

DOMUS CHRISTI IN LATE-MEDIEVAL DUBROVNIK: A THERAPY FOR THE BODY AND SOUL

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ABSTRACT: The authors discuss the early history of the Dubrovnik communal hospital Domus Christi on the basis of its founding act, records of apostolic visitations, financial records of the Dubrovnik Treasury, testaments and other sources. While traditional medical history saw Domus Christi as a predecessor of modern hospitals, it is proposed in this article to examine Domus Christi as an institution in its own right. Domus Christi reflected both the European contemporary trends in hospital organisation and the social structure and the power relations within the city of Dubrovnik.

Introduction

Domus Christi,¹ the Dubrovnik communal hospital, has been honoured in Croatian medical historiography as the first hospital to provide regular medical service in what is today Croatia.² The founding act of 1540, entitled *Ordo*

¹ The authors would like to thank Danko Zelić and John Henderson for comments on earlier drafts of this paper.

² See, for example, Risto Jeremić and Jorjo Tadić, *Prilozi za istoriju zdravstvene kulture starog Dubrovnika*, I-III. Beograd: Centralni higijenski zavod, 1938-1940; Vladimir Bazala, *Pregled povijesti zdravstvene kulture Dubrovačke Republike*. Zagreb: Dubrovački horizonti, 1972; Vera Gavrilović, »Dubrovačka bolnica, sa osvrtom na prve žene lekare«. *Acta historiae medicinae pharmaciae et veterinae* 12/1 (1972): pp. 117-126.

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super erectione novi hospitalis et eius regimine, established Domus Christi as an institution offering free accommodation and professional care of physicians and surgeons to the curable sick poor (*li poveri infermi di medicabile infirmita*), Dubrovnik citizens and foreigners alike, under the municipal administration. In 1540 the old, municipally owned and managed *hospedal del comun* or *hospedal grande*, founded in 1347 to provide shelter, spiritual service, and possibly some kind of *ad hoc* medical care to the needy (elderly, impoverished widows and the “deserving” poor in general), was transformed into a strictly medical hospital.

Our aim in this article is not to disprove that Domus Christi provided medical care, or to deny the fact that it was indeed the first hospital to admit exclusively the sick. It is no coincidence that such an institution was organised in Dubrovnik, the city that had already demonstrated its innovativeness in the realm of public health with the establishment of the quarantine system in 1377, not to mention the regular appointment of communal surgeons, physicians and apothecaries.³ However, we do intend to step back from the traditional view of Domus Christi as a predecessor of modern hospitals, and examine it as an institution in its own right. In other words, the focus of attention exclusively on medical service might have resulted in a biased image. Therefore we propose to examine all the features and functions of Domus Christi: the provision of medical treatment; its funding and administration; its urban setting and architecture; and finally its religious function, which arguably for medieval and early modern European hospitals surpassed their medical role.

We draw on a variety of sources to construct a detailed and multifaceted picture of Domus Christi in the decades following its foundation. In addition to the *Ordo super erectione novi hospitalis et eius regimine*, contained in the *Liber Croceus*, a body of laws from the period 1460-1803,⁴ we shall examine the *Opera Pia* or financial records of the communal Treasury of Saint Mary

³ Mirko Dražen Grmek, »Le concept d'infection dans l'antiquité et au Moyen Âge: Les anciennes mesures sociales contre les maladies contagieuses et la fondation de la première quarantaine à Dubrovnik (1377)«. *Rad JAZU* 384 (1980): pp. 9-54; R. Jeremić - J. Tadić, *Prilozi za istoriju zdravstvene kulture starog Dubrovnika*, III: pp. 178-184; Mirko Dražen Grmek, »Bilješke o najstarijim dubrovačkim ljekarnicima«. *Farmaceutski glasnik* 9 (1953): pp. 367-370; Mirko Dražen Grmek, »Medicina i ljekarništvo u negdašnjoj Dubrovačkoj Republici«. *Dubrovnik N.S.* 3/3 (1992): pp. 325-331.

⁴ *Liber Croceus*, ed. Branislav M. Nedeljković. Beograd: SANU, 1997: pp. 287-290.

from the 14th century onwards.⁵ The Treasury managed the beneficial trust funds and the properties of churches, monasteries and hospitals. The majority of documents in the *Opera Pia* are transcripts of bequests for pious purposes. The *Libro della Fondazione e Istituti dell'Amministrazione dell'Opere Pie de Tesoreria* contains the legislation related to the Treasury.⁶ A third group of sources are the records of the 1574 apostolic visitation (visit of a papal envoy) to Dubrovnik, the *Congregazione Vescovi e Regolari: Visite Apostoliche Ragusa*.⁷ This source should provide us with an outsider's perspective of Dubrovnik society, although, as Sergio Pagano has argued, this is a biased view, for this community is interpreted according to the ecclesiastical categories and subjectivity of the visitant.⁸ Finally, we use testaments and bequests, as well as records of meetings of the Senate, kept in the State Archives of Dubrovnik.⁹ These sources not only deal with different aspects of the hospital, but do so from different viewpoints. Our "informants" include clergymen, city officials, chroniclers, Dubrovnik noblemen and commoners, physicians and their patients. Information gathered from these sources should help us answer the following questions: why was the old *hospedal del comun* reconstituted as the new Domus Christi in 1540? What role(s) did the hospital play in the Dubrovnik community? To what extent did the location and architecture of Domus Christi conform to the trends in hospital building of Renaissance Europe? What was the status of medical practitioners in the hospital?

We argue that well after the 1540 act of foundation, which formally constituted Domus Christi as a medical institution, the medical profession played a very

⁵ The communal treasury was named after the patron saint of the city cathedral, the Virgin Mary, but, notwithstanding the shared name, there were no connections between the treasury and the cathedral.

⁶ State Archives of Dubrovnik (hereafter cited as: SAD), *Opera Pia*, ser. 92, vol. 106.

⁷ Archivio Segreto Vaticano, Congregazione vescovi e regolari, *Visite apostoliche, Ragusa*, f. 28. The authors would like to thank Jadranka Neralić for the generous provision of a transcript of this valuable source. A description of this source and a brief analysis of the part related to the visitation of monasteries and churches were published in: Atanazije Matanić, »Apostolska vizitacija dubrovačke nadbiskupije god.1573/4. prema spisima sačuvanim u Tajnome vatikanskom arhivu«, in: *Mandićev zbornik*, ed. I. Vitezić, B. Pandžić and A. Matanić. Rim: Hrvatski povijesni institut, 1965: pp. 193-209.

⁸ Sergio Pagano, »Le visite apostoliche a Roma nei secoli XVI-XIX: repertorio delle fonti«. *Ricerche per la storia religiosa di Roma. Studi, documenti, inventari* 4 (1980): pp. 317-464.

⁹ SAD, *Testamenta notariae*, ser. 10.1; *Diversa notariae*, ser. 26; *Acta Consilii Rogatorum*, ser. 3; *Distributiones testamentorum*, ser. 10.2; *Legacy of Niko Gjivanović*.

limited role in the hospital. The hospital administration and the admission of patients remained firmly in the hands of non-medical hospital administrators - Dubrovnik municipal officials. Furthermore, the records of the 1574 visitation show that for religious authorities Domus Christi was first and foremost a religious institution, in which therapy of the body played second fiddle to therapy of the soul. Finally, we use the word "hospital" in its original, broader meaning, as any charitable institution catering for the needy, be they the sick, old, poor, disabled or orphaned children.¹⁰

Funding and administering the hospital

Dubrovnik was an aristocratic city-state ruled by male members of patrician families who were members of the Major Council (*Consilium Maius*), which elected the members of the Minor Council (*Consilium Minus*) or "the government", the Senate (*Consilium Rogatorum*), the Rector (*Rector*) - appointed for a period of only one month to prevent the concentration of power in the hands of one person - and all the office-holders.¹¹ In this section we focus on two groups of municipal officials directly involved in hospital administration: treasurers and hospital procurators. More broadly, we intend to show how the government, through the Treasury, supervised the finances of hospitals, monasteries, churches and confraternities, and through the procurators of religious institutions kept under close supervision the potential rivals for power in the established social order.

In Dubrovnik the property of religious institutions was administered by the lay establishment - the city government. The Treasury was the institution

¹⁰ Compare for example the definition under 4) of the word "hospital" in Random House Webster's Unabridged Dictionary, V3.0 for Windows, Random House, 1999: "An institution supported by charity or taxes for the care of the needy, as an orphanage or old people's home".

