JOHN HENDERSON

CARING FOR THE POOR

Commessi and commesse in the Hospitals of Renaissance Florence

1. Introduction

Martin Luther's comments about Italian hospitals which he both saw and visited on his journey to Rome in 1510–1511 serve as a reminder of the reputation of these institutions at this time not just in Italy but throughout Europe. Two of the main characteristics on which this reputation was based and which have been seen as differentiating Italian hospitals from those in many parts of northern Europe were the impressive size and design of their premises and the advanced medical care they provided. However, what also emerges from the laudatory comments of writers from the XIVth century onwards and which has received surprisingly little attention from historians of Italian hospitals was the role of the nursing staff in providing much of the care in the wards¹. This was already noted at the time of Matteo Villani, whose description of the inheritance of Florence's major medical hospital, S. Maria Nuova, following the Black Death is well worth repeating in this context²:

The hospital is a great charity and is always full of a large number of male and female patients, who are served and treated with much diligence and given an abundance of excellent food and drink, and looked after by saintly men and women.

¹ Two exceptions for Tuscany are: O. REDON, *Autour de l'Hôpital S. Maria della Scala à Sienne au XIII^e siècle*, *Ricerche storiche*, 15.1 (1985) p. 17–34; E.P. ROTHRAUFF, *Charity in a Medieval Community: Politics, Piety and Poor-relief in Pisa, 1257–1312*, PhD dissertation, University of California at Berkeley 1994, ch. 2. Studies of the subject outside Italy include: P.H. CULLUM, *Cremetts and Corrodies: Care of the Poor and Sick at St Leonard's Hospital, York, in the Middle Ages*, University of York Borthwick Paper no. 79, York 1991; A. SAUNIER, «Le pauvre malade» dans le cadre hospitalier medieval. France du nord, vers 1300–1500, Paris 1993; C. RAWCLIFFE, *Hospital Nurses and their Work*, in: R. BRITNELL (ed.), *Daily Life in the Late Middle Ages*, Stroud 1998, p. 43–64, 202–206; *Les mouvances laïques des ordres religieux*. Actes du troisième colloque international du CERCOR. Tournus, 17–20 Juin 1992, Saint-Étienne 1996, p. 135–193.

² *Cronica di Matteo Villani a miglior lezione ridotta*, Florence 1825, 1.7.

It was the combination of all these factors noted by contemporaries as characteristic of hospitals in the large urban centres of late medieval and renaissance Italy – their size, the medical services and the large number of patients – which necessitated the presence of a substantial nursing staff. However, before examining their role and identity, it will first be useful to remind ourselves of the scale of the activities of the major medical hospitals of renaissance Florence, thus providing some idea of the potential demand for people to tend to the poor sick housed in these institutions.

2. Florentine hospitals in XVth century Florence³

Benedetto Varchi writing in Book IX of his *Storie Fiorentine* made a basic distinction between three main types of hospitals in the city⁴:

In Florence there are two types (*maniera*) of hospitals, those which receive the sick, both men and women, though they are housed separately from each other, where they are treated and cared for until they are cured, and this is without charging anybody anything [...]. The other type of hospitals are those which receive and give lodging only to travellers or other healthy but poor people from the city [...] Furthermore in addition to these there is the constantly praised Spedale degl'Innocenti, commonly called the Nocenti, which [...] feeds, dresses and teaches a profession to all the male and female children for whatever reason they have been left there and whoever brought them; the number of these, without counting the servants, who bring them up, is a little over 1,000.

