

FONDAZIONE
ISTITUTO INTERNAZIONALE DI STORIA ECONOMICA “F. DATINI”
PRATO

ASSISTENZA E SOLIDARIETÀ IN EUROPA
SECC. XIII-XVIII

SOCIAL ASSISTANCE AND SOLIDARITY IN
EUROPE FROM THE 13TH TO THE 18TH
CENTURIES

Atti della “Quarantaquattresima Settimana di Studi”
22-26 aprile 2012
a cura di Francesco Ammannati

ESTRATTO

Firenze University Press
2013

Assistenza e solidarietà in Europa Secc. XIII-XVIII = Social assistance and solidarity in Europe from the 13th to the 18th Centuries : atti della “Quarantaquattresima Settimana di Studi”, 22-26 aprile 2012 / a cura di Francesco Ammannati. – Firenze : Firenze University Press, 2013.

(Atti delle Settimane di Studi e altri Convegni ; 44)

<http://digital.casalini.it/9788866553670>

ISBN 978-88-6655-367-0 (online)

ISBN 978-88-6655-366-3 (print)

La Settimana di Studi è stata realizzata con il contributo di:
Ministero per i Beni e le Attività Culturali

La pubblicazione del presente volume è stata realizzata con il contributo di:
Ministero per i Beni e le Attività Culturali

Certificazione scientifica delle Opere

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Università degli Studi di Firenze
Firenze University Press
Borgo Albizi, 28
50122 Firenze, Italy
<http://www.fupress.com/>
Printed in Italy

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Stefan Sonderegger

*The Financing Strategy of a Major Urban Hospital
in the Late Middle Ages (St. Gallen 15th Century)*

INTRODUCTION¹

Urban hospitals in the Middle Ages cannot be compared to modern ones. Today, the sole purpose of a hospital is to provide medical services to the general public. This was not always so. Communal hospitals in the Middle Ages were multifunctional institutions. They served not only to care for the sick, but also to provide communal care in a more comprehensive way. And they had not only a social, but also an economic role to play in their town. Big differences can also be seen in the way the hospitals were financed. In Switzerland, half of a hospital's costs are now (as of 2012) funded by the state via taxation and the other half by health insurance companies (i.e. via the health insurance premiums paid by private households). Medieval hospitals by contrast needed to fund themselves primarily through revenues from real estate and other economic activities. Their social mandate and economic operations were closely linked, since the extent to which a hospital was able to carry out its social tasks depended largely on its level of assets.

The aim of this paper is to illustrate the financing of a large urban hospital in the 15th century through the example of the *Heiliggeist* hospital in St. Gallen (Switzerland). This does not mean discussing financial accounts, it means outlining and explaining a financial strategy. The first part of the paper outlines the hospital's role, size, legal structure and administrative organisation. The second part then shows what activities were performed to ensure the financing. The emphasis here is on commercial agriculture,² the hospitals' most

¹ I would like to thank Dorothee Guggenheimer and Rezia Krauer for their input and corrections.

² Agriculture in particular, as one of the most important economic sectors for Medieval hospitals, is still not given due regard. In this context, cf. CH. HEIMPEL, *Die Entwicklung der Einnahmen und Ausgaben des Heiliggeistspitals zu Biberach an der Riss von 1500 bis 1630*, Stuttgart 1966; K. MILTZER, *Das Markgröninger Heilig-Geist-Spital im Mittelalter. Ein Beitrag zur Wirtschaftsgeschichte des 15. Jahrhunderts*, Sigmaringen 1975 (Vorträge und Forschungen, Sonderband 19); M. VON TSCHARNER-AUE, *Die Wirtschaftsführung des Basler Spitals bis zum Jahre 1500. Ein Beitrag zur Geschichte der Löhne und Preise*, Basel 1983; H. LAMBACHER, *Das Spital der Reichstadt Memmingen. Geschichte einer Fürsorgeanstalt, eines Herrschaftsträgers und wirtschaftlichen Großbetriebes und dessen Beitrag zur Entwicklung von Stadt und Land*, Kempten 1991 (Memminger Forschungen 1); S. SONDEREGGER, *Landwirtschaftliche Entwicklung in der spätmittelalterlichen Nordostschweiz. Eine Untersuchung ausgehend von den wirtschaftlichen Aktivitäten des Heiliggeist-Spitals St. Gallen*, St. Gallen 1994, and IDEM, *Das Heiliggeist-Spital St. Gallen als wirtschaftliche Institution im Spätmittelalter*, in *Vom Heiliggeist-Spital zum Bürgerspital, St. Gallen 1995*, ed. E. ZIEGLER, pp. 61-102. Among newer studies highlighting economic aspects of hospitals, cf. B. POHL-RESL, *Rechnen mit der Ewigkeit. Das Wiener Bürgerspital im Mittelalter*, Wien-München 1996, and F. HAIJE, „Gott zu Ehren, der Armut zum Besten“. *Hospital zum Heiligen Geist und Marien-Magdalenen-Kloster in der Geschichte Hamburgs vom Mittelalter bis in die Gegenwart*, Hamburg 2002; O. LANDOLT, *Der Finanzhaushalt der Stadt Schaffhausen im Spätmittelalter*, Ostfildern 2004 (Vorträge und Forschungen, Sonderband 48), pp. 491-521; J. ASPELMEIER, „Das beim haus nutz und kein unnutz geschebe“. *Norm und Praxis der Wirtschaftsführung in kleinstädtischen Spitälern am Beispiel von Siegen und Meersburg*, in *Norm und Praxis der Armenfürsorge in Spätmittelalter und früherer Neuzeit*, J. ASPELMEIER, S. SCHMIDT eds., Stuttgart 2006 (VSWG, Beiheft 189), pp. 169-190. Cf. also the good overviews provided by the following three authors: H.R. STUNZ, *Hospitäler im deutschsprachigen Raum im Spätmittelalter als Unternehmen für die caritas. Typen und Phasen der Finanzierung, in Funktions- und Strukturwandel spätmittelalterlicher Hospitäler*

important business interest. Based on explanations of the relevant forms of agricultural production, the paper ends with insights into the everyday relations between the hospital and the producers of its agricultural assets, highlighting the complex forms of economic cooperation and dependency between the hospital and its tenant farmers.

I. ROLE, SIZE AND ORGANISATION OF THE HOSPITAL

The first hospitals in what is today Switzerland³ were set up between the 8th and the 10th century in the monasteries of St. Gallen and Saint-Maurice, as well as in Chur, Lausanne and Sion, each a bishop's see. The *Heiliggeistspital* (hospital of the Holy Spirit) in St. Gallen was founded in 1228 based on endowments made by Ulrich von Singenberg, a member of the landed gentry, and Ulrich Blarer, a burgher of St. Gallen. It represented one of a series of urban hospitals founded in the 13th century. Charters of the 13th century associated with the *Heiliggeist* hospital repeatedly mention friars, which indicates that in St. Gallen as elsewhere – Schaffhausen⁴ for example – it was initially a community of friars (monks not living in a monastery) who ran the hospital.⁵ Integration into the town's communal structures⁶ took place in the course of the 14th century.

Role: comprehensive stationary shelter and care

The hospital's role in the 13th and 14th century was primarily to provide charitable care. According to the *Heiliggeistspital's* statutes, the hospital was to admit only the old, the infirm and orphans, but not those who were able to go begging themselves or who owned

in europäischer Vergleich, ed. M. MATHEUS, Stuttgart 2005, pp. 129-159; M. PAULY, *Von der Fremdenberge zum Seniorenheim: Funktionswandel in mittelalterlichen Hospitälern an ausgewählten Beispielen aus dem Maas-Mosel-Rhein-Raum*, in: *Ibid.*, pp. 101-116; O. LANDOLT, *Finanzelle und wirtschaftliche Aspekte der Sozialpolitik spätmittelalterlicher Spitäler*, in *Sozialgeschichte mittelalterlicher Hospitäler*, N. BULST, K.-H. SPIESS eds., Ostfildern 2007 (Vorträge und Forschungen, Bd. LXV), pp. 273-299.

