

CHARITY AND WELCOME AT THE MONASTERY

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Summary

The early medieval coenobitic tradition, starting from the ancient monastic rules, has developed a discipline on the practice of charity, which reflects social conditions and mentality proper to its time. The precept of love towards the others is also distinguished in the care for the sick in need of assistance, the guests who arrive at the monastery and the poor knocking at its door or wanderers asking to be housed.

The Benedictine rule says that the guest is accepted by the prior or brothers with all charity and they pray together; the distribution of bread, food, wine and the assignment of a bed are contemplated. It is an evangelical command of monastic life.

According to the Regula Benedicti handed down by Ildemaro of Corbie the hospitale pauperum is directed by the eleemosinarius monk, while the hospitale nobilium looks like lodgings in which to host the patrons of the Abbey, high prelates or influential characters, with whom the monks establishes useful public relations.

The structure of the hospital of Santa Giulia, historically and archaeologically studied through unpublished documents, was wide and fit for this task. It included a central claustrum overlooked by the palacium or main building, equipped with court-distributed accommodations, the church dedicated to San Remigio, the domus consisting of accommodations, the curia communis and many other service sites.

The nuns, sometimes assisted by a reatrix hospitalis, performed their service into institutionalized charity in a hospital that was the largest and most important in Brescia, until the middle XV century.

The aim of the research is to analyse the functions and interconnections with social and political life in a diachronic way, but also to show an example of institutionalized medieval charity.

Key words: *charity, hospitality, monastic hospital, poor, pilgrims.*

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The early medieval coenobitic tradition, starting from the ancient monastic rules, has developed a discipline on the practice of charity, which reflects social conditions and mentality proper to its time. In order to deepen the topic there are numerous contributions, among which the one by Michael Mollat about the history of poverty from the Middle Ages to the 16th century¹ and the one by Joachim Wollash on alms in the medieval monastic tradition². According to the *Regula Benedicti*, charity, interpreting the Gospel command, is the basis of monastic life, at all times; it is expressed in the love for God and Christ, for the abbot, for confreres, from the oldest to the youngest, who must always maintain the zeal described in chapter LXXII³.

The precept of love towards the others is also distinguished in the care for the sick in need of assistance, the guests who arrive at the monastery and the poor knocking at its door or wanderers asking to be housed. The presence of guests «*qui numquam desunt monasterio*» is not at all episodic or marginal in the Benedictine experience (RB, LIII); they must be received as if they were Christ, especially pilgrims and the most disadvantaged ones, «*quia in ipsis magis Christus suscipitur*». For this reason, the cellarer, who is the administrator of monastic property, as the rule specifies, has to take care above all that «*Infirmorum, infantum, hospitem pauperumque cum omni sollicitudine curam gerat (cellerarius)*» (RB, XXXI)⁴,

¹ *Études sur l'histoire de la pauvreté (Moyen Âge-XVI^e siècle)*, sous la direction de Michel Mollat, Université de Paris IV, Paris, 1974 (Publications de la Sorbonne. Études, 8/1-2).

² Joachim Wollasch, «*Eleemosynarius*». *Eine Skizze*, in *Sprache und Recht. Beiträge zur Kulturgeschichte des Mittelalters. Festschrift für Ruth Schmidt-Wiegand zum 60. Geburtstag*, Walter De Gruyter, Berlin-New York, 1986, p. 972-995.

³ *Benedicti Regula* (= RB), c. 72, ed. Rudolf Hanslik, Vindobonae, 1975 (Corpus scriptorum ecclesiasticorum latinorum, 75), p. 162-163.

⁴ Even the *Regula Magistri* prescribes: «*Cellerarius elemosynam faciat cum iussu abbatis. [...] Omni petenti te tribue et item da, ne cui non dederis ipse sit Christus*». *Regula Magistri*, c. 16,37, ed. Adalbert de Vogüé, Cerf, Paris, 1964 (Sources chrétiennes, 106), p. 79.

subject on which Giuliana Albini dwelt⁵. The monastic institutions, in this sense, played a leading role in accordance with the dictates of the Gospel. It follows, as Father Jean Lequerq wrote, that the monastic order appeared for a long period as a hospital order, not only because of the action taken on behalf of pilgrims and the poor -hospitality and charity-, but also thanks to the motivations (*pro remedio animae suae*, donations, control of the territory), that brought kings and gentlemen to equip their monastic foundations with adequate means⁶.