Putting all these different types of institutions together, there were in the region thirty to thirty-five institutions, which called themselves *spedale* in XIVth and XVth century Florence. However, I shall concentrate on only Varchi's first *maniera* of *spedale*: the medical institutions for the sick poor, of which there were four main ones in Florence by the early XVth century⁵. The largest was that mentioned by both Luther and Villani, S. Maria Nuova. Founded in 1288,

³ The most comprehensive study of Florentine hospitals is still: L. PASSERINI, *Storia degli stabilimenti di beneficenza e d'istruzione elementare gratuita nella città di Firenze*, Florence 1853. More recent studies include: J. HENDERSON, *The Hospitals of Late Medieval Florence: a preliminary survey*, in: L. GRANTSHAW, R. PORTER (eds.), *The Hospital in History*, London 1989, p. 63–92; L. SANDRI, *Aspetti dell'assistenza ospedaliera a Firenze nel xv secolo*, in: *Città e servizi nell'Italia dei secoli XII–XV*, Pistoia 1990, p. 237–57; K. PARK, *Healing the Poor: Hospitals and Medical Assistance in Renaissance Florence*, in: J. BARRY, C. JONES (eds.), *Medicine and Charity Before the Welfare State*, London 1991, p. 26–45; J. HENDERSON, *Splendide case di cura. Spedali, medicina ed assistenza a Firenze nel Trecento*, in: A.J. GRIECO, L. SANDRI (eds.), *Ospedali e città. L'Italia del centro-Nord, XIII–XVI secolo*, Florence 1997, p. 15–50.

⁴ B. VARCHI, *Storia fiorentina*, ed. L. ARBIB, Florence 1839–41, vol. 2, book IX, p. 101.

⁵ See: HENDERSON, *The Hospitals* (see note 3).

it already had 120 beds by 1376. The other *spedali* for the sick poor were certainly smaller, but even so their operations were not negligible. The oldest was S. Paolo, dating from the late XIIth century, which was developed and run by the Franciscan Order of Penitenti; by 1404 it had 34 beds. The two foundations dating from the second half of the XIVth century where S. Matteo having 60 beds and Messer Bonifazio had 31.

It should be remembered that for a patient population one should double these figures, since it was normal practice to place two people in each bed. This would have meant that by the early XVth century these four hospitals alone would have provided in-house treatment for about 2% of the Florentine population, and this is not taking into account the thirty other *spedali* of the city. But this does not tell us anything about turnover; for since patients stayed for only brief periods, the numbers treated each year could be very considerable. By the early XVIth century when Luther stayed at S. Maria Nuova the hospital received on average 6,500 male and female patients per year, equal to 10% of the city's resident population and in addition, we should not forget that the hospital also had an important out-patient service⁶.

Clearly, then, these were very considerable organisations, and hospitals were among the largest property-holders in late medieval Italian cities⁷. Indeed Varchi described S. Maria Nuova as »almost a city in itself«. But he was not alone in being impressed by the scale of the city's hospitals, whether reflected in literary eulogies of the city's institutions or when graphically represented in the maps or *vedute* of Florence from the Quattrocento onwards.

I am less concerned here by the financial and economic implications of the scale of Florentine hospitals, except in as far as they also point to the existence of a large staff, whether employed in the administrative or financial sectors, or for the maintenance of their buildings and gardens and other properties in the city and *contado*, or the medical and spiritual care of the sick poor. Instead, to state the obvious, but perhaps worth underlining given the common assumption by many renaissance historians concerning the secularization of charity in this period, religion and medicine continued to play a complementary role in the treatment of hospital patients⁸. In many of the chapters of the statutes of S.

⁶ On patients in Florentine hospitals see: L. SANDRI, Ospedali e utenti dell'assistenza nella Firenze del Quattrocento, in: G. PINTO (ed.), *La società del bisogno. Povertà e assistenza nella Toscana medievale*, Florence 1989, p. 61–100; K. PARK, *Healing the Poor* (see note 3); J. HENDERSON, *Antechambers of Death? Poverty and Sickness in the Hospitals of Renaissance Florence*, in: V. ZAMAGNI (ed.), *Forme di povertà e innovazioni istituzionali in Italia dal Medioevo ad oggi*, Bologna 2000, p. 111–129.

⁷ D. HERLIHY, *Medieval and Renaissance Pistoia: The social history of an Italian town*, New Haven 1967, p. 247 et seq.; E. DIANA, *San Matteo e San Giovanni di Dio: due ospedali nella storia fiorentina*, Florence 1999, chs. 1 and 2.

⁸ See J. HENDERSON, *Healing the body and saving the souls: hospitals in Renaissance Florence*, in: *Renaissance Studies* 15 (2001) p. 188–216.