³ Cf. E. GLOMEN-SCHENKEL, *Mittelalterliche Spitäler und Leprosorien im Gebiet der Schweiz*, in: *Stadt- und Landmauern 3: Abgrenzungen. Ausgrenzungen in der Stadt und um die Stadt*, Zurich 1999 (Veröffentlichungen des Instituts für Denkmalpflege an der ETH Zürich 15/3), pp. 117-124; D. RIPPMMANN, *Spitäler in der Schweiz im Mittelalter und an der Wende zur Frühen Neuzeit*, in *Das Spital am Beginn der Neuzeit. Soziale Reformen in Hessen im Spiegel europäischer Kulturgeschichte*, A. FRIEDRICH, F. HEINRICH, CH. VANJA eds. Petersberg 2004, pp. 107-120; K. SIMON-MUSCHEID, *Spitäler in Oberdeutschland, Vorderösterreich und der Schweiz im Mittelalter*, in *Europäisches Spitalwesen. Institutionelle Fürsorge im Mittelalter und der Frühen Neuzeit*, ed. MARTIN SCHEUTZ, Wien-München 2008 (Mitteilungen des Instituts für Österreichische Geschichtsforschung. Ergänzungsband 51), pp. 231-253. With regard to St. Gallen most recently S. SONDEREGGER, *Wirtschaft mit sozialem Auftrag. Zur Wirtschaftsführung des Heiliggeistspitals St. Gallen im 15. Jahrhundert, in Orte der Verwahrung. Die innere Organisation von Gefängnissen, Hospitälern und Klöstern seit dem Spätmittelalter*, G. AMMERER, A. BRUNHART, M. SCHEUTZ, A. S. WEISS eds., Leipzig 2010 (Geschlossene Häuser. Historische Studien zu Institutionen und Orten der Separierung, Verwahrung und Bestrafung 1), pp. 191-215, and R. KRAUER, S. SONDEREGGER, *Die Quellen des Heiliggeist-Spitals St. Gallen im Spätmittelalter*, in: *Quellen zur europäischen Spitalgeschichte in Mittelalter und Früher Neuzeit*, M. SCHEUTZ, A. SOMMERLECHNER, H. WEIGL, A. S. WEISS eds., Wien-München 2010 (Quelleneditionen des Instituts für Österreichische Geschichtsforschung 5), pp. 423-441.

⁴ O. LANDOLT, *Der Finanzhaushalt der Stadt Schaffhausen im Spätmittelalter*, cit., p. 492. Cf. in general S. REICKE, *Das deutsche Spital und sein Recht im Mittelalter*, 1, Stuttgart 1932, pp. 53-71 and p. 84, and J. SYDOW, *Kanonistische Fragen zur Geschichte des Spitals in Südwestdeutschland*, in "Historisches Jahrbuch", 83, 1964, pp. 54-68, here p. 62.

⁵ P. OBERHOLZER, *Hochmittelalterliche Kirchenbautätigkeit. Das Kloster St. Gallen, Stadt und Land*, in "Schriften des Vereins für Geschichte des Bodensees und seiner Umgebung", 124, 2006, pp. 33-65, here pp. 45-48.

⁶ The process of communalisation is difficult to pinpoint in detail. It is evidenced primarily by the fact that mentions of friars in connection with the hospital became increasingly rare in the written records, in contrast to ever more frequent mentions of the town council as indications of the links between the hospital and the municipality. In connection with this transition, cf. M. KÄLBLE, *Zwischen Herrschaft und bürgerlicher Freiheit. Stadtgemeinde und städtische Führungsgruppen in Freiburg im Breisgau im 12. und 13. Jahrhundert*, Freiburg im Breisgau 2001, pp. 255-283.

property.⁷ The aim of these clauses was to prevent people who were able to provide for themselves or could make money by selling their property from taking advantage of the hospital's resources. Up to the 15th century, the hospital had largely been run in the form of a *Pfrundhaus*, in which mostly elderly and sick people who could no longer survive without assistance⁸ were taken care of. Either free of charge if they were destitute, or after they had made an advance monetary contribution and thus earned a defined entitlement (*Pfrund*).⁹

Whoever was given a place in the hospital as a *Pfründner* or *Pfründnerin* was entitled to board, lodging and other forms of care either for a defined period or, in most cases, for life. The price of such an entitlement varied depending on a person's age, requirements and financial means. It could be paid not only in cash, but also in the form of household goods, real estate, natural produce or as a pension. The performance of work could also be counted as payment. There were three categories of entitlements, which partly reflected social class: *Herrenpfrund* (master entitlement), *Mittelpfrund* (middle-ranking entitlement) and *Siechenpfrund* (from *siech* denoting sick, sickly). A *Herrenpfrund* was the most expensive, but brought its holder a superior range of services. Compared to other categories, holders of a *Herrenpfrund* were entitled to high-quality meals including fried meat and fish, vegetables, fruit, cheese and plenty of wine. Certain *Herrenpfründner* even had their own apartment within the hospital complex complete with their own retinue of servants.

One category further down, the *Mittelpfrund* was less expensive and provided for a correspondingly lower standard of living with less varied food.

Two classes of people entered the hospital in the *Siechenpfrund* category: Those with little or no money or possessions on the one hand, and those with possessions, from who a considerable fee was charged, on the other. The latter must have been truly sick people in need of fairly intensive care. Yet they constituted an exception. By far the most *Siechenpfründner* in the 15th and 16th century were taken in for nothing (*umb gotszwillen*) and therefore represented a heavy financial burden for the hospital. These were mostly old, frail or sickly people with few or no belongings, no family or friends to look after them and no longer able to cope for themselves. Here, too, the difference to the other categories finds expression predominantly in the food served, which for these people consisted mostly of vegetable and cereal porridge.¹⁰ Finally, the hospital also provided shelter for orphans and

⁷ *Chartularium Sangallense*, III, ed. O. P. CLAVADETSCHER, St. Gallen 1983, Nr. 1162. This is a charter dated 1228, but actually written and sealed only in the first half of the 14th century.

⁸ The term "poor" is deliberately avoided here, with poverty being understood as a state of affairs in which survival was still possible without the support of a closed welfare institution. "In normalen Zeiten können Arme ihre Subsistenz sicherstellen, bei Verlust der Erwerbstätigkeit, bei besonders hohem Alter, bei Krankheit oder Invaldität sowie in allgemeinen Krisenzeiten sind sie schnell vom Absinken in die Bedürftigkeit bedroht." (In normal times, the poor were still able to subsist. Without work, however, and especially in old age, in the case of illness or disability as well as in times of general crisis, they could easily sink into a state of destitution.), M. DINGES, *Neues in der Forschung zur spätmittelalterlichen und frühneuzeitlichen Armut?*, in *Von der Barmherzigkeit zur Sozialversicherung. Umbrüche und Kontinuitäten vom Spätmittelalter bis zum 20. Jahrhundert*, H.-J. GILOMEN, S. GUEx, B. STUDER eds., Zurich 2002 (Schweizerische Gesellschaft für Wirtschafts- und Sozialgeschichte 18), pp. 21-43, here p. 22. At variance to this K. SIMON-MUSCHEID, *Armut und Arbeit im Spätmittelalter. Fürsorge, Selbsthilfe, Ausgrenzung, in Armut und Fürsorge in Basel. Armutspolitik vom 13. Jahrhundert bis heute*, J. MOOSER, S. WENGER eds., Basel 2011, pp. 23-48, who criticises this distinction insofar as it takes little account of the fluid boundary between poverty and destitution and the frequent shifts from one to the other (p. 30). Cf. also the collection of studies edited by T. STROHM and M. KLEIN, *Die Entstehung einer sozialen Ordnung Europas. Historische Studien und exemplarische Beiträge zur Sozialreform im 16. Jahrhundert*, I-II, Heidelberg 2004, with overview articles by T. STROHM, B. GEREMEK, R. JÜTTE and A. BONDOLFI and *Formen der Armenfürsorge in hoch- und spätmittelalterlichen Zentren nördlich und südlich der Alpen*, L. CLEMENS, A. HAVERKAMP, R. KUNERT eds., Trier 2011.

⁹ A clear and concise explanation of *Pfründe* can be found in M.-L. WINDEMUTH, *Das Hospital als Träger der Armenfürsorge im Mittelalter*, Stuttgart 1995, pp. 103-106.