To meet these needs, rooms for the dispossessed, sick and wanderers were created by the *coenobia*, as well as next to parishes and churches, in order to practice the duties of Christian charity. A share of the tithes, that is the sacramental taxes that weighed on each diocesan ecclesiastical district, was aimed at this purpose. Giorgio Picasso's studies clearly show the relationship between abbeys and their charitable function, furthermore he highlights an inversely proportional relationship between the size and importance of the hospital and the control exercised by the monastery: the greater the development of the *hospitium* was so to become a well-organized structure, the looser the bond with the monastic complex was, as it occurred in the hospital of Santa Giulia of Brescia. Anyway, the poor and needy, guests and pilgrims never disappeared from the horizon of monastic life⁷.

For the Lombard town of Brescia, except for Antonio Mariella's work⁸, there is not a monograph on *hospitalia* as a whole, but there are scattered contributions and various notes on numerous charitable and welfare foundations. From these it is possible to identify various elements, such as their number, types, relations with urban and extra-urban structures, functions, receptive capacity in relation to demographics and the capital solidity. Studying their relations with the town authority on one side and the local church on the other becomes essential to reconstruct the events in relation

⁵ Giuliana Albini, *Pauperes recreare. Accoglienza e aiuto ai poveri nelle comunità monastiche (secoli VI-XI)*, in *Living and dying in the cloister. Monastic life from the 5th to the 11th century*, edited by Gabriele Archetti, Miljenko Jurković, Brepols, Zagreb-Motovun, 2017 (*Hortus artium medievalium*», 23/1-2), p. 490-499.

⁶ Jean Leclercq, *Les paradoxes de l'économie monastique*, *Économie et humanisme*, IV (1945), p. 23-26.

⁷ Giorgio Picasso, *I monasteri e la tradizione della carità*, in *La carità a Milano nei secoli XII-XV*, edited by Maria Pia Alberzoni, Onorato Grassi, Jaca Book, Milano, 1989, p. 67-77.

⁸ Antonino Mariella, *Le origini degli ospedali bresciani*, *Commentari dell'Ateneo di Brescia*, Brescia, 1963.

to the history of a city or of a wider territory⁹, in particular for the medieval period.

The few pages dedicated by Cinzio Violante to charity half a century ago offer a first overview still valid in its reference lines¹⁰. As regards an analysis on the welfare and charitable forms implemented in the ecclesiastic field, the notes by Cosimo Damiano Fonseca and Giuliana Albini are useful¹¹, while, from the long-term local perspective, Antonio Fappani and Fausto Balestrini must be mentioned for the attention paid to the assisting and charity institutions¹². The historiographical picture is enriched with the contributions of Giuseppe Brunati, Luigi Fè d'Ostiani and Paolo Guerrini, while the work of the above-mentioned Mariella is more thorough, although limited to the city hospitals, being the first essay giving some kind of overview on medieval foundations. The documents analysed by the author provide a general, albeit sporadic, picture

⁹ Renata Crotti, *Il sistema caritativo-assistenziale nella Lombardia medievale. Il caso pavese*, Cardano, Pavia, 2002, p. 13-19.

¹⁰ Cinzio Violante, *La Chiesa bresciana nel medioevo*, in *Storia di Brescia*, I, Morcelliana, Brescia, 1963, p. 1100-1119.

¹¹ Cosimo Damiano Fonseca, *Forme assistenziali e strutture caritative della Chiesa nel medioevo*, in *Chiesa e società. Appunti per una storia delle diocesi lombarde*, edited by Adriano Caprioli, Antonio Rimoldi, Luciano Vaccaro, La Scuola, Brescia-Gazzada, 1986 (*Storia religiosa della Lombardia*, 1), p. 275-291; Giuliana Albini, *Città e ospedali nella Lombardia medievale*, Clueb, Bologna, 1993 (*Biblioteca di storia urbana*, 8); Eadem, *Carità e governo delle povertà (secoli XII-XV)*, Unicopli, Milano, 2002; Eadem, *Poveri e povertà nel Medioevo*, Carocci, Roma, 2016, p. 157-167; moreover, *Ospedali e città. L'Italia del centro-nord, XII-XVI secolo*, Atti del Convegno internazionale tenuto dall'Istituto degli Innocenti e Villa I. Tatti (Firenze, 27-28 aprile 1995), edited by Allen James Grieco, Lucia Sandri, The Harvard University Center for Italian Renaissance Studies, Firenze, 1997.

