>73</sup> Including mixed-gender hospital communities in studies of how religious status was defined and regulated can illuminate both the history of hospitals, and of women in the religious life. As the case of St. Agnes demonstrates, the legal

71 Franz Josef Felten, "Abwehr, Zuneigung, Pflichtgefühl. Reaktionen früher Zisterzienser auf den Wunsch religiöser Frauen, zisterziensisch zu leben," in *Female vita religiosa between Late Antiquity and the High Middle Ages: Structures, Developments, and Spatial Contexts*, eds. Gert Melville and Anne Müller (Berlin: LIT, 2011), 410–412; "Die Zisterzienserorden und die Frauen," in *Vita religiosa sanctimonialium: Norm und Praxis des weiblichen religiösen Lebens vom 6. bis zum 13. Jahrhundert*, ed. Christine Kleinjung (Korb: Didymos Verlag, 2011), 222–229. On the complexities of hospitals' position in canon law, see Drossbach, "Das Hospital—eine kirchenrechtliche Institution?" 510–522.

72 See, still influentially, Herbert Grundmann, *Religious Movements in the Middle Ages: The Historical Links Between Heresy, the Mendicant Orders, and the Women's Religious Movement in the Twelfth and Thirteenth Century, with the Historical Foundations of German Mysticism*, trans. Steven Rowan (Notre Dame, IN: University of Notre Dame Press, 1995). For recent literature complicating the typology of religious movements and communities as orthodox or heretical, see e.g. Elizabeth M. Makowski, *A Pernicious Sort of Woman: Quasi-Religious Women and Canon Lawyers in the Later Middle Ages* (Washington, DC: Catholic University of America Press, 2005); Jennifer Kolpacoff Deane, "From Case Studies to Comparative Models: Würzburg Beguines and the Vienne Decrees," in *Labels and Libels: Naming Beguines in Northern Medieval Europe*, ed. Letha Böhringer (Turnhout: Brepols, 2014), 53–82. Anne E. Lester, "Cares Beyond the Walls: Cistercian Nuns and the Care of Lepers in Twelfth and Thirteenth-Century Northern France," in *Religious and Laity in Western Europe 1000–1400: Interaction, Negotiation, and Power*, ed. Emilia Jamrozik and Janet Burton (Turnhout: Brepols, 2006), 197–224, begins to redress this. See also Barbara Rosenwein, "Views from Afar: North American Perspectives on Medieval Monasticism," in *Dove va la storiografia monastica in Europa?: temi e metodi di ricerca per lo studio della vita monastica e regolare in età medievale alle soglie del terzo millennio: atti del convegno internazionale Brescia-Rodengo, 23–25 marzo 2000*, ed. Giancarlo Andenna (Milan: Vita e pensiero università, 2001), 82–84.

73 Makowski, *A Pernicious Sort of Woman*, 36–38, 106–113, et passim; Johnson, *Monastic Women and Religious Orders*, 124–125 et passim.





status and social perceptions of hospitals were intricately intertwined.<sup>74</sup> The sisters' role in managing Mainz's "new hospital" has gone hitherto unacknowledged in scholarship on Mainz, falsifying the picture of the city's late medieval religious networks.<sup>75</sup>

In the chapter on *leprosaria*, I present an analysis of these institutions that does not assume that disease was the primary cause of change or stagnation in their medieval history. The records of Mainz's leper hospital, St. Georg, bear witness to ongoing social relationships with the hospital's neighbors. When the first extant rules for St. Georg were handed down by the archbishops (in 1488, 1493, and 1512,) questions of who had the right to examine for leprosy, and collect the fee for so doing, were prioritized over those of separation or internal regulation. Prescriptive sources and documents of practice alike envision situations where those identified as lepers, far from being segregated from urban life, retained social and economic ties to those outside the hospital.<sup>76</sup> The leper hospitals of Mainz and the central Rhineland were, like multipurpose hospitals and monastic houses, included in archiepiscopal reforms and favored by donors as religious institutions. Their locations were various, and their urban properties gave them social and economic visibility. This chapter looks chiefly at the *leprosaria* of Mainz, Worms, and Speyer, comparing the hospitals' spatial locations, their relationships to civic authorities, and their regulations.

The fifth chapter undertakes an analysis of the small hospitals in the archdiocese of Mainz. Such hospitals, located in small towns, were an important part of the region's social and religious networks. The relative poverty of the towns in which they were situated, however, contributed to the poor survival of such hospitals records. The extant records are too few to enable a detailed reconstruction of the institutional history of any one of these hospitals. Analyzing extant charters and court cases, however, can provide at least a suggestive look at how these hospitals, too, were affected by the thirteenth- and fourteenth-century developments in canon law. Extant charters make clear that small hospitals could also be active participants in local economic networks, and that such institutions were also the objects of episcopal regulation and of donors' charity as religious institutions.

74 Vanja, "Offene Fragen und Perspektiven der Hospitalgeschichte," 19–41.

75 Falck, "Mainzer Hospitaler im Mittelalter," 414–15; Schaab, *Geschichte der Stadt Mainz*, 230–32.

76 Guy Geltner, "Social Deviancy: A Medieval Approach," in *Why the Middle Ages Matter: Medieval Light on Modern Injustice*, eds. Celia Chazelle et al. (New York: Routledge, 2012), 29–40, esp. 31–34.



The sixth and final chapter examines how the hospitals of Mainz managed their property and relationships. I argue that communal religious status influenced hospital staff and donors, as well as external authorities.<sup>77</sup> A comparative study of how Mainz's hospitals cultivated connections to people and property shows both how hospital staff pursued long-term strategies as religious communities, and how hospitals' diverse social and geographic ties affected their functions in the city of Mainz and beyond. This chapter looks not only at hospitals and their property, but also their donors, analyzing which types of donors, e.g. burghers, clergy, and widows, favored which hospitals. This also demonstrates that relationships to hospitals could be multigenerational and were often multifaceted. An enormous variety of procedures used the rhetoric of donations, with the sick-poor designated as the recipients of the goods and revenues concerned. Through showing us the resources at hospitals' disposal, and the services hospitals were expected to perform, such data bring us closer to the frustratingly elusive question of how care for the sick-poor was carried out. Finally, an analysis of known hospital staff and named donors shows how hospitals remained connected to neighbors and families, an approach that can also productively be applied to late medieval monastic houses.

## Conclusion

The present work fills a gap in the existing literature, and suggests a framework for further comparative study. Over the course of the later Middle Ages, the development of medieval hospitals was crucially shaped by the increasingly strict canon law governing religious status. Using largely untapped evidence from the central Rhineland, I examine multiple hospital types: independent institutions under civic oversight; foundations formed by the division of mixed-gender hospital communities; small and extra-urban communities; and leper hospitals, which have too often been historiographically isolated. In Mainz, these are exemplified by an episcopal foundation, given statutes in the 1230s, and transferred to civic control in the subsequent decade; the hospital managed by the women who were forced to leave the first hospital, and whose negotiation of religious identity lasted decades; a private foundation of the fourteenth century; and the city's leper hospital.

77 For an opposing view, see Watson, *Fundatio, Ordinatio, and Statuta*, i. Watson argues "that the early hospitalis was a recognized category of house, distinguished from a monastic house in terminology, legal statute, role, and constitutional form."

This study also draws on hitherto underexamined archival materials from hospitals of the episcopal cities of Worms and Speyer, and others from the archdiocese of Mainz. Analyzing hospitals as religious houses provides a basis for comparative study of their institutional development. Such an approach takes seriously the agency of hospitals, while also bringing a new perspective to how ecclesiastical and civic authorities sought to control them.



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