



## The Hospital of Saint John: Exploring Charitable Distribution in High Medieval Brussels

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### Abstract

Hospitals and hospital-like institutions, although not a creation of the Middle Ages, saw considerable growth in the high medieval period. Tied largely to spiritual movements, such as the Peace of God and the *vita apostolica activa*, as well as to military-spiritual quests, such as the Christian crusades, hospitals became the places of care for travelers and the sick alike. These new institutions were staffed by hospital brothers but largely founded by local nobility and clergy. In medieval Brussels, though, the hospital movement took a different turn. Mid-thirteenth century, mid-level nobles, women, lesser clergy, and townsmen all contributed to the growth and care of one hospital: the hospital of Saint John. Increased charity on the behalf of the common person thereby suggests that in Brussels 'health care' and charitable distribution were concerns of not only the upper echelons of society but also the common people as well.

### Keywords

Hospital of Saint John, charity, health care, Middle Ages, Brussels, Hospitallers, Brabant, Duke Henry I, Guillaume of Ledebergh.

## L'hôpital de Saint-Jean: Une Exploration de la Distribution de bienfaisance au Haut Moyen Âge dans Bruxelles

### Résumé

Les hôpitaux et les établissements hospitaliers, alors que pas une création du Moyen Age, a connu une croissance considérable au Moyen Age. Liée en grande partie aux mouvements spirituels, tels que la Paix de Dieu et de la *vita apostolica activa*, et aussi à des quêtes spirituelles-militaire, tels que les croisades chrétiennes, les hôpitaux sont devenus les lieux de soins pour les voyageurs et les malades. Ces nouvelles institutions ont été dirigée par les frères hospitaliers, mais ils ont été fondées par la noblesse et le clergé local. Dans médiévale Bruxelles, cependant, la création d'hôpitaux ont pris une tournure différente. Dans le milieu du XIII<sup>e</sup> siècle, non-nobles, les femmes, le clergé et les habitants des villes ont tous contribué à la croissance et les soins d'un hôpital: l'hôpital de Saint-Jean. Augmentation de la charité des gens ordinaires suggère ainsi que dans «soins de santé» de Bruxelles et de la distribution de bienfaisance ont été préoccupations non seulement les hautes sphères de la société, mais aussi les gens du commun ainsi.

### Mots-clés

L'hôpital, la charité, de «soins de santé», Moyen Age, Bruxelles, Hospitaliers, Brabant, duc Henri I<sup>er</sup>, Guillaume de Ledebergh.

In 1936, Walter John Marx claimed that the study of "medieval charity has been strangely neglected by American scholars" (Marx, 1936, p. vii). While Marx was commenting on the state of charitable studies in the United States his disdain was probably just as much directed toward studies of charity in Belgium or the lack thereof. In response to his own displeasure Marx set out in 1936 to write a synthesis of Belgian charity but later insisted "that such a study was impossible" without a "whole series of good monographs dealing with separate institutions in the different towns of Belgium" (Marx, 1936, p. viii). What followed was a detailed exploration by Marx on the development of charity in medieval Louvain via an exploration of the municipal hospital located there. Several years later Paul Bonenfant, the leading scholar on Belgian hospitals at the time, produced the *Cartulaire de l'Hôpital Saint-Jean de Bruxelles (Actes des XII<sup>e</sup> et XIII<sup>e</sup> Siècles)* in 1953, which included the documentary history of the hospital of Saint John's in Brussels, c. 1131-1300. At least in these cases progress had been made: two sizable monographs detailed two important charitable institutions in the Low Countries.

During the last fifty years great inroads have been made in the field of charitable and institutional studies. The progress has included Edward Kealey's *Medieval Medicus: A Social History of Anglo-Norman Medicine* (1981); Miri Rubin's *Charity and Community in Medieval Cambridge* (1987); James William Brodman's *Charity and Welfare: Hospitals and the Poor in Medieval Catalonia* (1998); Sheila Sweetinburgh's *The role of the hospital in medieval England: Gift-giving and the spiritual economy*, (2004); Carole Rawcliffe's *Leprosy in Medieval England* (2006); and James William Brodman's *Charity and Religion in Medieval Europe* (2009). To these works we can also add the recently edited volumes of Barbara Bowers', *The Medieval Hospital and Medical Practice* (2007), as well as Peregrine Horden's and Richard Smith's *The Locus of Care: Families, communities, institutions, and the provisions of welfare since antiquity* (1998). The works of these pioneering scholars have helped to spur other authors toward the creation of individualized studies on charity, poverty, and institutional care, all of which have examined institutions across the European continent during various periods in the Middle Ages. Much progress has certainly been made.

There is still, however, more work to be done. While we have gained a general understanding of institutional care in England, Catalonia, Florence, and various areas of burgeoning France, we are still missing studies of the Low Countries, especially in English. Where do the Low Countries fit into the developments outlined above, and where especially does the town of Brussels belong? If we examine the town of Brussels and its institutions of care, can some of the same conclusions regarding poverty, charity, and institutionalized care be drawn?

In Brussels, at least in the twelfth and thirteenth centuries, we can discern that several members of society, lay and religious alike contributed with donations to the hospital of Saint John and thereby participated in the growing notion of religious charity and "health care". These people were spurred on and enabled by a growing profit economy, and they were encouraged by religious charitable trends to give for the benefit of their own souls. These donors were also constantly reminded of the need of those less fortunate; the hospital towered not outside or along the city walls,

but rather sat in the center of the town. As the hospital transformed into the premier medical institution<sup>1</sup> of Brussels and the surrounding areas it became, quite literally, a center for the collection and distribution of charitable aid in and around Brussels.

By examining the extant documentation of the town's donors one can see that individuals from nearly every level of the medieval social spectrum participated responded to call for charity: the nobility, middling nobles, town aldermen, hospital provisors, and even towns and craftsmen. This study thus demonstrates the extent to which the various donors provided relief for the needy in medieval Brussels, thereby creating a "geography of charitable distribution". This survey explores both spiritual geography and topographical charitable developments while helping to provide an understanding of institutional care in Brussels, thereby filling a much-needed gap in current scholarship.<sup>2</sup>

## The High Medieval Hospital

Despite their widespread popularity, hospitals and hospices were not invented during the high Middle Ages (c. 1000-1300). The *xenodochium* of the Roman Empire, the monastic almshouses and pilgrim refuges of the early Middle Ages, and the medical institutions of Islamic origin all preceded the high medieval hospital. What the central Middle Ages did bring about, however, were more "public

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<sup>1</sup> It is difficult to know for certain what type of medical procedures were being done at the hospital. The documents simply do not exist to allow us the direct knowledge of this information. Nevertheless, we can assume that the procedures were similar to those happening in other hospitals for which we do have documentation. Edward Kealey's *Medieval Medicus* has identified that "diagnosis was based upon a serious consideration of pain, fever, pulse, and urine. [...] Although arthritis and rheumatism were common disabilities, herbs and leechbooks prescribed more remedies for conditions affecting the eyes than for any other single complaint" (Kealey, 1981, p. 4-5). Islamic doctors saw similar maladies. For example, eye disease was the most wide-spread of all diseases in the Near East. This is so much the case that "in the Koran, special considerations are given the blind who are mentioned more than once" (Haj, 1970, p. 46), while "eye ailments were so common, particularly trachoma, that the Arabs found it necessary to establish numerous special hospitals for the treatment of the eye alone" (Haj, 1970, p. 49). At these hospitals there were ophthalmological experts called Kahhalin, from the word Kohl, which was the powder administered to the eye (Haj, 1970, p. 50). Otherwise, in the West we can assume that the medicine being practiced at Saint John's was probably based on the Seven Corporal Acts of Mercy, derived from the Gospel of Matthew (see also Courtenay, 2007, p. 86).

<sup>2</sup> Brodman, in his 2009 work, did address the hospital of Saint John in Brussels in the chapter titled "Lay Piety". In this chapter Brodman asks, "Was the role of the great majority of the community then a passive one" (Brodman, 2009, p. 178). To answer this question Brodman surveys the role of the laity through various groups, including urban saints, tertiary orders, poor tables, and confraternities, in which the hospital of Saint John in Brussels is included. Specifically, the hospital is addressed on the following pages: 196, 204, 229, 231, and 264. In his survey on the hospital Brodman frequently cites the work of Paul Bonenfant. Although a start, Brodman's work on the hospital in Brussels must be expanded to better understand the nature of the institution and its donors.

hospitals". For example, Daniel Le Blévec in his study of hospitals appearing in the lower Rhône region of France demonstrated that "0.9 percent of hospitals can be dated from the eleventh century, another 7.9 percent from the twelfth, 27.3 percent from the thirteenth, 48.4 percent from the fourteenth, and 15.5 percent from the fifteenth" (Brodman, 2009, p. 55). The transition to what we might call "public hospitals" began in the eleventh century, the defining era in a new hospital movement (Bonenfant, 1965, p. 13). Throughout the period, popular practices, such as increased Christian pilgrimage, as well as spiritual movements, such as the Peace of God and the *vita apostolica activa*, influenced Christians to lead a life like that of Christ Jesus (Bonenfant, 1965, p. 13). Like Christ who gave generously to his brothers, "all lay folk were encouraged and even obligated to support works of charity within their community" (Brodman, 2009, p. 178), many times by forming or founding institutions of care.

The new institutions that emerged from this movement could be found throughout Europe in general and in the Low Countries specifically. In the Low Countries as early as the late tenth and early eleventh century Prince-Bishop Notger (r. 972-1008) established a tradition of care for the sick and poor. This included the reconstruction of a hospice at Liège (de Moreau, 1945, p. 29). Later prince-bishops, Baldéric II (r. 1008-1018) and Wazon (r. 1042-1048), followed Notger's path, thereby awarding them the titles of "*père[s] des pauvres*" (de Spiegeler, 1987, p. 48). The oldest hospital, however, was most likely Huy in the diocese of Liège, which was functioning in 1066 (Brodman, 2009, p. 57). Shortly later an institution at Afflighem was founded in 1083, and the hospital at Wanze was created by the countess of Namur, Ermesinde, between 1109 and 1137 (Bonenfant, 1965, p. 13). Unfortunately, many of hospitals and hospital-related associations that arose in the movement were not able to maintain their hospitaller character. Included was Afflighem, which transformed into a Benedictine Abbey soon after its initial creation (Bonenfant, 1965, p. 14).