¹¹ See, for example: Susan Mosher Stuard, *A State of Deference: Ragusa/Dubrovnik in the Medieval Centuries*. Philadelphia: University of Pennsylvania, 1992: pp. 33-34; David B. Rheubottom, »Genealogical Skewing and Political Support: Patrician Politics in Fifteenth-Century Ragusa (Dubrovnik)«. *Continuity and Change* 9/3 (1994): pp. 369-390; Bariša Krekić, *Dubrovnik in the 14th and 15th Centuries: A City Between East and West*. Norman, University of Oklahoma Press, 1972: pp. 38-39. The interpretation of the Major Council as "the parliament", and of the Minor Council as "the government" should be taken with reserve because the jurisdiction of each of those bodies was not strictly designated. Zdenka Janeković-Römer, *Okvir slobode: dubrovačka vlastela između srednjovjekovlja i humanizma*. Zagreb-Dubrovnik: Zavod za povijesne znanosti HAZU u Dubrovniku, 1999: p. 96.

that brought great prestige to its members and positions therein can be considered to have been much sought-after among Dubrovnik nobility: its members were senior noblemen of flawless reputation in their public careers.¹² The number of treasurers in service rose from two to three in 1333, and from 1500 onwards the permanent post was replaced with one for a period of service of 3 years, which in 1512 was extended to 5 years.¹³ No one had been allowed to refuse this office since 1414.¹⁴ From the 16th century onwards, the size and number of trusts forced the treasurers to assemble once a week and decide on the distribution of charitable funds. Treasurers had considerable freedom in the disposal of funds, although there were certain exceptions: the regulation of 15 March 1456 forbade the allocation of charity to poor foreigners, except poor pilgrims or refugees from the Ottoman territories.¹⁵

The authority of the Treasury encompassed management of private trust funds (*in perpetuum*). These trust funds presented a considerable source of income to the state trust fund of the *Opera Pia*. Furthermore, the high level of independence and authority of the Treasury extended not only to private benefactors and their pious bequests, but also and especially to confraternities. Thus a confraternity could not be named as the executor of a will: a lay person had to be specifically designated or else the right of the executor would be passed to the office of the Treasury.¹⁶ Finally, government control over the property and operations of religious institutions extended to the Church itself, because even the archbishop could not freely dispose of diocesan property. Instead, this right was granted to the procurators with the approval of the

¹² In the 18th century, the Treasury of St Mary extended its realm to the entire finances of the Republic of Dubrovnik, as explained in the (still) most detailed analysis of the Treasury, a study by Kosta Vojnović, »Državni rizničari Republike Dubrovačke«. *Rad JA* 127 (1896): pp. 1-101. See also Z. Janeković-Römer, *Okvir slobode*: p. 219.

¹³ In the Statute, it was first mentioned in the regulation released after 1358. See *Liber statutorum civitatis Ragusii compositus anno 1272*, ed. V. Bogišić and C. Jireček. Zagreb: JAZU, 1904: pp. 5-6; K. Vojnović, »Državni rizničari Republike Dubrovačke«: p. 5; *Liber Croceus*: pp. 123, 155.

¹⁴ *Liber Viridis*, ed. Branislav M. Nedeljković. Beograd: SANU, 1984: p. 142.

¹⁵ *Liber Viridis*: p. 410.

¹⁶ *Opera Pia*, vol. 106: Ex Libro Viridi, Cap. 326 (30 January 1441). Confraternities and other citizens' organisations (*fratiglia, scola, collegio, uniuersitas*) were not permitted in their congregations to act or to use insignia that resembled the rituals and imagery of the city councils, such as gathering at the sound of the bell, voting by ballot, etc. See also Z. Janeković-Römer, *Okvir slobode*: pp. 264-265.

Minor Council.¹⁷

The first bequests “*per la uorero dello spedale*” were recorded in 1347, at approximately the same time as the first mention of the plans in official documents for a public hospital.¹⁸ These early legacies were generally not large in size; in most cases testators distributed small sums among churches, monasteries, monastic infirmaries and shelters, the leper houses and hospitals in Dubrovnik and its district, as well as, in some cases, in Venice, Rome or Dalmatian cities.¹⁹ Less frequently, testators bequeathed more substantial legacies, such as, for instance, the house donated by Radossau Utiessienouich to the procurators of the *ospital grande*.²⁰ While in the period of and immediately following the Black Death religious institutions, including the hospital, received such a large number of testaments that the treasurers could not manage them, it is still unclear whether the experience of this epidemic produced any lasting effects on the patterns and distribution of charitable bequests.²¹ Still, from the late 14th century onwards patricians began to bequeath houses, land and money for the establishment of hospitals. For instance, the hospital of St Jacob, often called *de puteis* because it was situated near the city wells, was

¹⁷ K. Vojnović, »Državni rizničari Republike Dubrovačke«: p. 4. It should be noted here that the government strongly opposed appointing members of the local aristocracy to the archbishopric of Dubrovnik, because it feared that it would cause a shift in the power balance among noble families. Archbishops were foreigners without a foothold in Dubrovnik society and thus easily controlled, via bishops, vicars and (lay) procurators, by the government. See Z. Janeković-Römer, *Okvir slobode*: p. 218.

¹⁸ *Testamenta notariae*, vol. 5 (1345-1365), ff. 2v, 4v, 95v-96r, 113rv.

¹⁹ Municipal authorities prescribed compulsory bequests to several important churches in Dubrovnik: the cathedral church of St Mary, city patron saint of Saint Blaise, and the Church of Our Lady on Danče outside the city walls (K. Vojnović, »Državni rizničari Republike Dubrovačke«: p. 14). It is also possible that in Dubrovnik the notary suggested that the testator should leave something for pious purposes. Examples of bequests to the hospital (later hospitals) are contained in: *Testamenta notariae*, vol. 8 (1391-1402): ff. 8rv, 144rv, 145rv, 146v-147r, 148v-150r, 150r-152r, 173rv; vol. 9 (1402-1414), ff. 28r-29r, 31rv, 33r-34v, 72v-73v, 75rv, 85rv, 209; vol. 12 (1430-1437), ff. 4v-6r, 11rv, 12r-13r, 14r, 14v-15r.

²⁰ *Libri afflictuum*, ser. 47, no volume number, f. 338 (SAD): *Radosslau Utiessienouich houere una caxa sua la quale lassa per suo testamento in mano degli procuradori del ospital grande secondo el testamento del questo quondam Radosslau in 1451 stara uno di oglio e uno dextrinam val in tuto pp.*

²¹ On the overwhelmingly large number of testaments in this period, see *Opera Pia*, vol. 106: Ex Libro XIII Reformationum C. XII (31.1.1351). For an insight into trends of bequests for pious and charitable purposes in Renaissance Italian cities, see: Samuel Kline Cohn, *The cult of remembrance and the Black Death. Six Renaissance cities in Italy*. Baltimore-London: John Hopkins University Press, 1997: p. 57.

founded by Ser Jacobus de Sorgo in 1387 and the hospital of St Peter (Clobucich de Castello), named after a nearby church, was established by Ser Marinus de Bodazia in 1406.²² In 1432, municipal authorities founded a foundling hospital, *Ospedale della Misericordia*, modelled after the Venetian hospital of the Pietà with a revolving *ruota* on the street-side of the building.²³ St Nicholas was a hospital founded in 1451 by Ser Johannes de Volzo in the vicinity of his house.²⁴ One of the longest-standing hospitals in Dubrovnik was the hospital for women established by Ser Marinus de Gozze in 1543 near the church of St Theodore in the city quarter of Pustijerna.²⁵ It is possible that the reorganisation of the communal hospital into an institution catering exclusively for curable sick men in 1540 created an urgent need for a hospital for aged women. From the 16th century onwards, not only the nobility, but also the emerging social group of rich commoner merchants, members of the prestigious confraternities of St Lazarus and St Anthony, started to establish and support hospitals as a way to increase individual as well as confraternal social prestige.²⁶ But while these hospitals were established by rich individuals and bore the name of their founders, the management of their trust funds and thus the destiny of these institutions remained firmly in the hands of the treasurers until the end of Dubrovnik's independence in the early 19th century.

The administration of hospitals, similar to monasteries and churches, was conducted by procurators, who were municipally appointed officials. In 1347, the Major Council entrusted the planning and building of the future *hospedal del comun*, as well as disposing of bequests in its favour, to the

²² *Testamenta notariae*, vol. 9, f. 114v-115r (testament of Jacob de Sorgo) and 143v-144r (testament of Jacob's wife, Nicoletta); on the hospital of St Peter Clobucich de Castello, see: *Diversa notarie*, vol. 11 (1402-1408), ff. 148r-149r.