¹² Fausto Balestrini, Antonio Fappani, *La carità nel Bresciano. Uomini, iniziative e istituzioni nell'assistenza e beneficenza dalle origini ai nostri giorni*, Associazione don Peppino Tedeschi, Brescia, 1986; Fausto Balestrini, *Storia della carità*, in *Diocesi di Brescia*, edited by Adriano Caprioli, Antonio Rimoldi, Luciano Vaccaro, La Scuola, Brescia-Gazzada, 1992 (*Storia religiosa della Lombardia*, 3), p. 169-181. For other useful references, although now dated, Giuseppe Brunati, *Vita o gesta di Santi bresciani*, Tipografia Venturini, Brescia, 1854; Luigi Fè d'Ostiani, *Storia, tradizione e arte per le vie di Brescia*, Figli di Maria Immacolata, Brescia, 1927; Paolo Guerrini, *L'ospedale e la chiesa di S. Antonio Viennese a Brescia*, *Rivista di scienze storiche*, VI (1909), 1, p. 177-182; Idem, *Monasteri, conventi, ospitali e benefici semplici nella diocesi di Brescia*, *Brixia sacra*, 2 (1911), p. 324-340; Idem, *Diaconie, zenodochi e ospizi medioevali della città e del territorio bresciano*, *Memorie storiche della diocesi di Brescia*, 21 (1954), p. 1-58; Romolo Putelli, *Vita, storia ed arte nei secoli XII-XVIII*, 6 voll., Illustrazione camuna, Breno, 1936-1939; Luigi Falsina, *Santi e chiese nella diocesi di Brescia*, Queriniana, Brescia, 1969.

on the functioning and management of these charities having sometimes different origins and administration¹³.

In the church of Brescia of the first centuries, as Giovanna Forzatti Golia claims¹⁴, the bishop Gaudenzio, at the end of the 4th century, dwelt in his homilies on the need to exercise charity in favour of the poor and needy¹⁵, while the conciliar provisions of the early centuries prescribed that «in every city there had to be a separate place for pilgrims, orphans and poor, called *xenodochium*»¹⁶, which, inserted in a precise hierarchical territorial context, was an instrument through which Christian charity was realized¹⁷ and

¹³ Mariella, *Le origini degli ospedali bresciani*, p. 7-47.

¹⁴ Giovanna Forzatti Golia, L'ospitalità della Chiesa. Pievi e canoniche bresciane sulle vie dei pellegrini, *Brixia sacra. Memorie storiche della diocesi di Brescia*, VI (2001), 3-4, p. 33-68.

¹⁵ Balestrini, *Storia della carità*, p. 169; above all, Gabriele Archetti, Chiese battesimali, pievi e parrocchie. Organizzazione ecclesiastica e cura d'anime nel Medioevo, *Brixia Sacra. Memorie storiche della diocesi di Brescia*, V (2000), 4, p. 14-15; Idem, "Evangelium nuntiare". Chiese, impegno pastorale e forme di religiosità, in *A servizio del Vangelo. Il cammino storico dell'evangelizzazione a Brescia*, 1. *L'età antica e medievale*, edited by Giancarlo Andenna, La Scuola, Brescia, 2010, pp. 2226-227, 233-234.

¹⁶ Fonseca, *Forme assistenziali e strutture caritative*, p. 275; Renata Crotti Pasi, *La Chiesa pavese e l'assistenza*, in *Diocesi di Pavia*, edited by Adriano Caprioli, Antonio Rimoldi, Luciano Vaccaro, La Scuola, Brescia-Gazzada, 1995 (Storia religiosa della Lombardia, 11), p. 245-266.