While the initial movement did incite the creation of some institutions in the Brabant region, a greater development of hospitals soon followed. We know definitively that during the period of hospital creation in the Brabant environs, three types of hospitals arose: hospitals for pilgrims and poor travelers, hospitals for the sick, and leprosaria (Bonenfant, 1965, p. 22). Of the three types, the second movement—hospitals for the sick—generated some of the most substantial "public" hospitals in Belgium, many of which were funded by burgher moneys. The oldest hospital in this group can be dated to 1090 and was located in Louvain (Bonenfant, 1965, p. 14), but to this hospital we can add institutions in Brussels, Cambrai, Arras, Bruges, Ypres, and Gand (Brodman, 2009, p. 57). In addition, two other hospitals appeared in Brussels around the same time: the Hospital of Notre-Dame et les Douze Apôtres was founded in the city in 1127 (Bonenfant, 1965, p. 14), while hospital of Saint Nicolas was created sometime before 1129. Saint Nicolas hospital in particular was located near the Grand' Place, the trading hub of Brussels. By 1162 the hospital of Saint Jacques appeared near Coudenberg Palace, the home of the dukes of Brabant (State, 2004, p. 145). Finally, Saint Pierre leprosarium was founded in 1174 (State, 2004, p. 274). Unlike the other institutions, Saint Pierre was located on the outskirts of town.

By the early twelfth century, Brussels and the surrounding areas thus received a number of institutions to help care for the poor and sick, including four institutions dedicated to the care of poor pilgrims: Saints Julien, Carmel, Jacques, and Laurent (State, 2004, p. 145). This was not unusual seeing that “every major town and city...was approached through a ring of hospitals” (Rawcliffe, 2005, p. 257). While the above-named new institutions did help to ease the needs of the public at the time, Brussels in particular still lacked a public municipal hospital. It was privileged to have many different types of institutions of care, but an institution specifically dedicated to the care of the sick was still absent. Furthermore, many of the twelfth-century lay hospitals outlined above simply did not meet the needs of the increasing sick, as many of the institutions became difficult to staff and resource (Bonenfant, 1965, p. 23). The only institution to really escape these misfortunes was Saint Pierre leprosarium where treatment, was of course, limited to those who had leprosy.

Fortunately, the needs of the general population were met with the appearance of the confraternity of Saint-Esprit (Holy Ghost) in Brussels in 1186. Throughout Europe, the movement of lay people as initiated by the concept of *vita apostolica activa* had led to the creation of brotherhoods in many forms. The confraternity in Brussels, for example, was modeled upon another brotherhood from Cologne committed to poor relief. The new group, however, quickly separated itself from its counterpart.

Of emerging confraternities in general we know that some of these groups cared only for their members, while some had a specific mission of care in the city. John Henderson in his study on confraternities in Italy in the later Middle Ages has found that most fraternities shared a “special sense of solidarity with their own members, but also extended their charity outside the membership for, [...], they distributed alms to the poor of the neighborhood” (Henderson, 1994, p. 14). We see a similar occurrence in the Low Countries and in Brussels in particular, where the confraternity of the Holy Spirit began by creating an institution to which brothers could retire in their old age free from feudal obligations. As time went on and as a greater need in the city was identified, though, the confraternity slowly transformed into a public institution of care, while eventually a hospital complete with physical manifestations emerged, hence the beginning of the hospital of Saint John. That special sense of solidarity that began in the brotherhood would continue throughout the high medieval history of the hospital, which largely led to its success during that period. In the end, the newly-emerging hospital of Saint John and the 1174 leprosarium of Saint Pierre would remain the “city’s sole hospitals for the public until the French regime” (State, 2004, p. 145). The question remains, why?

We know, for example, that during the confraternity’s transformation into a hospital the institution became the “first to be designed for care of the sick and not merely as an almshouse” (Johnson, 1964, p. 625). This is outlined in the hospital statutes: Saint John’s hospital in particular was “reserved for those poor who were unable to move about and beg from door to door” (Marx, 1936, p. 35). The statutes thus prohibited begging, which means that the poor and sick of the hospital had to rely on the generosity of the members of the community.

The community certainly responded. In due time, the hospital began to grow, although the transition from a brotherhood to an institution of care occurred slowly. Eventually, the brotherhood would acquire physical holdings, including a hospital building, which received the name of Saint John, probably after the later dedication of an adjoining chapel (see *Cartulaire de l'Hôpital Saint-Jean*, and Johnson, 1954, 625) by the same name (Bonenfant, 1965, p. 20). In 1207 the security of the holdings was guaranteed when Pope Innocent III (1160-1216) provided papal protection to the hospital (Bonenfant, 1953, p. 13-14; CPAS, SJ 4). The protection of the papacy must have aided in the growth and popularity of the institution. By 1209 the staff of the hospital included *fratres et sorores hospitalis beati Johannis in Bruxella* (Bonenfant, 1965, p. 20), while only three years later in June of 1210 Gautier, a priest of Forest, and Ida, the prioress, granted to the hospital of Saint John, for the fee of *sex solidorum* annually, the perpetual use of a courtyard (*curtile*), which was located next to the hospital (Bonenfant, 1953, p. 16-17; CPAS, SJ 31, fol. 27).

The existence of a formal establishment quickly led to other key developments for the institution. In 1211 the Bishop of Cambrai granted an official set of 37 statutes, which were designed to govern the hospital, its brothers, and its sisters. These statutes were "subsequently widely imitated in northern France" (Brodman, 2009, p. 229), which gives us a sense of the important scope of the institution. Like the monastic hospitals of the early and high Middle Ages, the monks and nuns of the hospital of Saint John probably followed the Augustinian *Rule*. There were three brothers, one of whom was a priest, and ten sisters total (Bonenfant, 1953, p. 25). Despite the presence of brothers and sisters who were largely dedicated to both the spiritual and physical care of the sick and poor, a medical doctor could still not be summoned in cases of *particularis infirmitas* (Bonenfant, 1965, p. 27-28). Conversely, this suggests that in dire circumstances a medical practitioner could be called upon and that, generally speaking, there was a doctor present and available to the hospital, its staff, and its patients.

While these initial years of growth saw immense changes to the institution, the next fourteen years meant substantial increases in the holdings of the hospital. Pope Honorius III (r. 1216-1227) extended papal protection to the brothers and sisters of the hospital and their holdings on three separate occasions: 28 October 1218, 27 April 1219, and 2 December 1225 (Bonenfant, 1953, 28; CPAS, SJ 4, fol. 2; Bonenfant, 1953, p. 28-29; CPAS, SJ 4, fol. 3.; Bonenfant, 1953, p. 43-44; CPAS, SJ 4, fol. 13). No more was the hospital limited to a courtyard, a chapel and perhaps a ward; Honorius' protection had included the hospital's gardens, orchards, and pastures for their animals. The holdings increased once again in 1237 when the hospital acquired a cemetery, which was approved by Pope Gregory IX (r. 1227-1241) on 22 May of that year (Bonenfant, 1953, p. 77).

Such was the early development of the confraternity of Holy Spirit and the hospital of Saint John. Survival of the hospital into the thirteenth century, however, would depend on the support of the local community. Although groups of citizens in the form of a confraternity first oversaw the creation of the institution, later developments were taken up by the local dukes and bishops, and even the local citizens, while the success of the hospital mid-century would depend on the way in which the

hospital redirected its mission. The regional hospitals of the mid-twelfth century experienced what has been called an *efflorescence*; many of the hospitals only continued to grow because they “reinvented” themselves (Bonenfant, 1965, p. 24). For Saint John’s hospital, the reinvention included the establishment of the adjacent chapel mentioned above. The hospital chapel permitted the hospital to collect indulgence fees, which would be used in the construction of new hospital building.

The new building was situated on the very location where trade and commerce had emerged in the city of Brussels: slightly above the lower market, which was centered on the Grand’ Place, and between the two tributaries of the Senne, the Smaelbeek and the Rollebeek. It was also located near the busy market streets, *Marché aux Fromages* and the *Rue des Pierres*. Although in the lower part of the city, the hospital was connected to the upper city via Coudenberg, or “cold hill” —the home of the dukes of Brabant—, by a land route that ran between Cologne and Bruges (Nicolas, 2003, p. 64). This land route was a major thoroughfare that not only linked Cologne, Brussels, and Bruges, but also guaranteed that travelers and pilgrims of all ages and social ability made their way through the heart of Brussels. The importance of this route cannot be understated. Take for example the London hospital of Saint Mary Spital. Saint Mary Spital hospital was founded in 1179 by a group of merchants and was located on a route that linked the hospital to the town via a North/South road. The hospital, while, on the outskirts of the town, was not isolated (White, 2007, p. 60). The route assured the survival and well-being of the hospital of Saint Mary Spital into later years. Saint John hospital was certainly not isolated, and in fact it was located not far from the town Cathedral, the Cathedral of Saints-Michel-et-Gudule, work which had began in 1225 under the reign of Duke Henry I (r. 1183/1190-1235) (State, 2004, p. xxiv).<sup>3</sup>

This is certainly important, as the location of a charitable institution put on display the hospital’s generous benefactors. Carole Rawcliffe has argued that “the presence of charitable institutions encircling cities served as a powerful symbol of piety, generosity, and sense of social responsibility of leading clerics and merchants” (Rawcliffe, 2010, p. 146). In this way Brussels fit the norm with its many institutions; where it differed was in the particular location of Saint John hospital. Being the location of St John hospital in the center of the city and as one angle of a quadrilateral that linked the ducal palace, cathedral church, city market, with the public hospital, it must have caught the attention of the inhabitants of Brussels. The hospital was quite literally on display, and in a period of economic growth and increased lay spiritual patronage it served as a medieval billboard for charitable distribution. Hospitals often used their location and properties as propaganda: great buildings, intercessionary prayers, portraits, carvings and other media all attracted donors (Rawcliffe, 2007, p. 183).

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<sup>3</sup> This does prove a little odd, as normally hospitals were positioned on the outskirts of towns—either along or outside the city walls—or “along the roads, especially at staging posts and at the approaches to towns” (Orme and Webster, 1995, p. 42). Only later did hospitals move into the center of towns, and even then this movement tended to occur only in the later Middle Ages and during the Protestant Reformation (Orme and Webster, 1995, p. 44). Much of this can be attributed to the fact that the hospital statutes did not allow begging.



The hospital thus put on display the piety and generosity of past donors, while simultaneously indoctrinating those traveling by with a sense of social responsibility. The

“charity manifested here is not the monastic practice of fraternal love within a closed community, but rather the sense of obligation that individuals and entire communities felt toward individuals designated as ‘miserable persons’ —namely, the poor, the sick, the crippled, orphans, widows, pilgrims, and anyone else who was seen as weak, vulnerable, or degraded”

— and especially those who could not beg (Brodman, 2009, p. 10). This view emerged concurrently with the growth of public hospitals, as the “twelfth century was a watershed in medieval Europe’s concept and practice of charity. Population growth, a new urbanization in western Europe, the expansion of trade, the specialization of labor, and other factors, produced what Lester K. Little has called the profit economy” (Brodman, 2009, p. 14-15). People had money to give and a visible need to fulfill. The public hospital met that need and the townspeople effectively responded.