²³ *Liber Viridis*, pp. 198-201.

²⁴ R. Jeremić - J. Tadić, *Prilozi za istoriju zdravstvene kulture starog Dubrovnika*, II: p. 180

²⁵ *Opera Pia*, vol. 107, *Libro delle antiche memorie*, cap. LXII. The hospital had 16 rooms: 5 for noble women, 4 for rich common women from the fraternity of St Lazarus, 4 for lower class common women and the remaining 3 for maids to serve the sick. The noblewomen lived from their own or family endowments, the St Lazarus confraternity supported its members, and the maintenance of the poorer inmates was at the expense of the city. This hospital served both as an old people's home and a medical (care) institution.

²⁶ Noble families that had their own or participated in state trust funds were Gozze, Bobalio, Bona, Ragnina, Resti and Pozza; among commoners, there were the families Ban, Andrović and Grmoljez. K. Vojnović, »Državni rizničari Republike Dubrovačke«: pp. 18-19.

treasurers.²⁷ A year and half later, the Minor Council elected three noblemen as *provisores* to decide where the hospital should be built and by whom.²⁸ The office of procurators of the *hospedal del comun* was established immediately after the hospital had been completed in 1356 and the three officials were elected.²⁹ The position did not entail a salary or a share in the hospital income.³⁰ However, judging by the seniority of the noblemen elected to this position, the procuracy of the *hospedal grande* was one of the most prestigious positions for older patricians.³¹

The founding act of Domus Christi prescribed in great detail the duties of the hospital procurators. For day-to-day business, they were represented by a *castaldo*, a commoner of a “charitable and Christian” nature who, like a “good father of a family”, was supposed to visit the sick, oversee the administration of medicines, call for a physician or surgeon if needed, organise the supply of food and other necessities, and supervise four male and five

²⁷ *In minori consilio, sono campane ut moris est congregato, ex virtute et auctoritate sibi data et concessa a maiori et generali consilio ad hoc ut dictum hospitale incipiatur, finiatur et perpetuo conservetur, quod tesauerii sancte Marie presentes et qui per tempora erunt sint et esse debeant officiales et suprasanti ad incipiendum, prosequendum et complendum dictum hospitale et ad faciendum omnia necessaria et opportuna ad perfectionem et complementum dicti hospitali. Et quod dicti tesauerii sint rectores et gubernatores dicti hospitalis ad beneplacitum et voluntatem communis Ragusii et sint procuratores ad gratias et elemosinas implorandum et requirendum, recipiendum et confitendum, et eas ellimosinas disponendum et dispensandum in dicto hospitali et pro pauperibus eius sicut videbitur et placuerit dictis tesaueriis, vel maiori parti eorum videbitur.* *Libri reformationum* I, ed. I. Tkalčić. [Monumenta spectantia historiam Slavorum Meridionalium, vol. X]. Zagreb: JAZU, 1879: pp. 219-220 (5 June 1347).

²⁸ *Libri reformationum* II, ed. I. Tkalčić. [Monumenta spectantia historiam Slavorum Meridionalium, vol. XIII]. Zagreb: JAZU, 1882: pp. 49-50, 54 (19 December 1348).

²⁹ *Ibidem*, pp. 163-164, 239 (7 October 1356).

³⁰ (...) *Item in eodem consilio maiori captum fuit et firmatum per omnes, nemine discrepante, de dando libertatem d. comiti et suo minori consilio faciendi tres nobiles homines officiales hospitalis pro annis quinque, per illum modum, per quem sunt tesaurarii s. Marie, salvo quod non habere debeant aliquid de lassis factis dicto hospitali, nec aliquod salarium.* *Libri reformationum* II: p. 164.

³¹ David Rheubottom suggests that senior men tended to occupy more prestigious offices. To measure the prestige of an office, he used the average number of years from the admission into the Major Council until the appointment to the office in question. His sample was the group of noblemen who entered the Major Council between 1440 and 1490. For the *hospedal grande*, it took 35.8 years, which places it in first place among 56 offices. As a comparison, a procurator of the founding hospital needed, on average, 19 years after admission to the Major Council; a member of the Minor Council 31.2, and a Rector 33.1. David Rheubottom, »Tidy structures and messy practice: Ideologies of order and the practicalities of office-holding in Ragusa«, in: *Orders and Hierarchies in Late Medieval and Renaissance Europe*, ed. Jeffrey Denton. London: Macmillan, 1999: pp. 126-191.

female servants.³² This, however, does not mean that the procurators did not have an active role in the life of the hospital. On the contrary, they took week-long shifts in turn when they were supposed to visit the hospital every day and check for any problems. More importantly, the procurators had to be present at and approve the admission of a patient, introduce him to the hospital rules, and - after the patient regained his health - grant his discharge.³³

The apostolic visitation of 1570 noted only the names of three procurators: Francesco Sorgo, Orsutto Cevo (!), and Marino Giupanna Bona, as well as *cassiero* Silvestro Totolini.³⁴ Because records of the Domus Christi have not been preserved, precisely how the founding act was put into practice remains unknown.

The urban setting of the hospital

The urban setting and architecture of hospitals in medieval towns depended on the characteristics of the donated property - whether private, communal, or religious - and on the characteristics of the patients: their gender and social standing. Most hospitals in medieval cities, in particular those founded by individual benefactors, were small, converted private or religious buildings. Less frequently, for instance in cases of communal hospitals, founders provided a larger endowment and made larger, purpose-built constructions.³⁵ In Dubrovnik, the concentration of smaller hospitals in the 16th century in the oldest, south-eastern, outlying city quarter is linked to the fact that most of these hospitals were founded by lay noblemen and that almost all property in this quarter

³² (...) *Ordinato che sera l hospitale soprannominato, per essere necessario deputare persone quali habbiano cura di governarlo et alli poveri servire, pare si debbia trovare una persona caritativa et christiana alla qual si debbia dar el titolo di castaldo; e la sua habitatione debbia essere nella casa delli frati qualle anticamente fu di Sorgo, posta al cantone della strata presso la porta del ditto hospitale; per la quale si debbia pagare l affitto al patrono delli beni del hospitale; e di piu si debbiano dare quattro garzoni e cinque donnae; l ufficio del quale castaldo sia et essere debbia come uno vero padre di famiglia, in visitare di continuo ditto hospitale, fare governare quelli poveri infermi, facendo mundare et annettare tutte le cose imundae e fare provvedere ch alli debiti tempi le medicinae siano date, e parimente el magnare, e fare venire li medici quando sera necessario, e finalmente fare tutto quello necessario con l adiutto delle ditte servae e servi. Liber Croceus: p. 289.*

³³ *Liber Croceus: p. 290.*

³⁴ *Visite apostoliche, f. 876v.*

³⁵ Katharine Park and John Henderson, »'The First Hospital Among Christians': The Ospedale di Santa Maria Nuova in Early Sixteenth-Century Florence«. *Medical History* 35 (1991): pp. 164-188.

was in private hands. However, in this section we shall focus on the communal hospital and discuss how Renaissance ideas about city space influenced the changes in the urban setting of the *hospital del comun*, later Domus Christi. The discussion in this section is based on extremely limited sources, so our conclusions are tentative.

The hospedal del comun or *hospedal grande*, the predecessor of Domus Christi, was founded by the Minor Council on 30 January 1347 *per beneficio dei poveri amalati*, when three noblemen were ordered to find an appropriate location for the hospital.³⁶ The first site of the hospital was a house in the north-eastern part of the town, in the vicinity of the church of St Nicholas and the mint. In 1348, the city council decided to enlarge it in order to match the length of two rows of neighbouring houses and, because of the enlargement, to tear down six wooden houses.³⁷ However, already in 1348 the government found a new location for the hospital.³⁸ In the year when the plague epidemic struck the city, a position behind the St Claire nunnery, next to the city walls and close to the western city gate, was found. The proximity to the nunnery was reflected in the often-used name *hospitale dretto le pulzelle* (in addition to being called *hospitale magnum* or *hospitale del comun*, and later Domus Christi).

The construction of the hospital took from 1349 to 1356.³⁹ Only scanty information survives about the interior of the *hospital del comun* from 1356 to 1540.⁴⁰ For instance, in 1389 a Dubrovnik nobleman Nicola de Menze endowed a large sum to the communal hospital for its enlargement and for the construction of a well in the St Claire nunnery, as repayment of a 1,000 ducats' loan from the Minor Council. These construction works were completed in 1391.⁴¹ In 1407, the Minor Council permitted the hospital to open a gap in the city walls, towards the sea, to avoid any contact of the hospital waste with the city space.⁴² In 1410, the Minor Council decided to build a storeroom for

³⁶ R. Jeremić - J. Tadić, *Prilozi za istoriju zdravstvene kulture starog Dubrovnika*, III: p. 178; *Libri reformationum I*: p. 254.