¹⁷ The *xenodochia*, originally widespread in the East and mentioned by the Justinian codex, were meant to welcome strangers. In the West they are attested since the 6th century and are autonomous structures often annexed to churches and monasteries, generally intended for the hospitality of pilgrims and travelers, poor, sick, orphans and old people. The Benedictine rule prescribes that a place for guests and needy must not be lacking; these needs are also regulated by the Carolingian capitularies that refer to *xenodochia*, *hospitalia* and *domus*, whose attention also includes the *pauperes*. Thomas Szabó, *Xenodochi, ospedali e locande: forme di ospitalità ecclesiastica e commerciale nell'Italia del Medioevo (secoli VII-XIV)*, in Idem, *Comuni e politica stradale in Toscana e in Italia nel Medioevo*, Clueb, Bologna, 1992, p. 285-319. For the study of bridge hospitals, located in strategic areas, see Thomas Szabó, *Costruzioni di ponti e di strade in Italia fra il IX e il XIV secolo. La trasformazione delle strutture organizzative*, in *Ars et ratio. Dalla torre di Babele al ponte di Rialto*, edited by Jean-Claude Maire Vigueur, Agostino Paravicini Bagliani, Sellerio, Palermo, 1990 (Prisma, 122), p. 73-91; Szabó, *Comuni e politica stradale*, p. 71-90. There are structures that resisted and grew over the years, the ones which insisted on nodal crossing points, that aroused interest not only on religious grounds, but in the transformation of the 12th century and acquired an economic function, as Giuseppe Sergi indicates, *Luoghi di strada nel Medioevo: fra il Po, il mare e le Alpi occidentali*, Scriptorium, Torino, 1996, p. 5-9.

also recognized by the Lombard society¹⁸. Bishop Ramperto, who led the diocese from 815 to 844, in order to reform the diocesan ecclesiastical institutions, once flourishing *loca* with *monasteria* and *xenodochia*, found himself operating on realities «*miserabiliter destituta*»¹⁹ that needed to be urgently renovated. Despite an apparently neglected situation, however, pilgrims found a system of welfare facilities in Lombardy, distributed at territorial level, with a long tradition, guaranteed both by the bishop's and parish foundations and by the monastic ones, scattered throughout the towns and the surroundings²⁰.

Considering the dictate of the Benedictine rule in chapter XXXVI, that states that «the assistance to be given to the sick must come before and above everything else, so that in them Christ is truly served»²¹, it can be noted that the *coenobia*, which, at least until

¹⁸ Giuliana Albini, *Ad pauperum defensionem. Interventi legislativi e pratiche di carità in età longobarda*, in *Teodolinda. I longobardi all'alba dell'Europa*, Atti del Secondo convegno internazionale di studi (Monza, Gazzada Schianno, Castelseprio-Torba, Cairate, 2-7 dicembre 2015), edited by Gabriele Archetti, Fondazione Cisam, Spoleto, 2018 (Centro studi longobardi. Convegni, 2), p. 321-360.

¹⁹ For a comparison, see Giuliana Albini, *Povertà e mendicizia nei Praeloquia di Raterio di Verona. Alcune riflessioni*, in *Colligere fragmenta. Studi in onore di Marcello Rotili per il suo 70° genetliaco*, edited by Gabriele Archetti, Nicola Busino, Paolo de Vingo, Carlo Ebanista, Fondazione Cisam, Spoleto, 2019 (Centro studi longobardi. Ricerche, 3), p. 641-657. It is likely that the monastery of San Faustino, endowed by bishop Ramperto of large assets has been an attached hospital since its foundation, compare Mariella, *Le origini degli ospedali bresciani*, p. 14; Gabriele Archetti, *Monasteri episcopali e cura delle anime: tre casi a confronto (secoli IX-XI)*, *Hortus artium medievalium*, 24 (2018), pp. 310-312; moreover, *San Faustino Maggiore di Brescia: il monastero della città*, Atti della giornata nazionale di studio (Brescia, Università Cattolica del Sacro Cuore, 11 febbraio 2005), edited by Gabriele Archetti, Angelo Baronio, Associazione per la storia della Chiesa bresciana, Brescia 2006 (Brixia sacra, XI, 1). More generally, Szabò, *Xenodochi, ospedali e locande*, p. 294; Hans Conrad Peyer, *Viaggiare nel medioevo. Dall'ospitalità alla locanda*, Laterza, Roma-Bari, 2000, p. 128 ss.