The place of donation must have been apparent, seeing that after its “reinvention,” the hospital of Saint John continued to grow steadily and successfully. Old drawings of the hospital suggest that the grounds of the institution expanded to approximately three city blocks. Despite its substantial physical expansion, it was only in the early modern period that the hospital of Saint John began to take on the characteristics of a modern medical facility. At least during the Burgundian regime (1430-1477), hospital brothers and sisters could count on a city surgeon frequenting the hospital daily and a city doctor at least once per week (State, 2004, p. 145). Only a few decades later “an ordinance of 1501 stipulated patients had to be placed in a bed with clean sheets and a blanket and be suitably clothed in winter” (State, 2004, p. 145). These innovations suggest that the hospital continued to grow during the early modern period. In fact, while there are no figures to describe how large exactly the hospital was during the high Middle Ages, we do know that “by 1780 Saint Jean’s (*sic.*) counted 135 beds but no operating room” (State, 2004, p. 145).

Although the transition to a modern medical facility slowly occurred, much of the progress was halted late in the seventeenth century by a bombardment by the Marshal of Villeroi. The 1695 bombardment rained over 3,000 cannonballs onto the city;<sup>4</sup> the hospital, with its central location, did not escape the artillery shower (Terlinden, 1931, p. 140). After the attack, the hospital was rebuilt. Eventually, though, the hospital “became cramped and outdated. A modern facility was built between

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<sup>4</sup> This bombardment occurred on 13 August 1695 and was perpetuated by the Marshal of Villeroi and his army. On 11 August 1695 the Marshal and his 70,000 forces occupied the area of Anderlecht near Brussels. As Paul Sate explains, “the bombardment began on the evening of 13 August. More than 3,000 assorted cannonballs and shot rained down on the city, setting afire to close to 4,000 buildings” (State, 2004, p. 38). While State goes on to note that most of the damages were “made good within five years,” the extent of the destruction to archives and some buildings is still being felt (State, 2004, p. 38).

1838 and 1843 at a site along the *boulevard du Jardin Botanique*, which was later demolished [in 1950 at which time] the facilities were integrated with those of Saint-Pierre" (State, 2004, p. 38).

Although the documentary history of the hospital is rich, we are unfortunate in that we do not know much about the people who came to the hospital of Saint John for treatment or even for poor relief. Because the documentation simply does not exist in regards to the numbers of people aided during the high Middle Ages, we cannot know for certain how many people found refuge at the hospital of Saint John in Brussels. We do know, however, that according to the World Health Organization, "approximately 10 percent of the world's population is either physically or mentally impaired at any given time, which means that we may assume a similar proportion for past societies, including, the Middle Ages" (Metzler, 2006, p. 3). This number, however, does not take into account those with a physical illness or those who were not permanently impaired. Yet, the medieval Latin terms for describing sickness and impairment often overlapped: "*infirmi, aegri* and *egroit* were often used as interchangeable terms for 'diseased', 'sick', and 'impaired'" (Metzler, 2006, p. 5). Given this fact, we can thus interpolate that the hospital met the needs of at least 10 per cent of Brussels' population, if not more. While "the earliest population figures for Brussels are unknown" the later "riverside settlement [...] grew to about 20,000 by the second half of the [fourteenth] century" (State, 2004, p. 87), thus suggesting that the hospital cared for as many as 200 people up to the fourteenth century.

If, then, we cannot learn of the people who were serviced by the hospital and its staff, what then can we discern about the people who helped to establish the institution and to assure its success into the modern period? By examining the contributors and their donations what we can learn is a little about who undertook the responsibly for "health care" in the high Middle Ages. The usual suspects appear: wealthy upper class nobles, town representatives, and religious brothers all assured the initial success of the hospital. As time went on, however, greater participation on the behalf of the town population saw to the hospital's success in later years—the same population that lived and worked in the hospital's environs. I would suggest that this broad participation was directly related to the location of the hospital in town.

## The Extant Material

In spite of being bombarded in the seventeenth century, much of the Saint John collection has survived and is housed at the *Centre Public d'Action Sociale de Bruxelles*, or CPAS.<sup>5</sup> While CPAS is

<sup>5</sup> Today, the center is located at *Rue Haute* 298a, 1000 *Bruxelles*. One can contact the archives via phone, fax, or the web: Phone: +32(0)2.543.60.55; Fax: +32(0)2.543.61.06; and Website: [www.cpasbru.irisnet.be](http://www.cpasbru.irisnet.be). Currently, the center is headed by Mr. David Guillardian, who can be contacted at [DGuillardian@cpasbru.irisnet.be](mailto:DGuillardian@cpasbru.irisnet.be). Originally, however, the archives were titled, *archives de l'Assistance publique de Bruxelles*.

home to most of the extant documents pertaining to the hospital of Saint John,<sup>6</sup> for those working outside of Brussels, the surviving charters of the high medieval hospital can be found in Paul Bonenfant's *Cartulaire de l'Hôpital Saint-Jean*, which includes 278 acts issued between 15 October 1131 and 19 December 1300. Bonenfant not only compiled the extant charters; he went as far as to divide them in the introduction into three categories: ecclesiastical, lay, and author undetermined.<sup>7</sup> In addition, the cartulary denotes that, although based on the history of the hospital of Saint John in Brussels, the acts themselves find their way into the collection from various locations, including Montefiascone, Brussels, the Lateran, Rome, Santbergen, Soignies, Anderlecht, Cambrai, Rieti, Mysee, Tervueren, Spoleto, Viterbo, Lyon, Anvers, Liège, and Thun-l'Évêque.<sup>8</sup>

At first glance, the cartulary proves to be an exquisite source for the examination of the hospital's acquisitions in the twelfth and thirteenth centuries. Yet, the categories created by Bonenfant force upon the reader classifications that limit the known influence of the hospital. By reexamining the categories and by exploring the extant charters individually, we can have a better understanding of who contributed to the hospital and why, and we can, to some extent, recreate the social structure of medieval Brussels. Although patronage of the institution began with the nobility and although it was aided by the papacy, in less than one hundred years the circle of charity widened to include the proverbial butcher, baker, and candlestick maker. This has been identified in various European regions by other scholars of charitable institutions:

"[...B]ishops and monasteries played an important role in the genesis of Europe's first charitable institutions, and such institutions would maintain a religious character throughout the Middle Ages. [...] Yet, on the other hand, the *opera caritatis* are also a manifestation of genuine lay spirituality" (Brodman, 2009, p. 42).

<sup>6</sup> The *fonds de l'hôpital Saint Jean* examined in this study include the following: SJ 2, SJ 4, SJ 5, SJ 6, SJ 19, SJ 20, SJ 22, SJ 23, SJ 27, SJ 28, SJ 29, SJ 30, SJ 31, SJ 32, SJ 33, SJ 34, SJ 35, SJ 36, SJ 37, SJ 38, SJ 39, SJ 40, SJ 41, SJ 42, SJ 43, SJ 44, SJ 45, SJ 46, SJ 47, SJ 48, SJ 50, SJ 83, and SJ 85.

<sup>7</sup> Furthermore, Bonenfant divided the lay documents up into ten separate categories: the dukes of Brabant, ducal officers, the accompanying lords or non-members of their family, the members of seigniorial families, nobles, non-nobles, the alderman's court, the court *consale* of Henry Lopere of Louvain, the temporal provisors of the hospital of Saint John, and the provisors of the Foundation Terarken at Brussels. The group that comprised the greatest number of documents was by far the alderman's court, in which the cities of Brussels, Goyck, Laeken, Leeuw-Saint-Pierre, Tervueren, Uccle and Wambeek, and the people of the Lord of Assche, Sainte-Gertrude of Nivelles in Brussels, and Léon d'Aa à Leeuw-Saint-Pierre all appeared. One-hundred-thirty-three documents were represented in this group alone (Bonenfant, 1953, p. XLIV-XLV).

<sup>8</sup> Some of the locations are duplicated in several of the charters, and not all the locations of all the charters can be identified. The cities listed represented only a small portion of the locations about which we know for certain (about 14 per cent).

The recreation of social structures and the survey of the various peoples involved with the hospital thus provides a glimpse into one society's expressed care for the poor. Through the various social groups we can then determine who exactly was responsible for 'health care' in high medieval Brussels. A brief survey of the various people and their issuances will illustrate this point.

## To Whom Does Health Care Belong?: The Upper Nobility

Aside from the trio of priests, brothers, and clerics of the confraternity of the Holy Spirit one of the first groups to interact with the pre-hospital confraternity was the upper nobility. This was not unprecedented; there had already been a tradition of the local nobility aiding charitable institutions in Brussels. Saint James hospital in Brussels was founded by Duke Godfrey III (1142-1190) of Brabant "in imitation of the one belonging to the Knights of Saint John in Jerusalem, which he had just visited" (Brodman, 2009, p. 69). These traditions were later continued by Duke Godfrey III's son, Duke Henry I of Brabant (r. 1183/1190-1235).<sup>9</sup> The dukes of Brabant resided on the eastern side of the *Coudenberg*, but they were linked to the lower town via various markets and the major commercial artery of the *Smaelbeek*, which was created in the twelfth century with the "construction of water mills and a port" (Vannieuwenhuyze, 2008). Later the dukes produced a "complex of trade halls between the *Coudenberg* and the river," (Vannieuwenhuyze, 2008) which eventually led to the birth of a commercial hub around the church of Saint Nicolas, located not far from the hospital of Saint John. Playing such a large role in the town itself, it is no surprise that the dukes turned to support the hospital of Saint John. Indeed, Duke Henry's role in this early town development and proximity to the hospital may have influenced him to patronize the institution.

The confraternity of the Holy Spirit in Brussels had been in existence for four years before Henry began his rule, yet many scholars have argued that the initial confraternity and later hospital were forever indebted to his "munificence and piety" (Bruyn, 1867, p. 31). Evidence of Henry's piety and his role in charitable affairs can be found in his involvement with the hospital of Saint John. As early as 1195, Henry I provided an exemption from feudal obligations, fees, and military services for those who became members of the confraternity of the Holy Spirit in Brussels (Bonenfant, 1953, p. 8-10). In exchange for the exemption, the newly-retired brothers agreed to surrender their property to the hospital; the retiree thus removed himself from secular society upon admission (Bonenfant, 1953, p. 8). This, however, was not too great of a sacrifice by the retirees, since most of the participants were probably too old to father sons (Bonenfant, 1965, pg. 66). Similarly, one could argue that this was not a great sacrifice on the part of Henry, since retirement of elderly members of the community certainly did not prohibit him from raising an army.