¹⁰ STADTARCHIV ST. GALLEN (SASTG), *Spitalarchiv*, N, 1, p. 244.

women in childbed. Thus the *Heiliggeistspital* took on a wide range of social welfare functions within the town of St. Gallen.

A large hospital with considerable financial needs

How big was the St.Gallen hospital? Unfortunately, there are no medieval records of occupancy rates. It can, however, be assumed that there were a maximum of around 200, but mostly considerably fewer people in the twelve partly three-storey houses making up the hospital compound.¹¹ By international comparison at the end of the Middle Ages, this would put the *Heiliggeistspital* in the category of large hospitals catering for between 120 and 300 inhabitants.¹² Considering that St. Gallen's population in the 1480s is estimated at 3,500 to 4,000,¹³ which makes St. Gallen a medium-sized town, the size of the hospital is quite astounding.

Im. 1 St.Gallen as shown on the oldest existing map of the town by Melchior Frank from the year 1596. The *Heiliggeistspital* premises, graphically highlighted, was at the very centre of town.



Maintaining a social institution of this size was a costly matter, which raises the question of funding. The answers to this question reveal a further crucial aspect. The

¹¹ S. SONDEREGGER, *Wirtschaft mit sozialem Auftrag*, cit., p. 194

¹² In accordance with the categorisation by H.R. STUNZ, *Hospitaler im deutschsprachigen Raum im Spatmittelalter als Unternehmen der caritas*, cit., p. 140, who defined four types according to size.

¹³ S. BUCHER, *Die Siedlung, Bevolkerung und Wirtschaft vom Jahr 1800 bis heute*, in *St. Gallen - Antlitz einer Stadt*, St. Gallen 1979, pp. 36-53, here p. 37.

hospital was not just a social institution, but also quite simply the largest business enterprise in the town of St. Gallen. As will be shown below, without this factor it would hardly have been possible to constantly sustain dozens or even hundreds of old and sick people mostly free of charge. The social and charitable work, which is often the main focus of research into medieval hospitals, was just one of several tasks that hospitals had to perform. The economic role – largely neglected by historians to date – which not only served to fund the hospital but was also beneficial to the municipality as a whole, will be described in detail below.

Legal and administrative organisation: under municipal supervision

Running the town's largest social and economic institution required solid management and an effective, long-term financial strategy. For this reason, the hospital's leading positions were filled with due circumspection. Hospital and town, welfare and politics were closely connected. Towards the end of the 15th century, the hospital was completely communalised and under municipal management. The town council was the highest supervisory body. It issued the statutes and appointed the members of the management and supervisory bodies. As in many other Swiss and German towns at the turn of the 15th to the 16th century, the supervisory body was responsible for the strategic leadership and the examination of the accounts. It consisted of three members (called *Spitalpfleger* or *Aussermeister*) nominated by the town council, usually political heavyweights such as former mayors or senior judges. The operational management (called *Innermeister*) – was made up of a hospital master (*Spitalmeister*) and a hospital secretary (*Spitalschreiber*). They were responsible for the day-to-day running of the hospital and the administration of the hospital's estates.

Biographies of members of the hospital's supervisory body clearly indicate the extent to which the hospital was aligned with the town's interests. The *Aussermeister* formed the link between the town authorities and hospital. As a rule, they had rich political, administrative and/or business experience. Many of them had been successfully engaged in the textile trade. For since the middle of the 15th century, St. Gallen had been one of central Europe's most significant textile hubs with an export market reaching from Northern Germany to Italy and from Spain to Poland. The position of *Aussermeister* at the hospital was, in fact, a rung in the career ladder of numerous distinguished citizens after they had made their mark as merchants or partners in a trading company and held municipal positions, too.¹⁴ On the one hand, given their status as members of the political elite, they were able to direct the hospital in ways that served the town's interests. On the other, their business and administrative knowledge and experience was no doubt put to good use in optimising the financing of the hospital.

II. FINANCING THE LARGEST SOCIAL AND MOST SIGNIFICANT ECONOMIC INSTITUTION IN TOWN

The second part of the paper will now take a look at the most important funding strategies. Measures taken to reduce costs will be discussed first, followed by an examination of the hospital's prime area of economic activities, namely agriculture.

¹⁴ With regard to *Aussermeister* in the 15th century cf. S. SONDEREGGER, *Landwirtschaftliche Entwicklung in der spätmittelalterlichen Nordostschweiz*, cit., pp. 144-184.

Cost reduction: tightening of admittance practice, use of residents as workers, use of inherited household goods

Care provided for hospital residents appears to have become a great financial burden by the 15th century, in which the share of almost or completely destitute residents was the highest among all the *Pfründner*.¹⁵ The admittance of *Pfründner* (entitlement holders) was therefore generating a loss.¹⁶ In reaction to this, the town council ruled that entitlements should henceforth be sold only to people who were so old and frail that they would not live much longer at the hospital's expense.¹⁷ In other words, the sooner a paying *Pfründner* died, the larger the remaining profit for the hospital. In fact, the hospital reserved the right to claim a subsequent, additional payment from a *Pfründner* in cases where the latter could be assumed to live for longer than had been estimated when the entitlement for admittance to the hospital had first been paid for.¹⁸

Putting residents to work at tasks for which the hospital would otherwise have to employ service staff was a further means of saving costs. In particular the lowest class of *Pfründner*, the *Siechenpfründner*, were made to participate in jobs like cleaning, chopping firewood and working in the herb garden or the cowshed.¹⁹ Moreover, the hospital's need of skilled workers such as tailors, carpenters, shoemakers and schoolmasters seems to have facilitated their admittance as *Pfründner*.²⁰

On entering the hospital, *Pfründner* often brought with them their own household goods, which the hospital inherited upon their death. As members of the more affluent classes, the *Herrenpfründner* were usually particularly well equipped in material terms.²¹ Thus numerous objects suitable for further use came into the possession of the hospital. Whatever the hospital could not use was rented out or sold to town and country dwellers.²²

Overall, however, the possibilities of reducing costs were limited. All the more important therefore were the sources of income by which the *Heiliggeistspital* was able to enhance its finances. Among these, the hospital's estates and the funds they generated were the most significant.

Acquisition of real estate

The hospital managed extensive estates located up to thirty kilometres and more outside St. Gallen, which it let to local farmers against the payment of rents. Some of these

¹⁵ M. BRUNORI, *Schriftlichkeit im Heiliggeist-Spital. Edition und Auswertung eines Pfrundbuches des städtischen Spitals St. Gallen aus dem 15./16. Jahrhundert. Mit der digitalisierten Quelle auf CD-ROM*, Lizentiatsarbeit der Universität Zürich, 2011, p. 48.

¹⁶ Even without the availability of precise figures, it is obvious that the provision of care, board and lodging for the hospital residents placed a great financial burden on the institution. In *Die Entwicklung der Einnahmen und Ausgaben*, cit., a study of the hospital in Biberach, (*Biberacher Heiliggeistspital*) by CH. HEIMPEL, for example, the author demonstrates that the provision of board for a *Pfründner* alone amounted to three times the annual sum taken in by the hospital from this person. Calculations this kind cannot be made for the *Heiliggeistspital* St. Gallen in the mid-15th century.

¹⁷ SASTG, Bd. 540, fol. 85v. On the increasingly restrictive admission practice in Southern German towns in the course of the Early Modern Age cf. A. KINZELBACH, *Armut und Kranksein in der frühneuzeitlichen Stadt. Oederntische Reichsstädte im Vergleich*, in *Armut und Fürsorge in der Frühen Neuzeit*, K. KRIMM, D. MUSSGNUG, TH. STROHM eds., Ostfildern 2011, p. 162.

¹⁸ SASTG, *Spitalarchiv*, N, 1, p. 252.

¹⁹ E.g. *Ibid.*, p. 67.

²⁰ E.g. *Ibid.*, p. 210.

²¹ E.g. *Ibid.*, p. 123, 124.

²² E.g. SASTG, *Spitalarchiv*, H, 6, fol. 369v.

estates were in the direct possession of the hospital, others were granted as a fief by the Benedictine monastery, also domiciled in the town of St. Gallen and a major landowner in the region. In cases in which the monastery owned the estates, the hospital was the primary tenant and it sub-let²³ the land for the use of farming families. The hospital thus functioned as landlord of these and other feudal tenants and [REDACTED] received the dues in money and kind from the farmers (especially rents-in-kind and money rents). Therefore the hospital can be described as an urban and secular feudal landlord.