³⁷ R. Jeremić - J. Tadić, *Prilozi za istoriju zdravstvene kulture starog Dubrovnika*, III: p. 179; *Libri reformationum I*: p. 266.

³⁸ *Libri reformationum II*, pp. 50, 54.

³⁹ *Libri reformationum II*: pp. 67, 163.

⁴⁰ *Distributiones testamentorum*, vol. 22, f. 201v; vol. 23, f. 16v; *Legacy of Niko Gjivanović*, fasc. XII/3 (Hospitalia).

⁴¹ R. Jeremić - J. Tadić, *Prilozi za istoriju zdravstvene kulture starog Dubrovnika*, I: p. 37.

⁴² Lukša Beritić, »Ubikacija nestalih građevinskih spomenika u Dubrovniku«. *Prilozi za povijest umjetnosti u Dalmaciji* 44 (1956): p. 44.

communal cereals in the cellar above the hospital water reservoir. In exchange, the hospital received a 50 *perpers* repayment.⁴³ The hospital pharmacy, established in 1420, was located in the building near the monastery of St Claire until 1540 when it was moved to the main street (*Placa*) to serve as the city pharmacy.⁴⁴

The reorganisation of 1540 led to a complete reconstruction and enlargement of the old hospital for new purposes and according to new standards, to which the old *hospital grande* did not conform.⁴⁵ As opposed to many Italian, purpose-built, hospitals that had cruciform plans, Domus Christi probably had a rectangular plan, although we cannot claim this with absolute certainty because later building programmes did not leave much of the original structure, and only the entrance and a few of the surrounding walls of the 16th century Domus Christi have survived (Picture 1). A small 1543 plan of streets around Domus Christi illustrates the position of the hospital (Picture 2).⁴⁶ According to a 16th century document, Domus Christi was situated near the monasteries of St Mary de Castello, St Mark and St Andrew and *via delli calzolari*.⁴⁷ Apostolic visitations locate the hospital in the quarter of St Mark.⁴⁸ A painting

⁴³ *Reformationes*, ser. 2, vol. 28, f. 130v and vol. 33, f. 166 (SAD); *Acta Consilii Rogatorum*, ser. 3, vol. 46, f. 200 (SAD); L. Beritić, »Ubikacija nestalih građevinskih spomenika u Dubrovniku«: p. 44.

⁴⁴ M. D. Grmek, »Bilješke o najstarijim dubrovačkim ljekarnicima«: 367-370. The original artifacts from this pharmacy (16th-18th c.) are kept today in the Historical Museum of Dubrovnik. The first pharmacy in Dubrovnik was founded in the Franciscan friary in 1317. B. Krekić, *Dubrovnik in the 14th and 15th Centuries*: pp. 96-97.

⁴⁵ *Liber Croceus*: pp. 287-290.

⁴⁶ *Acta Consilii Rogatorum*, vol. 44, f. 200r.

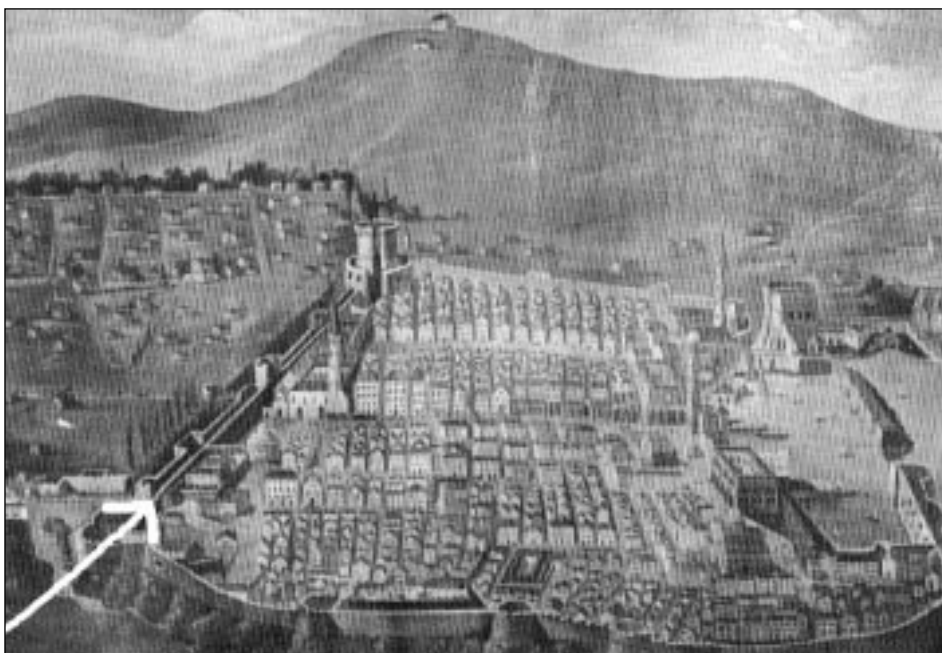
⁴⁷ In the 16th century, Lodovico Beccadelli, the archbishop of Dubrovnik who attended the Tridentine council in 1561 and 1562, proposed to establish parishes within the city. This proposal was not realised and the city remained one parish. Sebastijan Slade, *Fasti Literario-Ragusini*, ed. Pavao Knezović, Zagreb: Hrvatski institut za povijest, 2001: p. 221; Jadranka Neralić, *Priručnik za istraživanje hrvatske povijesti u Tajnom vatikanskom arhivu od ranog srednjeg vijeka do sredine XVIII. stoljeća*. *Schedario Garampi*, vol. II, Zagreb: Hrvatski institut za povijest, 2000: p. 585. The planned organisation situated the hospital in the parish of All Saints; VI. *La parrocchia della chiesa d'Ogni Santi confina da levante con ditta chiesa cominciando dal monasterio di Santa Maria di Castello in sine la via delli calzolari. Da ponente con Hospitali Domus Christi e Santo Marco e monasterio di Santo Andrea sin alli muri della Citta, escludendo li monasteri et hospital. Da tramontana mediante la via de calzolari, da ostro con le mura della Citta et monasterio di Santa Maria de Castello*; *Acta Consilii Rogatorum*, vol. 53, ff. 253-259 - *Parochia dentro la città*. See also: Daniele Farlati, *Illyricum sacrum*, VI. Venetiis, 1800: p. 234.

⁴⁸ (...) *hospitale appellatum DOMUS CHRISTI, siti in civitate Ragusii in contrata S. MARCI* (...). *Visite apostoliche*, f. 874v.

in the Museum of the Franciscan monastery in Dubrovnik representing Dubrovnik before the 1667 earthquake shows a small building behind St Claire against the city walls; this was probably Domus Christi (Picture 3).



Picture 1: The present-day remains of Domus Christi hospital in Dubrovnik



Picture 3: Dubrovnik before the 1667 earthquake (Unknown author, Museum of the Franciscan Monastery in Dubrovnik)

While the old *hospedal del comun* for the most part accommodated elderly women, the purpose of the new hospital was to house poor curable sick men. Previous inmates were transferred to several private hospitals for the poor and/or for old women in the city; old walls and small rooms were torn down and a more comfortable space was built with 11 beds on the ground floor of the hospital, and 11 on the first floor.⁴⁹ The hospital provided beds and bedclothes for every patient.⁵⁰ New large windows in the ground-floor room,

⁴⁹ (...) *Et in presenti mansione reperti sunt undecimi lecti opp. suppellitibus ut supra. Visitavit mansionem superiorem in qua reperiit alia undecim lecta (...). Visite apostoliche, f. 878rv.*

⁵⁰ *Per ridurre detto hospitale alla forma debita e per fornirlo di letterae, mattarazzi, lenzoli, copertae et altrae massaritiaie necessariae in che variae e diverse spese occorrerano, pare alli prefati signori proveditori che il denari lassati al hospitale depositati in camera nostra con quelli che giornalmente se coglierano, si debbiano spendere nel uso e bissogno preditto. Liber Croceus: p. 288.*

together with properly placed doors, allowed air and light to enter freely.⁵¹ Leon Battista Alberti, the famous author of *Ten Books on Architecture* (1450), wrote about the ideal of architectural buildings in Renaissance cities. He stated that, ideally, hospitals should be built only in healthy places, and the location of a hospital, whether private or public, should be “dry, stony and fanned by continual breezes, not scorched by the sun, but noted for its temperate climate, since damp encourages decay”.⁵² Alberti further stated that men and women, if in the same building, had to be separated, and that administrators should be separated from the sick.