Maria Nuova, for example, the role of the hospital in caring for the sick poor was justified through the exercise of Christian charity. Patients were seen in religious terms »almost like Christ in their persons«⁹. And all the members of the hospital were instructed to look after the sick »for the health of their souls«. This theme is one which remains fundamental to understanding the role of those men and women at the centre of this article, the *conversi* and *converse* who came to live and work in late medieval and renaissance hospitals. In what follows I shall concentrate more exclusively on the role of the female rather than the male nursing staff.

3. *Commesse* and their duties

The theme of religion is fundamental to understanding the motivation and role of the nursing staff, who were known by a series of names, including *conversa*, *oblata*, and *dedicata*. Their roles spring from the same tradition as the Third Orders (and indeed in some cases their paths even combine) and were not just associated with hospitals, but with monastic Orders and also established small separate independent houses of *devote*¹⁰.

Furthermore the life of a *commessa* or *oblata* was to some extent based on a monastic model – as was indeed the renaissance hospital – and this was reflected in the rules governing their lives. In the first place they were dressed in a habit; the emphasis was on simplicity. Thus, the *converse* of S. Maria Nuova were instructed to wear »a simple habit of coarse and inexpensive grey cloth marked with the seal of the hospital, a crutch cut from red or green cloth«¹¹. Then each *converso* or *conversa* was required to confess three times a year, take communion twice, and attend Mass twice a day either in the ward chapel or in the hospital church. Then at the end of their lives each was buried in the hospital cemetery. As in a monastery, meals were taken communally in the refectory – though in separate areas for males and females – and all present had to remain silent while listening to a reading from the scriptures.

⁹ I capitoli di S. Maria Nuova del 1374, in: Il Regio Arcispedale di S. Maria Nuova. I suoi benefattori e le sue antiche memorie, Florence 1888, p. 63 (cited as: SMN [1374]).

¹⁰ A. BENVENUTI-PAPI, In Castro Poenitentiae. Santità e società femminile nell'Italia medievale, Rome 1990, p. 647 et seq. See in general: C. DE MIRAMON, Les donnés au Moyen Âge. Une forme de vie religieuse laïque (v. 1180–v. 1500), Paris 1999.

¹¹ K.P. PARK, J. HENDERSON, The First Hospital Among Christians: The Ospedale di Santa Maria Nuova in Early Sixteenth-Century Florence, in: Medical History 35 (1991) p. 177; the 1330 statutes merely say of the habits: those that »usuato nel detto spedale«: I capitoli di S. Maria Nuova del 1330, in: Il Regio Arcispedale di S. Maria Nuova. I suoi benefattori e le sue antiche memorie, Florence 1888, p. 54 (cited as: SMN [1330]).

The early XVIth-century »Ordinances« of S. Maria Nuova outline how women patients and nursing staff were kept separate and in the process provide guidelines for visitors¹². While women were allowed to come and go as they pleased, no man was allowed to enter the southern half of the site »without legitimate cause« and only with the consent of the director or Spedalingo, and male visitors had to be accompanied at all times. As far as male employees were concerned only the religious could enter: »The sacristan of our church and an elderly priest of blameless life and irreproachable habits hear the women's confessions and administer to them the sacraments both day and night«. Further, not even trusting these people of »irreproachable habits«, they were always to be accompanied by two older male servants, although when the priests were admitted into the women's ward, the older servants remained in the vestibule. In addition, the Spedalingo visited the female section once a month: »to admonish them to lead a good and honest life [...] investigating if there are any scandals among them«. A series of punishments followed; if after the third time they had not corrected their ways they were expelled from the hospital.

At night-time the women's quarters and hospital were closed at dusk, and the key taken by one of the lay brothers. Thus:

If a patient needs the sacraments, they call for a priest by ringing a bell. If a sick woman is brought to the hospital during the night for a legitimate reason, the hospital is opened to receive her. They ring the bell once if a patient wants the sacraments, twice if she wants communion, and three times if she needs extreme unction¹³.