The *Heiliggeistspital* was regularly able to increase its holdings through land purchases as well as through the *Pfründners'* use of estates to buy access to the hospital. Town houses also came into the hospital's possession in this way.²⁴ In many cases, *Pfründner* made the hospital heir to their entire assets. Extending its property through inheritance played a big role and was obviously part of the hospital's strategy, as is evidenced by the following recorded case: In 1433, hospital resident Guta Land²⁵ set up an endowment for the welfare of the souls of her closest relatives. The hospital acted as trustee for Guta Land with the obligation of paying the priest responsible (*Leutpriester*) at the town's most important church, St. Laurenzen, the requisite amount to celebrate a commemorative mass for the souls of the benefactor's relatives once a year. Other beneficiaries of Guta Land's endowment were the chapters of three monasteries as well as the hospital's chaplain, who also performed tasks in remembrance of the dead. The hospital was responsible for ensuring that the arrangements were observed. The endowment was financed by dues from farms in the town's surroundings, and these dues were considerable, as Guta Land came from a wealthy merchant family and was the widow of a mayor. She was, for example, recipient of over 70 annuities. And she must have been satisfied with the way the hospital performed its duties as trustee, for in her will she made the hospital an associate for the time after her death and so bequeathed it with a large amount of assets. In the case of Guta Land and probably numerous other benefactors of the hospital, the transition from endowments for the reading of masses to inheritance was fluid.

The example shows that hospitals that included churches and clergymen were attractive for potential donators of memorial services for the souls of the dead, since the hospital residents alone added up to a considerable number of supplicants for the salvation of the souls of the donators and their families. This made a hospital a choice provider of after-life welfare services for such individuals who were able to afford the corresponding fee. Moreover, the fact that the urban hospitals were supervised by the town council represented a fairly reliable guarantee that the promised services would indeed be performed. These and other factors, such as citizens' pride²⁶ in and identification²⁷ with the

²³ H.-J. GILOMEN, *Die Grundherrschaft des Basler Cluniazenser-Priorates St. Alban im Mittelalter. Ein Beitrag zur Wirtschaftsgeschichte am Oberrhein*, Basel 1977 (Quellen und Forschungen zur Basler Geschichte 9), pp. 209-211.

²⁴ S. SONDEREGGER, *Landwirtschaftliche Entwicklung in der spätmittelalterlichen Nordostschweiz*, cit., p. 120

²⁵ Dozens of charters as well as entries in municipal tax registers and the hospital's interest registers document the facts that Guta Land was the daughter of a merchant, that she married the mayor of St. Gallen and that she survived both her husband and her son. Husband and wife obviously both contributed to the accumulation of wealth. By 1443, an unusually high number of over 50 charters reveal that Guta Land and her husband owned property in the environment of the town and granted loans, primarily to cattle farmers.

²⁶ On this aspect, cf. the contribution by G. ALBINI in this volume.

²⁷ The identification of St. Gallen's citizens with their hospital finds expression in an early work of history writing. Joachim von Watt, known as Vadian, a protestant reformer, town physician and mayor of St. Gallen, wrote the oldest existing consecutive history of St. Gallen with special focus on the monastery in the early 16th century. It often mentions the urban hospital, mostly with references to its real estate possessions and its feudal rights within the monastery's territory. B. STETTLER, *Joachim von Watt. Grössere Chronik der Äbte. Bd. II*, (St.Galler Kultur und Geschichte 36), Zurich 2010, p. 900.

hospital as their town's largest institution, made the hospital an increasingly²⁸ popular target for endowments besides St. Gallen's Benedictine monastery and its churches in the 15th century. The hospital's masters were well aware of their institution's growing level of attraction to donors. For them, wealthy donors were not only providers of endowments for their own salvation and that of their family, but also potential benefactors who might well bequeath their wealth to the hospital. It would, in fact, be worth looking more closely at the question of if and how urban hospitals pursued specific strategies to gain inheritances from affluent citizens. St. Gallen was the leading hub of the textile trade of the Lake of Constance region from the middle of the 15th century onwards and thus housed numerous wealthy merchants with trade connections to large parts of Europe,²⁹ so that the topic no doubt offers interesting pickings to future researchers.³⁰

Generating profits: agricultural specialisation

Via donations, endowments and acquisitions, the hospital extended its property holdings on an ongoing basis. And it managed these estates well. Income from the agricultural produce of its tenant farmers represented the hospital's single most important source of funding. The products of crop, livestock and wine farming served to nourish the hospital residents, and what remained was sold in St. Gallen itself and beyond. Thus the agriculture conducted on the land let by the hospital played an important role in the food supply to the town. In the second half of the 15th century, the hospital – and the municipality as the public authority responsible – took targeted measures to strengthen the most profitable sectors of its agricultural activities by intensifying wine and livestock farming. Furthermore, municipality and hospital encouraged the formation of three distinct agricultural zones in the St. Gallen hinterland:³¹ The first encompassed the flattest parts of the farmland and was used predominantly for crop farming. The second comprised the pre-alpine landscape and was dedicated to animal husbandry. The third zone, finally, the Rhine valley running north to south down to the Graubünden mountain passes, was mostly given over to wine production. This specialisation, restricted predominantly to the areas surrounding the town,³² had far-reaching consequences for the farmers concerned, as will be outlined further on.

²⁸ S. SONDEREGGER, *Zum eigenen und zum Nutzen anderer. Gedenkstätten in hoch- und spätmittelalterlichen St.Galler Urkunden*, in *Bücher des Lebens – Lebendige Bücher*, P. ERHART, J. KURATLI HÜEBLIN eds., St. Gallen 2010, pp. 226-233.

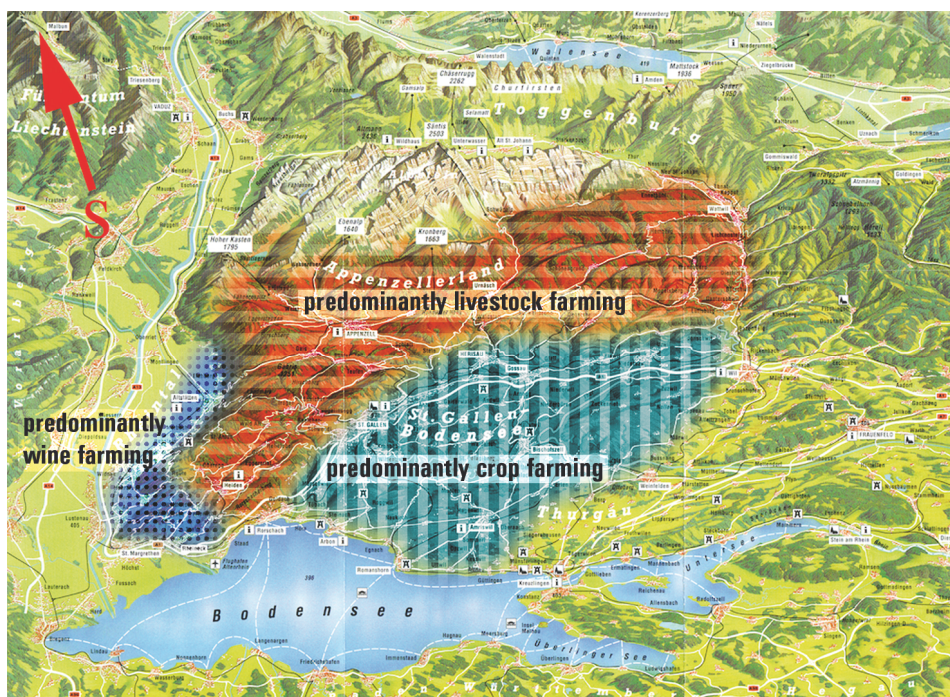
²⁹ *Sankt Gallen (Gemeinde)*, in: Historisches Lexikon der Schweiz (HLS), version of 23.01.2012, URL: <http://www.hls-dhs-dss.ch/textes/d/D1321.php>

³⁰ O. RICHARD, *Mémoire bourgeoises. Memoria et identité urbaine à Ratisbonne à la fin du Moyen Âge*, Rennes 2009, partly deals with similar issues.