²⁰ Albini, *Città e ospedali nella Lombardia*; Marina Gazzini, *La Lombardia medioevale: forme, protagonisti e spazi dell'assistenza ospedaliera*, in *Il bene e il bello. I luoghi della cura. Cinquemila anni di storia*, Electa, Milano, 2000, p. 79-88.

²¹ Mario Galeazzi, *Il contributo dell'Ordine di S. Benedetto allo sviluppo della spedalità*, in *Atti del Primo congresso italiano di storia ospedaliera*, Reggio Emilia, 14-17 giugno 1956, Arcispedale di S. Maria Nuova, Reggio Emilia, 1957, p. 308-322; Lucia Gai, *I "Santi di Dio" e la carità organizzata. Accoglienza e assistenza di poveri, malati e pellegrini durante il medioevo*, in *L'ospitalità in Altopascio. Storia e funzioni di un grande centro ospitaliero. Il cibo, la medicina e il controllo della strada*, edited by Alessandra Cenci, Cassa di risparmio di Lucca, Altopascio, 1996, p. 58-82; Fonseca, *Forme assistenziali e strutture caritative*, p. 227; Picasso, *I monasteri e la tradizione della carità*, p. 67-77; *Atti del Primo congresso europeo di storia ospedaliera*, Centro italiano di storia ospedaliera, Reggio Emilia, 1962, p. 122; Cinzio Violante, *Ricerche sulle istituzioni ecclesiastiche*

the 12th century, had erected a hospital, provided for its management, appointed the manager (minister), received his obedience, accepted both brothers and sisters and lay sisters and brothers for the service of the needy, and also fixed the amount of goods necessary for its functioning and all the necessary²². Gradually from the 13th century, the protagonists of the assistance were not only monastic orders and churches²³, but also hospital orders, lay people and municipalities which adapted care facilities to the new needs of the socio-economic and environmental *habitat*²⁴. In particular, *xenodochium*, *hospitalis*, *domus*, *mansio*, *domus pontis* are some of the terms found in the XII-XIV centuries documentation to define the places of reception and shelter, without, however, indicating differentiated structures²⁵.

dell'Italia centro-settentrionale nel Medioevo, Accademia nazionale di scienze, lettere e arti, Palermo, 1986, p. 341.

- ²² On the extension of hospital facilities see Cosimo Damiano Fonseca, *Ospedale e habitat: l'evoluzione storica delle tipologie ospedaliere*, in *Ospedale e habitat*. Atti del convegno internazionale di studio (Arezzo, 6-8 marzo 1975), Fiara, Roma, 1975 (Quaderni di ospedali d'Italia, 4), p. 30-39. André Vauchez speaks about the 12th century of the "rebirth of charity", Idem, *La spiritualità dell'Occidente medievale. Secc. VIII-XII*, Vita e Pensiero, Milano, 1978, p. 132; *Comparsa e affermazione di una religiosità laica (XII secolo - inizio XIV secolo)*, in *Storia dell'Italia religiosa*, I. *L'Antichità e il Medioevo*, edited by André Vauchez, Laterza, Roma-Bari, 1993, p. 397-425.
- ²³ Michel Mollat, *I poveri nel Medioevo*, Laterza, Roma-Bari, 1982, p. 102-133; Ovidio Capitani nell'*Introduzione*, specialmente alle p. XX-XXV. On the importance that the canonical institutions had in the field of welfare, compare Emilio Nasalli Rocca, *Ospedali e canoniche regolari*, in *La vita comune del clero nei secoli XI e XII*, Atti della Settimana di studio: Mendola, settembre 1959, Milano, 1962, p. 16-25; Cosimo Damiano Fonseca, *Canoniche e ospedali*, in Atti del Primo Congresso Europeo, Centro italiano di storia ospedaliera, Reggio Emilia, 1962, p. 482-499. Annamaria Ambrosioni, *Gli arcivescovi e la carità nel secolo XII*, in *La carità a Milano nei secoli XII-XV*, p. 31-45; compare also Giuliana Albinì, *La riforma quattrocentesca degli ospedali nel Ducato di Milano, tra poteri laici ed ecclesiastici*, in *Povertà e innovazioni*, Il Mulino, Bologna, 2000, p. 95-109.
- ²⁴ Ludovico Antonio Muratori, *Antiquitates Italicae Medii Aevi*, III, Ex typographia Societatis Palatinae, Mediolani, 1742 (rist. anast., Bologna, 1965), *Dissertatio*, XXXVII, *De hospitalibus peregrinorum, infirmorum, infantium expositorum & c.*, coll. 553-606; Michel Mollat, *Complexité et ambiguïté des institutions hospitalières: les status d'hôpitaux (les modèles, leur diffusion et leur filiation)*, in *Timore e carità. I poveri nell'Italia moderna*. Atti del convegno (Cremona, 28-30 marzo 1980), edited by Giorgio Politi, Mario Rosa, Franco Della Peruta, Libreria del Convegno editrice, Cremona, 1982, p. 3-12. For the specific situation in Milan, see Annamaria Ambrosioni, *Gli arcivescovi e la carità nel secolo XII*, in *La carità a Milano nei secoli XII-XV*, p. 31-45; also Albinì, *Carità e governo delle povertà*, p. 95-109.
- ²⁵ Marina Gazzini, *Ospedali nell'Italia medievale*, *Reti medievali*, 13 (2012), p. 211-237.