These instructions can be better understood if one examines the physical context of the hospital (*see p. 173, Figure 1, Plan of S. Maria Nuova in c. 1500*):

S. Maria Nuova was unique in Florence in having a split site to divide the sexes; the section for women was to the south of the Piazza. Women staff had their own ward and cloister (7, 8) as well as a refectory to the north of the cloister. The sleeping areas for the *converse*, as in the northern part of the hospital, would have been situated on the first floor. The location of the cloisters for female patients and staff symbolised their roles in the hospital complex. They were positioned in such a way as to be further away from the public face of the hospital than the male part (3), reflecting the more separate and private life of the female patients and staff. This is even clearer at the hospital of S. Matteo, which followed the pattern of monastic communities where the more private areas were positioned in the »deeper« spaces in order to limit public

¹² SMN (1330) (*see note 11*), p. 57 et seq.; SMN (1374) (*see note 9*), p. 72; PARK, HENDERSON, *The First Hospital* (*see note 11*), p. 186 et seq.

¹³ *Ibid.*

access¹⁴. Both at S. Maria Nuova and S. Matteo these courtyards were distanced from the street by a number of rooms. While at S. Matteo access was gained to the cloister and the female residential areas through the further end of the women's ward, at S. Maria Nuova it was through a series of rooms and then past the refectory.

The ward was the area which typified a medical hospital and where one could see the main activities of the nursing staff in action. At S. Maria Nuova and S. Matteo the basic unit of the ward was an open hall with a chapel at one end so that the patients could see the celebration of Mass. However, S. Maria Nuova responded to demand during the XIVth and XVth centuries by expanding its male ward to form a »T« shape and 100 years later eventually added a final northern arm to create a cruciform (1a–f). At each stage, however, the aim was not just to tend to the medical health of patients, but also their spiritual health and so the ward chapel remained at the centre of their vision.

Whether a simple hall or a cruciform, beds were ranged along the sides of the ward and the main job of the *commesse*, as in a hospital today, was to tend to the needs of the patients. While S. Maria Nuova's female ward was visited by physicians and surgeons from north of the Piazza, the independent nature of their life meant that women also developed medical skills. The 1510 »Ordinamenti« state with pride: »The women include several skilled in surgery, for experience is the mistress of all things. These have many remarkable cures to their credit and are even more trusted than the men«¹⁵.

The *converse* were also expected to perform many other duties, including making the bread, cooking and preparing the food for the whole community, and doing the laundry. Furthermore, as the »Ordinances« state: »Eight look after the chickens, hens, geese, and ducks, of which there are incidentally 1,000. For the hospital consumes 20,000 chickens each year and as many eggs«¹⁶.

From looking at the general duties and living conditions of the *commesse*, I shall turn next to discuss their numbers, identity, and contractual arrangements.

4. *Commesse*: numbers and identity

While the eulogistic descriptions of contemporaries from Matteo Villani, Martin Luther and Benedetto Varchi all comment on the fine service provided by

¹⁴ R. GILCHRIST, *Gender and Material Culture. The archaeology of religious women*, London 1994; 1997 ed., ch. 6.

¹⁵ PARK, HENDERSON, *The First Hospital* (see note 11), p. 186.

¹⁶ *Ibid.*

the nursing staff, none give a clear idea of their numbers or ratio to the patients. More detailed information is provided instead by other types of records from statutes to tax registers. Thus, S. Maria Nuova's early XVIth-century »Ordinances« record that female patients were looked after by 100 perpetual servants and assistants, which given that there were about 100 beds in the female ward would have given a ratio of one member of staff for each bed containing two patients¹⁷. A century earlier Messer Bonifazio had 31 patients and 26 nurses, of which 20 were female, while the patients in S. Matteo's 54 beds were tended by 36 male and female nurses¹⁸. Even though these figures can only act as a guideline to the ratio between nurses and patients, since only a proportion of the staff would have been in the ward at any one time, they do give the impression of a relatively high level of personal attention. But it is at this point that we have to make sure that we loose any XXIst-century preconceptions we may have derived from a modern, secular hospital. The distinction between patient, nurse, and resident was far from being clear-cut and customs varied from one hospital to another.