³¹ These three zones are primarily attested by the interest records that document not only the dues owed, but also the type and amount of the actual dues remitted by the farmers. Cf. S. SONDEREGGER, *Landwirtschaftliche Entwicklung in der spätmittelalterlichen Nordostschweiz*, cit., pp. 55-66.

³² Contrary to trans-regional specialisation, which was only possible to a limited degree for perishable goods owing to the slowness and high costs of transport. Cf. E. LANDSTEINER, *Landwirtschaft und Agrargesellschaft*, in *Wirtschaft und Gesellschaft. Europa 1000-2000*, M. CERMAN, F. X. EDER, P. EIGNER, A. KOMLOSY, E. LANDSTEINER eds., Wien 2011, p. 180. For a distinction of the area sizes involved and the associated reasons see examples in S. SONDEREGGER, *Landwirtschaftliche Spezialisierung in der spätmittelalterlichen Nordostschweiz*, in *Zwischen Land und Stadt. Wirtschaftsverflechtungen von ländlichen und städtischen Räumen in Europa 1300-1600*, M. CERMAN, E. LANDSTEINER eds., Innsbruck-Wien-Bozen 2010 (Jahrbuch für Geschichte des ländlichen Raumes 6), p. 139f. and B. VAN BAVEL, *Manors and Markets. Economy and Society in the Low Countries, 500-1600*, Oxford-New York 2010, pp. 294-304, 330-338.

Im. 2 The relief map shows the area in which the St. Gallen hospital owned property, reaching from the Lake of Constance in the north to the Alpstein mountains in the south and from the “St.Galler Fürstenland” in the west to the Rhine valley in the east.



The main reasons³³ for agricultural specialisation was the rising demand for certain products. The ensuing costs for the initiator of any intensification of farming operations had to pay off in the form of greater profit on sales. A good example for this is the St. Gallen hospital's wine business. Large quantities of wine were not only provided for the hospital residents, but also traded by the hospital at a profit. Between 1465 and 1500, the hospital was able to boost its income from the sale of wine twice to threefold, making wine the institution's most important trading commodity and key to its financing. In view of the profit margin involved, it is not surprising that wine farming was the line of agriculture most strongly promoted by the hospital.³⁴ How this was done will be detailed below.

³³ In explaining the reasons behind agricultural specialisation, authors tend to emphasise topographical reasons. There are indeed distinct topographical differences in the region discussed here - alpine and pre-alpine landscape in the south, flatter land to the west and the north. Crop farming is easier in flatter areas, higher altitudes favour cattle farming, and wine growing needs sun-exposed slopes such as those in the Rhine valley to the east of St. Gallen. No doubt such topographical conditions favour a certain degree of specialisation, but the prime reason must be seen in the participants' commercial interests that led to conscious decisions for the promotion of certain products. Cf. S. SONDEREGGER, *Landwirtschaftliche Spezialisierung in der spätmittelalterlichen Nordostschweiz*, cit., pp. 139-160. Regarding the connections between specialisation and economic growth cf. P. VRIES, *Wirtschaftswachstum*, in: *Wirtschaft und Gesellschaft. Europa 1000-2000*, cit., pp. 76-103, here pp. 84-90. On the theory of commercialisation cf. M. CERMAN, *Theorien der klassischen Nationalökonomie und Wirtschafts- und Sozialgeschichte des vorindustriellen Europas*, in: *Wirtschaft und Gesellschaft. Europa 1000-2000*, cit., pp. 31-43.

³⁴ S. SONDEREGGER, *Landwirtschaftliche Entwicklung in der spätmittelalterlichen Nordostschweiz*, cit., p. 317-362.

Wine farming: expansion and investments

One way of increasing wine production was to expand the vineyard acreage by acquisitions and the planting of new vines. Due to the lack of surface area figures in the sources, the volume of this expansion cannot be quantified. But mentions of increasing conflicts over resources within the agrarian community in the wine-growing areas are indications of an ongoing expansion. The main reason of conflict was the extension of individual villagers' vineyards at the expense of the village's communal pastureland. Thus the balance between the various agricultural sectors was disturbed. After all, pastures and meadows as the basis of cattle farming were crucial to all lines of agricultural production, since animal dung represented the main form of fertiliser.³⁵

A second way to increase the wine output was to enhance productivity. For example by removing trees from the vineyards, since the trees' branches keep the sunlight off vines in their vicinity and their roots hamper the vines' growth. The hospital not only cut down trees from its own vineyards, but also sought to do the same with trees of adjoining vineyards by paying compensation to the owners of the trees and getting them to sign easements guaranteeing that no new trees would be planted there in future.³⁶

Finally, investments were also made in the maintenance of vineyards. This can be recognised through the hospital's records of rising expenses for fertilisers as well as for the replacement of vine support poles and of soil that had been washed away from vineyard slopes. Thus, by expanding the land under cultivation and improving the quality of cultivation, the hospital managed to distinctly increase its wine production.³⁷ The related records also give an indication of the importance of wine farming for the funding of the hospital.

Livestock farming: loans

The second form of agriculture strongly promoted by the hospital was livestock farming. Evidence shows that in the 16th century – and probably earlier – the hospital conducted its own animal husbandry in the vicinity of the town. This farm not far from the hospital, on which part of the work was performed by hospital residents, seems to have served mainly to provide the institution with a regular supply of fresh milk, which, as the records demonstrate, was a fixed ingredient in the hospital's nutritional fare.³⁸

From an economic perspective, however, this self-run business was far less important than the livestock farming communities (*Viehgemeinschaften*)³⁹ set up with farmers from the hinterland. As a rule, these communities consisted of two parties. One, an urban citizen or institution, provided the cattle or else the capital required for the purchase and maintenance

³⁵ *Ibid.*, pp. 322-342. P. MALANIMA, *Uomini, risorse, tecniche nell'economia europea dal X al XIX secolo*, Mondadori 2003, p. 90; E. LANDSTEINER, *Landwirtschaft und Agrargesellschaft*, cit., p. 183f; V. WINIWARTER, *Böden in Agrargesellschaften. Wahrnehmung, Behandlung und Theorien von Cato bis Palladius*, in *Natur-Bilder. Wahrnehmungen von Natur und Umwelt in der Geschichte*, R. P. SIEFERLE, H. BREUNINGER eds., Frankfurt-New York 1999, pp. 208-210. Further, less significant forms of fertilisation - for which historical evidence is difficult to find - were the use of dead plant material, the cultivation of legumes (pulses) and the use of mineral fertiliser. Cf. A. ZWAHLEN, *Die wirtschaftliche Entwicklung der Schoretschub. Eine Mikrogeschichte spätmittelalterlichen Getreideproduktion in der spezialisierten Landwirtschaft der Nordostschweiz*, Master thesis at the University of Zurich, 2011, pp. 40-44.

³⁶ S. SONDEREGGER, *Landwirtschaftliche Entwicklung in der spätmittelalterlichen Nordostschweiz*, cit., pp. 358-362.

³⁷ For the improvement of agricultural yields through the use of traditional growth potential cf. W. TROSSBACH, *Landwirtschaft, 5. Wachstumspotentiale*, in *Enzyklopädie der Neuzeit*, 7, Stuttgart 2008, columns 586-588.

³⁸ S. SONDEREGGER, *Ernährung im Heiliggeist-Spital St. Gallen*, in "Medium aevum quotidianum", 34, 1996, pp. 9-24.

³⁹ D. RIPPMANN, *Viehverstellung*, in *Enzyklopädie der Neuzeit*, 9, Weimar 2011, columns 311-314.

of cattle. The other consisted of the farmer or farmers who kept this cattle in their stable. The St. Gallen hospital made use of this kind of collaboration with farmers in rural areas specialising in animal husbandry to secure its supply of dairy and meat products. Farmers, on the other hand, benefited from the access to loans that this model offered.