<sup>9</sup> Henry began his reign by ruling in tangent with his father, Godfrey III (1142-1190). The areas of rule in Brabant included Brussels.

What it did allow, however, was for Henry to provide some sort of benefit for the confraternity and his community and by doing so he became one of the earliest citizens to exhibit a concern for local "health care". Indeed, Henry was shedding "the spiritual millstone of wealth while still enjoying its tangible benefits" (Rawcliffe, 2007, p. 168). By providing support to the confraternity of the Holy Spirit and the future hospital of Saint John he not

"only [met] a real social need, but also establish[ed] a lasting reserve of spiritual credit for [himself]. Put crudely, charitable institutions gave medieval benefactors a unique opportunity to kill two birds with one stone: in return for charity to the sick poor of Christ they could purchase a place in heaven, rendered addition secure through intercessionary prayers and masses offered both in their own lifetimes and for the welfare of their souls after death" (Rawcliffe, 2007, p. 168).

Furthermore, it also allowed the limited confraters a role in the sacred institution:

"while their secular careers did not permit the confraters to serve directly as Hospitallers, they [were nevertheless later able to establish and maintain] a hospital for the confraternity's elderly and infirm members" (Brodman, 2009, p. 74).

Henry's concern for local "health care" is demonstrated by the fact that he continued to provide contributions in various forms to the institution, especially after its transition from brotherhood to hospital. In 1204 Henry I provided a donation that was to benefit the 'poor of the blessed hospital of Saint John': "*Ego, Henricus, Dei gratia dux Lotharingie [...] ad opus pauperum hospitalis beati Johannis, quod antea Sancti Spiritus dicebatur*" (Bonenfant, 1953, p. 12; CPAS, SJ 4). The donation suggests that Henry certainly had a vested interest in "health care" and that his vision of who was worthy of this care included more than just wealthy retirees. This change of pace was halted, however, between 1204 and 1225 when Henry disappeared from the hospital records. The silence could be interpreted in several ways. For example, Henry might have been making contributions to the hospital, but, with later physical transformations and the bombardment, the documents were lost. In addition, the hospital seemed to have been growing despite royal endowment, meaning that Henry, mid-life, did not need to provide for the institution. Finally, during this period of royal silence, the institution was in the process of receiving a new hospital chapel (Bonenfant, 1965, p. 24), which would have generated support from other people, such as the local clergy.

The reception of the new hospital chapel marked a transition in the history of the institution. The inclusion of the chapel prompted a new patron of the facilities. The Holy Ghost confraternity soon became the hospital of Saint John, a change that may have been linked to Duke Henry himself. In 1201 the establishment and consecration of a *capella beati Joannis* occurred in the cathedral chapter of Sainte-Gudule by Duke Henry (Bonenfant, 1965, 62; State, 2004, p. 275-277). After this change in name, the hospital was once again generously endowed by Duke Henry I (Henne and Wauters, 1968,

p. 49). On 4 February 1225 Henry allowed Saint John's hospital an annual collection of five bushels of wheat from *Ruyssche molen* in Brussels (Bonenfant, 1953, p. 42). Four years later, on 1 February 1229 Henry granted to the monastery of Ninove 10 and one half *bonniers* of land that was located in Anderlecht (Bonenfant, 1953, p. 57-58; CPAS, SJ 34 fol.27).

With the monastery being in Ninove, the land in Anderlecht, and the act being issued from Tervueren—a town located between Brussels and Louvain—questions thus arise as to the motives of Henry's grant: was it really for the good of the hospital? The answer is yes, as this seemingly unrelated monastery did have ties to Saint John hospital through another donor, which will be explored later. The person it most immediately aided, though, was Henry. Beginning as early as the twelfth century, we know that society

"experienced a need for spiritual cleansing among the rich and powerful, especially the avaricious aristocracy and urban patriciate, who benefited materially from the labors of the lower classes. [As such] the rich began to voice a psychological insecurity regarding salvation, and an urgency to gain God's blessing from God's poor. Following the Gospels and the spirit of *imitatio Christi*, the true follower of Christ was morally obligated not only to give alms, but also to actively serve the poor" (Courtenay, 2007, p. 104).

In entering into a complex gift-exchange, however, Henry may have also have been expressing vertical "ideas concerning lordship, hierarchy and good governance," which in turn may have had profound implications on the survival of the hospital into later years (Sweetinburgh, 2004, p. 15-16).

## The Local Episcopacy

As the hospital grew, the role of the dukes of Brabant in the institution waned, especially after the institution received its statutes in 1211 under Bishop of Cambrai, Jean III of Béthune (1200-1219). The statutes outlined the provision of hospital care, including the care of women and children, which is outlined in the statutes in items twenty-two through twenty-seven (Bonenfant, 1953, p. 23-4). Saint John's hospital in particular was reserved for those beggars that could not move about, but also "for pregnant women who were without shelter, and finally, for foundlings, though all of these last were not admitted for fear of encouraging the abandonment of new born infants" (Marx, 1936, p. 35). The concern for women has special consequence: St. Mary Spital, for example, became the largest hospital in London, and part of the reason may have been because, "from its inception, the establishment had a special responsibility for pregnant women (until the time of their delivery) and for destitute women and their children" (White, 2007, p. 60). Perhaps, a similar argument could be made for the hospital of Saint John, especially given the fact that the orders of the Holy Spirit, to which

Saint John's had a previous connection, tended to have hospices that were specially concerned with the care of women and children (Brodman, 1998, p. 100).

In addition to a growing concern for women, the reception of the statutes meant serious changes for the hospital, including an invitation by Bishop Jean III to the dean and the chapter of Sainte-Gudule to designate a priest to serve in the hospital's chapel,<sup>10</sup> as well as the rise of the bishops of Cambrai and their roles in hospital affairs. According to the statutes, the bishop would reserve the final say in decisions regarding the hospital (Bonenfant, 1965, p. 28). The bishop also had the right to intervene in the administration of the hospital (Bonenfant, 1965, p. 28). Finally, the bishop reserved the right to name a hospital provisor. Often, the "individual whom the bishop, chapter, and/or municipal council would select to direct a hospital was a trusted and reputable member of the community. Various factors came into play in the making of this appointment: kinship, friendship, and even money" (Brodman, 1998, p. 50). While the motivations behind making the appoint of the hospital provisor at Saint John's are not transparent, what is transparent is that there was an established horizontal network of individuals who were fairly influential in the city and certainly tied to the city council, which will be explored below.

All in all, the rights of the bishops were certainly exercised: almost a quarter of the extant documents from the hospital of Saint John were issued by bishops. While most of their work was administrative, there was certainly an expressed concern for the poor and sick, which is characterized by the profound involvement of the Bishops of Cambrai throughout the twelfth and thirteenth centuries. Of all the acts, the most important demonstration of bishops' support for the hospital came on 27 January 1225 when Bishop Godfrey Fontaines (1220-1237/38) "delegated his powers to Gautier, dean of Hal and canon of Cambrai, for the erection of the *chapellenie* that Guillaume of Ledebergh, a knight, wanted to establish at the hospital of Saint Jean" (Bonenfant, 1953, p. 41-2). The establishment of a hospital chapel meant increased spiritual prestige for the hospital; it also signifies that the bishops of Cambrai were concerned with 'health care' in and around Brussels.

Furthermore, the hospital must have been flourishing by the 1230, and while it may not have been delivering care to patients as we might assume from a modern facility, it was certainly seeing to a spiritual need in the community. We know this seeing that the establishment of the adjoining chapel was followed by a 1231 papal bull, in which Pope Gregory IX (r. 1227-1241) permitted Saint John's hospital to hold mass. This ability extended to periods of interdict as well (Bonenfant, 1953, p. 62; CPAS, SJ 4, fol. 5). Such ability alone speaks to the arising prestige and religious importance of the institution. Indeed, it was during this period between 1232 and 1237 that, as identified earlier, Pope Gregory IX extended his protection to the hospital and its growing holdings (Bonenfant, 1953, p. 65-66; CPAS, SJ 4 and Bonenfant, 1953, p. 76; CPAS, SJ 4, fol. 7). Finally, in 1237, the papacy gave the

<sup>10</sup> *Quia igitur capellam que dicte domui contigua est et ad mostram donationem spectat nuper intelliximus vacare, rogamus, monemus et in Domino affectuose consulimus quatinus in eadem capella presbiterum aliquem discretum, moribus maturum, conversatione probatum ad honorem Dei et religionis provectum instituat. Chartes du Chaptire de Sainte-Gudule à Bruxelles 1047-1300, t. LIV, 1993, p. 26-27.*

hospital's bishop permission to name a priest for the adjoining chapel and to establish a cemetery (Bonenfant, 1953, p. 77). Having the local episcopacy and the distant papacy as participants of "health care" and of the hospital surely aided in the continued growth of the institution.

Similar to other institutions of the care

"the institutional Church—bishops, cathedral, and other clergy, monasteries, and papacy or Church councils—asserted jurisdiction over these networks of charity but never attempted to organize them in any sort of comprehensive or systematic fashion. Even such an intention, had it be essayed, would certainly have been frustrated by the idiosyncratic nature of hospital foundation, patronage, and purpose. While individual hospitals had chapels, cemeteries, and communities bound by religious observance, collectively they were not, by their very nature, sacred places." (Brodman, 2009, p. 85)<sup>11</sup>

They were, though, depositories of lay benefaction, and as such their religious importance was profound. As the hospital of Saint John grew religiously, so too did its support from the local laity. Slowly but surly horizontal networks expanded to include middle nobles, important towns people, and even the local tradesmen and craftsmen. Like concentric circles produced when a rock is thrown into a pond, the networks of circular support moved from small and localized to large and regional. It is to those developments that we turn next.

## Middling Nobles

Although the traditional groups of the nobility and upper clergy had supported the hospital, it was the creation of the hospital chapel in the first quarter of the thirteenth century that saw the involvement of a non-traditional mid-level noble, Guillaume of Ledebergh, thereby expanding the circles of charitable participants. As cities and merchant opportunities grew, so did the abilities of peoples not of the royal milieu. Similar to nobles, mid-level nobles began to engage in charitable acts

<sup>11</sup> This statement really depends on perspective. Others have shown that medieval hospitals were "above all quasi-monastic religious institutions, with liturgy at their heart. [...] ...the fathers of the Fourth Lateran Council had reminded the faithful (Canon 22), the soul's health was an essential precondition for the recovery of the body. Exposure to the host, even without reception; regular confession, without which one sin might remain to contaminate the whole hospital; the proximity of relics in the hospital chapel; contemplation of devotional imagery—all these are likely features of the overriding purpose of hospital life" (Bowers, 2007, p. 141). Indeed, "hospitals, in their ideal form, exemplified that subordination of the care of the body to the care of the soul, and of the earthly physician to *Christus medicus*, which the Church attempted to diffuse through society at large" (Bowers, 2007, p. 141).



and began to participate in "health care". The scene of involvement, however, was not at the hospital of Saint John, at least not at first. Rather, it was in the nearby lordship of Pamele.