The flexibility of the relationship between *commesse* and a hospital can be examined through surviving contracts, which record the mutual obligations of institution and individual. One of the most detailed collections is from the archive of the Florentine hospital of S. Matteo for the 1490s when the hospital had arrangements with fifty-three different *conversi* or *converse*. The following section will provide the results of a preliminary analysis which will be developed in much more detail elsewhere¹⁹.

The first most striking characteristic of these contracts is that there were more female *commesse* than male *commessi*: 60% of the total. Secondly, an examination of the marital status of the women reveals that almost exactly the same number were widowed as married. This would have been over double the proportion of widows in the population of the city²⁰. This points to the fact that the role of the *conversa* was not just chosen by an individual as a way of devoting her life to the service of the poor, but also as a survival strategy for herself. Indeed an analysis of the occupations of their fathers or husbands suggests that many came from humble but respectable households in which the death or incapacity of the main wage-earner would have led to the impoverishment of the family. Taking these records in conjunction with those from S. Maria Nuova suggests that many came from either the minor rungs of the tex-

¹⁷ PARK, HENDERSON, *The First Hospital* (see note 11), p. 186.

¹⁸ ASF, Catasto 291, fol. 34r; 185.II, fol. 606v; PASSERINI, *Storia* (see note 3), p. 302, 305.

¹⁹ Discussion and analysis of this subject is developed in detail in John HENDERSON, *The Renaissance Hospital. Healing the Soul and Healing the Body*, New Haven, London 2006.

²⁰ D. HERLIHY, C. KLAPISCH-ZUBER, *Tuscans and their Families*, New Haven, London 1985. p. 216; table 7.3.

tile or building industries or they were servants recommended by their employers or even retired employees of the hospital itself.

The basis of the contract drawn up between S. Matteo and potential *commesse* or *commessi* was fairly simple: an individual approached the hospital with a sum of money or a house which remained the property of the institution following his or her death. In return the hospital would provide either food or lodging or both. The contract appears to have been as flexible as individual circumstances required. It was also possible for individuals to come and live in S. Matteo as paying guests, as in the example of the widow Monna Antonia who in 1490 »has come to stay here in our hospital and we must look after her in illness and health and must house her in the body of our hospital and give her sufficient food and drink on which to live«²¹. In return Monna Antonia was to give them 24 *fiorini di suggello* each year. Other arrangements included that with Monna Lucia di Piero *pinzochera* who in 1488 provided them with 27 florins and in return received »2 bushels of good wheat«. However, as in other cases of contracts with *commesse*, Monna Lucia remained living in her house²².

Not all *commesse* were single. There are examples of married couples coming to live together in the hospital and each providing a service to the sick. Indeed twelve of the fifty-three contracts examined for the 1490s were between couples and the hospital. Many of them decided to remain living in their own houses, receiving an annual payment of wheat, wine, oil and fixed quantities of wood, in return for leaving the hospital a sum of money or property. Others decided to live together in the hospital and either worked for the hospital or did so in conjunction with working outside²³.

Even offering money or property to a hospital did not guarantee acceptance as a *commessa*. This can be seen in the case of Monna Piera, who had been a patient in the hospital. In May 1521 when she petitioned for entry she was described as about forty years old. She offered them 50 florins to come and live there, but was told that she was too young at the moment and had to wait for another seven years before she could join the hospital's community²⁴. The question of the age of *commesse* was obviously of some importance to Tuscan hospitals. For example, as Odile Redon has shown, those admitted to S. Maria della Scala in Siena 200 years before were all over forty, and many over sixty. This accords well with the ages of many of the people who ran the smaller hospitals in Florence and its *contado*; both Spedalighi and their wives tended

²¹ Archivio di Stato di Firenze (cited as ASF), Ospedale di S. Matteo (cited as SM), 191, fol. 145r: 29.xi.1490.

²² ASF, SM 190, fol. 132r.

²³ Examples of agreements between couples and S. Matteo include: ASF, SM 189, fol. 121r (1486); SM 190, fol. 136r (1488); SM 190, fol. 139v, 141r (1489).