It is arguable whether Dubrovnik administrators consciously applied the postulates exemplified in the work of Alberti, but the preserved sources on the functional and spatial alterations recorded in the 1540 founding act and 1573 visitations indicate that they indeed followed similar ideas. For example, the hospital administrators were separated from patients and used a room on the first floor of Domus Christi. The *castaldo* lived in a nearby house that had formerly belonged to the Sorgo family and in the 16th century was under Franciscan ownership. The lease of that house was paid from the endowment of the hospital.⁵³ The hospital complex contained a chapel and a kitchen for the poor, situated to allow access to food near the water supply and storage room. In the 16th century, the hospital had a wine cellar, as well as a garden which was an important element of the complex, because it supplied inmates with medicinal plants.⁵⁴ Equally important was its role in improving the spiritual and psychological health of the inmates.

Both the construction of the first *hospedal del comun* in the 14th century and of Domus Christi in the 16th coincided with the end of two plague epidemics, 1348-1351 and 1526-1536.⁵⁵ On the basis of available data, it

⁵¹ *Acta Consilii Rogatorum*, vol. 40, f. 294; “... si debbiano fare tutte le officinae necessarie al governo delli prefatti infermi, accomodando i luoghi con le debite fenestrae e lo primo e secondo solaro nel qual hora suono camarae, che tali camarae si debbiano destruere e far una piazza ben accomodata per piantare i letti delli poveri infermi tanti quanti adagiatamente intrare ve ne potranno...”. *Liber Croceus*: p. 288.

⁵² Leon Battista Alberti, *On the art of building in ten books*. Cambridge-Massachusetts: MIT Press, 1989: pp. 129-130.

⁵³ *Opera pia*, vol. 92 *Tesaurarii Sante Marie - Testamento del Stefano de Sorgo; Liber Croceus*: p. 289.

⁵⁴ *Visite apostoliche*, f. 878v.

⁵⁵ Mirko Dražen Grmek, »Renesansni liječnik Donato Muzi i njegov liječnički rad u Dubrovniku«. *Anali Historijskog instituta u Dubrovniku* 17 (1979): pp. 49-71.

would be difficult to suggest a causal link between these two events. However, the slightly isolated setting of Domus Christi close to the city walls, but with available green areas and reservoirs of water, with the separation of patients from the officials and patrons of the hospital, was in strict accordance with the notion of miasmatic transmission of disease by poisonous emanations, a notion that remained dominant in medical theory until well into the 19th century.

Therapy of the soul...

In the medieval view, the body and the soul were closely linked and the condition of one could affect the other. It was believed that the confession of a sick person would cleanse the soul of sins, so that the patient would become more acceptable in the eyes of the God. The Fourth Lateran Council of 1215 excommunicated all medical practitioners who treated a patient who had not made a full confession. Pope Innocent III stated that because the Eucharist cleansed eternal sins, it was a *medicina sacramentalis*.⁵⁶ But in the centuries that followed, medicine increasingly moved from the religious into the secular realm. In 1163 Pope Alexander III prohibited monks from leaving monasteries to study medicine and in 1215 Innocent III forbade the practice of surgery by those in holy orders, furthermore ordering physicians to place the spiritual care of their patients above the bodily cure.⁵⁷ Though clerics were never explicitly prohibited from practising medicine, they were effectively excluded from the new medical profession that was developing in universities of the expanding Mediterranean cities.⁵⁸ Hospitals, which originally started as shelters for the poor and needy in Benedictine monasteries and later in the Order of St John, developed in Italian urban centres of the 14th and 15th century into large independent institutions founded and administered by the Church, but also by city authorities, confraternities and private benefactors, offering a

⁵⁶ Carole Rawcliffe, *Medicine for the Soul: The Life, Death and Resurrection of an English Medieval Hospital c. 1249-1550*. Strout: Sutton, 1999: p. 103.

⁵⁷ On the clergy and practice of medicine in the Middle Ages, see Darrel W. Amundsen, *Medicine, society, and faith in the ancient and medieval worlds*. Baltimore: Johns Hopkins University, 1996: pp. 222-247.

⁵⁸ On medicine at medieval universities, see Nancy G. Siraisi, *Medieval & Early Renaissance Medicine: An Introduction to Knowledge and Practice*. Chicago-London: University of Chicago Press, 1999: pp. 48-65.

free professional medical service to the curable sick poor.⁵⁹ Nevertheless, hospitals did remain places where the influence of the religious sphere was the strongest and where the cure of the soul was as important as care for the body. The interior decoration of hospitals, reminiscent of monasteries, included frescos with Biblical motives and hospital altars often adorned with Christian iconography. This imagery heightened the devotional atmosphere.⁶⁰ Especially popular was the theme of *Christus Medicus*, displaying the tortured Christ, with a crown of thorns.⁶¹

In the era of the Counter-Reformation, the Church endeavoured to recover and strengthen its control over various aspects of religious and everyday life, including hospitals. Thus the Council of Trent (1545-1564) renewed the 1311 Decrees of Vienna, one of which placed hospitals under episcopal control, and confirmed the right of the bishop to oversee the management of hospitals, as well as the administration of churches, religious orders and bishoprics.⁶² The pope appointed envoys to conduct visitations throughout the Catholic world to ensure that the secular and regular clergy executed the orders of the Council of Trent.

The first post-Tridentine visitation to Dubrovnik took place from 8 October 1573 to 26 April 1574. Pope Gregory III appointed Joannes Franciscus Sormano, bishop of Montefeltro, as the commissioner licensed to execute the orders of the Council of Trent in the archbishopric of Dubrovnik.⁶³ The first

⁵⁹ Günter B. Risse, *Mending Bodies, Saving Souls: A History of Hospitals*, New York-Oxford: Oxford University Press, 1999: pp. 117-229.

⁶⁰ C. Rawcliffe, *Medicine for the Soul*: p. 104.

⁶¹ R. Arbesman, »The concept of Christus Medicus in St Augustine«. *Traditio* 10 (1954): pp. 13-20.

⁶² Session XXII, c. viii, De Reform; Session VII, c. xv, De Reform; I www.newadvent.org/cathen/07480a.html (version updated 15 September 2003).

⁶³ According to A. Matanić, »Apostolska vizitacija dubrovačke nadbiskupije god. 1573/4.«: pp. 194-195, the immediate reason for the visitation was the dispute between an Augustinian, Cristoforo Amaroli from Siena, and the Dubrovnik clergy, in particular the archbishopric office. Cristoforo Amaroli, who preached in Dubrovnik in the Lent period, in his sermons attacked the Dubrovnik clergy, which in turn accused Amaroli of Lutheranism. Amaroli took revenge by writing to the pope and describing the Dubrovnik clergy as immoral, and the old archbishop Calvino as powerless and infantile. The most severe charges were directed to the archdeacon and general vicar Marin Caboga, who was accused of heresy and immoral behaviour. After a long trial, Caboga was cleared. See also: Josip Sopta, »Reformacija i tridentinski sabor u Dubrovniku«, in: *Tisuću godina Dubrovačke (nad)biskupije. Zbornik radova znanstvenog skupa u povodu tisuću godina uspostave dubrovačke (nad)biskupije/metropolije (998.-1998)*, ed. Želimir Puljić and Nediljko A. Ančić. Dubrovnik-Split: Biskupski ordinarijat u Dubrovniku, Crkva u svijetu, 2001: pp. 379-395.

stop on Sormano's tour was the cathedral and the diocesan clergy, followed by the male and female monasteries and churches in and around Dubrovnik (especially those that were the seats of the confraternities), as well as lay institutions and persons that were in some way involved in religious affairs: physicians and surgeons, the notary of the archbishopric curia, booksellers, and the teacher of the local school.⁶⁴ Most importantly for our story, Sormano visited nine hospitals, of which *Domus Christi* was described in the greatest detail. The remaining eight were indeed a mixed bag: St Peter under the jurisdiction of a priest's confraternity was a hostel for pilgrims;⁶⁵ the women's hospital of the priest confraternity *in contrata sancti Stephani* was a female counterpart to *Domus Christi* because it catered for sick women;⁶⁶ then there was the city's foundling hospital of the *Misericordia Infantium* located in *platea publica*;⁶⁷ St Theodore women's hospital for poor widowed or unmarried women predominantly from noble or respectable commoners' families,⁶⁸ and three women's hospitals for the lower class poor: St John *in contrata sancti Iohannis*, hospital *alle Pille* (outside the city walls) and the hospital in the southern part of the town.⁶⁹

In Sormano's view, all of these hospitals were first and foremost religious institutions. In the case of *Domus Christi*, his main informant was the hospital priest, Colendas Pauli, who provided information not only about the religious aspects of hospital life but also on its administration and the medical service. The founding act that specified the role of the hospital priest as the person to hear confessions, conduct prayer and administer holy sacraments, gave him, in comparison to the *castaldo*, a somewhat marginal position in the

⁶⁴ A. Matanić, »Apostolska vizitacija dubrovačke nadbiskupije god. 1573/4.«: p. 194.