Guillaume of Ledebergh was the lord of Pamele, a region that included the parish of Ledebergh and the abbey of Ninove (Wauters, 1855, p. 283), the same monastery from which Duke Henry's grant had come. The abbey of Ninove had previously been associated with Guillaume's father, Walter, who, prior to Guillaume's lordship, involved himself in a dispute with the abbey's bishop, Roger (1179), which was heard by the then-current count of Flanders, Philippe of Alsace (r. 1168-1191). Philippe did not settle the dispute but he did permit "the abbey of Ninove rights of fishing, rights of pasture, and all the rights that were common to men" (Wauters, 1855, p. 284). These rights were approved Walter, Walter's wife, Lutgarde, and his sons, Guillaume and Walter (Wauters, 1855, p. 284).

When Walter of Ledebergh died in 1188, his son, Guillaume, gave three *bonniers* of land to the abbey at Ninove (Wauters, 1855, p. 284). After his father's interment, Guillaume continued to give in charity to the abbey at Ninove, which would have an impact on the hospital of Saint John; here, the type of donor affected the institution (Sweetinburgh, 2004, p. 241). In August of 1226 Guillaume became indirectly involved in the transfer of a chapel (*chapellenie*) that had been originally founded by him in Ledebergh in the parish of Pamele. The chapel was transferred to Brussels,<sup>12</sup> and the transmutation required that the abbot of the monastery, Raoul (*Radulphus*, r. 1207-1244), and the chapter of the monastery of Ninove (*Ninivensis*) agree upon the relocation, which they did (Bonenfant, 1953, p. 48). By 21 December 1226, the formalities regarding the establishment of the chapel were well underway: Gautier de Braine, a canon of Notre-Dame of Cambrai and the former dean of Hal, was instructed by the Bishop of Cambrai to complete the transfer to the hospital of Saint John (Bonenfant, 1953, p. 49-51).<sup>13</sup>

Without a doubt the chapel certainly contributed to the growth and prestige of the hospital. As identified above the chapel was soon granted the power to remain open during periods of interdict. With this reward came other benefits. Having a chapel meant that the hospital could now collect indulgences, which certainly occurred via a papal bull on 27 August 1254. In the bull cardinal legate, Pierre Capocci, accorded thirty days of indulgences<sup>14</sup> to anyone who made donations to the mistress, the brothers, or the sisters of the hospital for construction of a new hospital building (Bonenfant, 1953, p. 129-131; CPAS, SJ 4 fol. 18).<sup>15</sup> Six years later (1260), the hospital gained its own cemetery. The importance of this new building to the town center and its populace cannot be denied: The hospital was located on a secondary artery that connected it to the Senne River and the town's trade

<sup>12</sup> "...*Pamellam in capella de Ledeberghe.*" Bonenfant, 1953, 48.

<sup>13</sup> See also Wauters, 1865, p. 32-35.

<sup>14</sup> "... *inceperint edificare de novo opera sumptuous.*" Bonenfant, 1953, p. 129-131; CPAS, SJ 4 fol.18.

<sup>15</sup> The bull describes the hospital as having been newly planted: "... *quod est novella plantation.*" Bonenfant, 1953, p. 129-131; CPAS, SJ 4 fol.18.

center. Evidence of this connection lies in the fact that the secondary artery even helped to encourage the sale of butter in the hospital's cemetery (Vannieuwenhuyze, 2008).

While Guillaume had helped to establish this connection, he was not the only person of middling or merchant status to have had interacted with the hospital of Saint John. Nearly 64 percent of the extant documents pertaining to the hospital were issued by those of either the merchant or middling class. Yet, the small example of Guillaume and his family speaks to the rise of a new and substantial community. The foundations set by the nobility, namely via Henry I, and the administrative roles of the bishops must be credited with the creation of a hospital that served as a focal point for the city, located, quite literally in the heart of the town. With its successful establishment, though, the circles of charity widened to include those who had traditionally not participated in 'health care', in which the middling merchant classes could be included.

## The Town Castellan

As the hospital grew into a formidable institution, other groups of people appeared in the documents, which suggest that the need for "health care" was not limited to those with noble or mid-noble backgrounds in the areas surrounding Brussels. Part of what then emerges from this examination of the hospital documentation is the amount of support from people who were highly associated with the town of Brussels, including the town castellan and various *burgensis* citizens. Moreover, the institution was staffed by various hospital provisors throughout the thirteenth century, and while these men, often aldermen in the community, first served the hospital administratively many of them later gave generously to the institution. These men, however, were not acting without some sort of forethought. Indeed, the patronage of the Duke of Brabant was later emulated by the town castellan, and likewise, a number of the duke's and castellan's vassals, many of whom were aldermen or *burgensis* citizens, or both, subsequently made donations back to the hospital. This then suggests that there was a growing geography of charity, which continued to radiate and infiltrate every member of the local community. Moreover, as the hospital grew in popularity, so too did local support.

One of the most ardent supporters of the hospital of Saint John was Lionnet I (r. 1210-1253), a lord of Aa, who served as the town castellan in Brussels from 1210 to 1253. Lionnet I took over as castellan after his father, Godfrey, and Lionnet I's son, Lionnet II, followed to become the later castellan (r. 1253-1274). In fact, Lionnet I, Lionnet's father, and their family appear in a number of documents, all of which increased the holdings and prestige of the hospital. These appearances began in 1209 when Lionnet I's father, Godfrey, and his mother, Heylewige, exempted the brothers and sisters of the *hospitalis beati Johannis in Bruxella* from census rents on eight *bonniers* of land located

at Petit-Bigard.<sup>16</sup> Lionnet I was named in the act, as was his brother, Godfrey. This early donation by Lionnet's father and mother must have had some impact on him, as he later went on, beginning on 29 April 1216, to provide charitable donations to the hospital of Saint John. The 1216 charter, for example, specified that Lionnet I, *in elemosinam contuli domui sancti Johannis in Bruxella ad sustentationem pauperum*, granted the right to collect ten *muids* of wheat on his lands located at Leeuw-Saint-Pierre.<sup>17</sup> This charter in particular was witnessed by several people, including Lionnet's brother, Godfrey, and a *Walterus Clutinc*, who was also named in the 1204 donation of Duke Henry. The donation of Lionnet I was later conferred by the bishop of Cambrai, Jean III sometime between 7 and 30 April 1219.<sup>18</sup>

Donations from Lionnet continued throughout his career as castellan, including those on 13 September 1233 and again in May 1237. The first donation named not only Lionnet I, but also his sons, Godfrey and Lionnet. Together the three gave *in elemosinam hospitali beati Johannis in Bruxella ad opus pauperum* an annual census from properties that were located at Molenbeek.<sup>19</sup> Similarly, the May 1237 donation provided ten *bonniers* of marshland located between Evere and Helmet. While the grant went to the brothers and sisters of the hospital in addition to the poor —*contuli in elemosinam fratribus et sororibus, necnon et pauperibus hospitalis sancti Johannis in Bruxella*— it was also done to save Lionnet's, his father's, his mother's, and his son's souls: *pro remedio anime mee et pro animabus patris et matris mee necnon et filii mei, Godefridi*. Lionnet also specified that his donation was on

<sup>16</sup> "...Godefridus, dictus Bruxellensis castellanus, una cum uxore mea Heylewige, de consensu et voluntate liberorum nostrorum Leonii et Godefridi et ceterorum, octo bonaria terre, que apud Bigardis fratres et sorores hospitalis beati Johannis in Bruxella a nobis jure tenent hereditario, ab omni exactione et inquietudine qua nobis tenebantur, tam ipsa quam mansionarios in ipsis commorantes vel ipsa colentes, preter servos nostros et ancillas nostras, intuitu divine retributionis in perpetuum libera esse concessimus et exempta..." *Cartulaire de l'Hôpital Saint-Jean*, SJ 7, p. 14-16. The original is lost.

<sup>17</sup> "...Notum fieri volo tam presentibus quam futuris quod ego, Leonius, castellanus Bruxelle, in elemosinam contuli domui sancti Johannis in Bruxella ad sustentationem pauperum decem modios siliginis in decima m[ea] apud Lewes. Et si forte decima illa vendatur vel pro bono conparetur, hec elemosina semper stabit et mutari non poterit." *Cartulaire de l'Hôpital Saint-Jean*, SJ 11, p. 26. CPAS, SJ 40, fol. 4.

<sup>18</sup> "...Presentium attestacione notum fieri volumus universis quod, honorabili viro Leonio, castellano Bruxellensi, a nobis postulante ut partem decime quam [ipse in] parrochia de Lewes possidebat de manu ejusdem recipien[tes] fratribus et sororibus hospitalis beati Johannis in bruxella conferemus, nos eundem sedula ammonitione et exhortacione diligent ad hoc studuimus inducere ut dictam decime portionem ad opus ecclesie illius resignaret ad cujus parrochiam pertinebat..." *Cartulaire de l'Hôpital Saint-Jean*, SJ 14, p. 30. CPAS, SJ 40, fol. 5.

<sup>19</sup> "...Universitati vestre notum fieri volumus quod nos de consensu filiorum nostrorum, Godefridi et Leonii, majorum etate, contulimus in elemosinam hospitali beati Johannis in Bruxella ad opus pauperum ibidem decumbentium quendam censum annualem XLa IIIIor solidorum et sex caponum, quem habemus in quadam terra, juxta Molenbeka versus Bruxellam sita, de nostro existente dominio, quam a nobis detinet Balduinus et sui conparticipes, libere et absolute perpetuo jure possidemdum..." *Cartulaire de l'Hôpital Saint-Jean*, SJ 43, p. 68. CPAS, SJ 42, fol. 18.

behalf of all friends living and dead: *omnium amicorum meorum defunctorum et viventium*.<sup>20</sup> Furthermore, the witness list named several aldermen of Brussels, including but not limited to Everwinus Wulpes, as well as several burgher citizens, including the families of Henri Béatrix, Meier, Roede, and Spieghel. Of those who served as witnesses, many would appear in the later documents of the hospital not as alderman, provisors, or witnesses, but instead as donors.