²⁴ ASF, SM 198, fol. 265v: May 1521.

to be in their later rather than their earlier middle age²⁵. Elsewhere too there were strict rules governing the age of nurses. The Grey Sisters of the Third Order of St. Francis, for example, at the Hotel Dieu of Wisbecq in France had to be over thirty²⁶. While at St. Giles's Hospital in Norwich they were to be over fifty, and at the Savoy in London, based on the example of S. Maria Nuova in Florence, they had to be over thirty-six and either virgins or respectable widows²⁷.

Employment of older rather than younger *commesse* had both positive and negative implications for the hospital. A decided advantage, as has been pointed out for English hospitals in this period, was that the presence of older rather than younger staff was a way to avoid undermining discipline through the »miasma of sin«²⁸. Accepting older women also meant that while the institution would inherit the individual's property more rapidly, it would also have to pay for the expenses involved in looking after the *commessa* in sickness and old age. For the *commessa*, of course, this was precisely the attraction of such a contract, especially as it helped to guarantee her with not just a system of physical but also spiritual insurance. Indeed, as with Florentine confraternities²⁹, the members of the community were guaranteed a proper funeral, as one can see in the case of Monna Salvestra, widow of Piero Papi on 7 November 1461³⁰:

Then she was dressed in her widow's clothes and put into a bier in the middle of the ward, that is by the medicheria towards the door, in an open bier with many benches around so that her relatives [...] could sit on the said benches and at the head and foot of the said bier there were two large lit candles in their candlesticks each weighing lb. 6. And she was buried in the tomb next to the door which exits onto Via del Chochomero.

The death of Monna Salvestra is a convenient point to draw together the threads of this chapter. Though this short contribution has concentrated on the Florentine evidence, it should be emphasized that this form of contract with a pious institution was found throughout medieval Europe. It was especially popular for women at the lower (but not the lowest) end of the social scale who had been left with a small amount of money or property which they could use to come to an agreement with a hospital and thereby guarantee some form of income in cash or kind for their old age. For the hospital this had the advantage of increasing their patrimony. It also formed an important and regular

²⁵ REDON, Autour (see note 1); HENDERSON, The Hospitals (see note 3), p. 80.

²⁶ SAUNIER, Le pauvre malade (see note 1), p. 122 et seq.

²⁷ RAWCLIFFE, Hospital Nurses (see note 1), p. 48 et seq.

²⁸ RAWCLIFFE, Hospital Nurses (see note 1).

²⁹ J. HENDERSON, Piety and Charity in Late Medieval Florence, Oxford 1994 (Chicago 1997), ch. 5.

³⁰ ASF, SM 184, fol. 45v.

source of personnel to nurse their patient population and to undertake many of the menial tasks associated with the care of the sick. It is important, however, not to think of these contractual arrangements purely in terms of reciprocal material advantages. The hospital was essentially a religious institution in which the *commesse* performed their tasks in a spirit of Christian charity in which care of the soul of the staff and patients through spiritual medicine was as important as the care of their body through physical medicine.

Key

- 1a Initial section of men's ward, c. 1313-15
- 1b Eastern wing of men's ward, 1334
- 1c Cappella di S. Luca, 1369
- 1d Western wing of men's ward, 1479
- 1e Final section of men's ward, between 1479 and 1515
- 1f Enlargement of men's ward by Bernardo Buontalenti and addition of new chapel, 1575-6
- 2 Church of S. Egidio, enlarged 1418-1420
- 3 Chiosstro delle Medicherie, remodelled c. 1422
- 4 Approximate extent of Chiosstro delle Ossa (first hospital cemetery)
- 5 Second women's ward by Pietro Berrettini da Cortona, c. 1650-1655
- 6 Loggia: first section built based on design by Bernardo Buontalenti, 1612-1618
- 7 First women's ward, c. 1308-1322; enlarged from 1329 (now Archivio Notarile)
- 8 Women's cloister, from 1329

Figure 1 Sketch Plan of the Ospedale di Santa Maria Nuova, Florence.

Solid lines represent construction of c. 1500. Based on a plan drawn Patrick Sweeney.