⁶⁵ *Questo hospitale è membro della compagnia delli Pretti e quivi se alogiano preti e frati e secolari di qualunque nazione purché siano peregrini e si intertengono per otto giorni e pij e sin che trovino il passaggio e gli diamo da bene e da mangiar se non hanno loro, deputando uno che si pigli cura d'essi finche ci stanno. Visite apostoliche, f. 879r.*

⁶⁶ *Questo hospitale è della compagnia de sacerdoti come l'altro detto di sopra et in questo solamente si recetta le donne inferme le quale si governano dell'entrata della compagnia predetta et anco del l'elemosine che si raccolgono nelle ghiese (!) quando si predica e di tutto se ne rese conto nella visita della compagnia predetta. Visite apostoliche, f. 879r.*

⁶⁷ *Visite apostoliche, ff. 880r-882v.*

⁶⁸ *Visite apostoliche, ff. 882v-886v.* See also the footnote no. 25.

⁶⁹ The latter two provided only accommodation so the poor had to work for food. Sormano was reluctant to call the institution *in contrata della Campana de Morti a hospitale* and suggested that it was perhaps a *hospitium* (a house of shelter). *Visite apostoliche, ff. 886v-887r.*

hospital.⁷⁰ It is, however, evident from the visitation that *Domus Christi*, although administered by the municipal authorities, was closely linked with the network of religious institutions. Prayer and liturgy, Sormano diligently noted, took place in the hospital on a daily basis.⁷¹ The interior of the hospital was also strongly reminiscent of a church. The main hospital ward contained an altar adorned with rich decorations: a wooden painting with a large crucifix above it and two candelabra.⁷² In the room on the first floor there was another altar with a wooden painting and a cross similar to the one on the ground floor.⁷³ The same visitation also described a consecrated portable altar in need of repair.⁷⁴ Such portable altars and icons were commonly used in late medieval and renaissance hospitals at the bedsides of dying patients.⁷⁵ The sacrament of the Eucharist was offered in the monastic church of St Mark. Other sacraments were administered in the hospital. The sacrament of extreme unction was of obvious importance, and Colendas Pauli explained that the breviary was kept “not here but in the house” (probably referring to the nearby administrator’s house) and the consecrated oil was brought from the cathedral by himself and by the cathedral sacristan when the need arose.⁷⁶

⁷⁰ *Liber Croceus*: p. 289.

⁷¹ *Vogliamo appresso si debia ponere uno prete, quale sia de vita esemplare per capellano, quale giornamente debbia celebrare in ditto luogo, confessare, comunicare, e prestare gli altri sacramenti ecclesiastici, quando fara mestiere, e tale capellano habbia di piu carico di spendere e comprare quello bisognara per uso del hospitale, al quale prete uogliamo sia provisto affine possa vivere secondo parera al magnifico Consiglio di Pregai. Liber Croceus*: p. 289.

⁷² *Reverendissimus dominus delegatus prosequendo visitationem accesit ad hospitale appellatum Domus Christi, siti (!) in civitate Ragusii in contrata S. Marci et ante alia debitis profusis orationibus poplite flexo ante altare situm in capite mansione magne ubi plures adsunt lecti pro infirmis etc. (...) Ancona vero est lignea in nonnullis partibus aurata ac pulchris figuris picat (!), cum crucifixo desuper magno ac duobus candelabris aehneis (!). Visite apostoliche, f. 875v.*

⁷³ *Visitavit mansionem superiorem in qua reperit alia undecim lecta sed solummodo sclavinis munita in cuius mansionis capite adest altare ligneis tabulis confectum cum ancona et crucifixo prout in inferiori mansione. Visite apostoliche, f. 878v.*

⁷⁴ *Visitavit dictum altare situm ut supra quod reperit de tabulis ligneis confectum et bene firmum cum altari portatili consecrato et bene sigillato et nimis Augusto. Visite apostoliche, f. 875v.*

⁷⁵ K. Park - J. Henderson, »The first hospital among Christians«: p. 183.

⁷⁶ *Interrogatus presbiter Colendas Pauli an hic retineatur sattsimum (!) sacramentum, respondit: “Non si tene qui ma a la chiesa qui vicina di S. Marco dove andiamo a pigliarlo e vi è uno bellissimo tabernaculo” (...) Interrogatus an alia sacramenta administrentur, respondit “Si amministrano tutti gli altri sacramenti et il libro non ho qui ma a casa et i vasi dei sacri ogli non si tengono qui ma mi servo di quelli della chiesa cathedrale, e quando occorre il bisogno di essi vado dal sacristano e me li da di giorno e di notte et il libro ch’io uso di dar l’estrema unzione è questo breviario vecchio et anco per la rac(commandazio?)ne delle anime”. Visite apostoliche, f. 876rv.*

An indispensable part of every visitation was an inquiry into the observance of compulsory confession for all Christians admitted to the hospital. This rule was normally observed in all hospitals throughout the Christian world, so accordingly the 1540 Domus Christi founding act stipulated compulsory confession for all Christians, while at the same time permitting the inmates of other religions to observe their own religious laws.⁷⁷ The Council of Trent reinforced the importance of confession: Pius V argued that, because bodily infirmity frequently arose from sin, if at the end of three days the patient had not made confession to a priest, the medical practitioner should cease his treatment under the threat of withdrawal of his licence to practise and expulsion from the faculty if he were a professor. Furthermore, every physician and professor of medicine should vow to strictly obey these regulations.⁷⁸

Sormano's inquiry into adherence to compulsory confession in the Domus Christi hospital started with the hospital priest who confirmed that none of the patients was a blasphemer and that if a patient did not make a confession immediately upon arrival at the hospital, the *medici* would not treat him.⁷⁹ At the end of his visit to Dubrovnik, on the last day of February 1574, the papal envoy summoned the physicians and surgeons of the city of Dubrovnik: Aloisius Federicus de Trevisio *physicus*, Ioannes Batista Roccius de Brixia (Brescia) *physicus*, Abraham Haebreus di Thessalonica *chirurgus*, Iostierius de Iostieriis de Bassano *physicus*, and Gaspar Bazzius de Patavio (Padua) *chirurgus*, to ensure that they were acquainted with the above-mentioned order of Pius V, called the bull *felicis recordationis per dominos medicos*.⁸⁰

⁷⁷ *Item che qualumque infermo intrara in ditto hospitale, sendo christiano sia tenuto immediate di confessarse, e se alcuno non volesse fare confessione, tale persona non si debbia ricevere, ma sendo l'infermo di altra fede lassarasse che viva secondo la sua lege. Liber Croceus: p. 290.*

⁷⁸ The pontificate of Pius V, spanning the crucial years of the Counter-Reformation, was marked by the insistence on simplicity, piety and charity on one side and a relentless fight against Protestants, heretics, Turks and Jews on the other. See Nicole Lemaître, *Saint Pie V*. Paris: Fayard, 1994: pp. 237-242.

⁷⁹ (...) *Interrogatus an aliqui ex infirmis sint blasfematores, et in principio infirmitatis confitentur eorum peccata, respondit: "Non ci è nissuno biastemator (!) et quando viene ammalato subito si fa confessar e se non facessero questo i medici non lo curariano". Visite apostoliche, f. 877v.*

⁸⁰ *Visite apostoliche*, ff. 951v-953v. The Major Council permitted the employment of Jewish practitioners already in 1324; see Lavoslav Glesinger, »Amatus Lusitanus à Raguse«, *Revue d'Histoire de la Médecine Hébraïque* 6 (1953): pp. 193-204; Z. Janeković-Römer, *Okvir slobode*: p. 190.