A *Viehgemeinschaft* implied the following responsibilities and benefits: The hospital was responsible for providing the requisite capital, the farmers were responsible for sheltering, feeding and caring for the cattle. For that they had the right to use the animals for drawing ploughs and carts, as well as the benefit of dung and milk. In addition, there was the joint benefit of the animals' offspring, which were divided among the parties. *Viehgemeinschaften* were the most common way for the hospital to gain possession of livestock. Meat production represented the chief benefit. A certain, no longer quantifiable amount of meat products was used for the catering of residents. For the rest, the hospital sold slaughter cattle to urban butchers and to other farmers in the region. Regular meat deliveries to vineyard farmers are well documented in the hospital's meticulously kept administrative records. This will be outlined further in the section below on the consequences of agricultural specialisation.⁴⁰

Crop farming: supply for own needs

Whereas there is sufficient evidence of an intensification of wine and livestock generated by the hospital, research has not yet unearthed proof of a similar intensification of crop farming. However, the fact that large crop farms were maintained by the hospital in the rural areas bordering onto St. Gallen can be taken as an indication that the institution played a considerable role in the region's cereal production.⁴¹ As a rule, cereals used for the hospital itself did not come up to the recorded quantity of farmers' dues, so the hospital obviously had a surplus held for sale. There are records of sales effected in the town itself and to vineyard farmers affiliated to the hospital in the Rhine valley.⁴² The former was, however, so small an amount that we can conclude that the hospital was no major factor in the cereal supply to the citizens of St. Gallen. For the tenant farmers specialising on wine production, on the other hand, the hospital was the prime supplier of cereals, their most important staple food. This was one of the consequences of the already well advanced specialisation in agriculture, which had led to a veritable de-cerealisation of the wine-growing regions. Further forms of impact of these developments will be detailed in the following sections, taking into account all the specialised agricultural zones in the St. Gallen hinterland.

A consequence of agricultural specialisation: cooperation between feudal landlord and tenant farmers

The agricultural specialisation creating adjacent zones of cereal, livestock and wine farming, as demonstrated by records of the hospital's real estate holdings in the rural hinterland of St. Gallen in the 15th century, had far-reaching consequences and in certain instances put great pressure on the tenant farmers concerned. One of the consequences was the reduction of staple food production for the benefit of more intensive cultivation of the required farming produce. This was most obviously the case in the areas earmarked for wine growing. The expansion of vineyards meant that local farmers were no longer able to generate enough cereals and meat for their own needs, and were thus dependent on supplies

⁴⁰ S. SONDEREGGER, *Landwirtschaftliche Entwicklung in der spätmittelalterlichen Nordostschweiz*, cit., pp. 262-266.

⁴¹ A. ZWAHLEN, *Die wirtschaftliche Entwicklung der Schoretshueb*, cit.

⁴² S. SONDEREGGER, *Landwirtschaftliche Entwicklung in der spätmittelalterlichen Nordostschweiz*, cit., pp. 221-228.

from elsewhere. Specifically, it meant obtaining meat and cereals from the regions specialising in animal husbandry and crop farming, respectively. The “specialised” rural areas were therefore in a situation of interdependence. And the hospital, anchored as it was both in the town and – though its estates – in the countryside, played a significant role in organising the exchange, often effected in the form of barter. How this worked will be shown in the following.

Organising exchange of products

The hospital organised the exchange of goods between the various agrarian zones by purchasing products from “its” farmers either in exchange for cash or for farming produce they lacked. The most common form was barter. Throughout the year, the hospital as landlord supplied wine farmers with necessities such as cereals, meat and dung. These supplies were recorded in the debt records (*Schuldbücher*) kept for each farmer, with entries detailing the goods, their cash value and the date of delivery. On the credit side, the amount of wine delivered to the hospital and its monetary value were recorded. It was a form of credit and delivery transaction serving the daily needs of end consumers and maintaining a cashless trade relationship, in which credit positions created by a supply of goods were compensated by supplies in the opposite direction.⁴³ The hospital in St. Gallen itself or its branches maintained in the surrounding countryside served as venues for the barter trade. Transportation of the goods involved was in parts also organised by the hospital. This is an example of an internal supply and distribution system of an urban, non-clerical feudal landlord and its tenant farmers in rural surroundings. It also stands as a separate factor besides the role – often highlighted in historical studies – of a town market as the economic hub linking towns and their hinterland,⁴⁴ demonstrating that trading activities were not exclusively restricted to towns and their markets. In fact, it raises the question of how important markets – urban and local ones – were in actual fact in the overall exchange of goods. Especially as one mustn’t forget that there was also exchange from one farmer to another, although the volume of this cannot be estimated due to the lack of records.⁴⁵ These aspects deserve greater attention in the related research.

Urban landlord presence in the countryside

A special feature of the St. Gallen hospital was its strong presence in the rural areas. In its branches located in the region’s larger settlements, it was usually represented by an administrator or a mandated representative from the local population.⁴⁶ One can assume that these branches⁴⁷ also served as venues where local farmers could deliver their dues in

⁴³ H.-J. GILOMEN, *Die ökonomischen Grundlagen des Kredits und die christlich-jüdische Konkurrenz im Spätmittelalter*, in *Ein Thema - zwei Perspektiven. Juden und Christen in Mittelalter und Frühneuzeit*, E. BRUGGER, B. WIEDL eds., Innsbruck 2007, pp. 139-169, 146.

⁴⁴ W. RÖSENER, *Stadt-Land-Beziehungen im Mittelalter*, in *Dorf und Stadt. Ihre Beziehungen vom Mittelalter bis zur Gegenwart*, ed. C. ZIMMERMANN, Frankfurt a. M. 2001, pp. 35-66, 47.

⁴⁵ A. Zangger observed the same phenomenon in the southern part of the Canton of Zurich (*Zürcher Oberland*) with different agricultural production structures in a spatially limited area. Cf. S. SONDEREGGER, A. ZANGGER, *Zur Deckung des bäuerlichen Konsumbedarfs in der Ostschweiz im Spätmittelalter*, in *Geschichte der Konsumgesellschaft, Märkte, Kultur und Identität (15.-20. Jahrhundert)*, J. TANNER, B. VEYRASSAT, J. MATHIEU, H. SIEGRIST, R. WECKER eds., Zurich 1998, pp. 15-34, 31.

⁴⁶ Regarding the delegation of seigneurial responsibilities cf. for example S. TEUSCHER, *Erzähltes Recht. Lokale Herrschaft, Verschriftlichung und Traditionsbildung im Spätmittelalter*, Frankfurt a. Main 2007, pp. 114 et seq.

⁴⁷ A house in Altstätten belonging to the hospital is mentioned in the *Rebbrief* of 1471 (J. GÖLDI, *Der Hof Bernang. st. gallische Gemeindearchive (Urkundensammlung)*, St. Gallen 1897, p. 102), a house in Berneck in the

the form of products or conduct some barter trade, and where the corresponding accounts were kept. Such local representation ensured direct contact between the feudal landlord and the tenant farmers throughout the year and thus direct participation in the agricultural affairs by the hospital. As the records show, this applied down to the level of individual farms. In wine farming, for example, the division of tasks between landlord and tenant farmer were regulated by means of contracts.⁴⁸ As a rule, half of the wine harvest went in rent to the hospital, and each party to the contract bore a share of the costs for material, transport, maintenance of the vines, and wages for farm workers and helpers during the harvest season. Overall, care was taken to ensure a fair sharing of responsibilities and the financial burden. This form of cooperation, as it was in the interest of both parties, also fostered the expansion of wine farming.

The hospital also acted as intermediary for direct barter transactions between farmers. It would, for instance, instruct farmers working in the animal husbandry area to deliver dung or vine support poles to farmers in the wine-growing region. This represented part of the hospital's contractually guaranteed contribution to the maintenance of the vines. Moreover, it involved no payment by the recipient to the supplier. Instead, such direct deliveries were recorded in the books of the hospital in the form of credit to the supplier and debit to the recipient. Such transactions were not linked to any market or outside institution, but represented barter trades between two specialised agricultural zones negotiated by the landlord.