With the passage of time, the combination of the terms charity-private-religious was replaced between the 13th and 14th centuries by the concepts of welfare-public-secular. This does not clarify, at diachronic level, the complexity of a development that was not linear at all; in fact, the medieval Italian town produced new experiments from the social and institutional point of view, so the problems connected with poverty were often perceived as issues concerning the society as a whole, expressing a sort of "civic religiosity"²⁶. Any individual welfare action that did not pass through an institution was somewhat diminished, while the work involving associative or institutional levels found even more ideological and planning support by the church, the municipality, the town and the lord. The progressive multiplication within the towns of hospitals with the most different origins and religious connotations and fraternities that managed charity and assistance to the poor went hand in hand with a reflection on the issues of poverty and assistance.

The oldest example of charity and hospitality built in Brescia was the hospital of Santa Giulia²⁷. According to Virginio Tamburini it would be dating back to the 9th century, if taking into account the dedication and the will of the nun Gisla in 877; instead for Gaetano Panazza, this would be due to a misunderstanding between Gisla's legal act and Angilberga's will (she was Ludovic II's wife) in favour of a *coenobium* in Piacenza, with annexed a hospital with twenty-

²⁶ Vera Zamagni, *Povert  e innovazioni istituzionali in Italia. Dal Medioevo ad oggi*, Il Mulino, Bologna 2000, p. 77-94; for the example in Brescia, see Gabriele Archetti, *Potere pubblico e carit : l'hospitale Magnum a Brescia*, in *La regola e lo spazio. Potere politico e insediamenti cittadini di ordini religiosi*, Atti delle seconde Giornate di studi medievali. Laboratorio di storia monastica dell'Italia settentrionale (Castiglione delle Stiviere, 27-29 settembre 2002), edited by Renata Salvarani, Giancarlo Andenna, Marietti, Brescia, 2004 (Studi e documenti, 2), pp. 137-160.

²⁷ The methodological indications proposed by Cinzio Violante are still significant. Cinzio Violante, *Lo studio dei documenti privati per la storia medioevale fino al XII secolo*, in *Fonti medioevali e problematica storiografica*, Atti del congresso internazionale tenuto in occasione del 90° anniversario della Fondazione dell'Istituto Storico Italiano (1883-1973), Roma, 22-27 ottobre 1973, I. *Relazioni*, Istituto storico italiano per il medio evo, Roma, 1976, p. 69-147. For historiography compare Giovanni Spinelli, *La storiografia sul monastero nell'et  moderna e contemporanea*, in *S. Giulia di Brescia: archeologia, arte, storia di un monastero regio dai Longobardi al Barbarossa*, Atti del convegno edited by Clara Stella, Gerardo Brentegani, Grafo, Brescia, 1992, p. 21-38; Gabriele Archetti, *Il monachesimo bresciano nella storiografia di fine secolo*, in *Dove va la storiografia monastica in Europa? Temi e metodi di ricerca per lo studio della vita monastica e regolare in et  medievale alle soglie del terzo millennio*, Atti del convegno internazionale (Brescia-Rodengo, 23-25 marzo 2000), edited by Giancarlo Andenna, Vita e pensiero, Milano, 2001, pp. 457-471.