In the 1240s, Lionnet I appeared twice, once in March 1240 and once again in 1242; he surfaced again in October 1265. In all three instances Lionnet did not make donations to the hospital but rather was named in the documents for administrative purposes regarding land holdings.<sup>21</sup> It was not until 1253 and 1254 that Lionnet made his final donations to the hospital of Saint John. The donations came during the last year of service to the city, and thus it is not a surprise that in nearing the end of his life and service Lionnet would be concerned with his soul and the souls of his loved ones. Rather than being the main participant in the 11 June 1253 donation, Lionnet I was simply named. The donation came on behalf of Mathilde, Lionnet I's granddaughter, who transferred to the hospital of Saint John land numbering ten *bonniers*, which had been located at Petit-Bigard and held in *fief* to Lionnet.<sup>22</sup> Several alderman and hospital provisors appeared in the charter, including Jean

<sup>20</sup> "...Inde est quod ego, Leonius, castellanus Bruxellensis, presentium offitio, notum fieri volo tam presentibus quam futuris quod ego, pro remedio anime mee et pro animabus patris et matris mee necnon et filii mei, Godefridi, et omnium amicorum meorum defunctorum et viventium, contuli in elemosinam fratribus et sororibus, necnon et pauperibus hospitalis sancti Johannis in Bruxella decem bonaria paludis, jacentis inter villam que dicitur Everna et vicum qui dicitur Elmpt. Ego autem, Leonius, predicti castellani filius, adhibui et adhibeo huic patris mei elemosine spontaneum concensum et ascensum (sic)." *Cartulaire de l'Hôpital Saint-Jean*, SJ 52, p. 78. CPAS, SJ 38, fol. 30.

<sup>21</sup> "...Ad noticiam omnium hominum volumus devenire quod nos Arnaldo de Bigardis, dicto Halfelle, decimam quondam, quam a nobis jure feudali tenuerat, sitam in parrochia de Liewis, in allodium contulimus sibi et suis heredibus perpetuo possidendam..." *Cartulaire de l'Hôpital Saint-Jean*, SJ 54, p. 81. The original is lost. And "Universis tam presentibus quam futuris presentes litteras visuris, Le., castellanus Bruxellensis, cognoscere veritatem. Noverit universitas vestra quod nos domistadium nostrum situm in Bruxella inter portam de Capella et Rusche broec, quod Sisarius et Gregorius, filius ejusdem, a nobis tenebant ad censum annualem, vendidimus ante dicto G., sub hac forma libere possidendum quod sepe dictus G. et sui heredes nobis persolvent singulis annis duos denarios Bruxellensis monete in recognitionem hereditatis eorumdem..." *Cartulaire de l'Hôpital Saint-Jean*, SJ 58, p. 86. CPAS, SJ 32, fol. 27. And in 1265: "Notum sit universis quod [A]rnoldus dictus Halve Elle [cont]ulit cum debita renunciacione fratri Waltero hospitalis beati Johannis in Bruxella ad opus ejusdem hospitalis decimam quamdam sitam apud Bigardis, partim in parrochia de Rusbroc et partim in parrochia de Lewis, pro allodio, promittens eis inde rectam warandiam..." *Cartulaire de l'Hôpital Saint-Jean*, SJ 122, p. 165. CPAS, SJ 40, fol. 9.

<sup>22</sup> "...Deinde autem Magthildis, filia dicti Leonii, militis, et nep[tis ipsius domini]castellani, recepit per [legiti]mum tutorem [a prenomi]nato domino castellano pre[notata de]cem bo[naria terre in pheodum, deveniens in]de homo ipsius domini castellani. Quo fa[cto, eadem Mag[thel]di[s, medi]an[te tu]to[re suo, de voluntate et plenario] consensu sepredicti castellani, [tra]didit et resignavit [prefacta decem bonaria] ter[re hospitali beati Jo[hannis Baptiste [in] Bruxella, [jure here]ditario in perpetuum possidenda [et habenda] sub annuo [cens]u [decem de]nariorum Bruxellensis monete..." *Cartulaire de l'Hôpital Saint-Jean*, SJ 84, p. 121. CPAS, SJ 36, fol. 13.

van der Sennen and Érerwin Vos, who was also a tenant of the Duke of Brabant.<sup>23</sup> Finally, sometime between 20 and 30 April 1253 or between 1 and 11 April 1254, Lionnet I, Lionnet II, and Mathilde all made a donation to the hospital of Saint John, which amounted to eight *bonniers* of lands located at Molenbeek-Saint-Jean.<sup>24</sup> The charter was witnessed by *Johannes Rufus*, of John Roede, a townsman of Brussels, among others.

The participation of local lords and townsmen as witnesses was not uncommon, and indeed, may have aided in the growing popularity of the hospital of Saint John. Just as later hospital provisors and town alderman served as witnesses to Duke Henry's and Lionnet's donations, so too did Lionnet. For example, Lionnet I served as a witness in a charter where Henri Pau provided to the hospital of Saint John a *bonnier* of meadow land (6 July 1224). The land was located between Neder-Over-Heembeek and Werfunder. To see the agreement through, Henri had to obtain the consent of Duke Henry I, which he did. The land was thus given with the consent of the duke, while several local lords oversaw the transfer, including Godfrey of Louvain, Duke Henry's son, and Lionnet I.<sup>25</sup> In addition, several local lords, including Lionnet, a lord of Aa, Englebert II, a lord of Enghien, and Arnoul II, a lord of Wesemael, all witnessed and guaranteed a sale of lands near Pede but located between *Martis fontem* and *curiam Bauchonis* in July 1226. This sale came on behalf of Gauthier, another lord of Aa, while the lands were sold to the *religiose domui hospitali beati Johannis in Bruxella*.<sup>26</sup>

<sup>23</sup> "...Homines enim predicti domini castellani qui predictis intererant sunt hii : Everwinus dictus Vulpes, miles, Sygeru[s] de Atrio, [Johannes de Zenna,] Hugo di[ct]us [Moor et Daniel de Overhem. In] cu[jus] rei testimonium et munimen, sepe[dicti d[ominus c]astellanus et ej[us] filius Leo]nius ad petiti[onem d]icte [Magtheldis, quod] ipsa [proprium sigill]um non h[abet, pre]sentib[us] litteris sigilla sua fece]runt [apponi..." *Cartulaire de l'Hôpital Saint-Jean*, SJ 84, pps. 121-122. CPAS, SJ 36, fol. 13. And "...Censuarii vero domini ducis sunt hii: Henricus de Linkenbeke, presbyter, Everwinus, dictus Vos, miles, et Thomas de Hembeke..." *Cartulaire de l'Hôpital Saint-Jean*, SJ 146, p. 190. The original is lost.

<sup>24</sup> "...Noverit universitas vestra quod nos, pro animarum nostrarum, predecessorum successorumque nostrorum salute, libere conferimus in elemosinam domui hospitalis sancti Johannis in Bruxella octo bonaria terre arabilis jacentia in parrochia sive in territorio ville de Molenbeke prope Bruxellam, firmiter et fideliter promittentes eidem domui bonam et legitimam de predicta terra contra omnes juri parere volentes prestare grandiam..." *Cartulaire de l'Hôpital Saint-Jean*, SJ 89, p. 127.

<sup>25</sup> "Henricus, Dei gratia dux Lotharingie, omnibus hoc scriptum videntibus, salutem in Domino. Noverint universi quod Henricus, cognomine Pau, a nobis tenuit in feodum unum bonarium prati situm inter Heenbecca et Werfonder, et illud bonarium prati ob remissionem peccatorum suorum contulit in rectam elemosinam domui hospitalis beati Johannis in Bruxella de nostro consensu et voluntate. Et ut hoc eidem domui sit firmum, presens scriptum ei dedimus in testimonium. Testes: Godefridus de Lovanio, L., castellanus Bruxellensis, Loduicus de Levedale, Arnoldus de Walhim, Radulphus de Spout, Henricus Brun, Gregorius ammannus..." *Cartulaire de l'Hôpital Saint-Jean*, SJ 21, p. 39. The original is lost

<sup>26</sup> "...Noverint universi quod cum Walterus, dominus de A, XVIcim bonaria terre et dimidium bonarium site inter Martis fontem et curiam Bauchonis et juxta Pede, que cum Arnolde, fratre suo, communia habebat et indivisa, ad ecclesiam Anderlechtensem spectantia, que sua et fratris sui Arnoldi errant hereditas, religiose domui hospitali beati Johannis in Bruxella vendidit..." *Cartulaire de l'Hôpital Saint-Jean*, SJ 27, p. 47. CPAS, SJ 34, fol. 15.

In short, a circle of charitable distribution was created under the duke of Brabant, witnessed by the town castellan, and then later emulated by the town castellan. In later years other members of the Brussels community would create similar circles, beginning first under Lionnet and then ending with their own donations. Given this evidence it thus becomes clear that Lionnet's support of the hospital, much like that of Duke Henry's, was especially important in the early history of the hospital. Lionnet was truly a pious man, as seen by his donations to the hospital of Saint John, and while he did make donations to other institutions, such as the Abbey of Aywières à Couture-Saint-Germain, his donations to the hospital of Saint John helped to create a network whereby other members of the community were exposed to and possibly even encouraged to donate to this new and emerging institution. In turn, it is not uncommon to find many *burgenses*, alderman, and provisors serving as witnesses and representatives of the charters on behalf of the hospital, but connected to Lionnet or even Duke Henry in some way. Solidarity continued to grow. It is to these groups that we turn next.

## **Burgensis Citizens and Townsmen**

In the period between 1186 and 1300, eleven total *burgenses* families appear in the charters (as noted by Bonenfant—citation is not included in the dissertation—need to find). This total includes the following families: Arken (Terarken), Béatrix, Boete, Clabot, Eggloy, Molenbeek, *Platea*, Roede, Rulin, Scipburg, and Spieghel. In addition, we know of the following hospital provisors, most of which were aldermen or *burgenses* themselves: Henri Béatrix, Guillaume Blomart, Jean Clivere, Guillaume *De Platea* and the *De Platea* family, Jean Gastwerdre, Brother Frédéric, Brother Gautier, Gerelm or Gerelin Heincart, Jean van der Sennen, Érerwin Vos, Henri Wert, and Éverwin II de Wisselere, also called Campsore or Campsor.

As pointed out above, of the two groups most of the individuals appear in a role where they are named as an alderman, witness, or both, as was the case in the charters and donations of Duke Henry and castellan Lionnet. In some instances, however, the individual made a donation to the hospital. This includes Guillaume Clabot, a fisherman and *burgensis*, who, on 4 February 1284, granted half of dwelling to the hospital of Saint John.<sup>27</sup> It also includes Guillaume *De Platea*, who sometimes appears in the documents as *de Via Lapidea, Rex*, or *Coninc*. Guillaume has been identified as a knight in documents from 1267 to 1284, while he served as an alderman in Brussels until 1285.