Investments made in farm land and buildings also give evidence of the hospital's direct interest and involvement in agricultural affairs. Whereas the tenants were responsible for the day-to-day farm work, the landlord supported renovation and expansion either by reducing the amount of dues in exchange for work performed or by paying compensation for expenses incurred. Book-keeping entries speak of interest payment reductions granted to farmers for work done towards the upkeep of the farm. There were also credits entered for renovation expenses incurred after a hospital representative had inspected the outcome.⁴⁹ This shows that the hospital management obtained first-hand evidence of the results of the building investments in collaboration with the tenant farmers. Here, too, the detailed interest the hospital took down to the level of individual farms reflects the importance of agricultural affairs for its financing. The construction of new farm buildings and renovation work were therefore in the interest of the landlord, since they served to maintain and to increase the value of its assets. So the hospital encouraged tenants to take the initiative in this respect. On the occasion of a tenant change, the hospital would compensate the departing farmer for independently performed construction work. This practice was underpinned by contractual agreements regarding compensation in the event of a change in tenancy. In some cases, they stipulated that a committee in which both parties were represented should work out how much the departing farmer was to receive from the hospital as indemnity for the work and money invested.⁵⁰ The latter's interest in

Pfennigsinsbuch 1442-1444 (SASTG, *Spitalarchiv*, A,3, fol. 112v). According to A. ZWAHLEN, *Die wirtschaftliche Entwicklung der Schöretsbuch*, cit., pp. 20 et. seq., Schloss Oberberg to the west of St. Gallen was also an administrative centre of the hospital and a place where dues were remitted.

⁴⁸ S. SONDEREGGER, *Der Rebbrief von 1471 - eine wichtige Quelle zum Weinbau im St. Galler Rheintal. Kommentar und Neuedition*, in *Wirtschaft und Herrschaft. Beiträge zur ländlichen Gesellschaft in der östlichen Schweiz (1200-1800)*, R. SABLONIER, TH. MEIER eds., Zurich 1999, pp. 43-53. The legal form of letting (semi-lease) in wine farming shows similarities to the "mezzadria" in Tuscany; cf. S. A. EPSTEIN, *An Economic and Social History of Later Medieval Europe 1000-1500*, Cambridge 2009, S. 59f.

⁴⁹ SASTG, *Spitalarchiv*, A,3, fol. 51r. Further examples: SASTG, A,3, fol. 44r: "Dedit 1 Pfund Denaren an ain Schopf zuo zimbren Nicolay 1442.", fol. 56r: "Dedit 1 Pfund 8 Schilling Denaren verzimbert er uff dem Hof Cuonradi 1442."

⁵⁰ SASTG, *Spitalarchiv*, A,3, fol. 67r.

ongoing renovation and construction work is further evidenced by the fact that it was possible for tenants to pay their dues not only in the regular form, but also by provision of building materials, by catering for waged construction workers and by building and upkeep work performed.⁵¹

Long-term stability through entailment and fostering of relationships

The long-term stability in the tenancy system was conducive to a relationship of trust between the hospital and its tenant farmers. The most widespread legal agreement between the hospital as landlord and the farmer as tenant concerned the entailment of the farm – meaning that it would pass from the tenant to his direct descendants. Thus the hospital let its farmland to the farmers and their family for an unlimited term against the payment of dues. As a result, farms would usually remain in the hands of the same families for decades. So circumstances remained constant, the parties knew who they were dealing with over a long period of time, and the foreseeable succession by a younger generation brought little upheaval. Representatives of the two parties were personally acquainted over years. This often led to the sort of trust exemplified by the case of a farmer who, upon paying his dues, declared that he still owed the hospital 17 shillings that had been forgotten.⁵²

The custom of negotiating the exact amount of annual dues owed, based on past figures as well as taking into account current circumstances, is further proof of a basically good relationship. Evidence for this can be found particularly in the records regarding tithes. Grain tithes are a form of dues usually owed as a fixed percentage of the harvest yield.⁵³ Tithes charged and paid in the 1440s, however, reveal a more differentiated picture. Similar to rents, an amount was fixed, but a bandwidth for upward or downward revision was allowed. Evidence for this can be found in the debt ledgers (*Schuldbücher*), which contain entries such as “The tithe normally amounts to...” or to the effect that a tithe can be higher one year and lower another.⁵⁴ So the contractually arranged dues, especially in the case of tithes, seem to have been more like a benchmark⁵⁵ than a precise figure. The amounts actually due were often determined after a personal meeting had taken place at which matters were discussed such as the extent to which the available land was actually cultivated and how good or bad the harvest was or would potentially be. Both parties presented their case. It could occur that a farmer’s request for dues to be foregone was registered.⁵⁶ This did not amount to an unwillingness to pay on the part of the farmer, but an acknowledgement by the landlord that the farmer had solid reasons for requesting a reconsidered solution. Such reasons could be manifold. One argument by farmers occasionally cited was that a certain portion of the farmland had not been used,⁵⁷ which was obviously within their rights to decide and was accepted by the landlord. Such a conciliatory

⁵¹ Examples are credits to farmers granted by the hospital for “*Holzschindeln machen*” (making wood shingles) or for “*Most den Zimmerleuten*” (providing carpenters with apple juice and/or cider) (SASTG, *Spitalarchiv*, A,3, fol. 65r and A,3, fol. 72r). In certain instances, neighbourly cooperation among farmers with the unpaid participation of hospital staff can be identified (*Ibid.*, iv, A,3, fol. 82r and 99r).

⁵² SASTG, *Spitalarchiv*, A,3, fol. 14r.

⁵³ CH. KÖPPEL, *Von der Äbtissin zu den gnädigen Herren. Untersuchungen zu Wirtschaft und Verwaltung der Fraumünsterabtei und des späteren Fraumünsteramts in Zürich 1418-1549*, Zürich 1991.

⁵⁴ SASTG, *Spitalarchiv*, A,3, fol. 27r.

⁵⁵ *Ibid.*, A,3, fol. 32v, “git ettwenn” (= gives approximately).

⁵⁶ *Ibid.*, A,3, fol. 105r.

⁵⁷ *Ibid.*, A,3, fol. 32r (“Der Zehend uff Voelis Huob git de anno 1443 nit me denn 10 Mut Korn, won (= weil) es was ain tail nit gebuwen.”) and 105r (“Er spricht, er soell es nit gen, in der Brach.”).

attitude is also reflected in numerous cases where rent in the form of crops was reduced by the landlord because bad weather had led to lower yields.⁵⁸ By and large, the records reveal a picture of consensual relationships between the hospital and its tenant farmers.

Besides the hospital's countryside presence in the form of branches and the system of entailment ensuring bonds with tenant families spanning more than one generation, it was the hospital's highly developed system of written administration enabling constant monitoring of dues paid and dues still outstanding that contributed to the increasing commercialisation of the region's agriculture.⁵⁹

A further consequence of agricultural specialisation: tenant farmers' economic and financial dependency on the hospital

The above-mentioned aspects highlighting the general consensus in the relationship between the hospital as landlord and its rural tenants should not lead to the impression that this represented a harmonious form of cooperation between equals. In its relationship with the tenant farmers, the hospital also built on constriction and controls.

This shows a typical feature of secular feudal land ownership in the 15th century compared with ecclesiastic land ownership in the region. The hospital made extensive use of written records in the conduct of its business, both in legal and administrative matters. On the legal side, the rights and obligations of tenants were meticulously recorded in charters upon the granting of a lease, with specific mention of the annual rents and the tax on change of ownership if property was sold. The records also included methods of mediation in the case of conflicts and forms of punishment if the tenant farmers failed to pay their rents or to keep their farmstead in a good state. There were also extensive records specifying the division of risks and loss between the hospital and its farmers in the case of bad harvests. Such detailed legal regulations were highly unusual for their time. In comparison to the hospital, the charters kept at St. Gallen's Benedictine monastery, recording land leases during the same period, were far less detailed.⁶⁰ On the administrative side, the hospital also maintained extensive records, especially ledgers specifying its tenant farmers' rent payments and debts, as well as general book-keeping providing an overview of business affairs.⁶¹

The rural population was not only legally tied to its feudal master, but more and more dependent in economic terms, too. This is most clearly visible in the fundamental problem that became increasingly acute with the rising degree of commercialisation in agriculture, the

⁵⁸ S. SONDEREGGER, "...der Zins ist abgelon..." *Aushandeln von Schadensteilungen zwischen Grundherren und Bauern in schwierigen Zeiten der Landwirtschaft*, in *Umweltgeschichte in der Region*, R. KIESSLING, W. SCHEFFKNECHT eds., Konstanz 2012 (Forum Suevicum 9), pp. 139-157.