As the bull was never published or in any way communicated in Dubrovnik, none of the physicians except for Ioannes Baptistus Roccius de Brixia had heard of it. Therefore copies of the bull were supplied to Aloisius de Federicis as the representative of Dubrovnik physicians and to Gaspar Bazzius as the representative of surgeons.

...and therapy of the body

The picture of Domus Christi emerging from the apostolic visitation of 1574 was biased: it was shaped by the interest of a papal envoy and made to fit into pre-selected categories. The medical treatment here was of secondary importance, and received no more than a few lines in his report, where Sormano quoted Colendas Pauli who said on the subject of physicians and surgeons that “all *medici* of the city came to treat patients when summoned”.⁸¹ Similarly, Sormano’s interview with patients (Ioannes Terrenove and Christoforus Pasqualis) on the quality of service in the hospital including medical therapy occupied very little space in his report, as both patients expressed their satisfaction and stated that “Patients were treated equally and the poor were not required to work”.⁸² Therefore, our discussion of the medical treatment in the hospital will be based on the provisions in the founding act and the rich primary and secondary sources on the practice of medicine in Dubrovnik. The two main questions we shall address are: why was the old *hospedal del comun* in 1540 reconstituted as a new hospital that admitted exclusively curable sick men? What was the status of medical practitioners in the hospital?

The tradition of the communal employment of physicians, surgeons, barbers and pharmacists goes back to at least the early 14th century in Dubrovnik.⁸³ In the beginning, communal medical practitioners were allowed a fee of two Ragusan perpers from each patient in addition to their annual salary, but later on, as their salaries improved, they were permitted to accept payment only from foreigners.⁸⁴ In view of the communal efforts to provide free medical care

⁸¹ *Visite apostolice*, f. 876v.

⁸² *Visite apostolice*, f. 878r.

⁸³ Mirko Dražen Grmek, »Les médecins communaux de Raguse (Dubrovnik) au Moyen Age.« *Gesnerus* 52 (1995): pp. 7-19.

⁸⁴ B. Krekić, *Dubrovnik in the 14th and 15th Centuries*: pp. 92-93.

to all, it is worth asking why medical professionals were not engaged in the communal hospital from its foundation in the 14th century, as they were in Italian cities. The answer may lie in the fact that in a city of that size there was no need for the formal regulation of the employment of physicians and surgeons in the hospital.⁸⁵ They were required to treat citizens of Dubrovnik whether they were in the hospital or not, and, most likely, they were summoned to the hospital when needed. Indeed, in the 1573 visitation Franciscus Florius, the priest in the women's hospital of the confraternity of priests, confirmed that "city physicians come to treat (hospital patients) whenever necessary".⁸⁶

If we accept this hypothesis, it is legitimate to ask what had changed in the early 15th century that in 1540 the Dubrovnik government was compelled to restrict access to the city hospital to the curable sick male poor in need of medical treatment. One hypothesis may be that there was an acute need for such an institution caused by an increased number of curable sick male poor. There are, however, no epidemiological and demographical data to confirm this hypothesis.⁸⁷ The other, more probable, hypothesis is that Dubrovnik followed a gradual shift in the emphasis of charity away from the earlier concept of generalised hospitality towards specialisation among charitable institutions.⁸⁸ In Italy this shift had already begun in the 14th century. The small size of Dubrovnik may again account for its relative lateness in comparison

⁸⁵ The city of Dubrovnik, without the pertaining rural territories, had around 6,000 inhabitants in the 15th-16th century period; Stjepan Krivošić, *Stanovništvo Dubrovnika i demografske promjene u prošlosti*. Dubrovnik: Zavod za povijesne znanosti JAZU u Dubrovniku, 1990: p. 51. The whole Republic of Dubrovnik had almost 90,000 inhabitants by the end of the 15th century, but by the end of the 17th century the population decreased; Nenad Vekarić, »The Population of the Dubrovnik Republic in the Fifteenth, Sixteenth and Seventeenth Centuries«, *Dubrovnik Annals* 2 (1998): pp. 7-28.

⁸⁶ *Interrogatus (presbiter Franciscus Florius) an inferme mulieres deserviantur ut decet et debita alimenta subministrentur a deputatis, respondit: "Quando ci sono delle inferme sono servite como si conviene e non se li manca di quanto bisogna, et i medici tutta la città vengono a medicar ogni volta che occorre".* *Visite apostoliche*, f. 880r.

⁸⁷ As a matter of fact, this is the period when in Italian cities a new kind of hospital called *incurabili* was organised to cater for the victims of *mal Francese* or syphilis, deemed an incurable disease, because all other hospitals admitted only the curable sick. See Jon Arrizabalaga, John Henderson and Roger French, *The great pox: the French disease in Renaissance Europe*. New Haven-London: Yale University, 1997: pp. 145-233.

⁸⁸ K. Park - J. Henderson, »The first hospital among Christians«.

to Florence, Venice and other Italian centres, because it made specialisation considerably more difficult. This hypothesis about the changing nature of charity is confirmed by Sormano's survey of hospitals, each of which had a specific role.

In Italian cities, physicians and surgeons were involved in the "medicalisation" of hospitals because these institutions offered a new field for medical practitioners to increase their social and professional status, as well as to advance their economic interests.⁸⁹ This was not true in the case of Dubrovnik, for in contrast to Italian cities, physicians and surgeons did not form professional associations to protect and further their interests. The reasons for this "social passivity" are many: their number was small; they were, in this period, without exception, foreigners, as is evident from the list of Sormano's interviewees; in most cases they stayed in the city only for a few years; finally, the municipal authorities did not favour any form of association. While the licensing to practise medicine in Italian cities was under the jurisdiction of surgeons' guilds and physicians' colleges, in Dubrovnik it remained firmly in the hands of the municipal councils.

In *Domus Christi*, physicians and surgeons were required to pay a visit at least twice a day (morning and evening) and "do their duties".⁹⁰ The act also stipulated the employment, as auxiliary medical personnel, of one barber, although Sormano's visitation did not mention him.⁹¹ A patient who wished to be admitted to *Domus Christi* had to present himself and narrate the course of his illness to the procurators, who would then seek the confirmation of its curability from medical practitioners. Procurators were furthermore in charge of discharging patients, on the basis of the information on their recovery

⁸⁹ K. Park - J. Henderson, »The first hospital among Christians«.

⁹⁰ *Li signori medici tanto phisici quanto li chirurgi quantumque siano tenuti gratis et amore visitare tutti li infermi subditi nostri, pur in particularita vogliamo ponghino spetiale cura sopra questo luogo, accio non manchino del opera sua ogni volta bissognera e due volte al giorno almen, una alla matina e l'altra alla sera, habbino de visitare ditti amalati facendo quello se converra al ufficio loro. Liber Croceus: p. 289.*

⁹¹ *Per essere neccessariissima la servitu de uno barbiere vogliamo se debbia condurre una buona persona, quale sia obligata allii servigii del hospitale in l'arte sua quando bissognera, al quale se debbia provvedere della casa in la via di santo Marco accio sia commodo, oltra quella altra provisione li sera data dal magnifico consiglio de pregadi, parendoli dare alcuna altra cosa. Liber Croceus: p. 289.*

received from physicians.⁹² Because the sojourn in *Domus Christi* was free, medical practitioners had no economic gain, and because their authority was very much subjected to the authority of the procurators, it is doubtful that their social status was increased.

Domus Christi as a model institution of Renaissance Dubrovnik

As institutions which were part of both the religious and lay domain of communal life, hospitals could serve as models of the relationship between the church and the lay authorities of a commune, of the power of central administration, as well as of the involvement and influence of confraternities. The type, size and organisation of hospitals also reflected the economic and demographic growth of the community, as well as the transformation of rural early medieval society into an urbanised late medieval one.⁹³ In the 16th century most European hospitals were located in urban centres and were administered and financed by communes, confraternities or private benefactors.⁹⁴

While in the 12th and 13th centuries hospitals in the territory of present-day Croatia were attached to the Benedictine Order or to the Order of St John, by

⁹² *E perche le cosse quali con buono ordine suono regulate vano prosperando di ben in meglio, e dove non e tale ordine el tutto va in precipitio, perciò vogliamo che nel ricevere de questi infermi si debbia tale regola servare, che qualumque persona, o sera subdito nostro o forestiero, se ritrovera infermo di quale si voglia infirmita curabile, desiderara andare in dito hospitale per farse curare, tale persona si debbia presentare davanti li signori procuratori del prefatto hospitale e narrarli el suo bissogno; e quando detti procuratori conoscerano l infirmita sua per relatione delli signori medicini essere curabile, la manderano al hospitale ordinando al castaldo la ricevi e faccia governare. E subito si vedera rihavuta la sanita, con el parere de ditti medici o uno di loro, tale persone si debbia licentiare, accio non habbia di occupar il luogo e magnare ungiustamente el pane delli poveri infermi. Dechiarando expressamente che in questo hospitale ne poveri oppressi di incurabile infirmita, ne donne quantumque infirme de curabile infirmita, se possino ricever in modo alcuno. Liber Croceus: p. 290.*

⁹³ Lindsay Granshaw, »Introduction«, in: *The hospital in history*, ed. Lindsay Granshaw and Roy Porter. London and New York: Routledge, 1989: pp. 1-17; Miri Rubin, »Development and change in English hospitals, 1100-1500«, in: *The hospital in history*: pp. 41-59.