<sup>27</sup> "*Noverint universi quod Willelmus Clabot renuntiando contulit fratri Waltero de hospitali sancti Johannis Bruxellensis ad opus ejusdem hospitalis medietatem de mansione, qua manet, cum domibus et fondis prope Arnoldum de Lapide inferius tam ante quam retro sitis, pro allodio, promittendo ei inde rectam warandiam. Et hoc facto locavit eidem fratri Waltero ad opus dicti hospitalis aliam inde medietatem tenendam annuatim ad vitam ejusdem Willelmi pro duobus denariis ad Natale Domini solvendis, promittendo inde warandiam...*" *Cartulaire de l'Hôpital Saint-Jean*, SJ 200, p. 253. The original is lost.

He was also active as a hospital provisor in 1277 and as a member of the Brussels lay court in 1281. Typically Guillaume authored a document, served as a witness, or attached a seal. There were, however, some exceptions. One included a donation on 3 December 1271, where Guillaume, Jean Pipenpoy, the dean of Sainte-Gudule, and Gilles Lose granted lands to the hospital that were located between Melsdal and Veeweide.<sup>28</sup> The donation was witnessed by Jean de Platea—perhaps a relation to the previously named de Platea—and Godfrey de Paihuse, both of whom were aldermen of Brussels. Finally, Henri Wert can be included in this group. Henri made a donation of land to the hospital in August 1264. Members of Henri's family also made grants to the institution, including an instance<sup>29</sup> by the relative Basilie in January 1272<sup>29</sup> and one on 27 January 1298 by André de Lennick-Saint-Quentin, Henri's son.<sup>30</sup> The grant by André was given in the memory of Henri (*pie memorie*).

Finally, beyond the wealthy citizenry and *burgenses*, there were others who made generous donations to the hospital of Saint John, many of whom could be considered of the "lower classes". This included various townspeople and tradesmen from the Brussels environs. This is not, necessarily, unusual; "hospitals, like other religious houses, were frequently supported by donors from across the social spectrum (from kings to moderately prosperous peasants and townspeople)" (Sweetinburgh, 2006, p. 111). This was because "thirteenth-century growth benefited landlords, townsmen, and through the production of a substantial marketable food surplus, those who held large parcels of land" (Rubin, 1987, p. 49). The economy had evolved in such a way to allow the "common person" to provide charity for those in need. They had money, and why not give that money charitably to the local hospital instead of the unseen monastery in the country? It seems to have made more sense to provide for the hospital that was next to or located not far from their homes and places of work, thereby tying the location of the hospital to the donor group. This trend is clear in the hospital's extant documents: although only appearing in a small portion of the surviving documents (3.95 per cent), townspeople and tradesmen were nevertheless important to the hospital of Saint John. By examining the charters with an eye to this group of people, one gets a better sense of who exactly was involved with the hospital, which moves our understanding of the institution's charitable deposits

<sup>28</sup> "Notum sit universis quod dominus Johannes dictus Pipenpoi, decanus ecclesie beate Gudile Bruxellensis, dominus Willelmus de Platea, miles, et Egidius dictus Lose renuntiando contulerunt fratri Gerardo, dicto Carpentatori, ad opus hospitalis beati Johannis Bruxellensis octo bonaria terre, parum plus vel minus, prout jacent inter Melsdal et Veweide, pro allodio, promittentes ei inde rectam warandiam..." (*Cartulaire de l'Hôpital Saint-Jean*, SJ 148, p. 192. CPAS, SJ 46.

<sup>29</sup> "Notum sit universis quod Basilia, filia quondam Gerardi dicti Wert, renuntiando contulit Henrico dicto Wert, ad opus debiliū infirmorum hospitalis beati Johannis Bruxellensis, bonarium unum terre, prout jacens inter Anderlecht et Veweiden, versus Boenstomle, pro allodio, promittendo inde rectam warandiam..." *Cartulaire de l'Hôpital Saint-Jean*, SJ 150, p. 194. The original is lost.

<sup>30</sup> "Notum sit universis presentes litteras visuris et auditoris quod Andreas de Leniaco Sancti Quintini, filius quondam Heinrici dicti Wert, pie memorie, debet et promisit dare et solver hereditarie hospitali Sancti Johannis in Bruxella triginta solidos, communis monete in Brabantia tempore solutionis, annuatim inter festum sancti Bavonis et Epyphaniam Domini, absque aliqua deceptione..." *Cartulaire de l'Hôpital Saint-Jean*, SJ 248, p. 302. CPAS, SJ 41.

beyond the local and middling nobility and clergy and towards the proverbial butcher, baker, and candlestick maker.

The first and perhaps most numerous of the tradesmen were the blacksmiths, all of whom appear in the latter half of the thirteenth century. Included among the blacksmiths was Gautier Couhaar, who, in February 1242, first served as a witness to Lionnet I, the *châtelain* of Brussels, when Lionnet sold property located in Brussels.<sup>31</sup> Although this donation had little to do with the hospital, it did link Gautier to Lionnet I, an ardent support of the hospital of Saint John. This connection may have prompted Gautier and his wife, Ode, to make a substantial donation to the hospital of Saint John: only eight years later on 19 August 1250 the couple assigned a rent of *quadraginta libras Bruxellensium* from their properties to the hospital of Saint John. During their life time Gautier and Ode rented out the property to the hospital, but upon their deaths they agreed to surrender all their properties to the hospital of Saint John.<sup>32</sup> Although a remarkable example, Gautier was not, however, the only blacksmith to appear in the extant documentation. In October 1279 Ide Scattinne, a beguine, transferred a portion of a meadow located in Marais in Brussels to the hospital of Saint John.<sup>33</sup> *Gosewinum, fabrum*, or Gosuin, a blacksmith, was named in the charter in reference to the location of the land that Ide was transporting (Bonenfant, 1953, p. 240): the property had formally belonged to Gosuin. Although not directly involved in the transfer in the way that Gautier and Ode were, Gosuin's indirect involvement shows an inter-connected network whereby local members of the community often made deals and exchanges, sometimes for the benefit of the sick and poor.

A similar network can be identified through witness lists, in which local millers, cobblers, and candle makers appeared in the hospital's records. This includes an instance in July 1247 when Siger Penant provided satisfaction to the hospital of Saint John in regards to a meadow and an access road that Siger had sold to the hospital.<sup>34</sup> The agreement was witnessed by Hobosch, a knight of Merchtem, and *Arnoldi*, a local miller (*molendinarij*) (Bonenfant, 1953, p. 101). In addition, sometime

<sup>31</sup> "*Universis tam presentibus quam futuris presentes litteras visuris, Le., castellanus Bruxellensis, cognoscere veritatem. Noverit universitas vestra quod nos domistadium nostrum situm in Bruxella inter portam de Capella et Rusche broec, quod Sisarius et Gregorius, filius ejusdem, a nobis tenebant ad censum annualem, vendidimus ante dicto G., sub hac forma libere possidendum quod sepe dictus G. et sui heredes nobis persolvent singulis annis duos denarios Bruxellensis monete in recognitionem hereditatis eorumdem...*" Bonenfant, 1953, p. 86; CPAS, SJ 32, fol. 27.

<sup>32</sup> "*Notum sit universis presens scriptum inspecturis quod Walterus faber, dictus Couhaar, et uxor ejus Oda contulerunt et assignaverunt magistre et conventui hospitalis beati Johannis in Bruxella super domum suam et domistadium cui eadem domus superedificata est quadraginta libras Bruxellensium in elemosinam. [...] Insuper contulerunt prenominati Walterus et ejus uxor omnia bona sua post mortem suam dicto hospitali possidenda libere et habenda...*" Bonenfant, 1953, p. 119-120; CPAS, SJ 29, fol. 3.

<sup>33</sup> "*Noverint universi quod Yda, dicta Scattinne, beghina, renuntiando contulit sorori Elyzabeth, magistre hospitalis sancti Johannis, sextam partem de quodam bonario prati, siti in Pallude retro quondam Gosewinum fabrum, pro allodio, promittendo ei inde rectam warandiam...*" Bonenfant, 1953, p. 240.

<sup>34</sup> "*...Insuper sciat universitas vestra quod si sepe dictum Sygerum in prato suo, quod terre memorate domus conjunctum est, edificare contigerit et manere, viam, quam erga eandem domum emere tenebitur, habebit, dictam domum indemnem conservando ex utraque parte ejusdem vie...*" Bonenfant, 1953, p. 101.



between 1 and 23 June 1263 Henri de Bigard of Capelle-Saint-Ulric, transported seven *bonniers* of land located near Capelle-Saint-Ulric to Saint John's hospital in return for an annual payment of eight *livres* and seven *deniers*.<sup>35</sup> The document notes that there were several peoples present and concerned with the exchange: *Geldulphus, dictus Taye, Amelricus, dictus Magister, and Henricus, dictus de Brania* (Bonenfant, 1953, p. 156). Henri de Braine was a cobbler, and he appeared again in the hospital's documentation later that year when between 2 and 23 December 1263 Henri transferred property to the hospital. These lands were located next to Capelle-Saint-Ulric and amounted to eleven *journaux*. In return the hospital agreed to pay Henri a perpetual rent.<sup>36</sup> The witnesses to the charter included a Henri de Braine, *factor caligarum*, or a cobbler, an Andreas, *carnifex*, or butcher, and a *Henricus, dictus Coman* (Bonenfant, 1953, p. 159; CPAS, SJ 36, fol. 50).<sup>37</sup> Finally, another *Henricus* was identified in the document as a *candelarum factor*, or a candle maker (Bonenfant, 1953, p. 159; CPAS, SJ 36, fol. 50). The men certainly proved important as witnesses to the transfer of properties on behalf of the local cobbler, Henri, but they were also supporters of the hospital and local tradesmen in their communities. Finally, in June 1278, Hugues de Bierghes allowed *triginta libras Lovanienses* to be collected from a *bonnier* of land located at Saintes, which was to be donated to the hospital of Saint John in charity (Bonenfant, 1953, p. 238). The witness of the donation included a *Clemens, textor*, or a weaver, and *Johannes, mensurator, de Offenbais*, or a measurer (Bonenfant, 1953, p. 238).