⁵⁹ This is typical for a secular landlord. In contrast to the hospital, numerous ecclesiastical landlords - among them the monastery of St. Gallen - kept only rudimentary accounts and administrative records. Cf. A. ZANGGER, *Zur Verwaltung der St. Galler Klosterherrschaft unter Abt Ulrich Rösch*, in *Ulrich Rösch. St. Galler Fürst und Landesherr. Beiträge zu seinem Wirken und seiner Zeit*, ed. W. VOGLER, St. Gallen 1987, pp. 151-178.

⁶⁰ On this aspect S. SONDEREGGER, *Vom Nutzen der Bearbeitung einer regionalen Urkundenedition. Dargestellt am Chartularium Sangallense*, in *Regionale Urkundenbücher. Die Vorträge der 12. Tagung der Commission internationale de diplomatique*, T. KÖLZER, W. ROSNER, R. ZEHETMAYER eds., St. Pölten 2010, pp. 102-105.

⁶¹ Cf. in this connection the comprehensive records in the archives at the Stadtarchiv der Ortsbürgergemeinde St. Gallen: SASTG, *Spitalarchiv*, A, 3 bis A, 204 (Pfnennigzinsbücher des Spitals von 1442 bis 1872); *Spitalarchiv*, B, 1 bis B, 370 (Jahrrechnungen des Spitals von 1444 bis 1849), *Spitalarchiv*, C, 1 bis C, 97 (Schuldbücher des Spitals von 1434 bis 1869).

problem of indebtedness.⁶² Farmers working with livestock were often burdened by high debts. As cattle traders, they were dependent on substantial loans from the hospital, which involved a high level of risk.⁶³ The hospital as creditor demanded collateral in the form of movable and immovable property. If the interest on the loans could not be paid, debtors faced the threat of property being seized or auctioned off. And loss of the farmstead meant the loss of a farmer's livelihood.

Indebtedness in the case of wine farmers was different in nature. Unlike livestock farmers, they did not need high, one-off loans. The debts of wine farmers were made up of numerous small loans in kind or in cash which accumulated owing to the farmers' specialisation and therefore dependency on supplies of staple foods. No records of seizures or auctions exist in their case. However, to conclude that wine farmers' burden of debt was therefore less severe would be misleading. In both cases, indebtedness formed part of the relationship structure between the hospital and the farmers.

Ongoing indebtedness made farmers economically dependent on and bound to their landlord. This can be seen most clearly in the case of wine farming. In accordance with agreements made,⁶⁴ wine farmers were obliged to pay off the loans they had received in the course of the year – both money and goods – with the wine they produced. This tied the producers to the provider of their loans and ensured the hospital a regular supply of wine and, through the sale of this wine, the highest profit achievable through agriculture at the time. Thus the hospital had a clear business interest in intensifying wine farming.

In addition, wine farmers were also of interest to the hospital as buyers of goods. Since wine producers were, through their specialisation, forced to neglect other forms of agriculture, they became increasingly dependent on others for their own supplies of cereals and meat, which they obtained through the hospital's self-run supply and distribution system. This trade in cereals and meat added to the hospital's income.

The ties were thus both feudal and economic. Farmers were tenants and at the same time tied to the hospital through constraints in the choice, production and marketing of their products as well as in matters of subsistence. The question remains whether the hospital – and economically active landlords of the late Middle Ages in general – actively promoted such economic dependency in order to strengthen their seigniorial position.⁶⁵

SUMMARY

The urban hospital in St. Gallen (Switzerland) was founded in 1228. In the 15th century, it served the urban community not only as a hospital in the modern sense, but also as an abode for old and helpless people and for orphans. The town estate comprised twelve multi-storey buildings, and the hospital was proprietor of extensive land in the regional surroundings. By international standards, this put it in the category of large hospitals. Given

⁶² For basics in this connection cf. H.-J. GILOMEN, *Das Motiv der bäuerlichen Verschuldung in den Bauernunruhen an der Wende zur Neuzeit*, in *Spannungen und Widersprüche. Gedenkschrift für Frantisek Graus*, S. BURGHARTZ, H.-J. GILOMEN, G. P. MARCHAL eds., Sigmaringen 1992, pp. 173-189; and IDEM, *L'endettement paysan et la question du crédit dans les pays d'Empire au Moyen Âge*, in *Endettement paysan et crédit rural dans l'Europe médiévale et moderne*, ed. M. BERTHE, Toulouse 1998, pp. 99-137.

⁶³ Livestock farming and cattle trade were risky business requiring considerable capital. Cf. the detailed account of M. FENSKE, *Marktkultur in der Frühen Neuzeit. Wirtschaft, Macht und Unterhaltung auf einem städtischen Jahr- und Viehmarkt*, Köln-Weimar-Wien 2006.

⁶⁴ S. SONDEREGGER, *Der Rebbrief von 1471*, cit., p. 51.

⁶⁵ J. DEMADE, *Grundrente, Jahreszyklus und monetarisierte Zirkulation. Zur Funktionsweise des spätmittelalterlichen Feudalismus*, in "Historische Anthropologie, Kultur, Gesellschaft, Alltag", 17, 2009, pp. 222-244.

the size of the institution and the broad scope of social welfare it was responsible for, its financial needs were considerable. The hospital, which was legally and administratively under the control of the town council, was therefore forced to draw on all possible resources to maximise its income and keep costs at a manageable level.

Since the middle of the 15th century, there are clear indications of the hospital's will to reduce costs. Savings potential was realised by tightening criteria for admittance and by assigning work to residents in order to lower the pay costs for external workers.

The most important economic factor for the hospital was its real estate, which it constantly sought to expand by means of donations, endowments, inheritance and acquisitions. In the 15th century, the hospital owned a large amount of land in the regions around St. Gallen that was cultivated by local farmers against the remittance of dues. This form of commercial agriculture was the institution's main source of revenue. The agricultural produce – cereals, wine, meat and dairy products – served for its own food supply and also as commercial goods to be sold both in the town and in the countryside. Thus the hospital catered not only for its own residents, but also played a major role in supplying staple foods to the inhabitants of St. Gallen and the surrounding regions. The hospital ran its agricultural business on a profit-oriented basis. This is most evident in the domain of wine farming, where profits from the sale of wine were more than doubled during the second half of the 15th century. The hospital's strategic aim was to boost wine and livestock farming, whereby it fostered specialisation in the rural regions under its influence. By the middle of the 15th century, there were three distinct, mutually complementary agricultural zones in the countryside around St. Gallen. A pre-existing basic division of productional focus was built on and intensified. In other words, crop, livestock and wine farming were each promoted in those regions that had long placed an emphasis on the form of production in question. The process involved was dynamic and self-enhancing. The more one zone became mono-productive, the more dependent it became on imports from the neighbouring zones specialising in what it lacked. The development thus resulted in a division of labour and mutual inter-dependence. The necessary exchange of products between the zones was organised by the hospital, which thereby created an internal supply and distribution system for its tenant farmers that ultimately enabled them to concentrate on the production of either wine or livestock at the expense of crops. The exchange was largely carried out in the form of barter trade. Farmers would obtain a regular supply of staple goods throughout the year in exchange for the agricultural produce the hospital required. Supplies to the farmers and deliveries by them were recorded in debt ledgers as debits and credits respectively. This made the hospital a hub of local and regional economic exchange. Its everyday relations with its tenant farmers was marked by cooperation at various levels, which was based on stable tenancy structures often spanning several generations on the one hand, but also on the landlord institution's strong presence in the countryside and its active involvement in the farming business.

The often markedly consensual day-to-day dealings between the two parties must not obscure the fact that the farmers were dependent on their feudal master in more than one way, a dependency that was reinforced by the hospital's role as a commercial centre. The farmers were not only bound to the hospital by the feudal system that obliged them to pay regular dues. They also depended on the hospital for supplies of basic foodstuff they were unable to produce themselves, especially in the case of wine and livestock farmers. These were charged to them in the form of debt. The situation became even more oppressive when financial loans were involved. Thus the feudal bonds were supplemented by economic

ties. Such multi-layered dependency ultimately served the purposes of the hospital, enabling it to enforce its economic interests – the financing of its operations and, in addition, the provision of a steady supply of staple food and wine to its home town.