⁹⁴ John Henderson, »The parish and the poor in Florence at the time of the Black Death: the Case of S. Frediano«, *Continuity and Change* 3/2 (1988): pp. 247-272; Venice. *A documentary history 1450-1630*, ed. David Chambers and Brian Pullan. Toronto: University of Toronto Press, 2001: p. 301; Richard Palmer, »'Ad una sancta perfettione': Health care and poor relief in the Republic of Venice in the era of Counter-Reformation«, in: *Health care and poor relief in Counter-Reformation Europe*, ed. Ole Peter Grell, Andrew Cunningham and Jon Arrizabalaga. London-New York: Routledge, 1999: pp. 87-101.

the 15th century most of them were situated in the cities.⁹⁵ This is particularly true for the coastal region. But there are manifest differences between Venetian Dalmatia and the Republic of Dubrovnik. Most importantly, hospitals in Dalmatian cities were frequently managed and funded by confraternities. Of the confraternities involved in hospitals in Dalmatia, arguably the most prominent ones were the confraternities under the name of Santo Spirito. These confraternities originated from the hospital order of *Santo Spirito* and were responsible for a whole network of hospitals throughout France and Italy, as well as the Dalmatian coast.⁹⁶ In all these areas Santo Spirito confraternities were involved in the process of the “communalisation of hospitals”, whereby hospitals originally attached to the hospital order, and then the confraternity, became communal institutions. This process may be observed in the examples of Trogir and Split. In Trogir, the Santo Spirito confraternity owned the only hospital in the city.⁹⁷ When the confraternity, and consequently the hospital, found itself in financial trouble, the city council ordered that each citizen composing his or her last will should bequeath 10 *solidi* to the hospital.⁹⁸ In Split, the confraternity of Santo Spirito again managed and financed the only city hospital and freely disposed of bequests in its favour. The commune and the central government in Venice were of little help: an undated letter found in the *Santo Spirito* Archives, probably from around 1500, witnesses how the Venetian authorities accommodated soldiers in the hospital and thus almost drove the confraternity and the hospital to financial

⁹⁵ Ivan Ostojić, *Benediktinci u Hrvatskoj*, I. Split: Benediktinski priorat Tkon, 1963: pp. 48, 148; vol. II: pp. 45, 68, 78; Damir Karbić, »Marginalne grupe u hrvatskim srednjovjekovnim društvima od druge polovine XIII do početka XVI stoljeća«. *Historijski zbornik* 44 (1991): pp. 43-65.

⁹⁶ The hospital order of Santo Spirito was founded by Guy de Montpellier in 1180 and encouraged by Innocent III who confirmed its rule in 1213. The largest Santo Spirito hospital was the one in Rome. *Velika povijest crkve*, III.2, ed. Hubert Jedin. Zagreb: Kršćanska sadašnjost, 1993: pp. 187, 203, 215, 218. (Original edition: *Handbuch der Kirchengeschichte, Band III/2, Die mittelalterliche Kirche, Zweiter Halbband, Vom kirchlichen Mittelalter bis zum Vorabend der Reformation*, ed. Hubert Jedin. Freiburg-Basel-Wien: Herder, 1968).

⁹⁷ The Trogir Santo Spirito hospital was first mentioned in 1357. See Lavoslav Glesinger, »Organizacija zdravstvene službe u srednjovjekovnom Trogiru«, in: *Radovi međunarodnog simpozija održanog prigodom proslave 700. obljetnice spomena ljekarne u Trogiru*, ed. Hrvoje Tartalja. Zagreb: Institut za povijest prirodnih, matematičkih i medicinskih znanosti JAZU, 1971: pp. 31-43.

⁹⁸ Marija Karbić and Zoran Ladić, »Oporuke stanovnika grada Trogira u Arhivu HAZU«. *Radovi Zavoda za povijesne znanosti HAZU u Zadru* 43 (2001): pp. 161-254, 180-192.

disaster and closure.⁹⁹ On the other hand, in Zadar, the capital of Venetian Dalmatia, and consequently a city in terms of size, economic power and political importance much larger and more significant than Trogir or Split, there was no confraternity monopoly over the hospital administration.¹⁰⁰ An entire network of hospitals was variously founded and administered by monastic orders, private benefactors, or the commune.¹⁰¹ Sources on Zadar hospitals demonstrate the complexity of relationships in hospital matters: hospitals could be founded and managed by monastic orders, or founded by lay persons and then presented to monastic communities for administration, or founded by lay benefactors and administered by confraternities.¹⁰² In all these cases, it seems that the communal authorities did not interfere in the funding or administration of hospitals.

We have shown in the previous sections that the Dubrovnik situation was different. The government represented by the Treasury had control over the disposal of charitable trusts. The Treasury managed the finances of not only “public” hospitals such as *Domus Christi*, but also institutions established by private benefactors. This system protected hospitals from financial disaster because any money which arrived in the *Opera Pia* fund was easily diverted to the institution in need. Furthermore, although hospitals were regarded by the religious authorities as a constituent part of the network of religious institutions, as seen in the records of the 1573 visitation, they were fully controlled and administered by the city via municipally appointed procurators.

⁹⁹ Nadbiskupski arhiv u Splitu [Archbishopric Archives in Split], *Bratovština Sv. Duha*, fasc. II, f. 30; fasc. X, f. 192v-194v.

¹⁰⁰ Ivo Petricioli, »Lik Zadra u srednjem vijeku«. *Radovi Instituta JAZU u Zadru* 11-12 (1965): pp. 143-187; Roman Jelić, »Zadarsko nahodište«. *Radovi Instituta JAZU u Zadru* 10 (1963): pp. 213-289.

¹⁰¹ St Martin hospital in Zadar was the one which was established by the commune, and the only one in town which could receive bequests from testaments, according to the statute. The main hospital in Zadar was the hospital of St Mark established in as early as 1289 but reorganized and reconstructed in 1420 to accommodate 50 inmates; Statute of Zadar, L. III, c. 14 (Zadarski statut, ed. Josip Kolanović and Mate Križman. Zadar-Zagreb: Ogranak Matice hrvatske u Zadru and Hrvatski državni arhiv, 1997: pp. 258-259); I. Petricioli, »Lik Zadra u srednjem vijeku«: p. 168; *Spisi zadarskih bilježnika Henrika i Creste Tarallo (1279-1308)*, ed. Mirko Zjačić. Zadar: Državni arhiv, 1959: pp. 124, 518.

¹⁰² *Spisi zadarskih bilježnika Henrika i Creste Tarallo*: pp. 85-89; Roman Jelić, »Grgur Mrganić«. *Radovi Instituta JAZU u Zadru* 6-7 (1960): pp. 487-508; Carlo Federico Bianchi, *Zara Cristiana*. Zadar: Tipografia Woditzka, 1877: p. 518.

Finally, the reconstitution of the communal hospital in the 16th century as a medical institution should be regarded as a local expression of trends towards the specialisation of charitable institutions which could be observed in Italian cities from as early as the 14th century onwards. However, while on the other side of the Adriatic Sea new medical hospitals offered opportunities for medical practitioners to raise their social status by partaking in charitable acts, to advance themselves professionally by treating larger numbers of patients, and finally to earn an additional income, in Dubrovnik this was not the case.

Domus Christi can be regarded as a model institution of late-medieval Dubrovnik because its organisation reflects the complexity of the social structure and power relations within the city. More specifically, it can also be viewed as a model in terms of the approach it took towards charity and poor relief and for the changes it underwent in the period of economic and demographic growth in this period.¹⁰³

¹⁰³ Although the 16th century is usually regarded as the beginning of the early modern rather than the end of the medieval period, the development of institutions in Dubrovnik does not justify its designation as “early modern”. Indeed, Dubrovnik institutions preserved certain medieval characteristics until the early 19th century.