To butchers, cobblers, candlemakers, and measurers we can add cloth venders and bakers, all of whom had a vested interest in 'health care'. While he may have been working with the hospital directly, the used cloth market (now *Rue des Fripiers*) was located in the lower market and perpendicular to Butcher's Street and not far from the hospital of Saint John. Jean van den Berg played a very active role in the hospital thanks to the sale of his cloth. In November 1268 the hospital

<sup>35</sup> "Notum sit universis presens scriptum inspecturis quod, cum Henricus de Bigardis, dictus de Capella, teneret a Johanne de Bigardis septem bonaria terre in pheodum in parrochia de Capella Sancti Ulrici, inter ipsam capellam et domum Rasonis, dicti Beire, juxta stratam dictam herstrate jacentia, idem Henricus, de permissione et plenaria voluntate ac consensu dicti Johannis, tamquam domini huic facto astantis, contulit et concessit eandem terram hospitali beati Johannis Baptiste in Bruxella hereditarie possidendam et tenendam sub annuo censu septem denariorum Bruxellensium ipsi Henrico et ejus successoribus a dicto hospitali in perpetuum in Nativitate Domini solvendum..." Bonenfant, 1953, p. 155.

<sup>36</sup> "Notum sit universis presens scriptum inspecturis quod cum Henricus de Bigardis, dictus de Capella, teneret a Johanne de Bigardis undecim jornalialia terre, parum plus vel minus, in feodum, in parrochia de Capella Sancti Ulrici prope stratam dictam herstrate jacentia, idem Henricus, de permissione et plenaria voluntate ac consensu dicti Johannis, tamquam domini huic facto astantis, contulit et concessit eandem terram hospitali beati Johannis Baptiste in Bruxella hereditarie possidendam et tenendam sub annuo censu trium denariorum Bruxellensium, ipsi Henrico et ejus successoribus a dicto hospitali in perpetuum in Nativitate Domini solvendum..." Bonenfant, 1953, p. 159; CPAS, SJ 36, fol. 50.

<sup>37</sup> While *carnifex* can be translated as either "hangman" or "butcher," *Andreas* was probably a butcher.

of Saint John acquired from Jean lands amounting to one *bonarium*, which were located at Goyck.<sup>38</sup> Jean, however, was able to provide more than just land for the hospital. Jean sold his cloth to the hospital and in return the institution agreed to pay Jean an annual census *uno modio siliginis de meliori*. In addition, *Eustacious de Rus*, a baker (*pistor*), divided his holdings among his children. But of those holdings he ordered that a payment of two *sous* was to go to the hospital of Saint John.<sup>39</sup> While there is no “baker’s street” in Brussels, we do know that

“grain was sold in the Corn House and on the *Pongelmarkt*. After the grain had been brought to the town hall to be weighed and sent to the mills on the river, the bakers baked their bread. In the 13<sup>th</sup> century, bread had to be sold in the ducal Bread house (*Broodhuis*), which was a part of the ducal trade hall complex near the *Spiegelbeek*.”<sup>40</sup>

The bread house was almost directly north of the hospital and ran parallel to Butcher’s street.

After the 1279 settlement by *Eustacious* no mention of craftsmen occurs for nearly twenty years. While we cannot be certain why donations and interaction with the institution came to a halt we might infer that it had something to do with late-century infighting. In particular, the late-thirteenth century saw battles between the “good folk” or “Golden Spurs” (i.e. the ruling classes) and the “Blue-Nails”, or the “discontented of all crafts” (Lyon, 1971, p. 168). These disputes may then have limited the ability of townspeople to participate in donations or to even provide them, that is until December 1296.

The remaining years of the thirteenth century saw remarkable activity by the local townspeople and tradesmen. The hospital records identify a Henri, for example, who ceded a brewery and its utensils to a Francon in December 1296.<sup>41</sup> The records also identify that the hospital of Saint John, sometime before 24 June 1298, granted property located in Brussels for the period of one hundred

<sup>38</sup> “*Universis presens scriptum inspecturis, scabini de Goyke, salutem. Noveritis quod hospitale beati Johannis Baptiste in Bruxella acquisivit per legem et iudicium erga Johannem de Monte, filium Gerardi, unum bonarium terre site in parrochia de Goyke, cujus dimidium bonarium jacet inter Rusbruch et Macharium de Goyke et aliud dimidium in loco qui dicitur Ter Scept, supra culturam juxta Widengat. Dictum autem bonarium terre contulit et concessit dictum hospitale dicto Johanni hereditarie possidendum et tenendum annuatim pro uno modio siliginis de meliori, juxta denarium in sextario, dicto hospitali in festo sancti Bavonis deliberando, ad pannum lineum ipsius hospitalis pertinente...*” Bonenfant, 1953, p. 181.

<sup>39</sup> “*Noverint universi quod Eustacius, pistor, de Rus talem fecit divisionem inter liberos suos, de consensu et voluntate eorumdem, scilicet quod Ida, filia sua, habebit parvam domum suam sitam in Rus et domistadium quo sita est ipsa domus ab ante usque retro ad fossam, prout pertinet ad domum eandem, et habebit etiam eadem Ida viginti solidos Bruxellensium...*” Bonenfant, 1953, p. 239; CPAS, SJ 32, fol. 99.

<sup>40</sup> Vannieuwenhuyze, 2008.

<sup>41</sup> “*Notum sit universis quod Henricus, filius quondam Gossuini de Anderlecht, renuntiando contulit Franconi, filio quondam Gerardi, domicilia sua sita apud Cureghem, cammam scilicet, alia ac omnia vasa ad ipsam cammam pertinentia, pro allodio, promittens ei inde rectam warandiam...*” Bonenfant, 1953, p. 296.

years to a *Baldewino*.<sup>42</sup> The property was next to lands held by *Johannes, dictus de Tenerimonda, pelliparius*, a furrier (Bonenfant, 1953, p. 306). Finally, on 21 July 1299 Marguerite of Uccle, a beguine, transported property that was being held in census of the duke of Brabant. This was done for the behalf of Élisabeth Wassard, the niece of Jean Papen, a dyer (*tinctoris*). The properties were located next to the hospital of Saint John, and as such, Élisabeth gave to the hospital the properties and the right to collect an annual annuity on them.<sup>43</sup> Again, although Jean Papen and the furrier, Johannes, were not necessarily part of the transfers, their identification as craftsmen points the variegated social structure of Brussels at this time and suggests that by the end of the thirteenth century the responsibility for providing health care was a concern not only of the nobility and the church but also of the everyday inhabitants of Brussels. It also suggests that a clear network of tradesmen, craftsmen, and their families certainly existed.

## Conclusion

So what can be learned of the hospital of Saint John in Brussels? Scholars of medieval charitable institutions have been relatively fortunate in the recent years. The number of studies on all types of charitable institutions, their patients, and their patrons have illuminated our understanding of medical and charitable care during the high Middle Ages across the European continent. There have been, however, some gaps. While we have outstanding works on the areas that would become England, Spain, Italy, and France, we are still missing recent explorations on the Low Countries. This study has hoped to add to recent studies by including hospitals in Brussels and by making two arguments in particular: that Brussels was both the rule and the exception.

The rule: Brussels was in many ways no different from other regions during the high Middle Ages. It saw the explosion of lay groups concerned with their own souls as well as the bodily health of those around them. It witnesses the growth of the profit economy, which allowed even the poorest to experience transactions of moveable cash, including donations to poor relief. Finally, it was a player in

<sup>42</sup> "Notum sit universis quod magister, magistra, fratres et sorores hospitalis sancti Johannis in Bruxella, mediante consensu provisorum ejusdem hospitalis, contulerunt viro discreto domino Baldewino, presbytero, curato de Herent, officiali foraneo domini Cameracensis episcopi, domistadium situm juxta murum Begardorum, sicut ibidem tenuit Johannes, dictus de Tenerimonda, pelliparius, prout ei est assignatum et deputatum tenendum et possidendum a festo sancti Petri ad Vincula proximo futuro ad terminum seu spacium centum annorum continue subsequentium, annuatim interim pro viginti solidis Bruxellensium denariorum monete usualis communiter in bursa currentis, semper ad Natale Domini solvendis, promittendo ei inde interim warandiam..." Bonenfant, 1953, p. 306. The original is lost.

<sup>43</sup> "Notum sit universis quod Margreta, begina, dicta de Ucle, resignavit in manus Johannis, dicti Biscop, omnem hereditatem et jus, quam et quod habebat in domistadio, quo ipsa manet, juxta Sanctum Johannem in Bruxella, ad opus Elisabeth, relicte Johannis, dicti Papen, tinctoris, filie Everwini, dicti Wassards, promittens ei inde warandiam..." Bonenfant, 1953, p. 318.

the new hospital movement: as monasteries could no longer meet the needs of the growing poor, lay groups, confraternities, wealthy lay men and women, and others joined together to form institutions of care. Included in these institutions were the Holy Spirit confraternity and the hospital of Saint John in Brussels.

The exception: in other ways, the hospital of Saint John in Brussels proves to be an exemplar—the extant documentation allows a glimpse into charitable gifts and social practices in the twelfth and thirteenth centuries. The hospital began as a confraternity formed by the elite lay members of the community. Soon thereafter, the community established the hospital institution, which was funded and supported first by the nobility and later by the papacy and local episcopacy. Yet, after a period of change and reinvention in the mid-thirteenth century something occurred. Inspired by the Peace of God and the *vita apostolica activa* movements, middle nobles, local religious, and even common people became concerned with providing “health care”. They donated their money and lands to the institution to ensure its success. The question remains why? The argument here has been that everyone and everything was connected and linked by the location of the hospital in the town’s center. Located not far from the Grand’ Place, the main trading area, *Coudenberg* hill, the home of the dukes of Brabant, and the Cathedral of Saints Michel-et-Gudule, the hospital of Saint John was found in a section of town that saw much activity. People of every class and status often came into contact with the institution. And when it came time to donate moneys it made more sense to donate to the institution you knew, passed by daily, and lived close to, rather than the relatively unknown monastery in the countryside.

We can attribute the variegation of lay donation, however, to more than just location. While centrality did play a key role, the position of the hospital in the town center meant that the hospital would be inextricably linked to the town, its governance, and its religion, and its people. The hospital was born into a movement of solidarity—the ability of the people to adhere to that cause, to provide for those who could not beg, and to give the medicinal care for those who needed it make Saint John hospital a success. In short, the vested interest on behalf of the donors created a thriving hospital. We saw this when Duke Henry I became a key supporter of the institution. The location of the hospital not far from his home and as a place to help his citizens was of prime importance to his support. The centrality of the institution also meant that the local clergy would serve, protect, and support the hospital, as it played an important role in the town’s religious health. Finally, the networks of town life are both supported by and encouraged by the hospital. Town aldermen, *burgensis* citizens, and document witnesses appear not only as administrative personal, but also as donors, suggesting that a network of donations was in place. Saint John hospital is one institution in the Low Countries; there are certainly more to be explored. While these investigations will come with time, for now, Saint John serves as a microcosm of hospital care and donations to ‘health care’, thereby adding to our understanding of hospitals in the Middle Ages.

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