four beds²⁸ recorded in the same year. Later Maria Bettelli Bergamaschi established that the comparison between the bishopric *xenodochium* of Peresindo and Santa Giulia was made on a strongly interpolated and probably false document (it is a *charta securitatis et promissionis* of 761)²⁹. Lastly, Gianmarco Cossandi objected that the *xenodochium* of Peresindo, mentioned in the *charta securitatis*, was to be placed by the church of San Michele and it should not be identified with the one founded by Gisla next to the monastery³⁰. However, both archaeological surveys and the late medieval location of the toponym *Sanoloco*, that is *xenodochium*, near the Julian hospital and the church of San Remigio, despite the problem of the Early Medieval documents mentioned before, allow us to reasonably identify the location of the monastic guesthouse near the one attested from the 12th century onwards and coinciding with the *hospitales Sancte Julie*³¹.

²⁸ Virginio Tamburini, *La beneficenza in Brescia*, in *Brixia*, Apollonio, Brescia, 1882, p. 54. Mariella, *Le origini degli ospedali bresciani*, p. 9, he reports not having found the document; Gaetano Panazza, *Brescia e il suo territorio da Teodorico a Carlo Magno*, in *I Longobardi e la Lombardia. Saggi*, Milano, Azzimonti, Milano, 1978, p. 25; Maria Bettelli Bergamaschi, *Seta e colori nell'alto Medioevo: il sircum del monastero bresciano di S. Salvatore*, Cisalpino, Bologna, 1994, p. 9-29.

²⁹ Bettelli Bergamaschi, *Seta e colori nell'alto Medioevo*, p. 9-19. For the aqueduct see also Gian Pietro Brogiolo, *Brescia. S. Giulia*, in *Notiziario della Soprintendenza archeologica della Lombardia*, Soprintendenza per i Beni Archeologici della Lombardia, Milano, 1987, p. 118; Idem, A proposito dell'organizzazione urbana nell'alto medioevo, *Archeologia medievale*, 14 (1987), p. 36; moreover, Gaetano Panazza, *La documentazione storica del complesso architettonico*, in *S. Salvatore di Brescia. Materiali per un museo*, II. *Contributi per la storia del monastero e proposte per un uso culturale dell'area storica di S. Giulia*, Grafo, Brescia, 1978, p. 22 ss.

³⁰ For the edition compare *Codex Diplomaticus Langobardiae*, edited by Luigi Porro Lambertenghi, e Regio Typographeo, Augustae Taurinorum, 1873, n. 24, coll. 47-48; repeated in Gianmarco Cossandi, *Le carte del monastero di San Salvatore e Santa Giulia di Brescia*, I. (759-1170), Fondazione Cisam, Spoleto, 2020 (Fonti storico giuridiche. Documenti, 4), p. 39-40.

³¹ For these aspects, reference is made to Carlo Zani, *Lo xenodochio di S. Giulia*, in *S. Giulia di Brescia*, p. 245-251; Gian Pietro Brogiolo, *Brescia altomedievale. Urbanistica ed edilizia dal IV al IX secolo*, Società archeologica, Padova, 1993 (Documenti di archeologia, 2), p. 108-110, 113; Gabriele Archetti, *Per la storia di S. Giulia nel Medioevo. Note storiche in margine ad alcune pubblicazioni recenti*, *Brixia sacra. Memorie storiche della diocesi di Brescia*, V (2000), 1-2, p. 32-33, 44; Idem, *Pellegrini e ospitalità nel medioevo. Dalla storiografia locale all'ospedale di Santa Giulia di Brescia*, in *Lungo le strade della fede. Pellegrini e pellegrinaggio nel Bresciano*, Atti della giornata di studio (Brescia, 16 dicembre 2000), edited by Gabriele Archetti, Associazione per la storia della Chiesa bresciana, Brescia, 2001, p. 69-129.

As regards the institution, Mariella reported the existence of parchments related to tents and arguments relevant to the hospital, but they were generally independent from the ones belonging to the monastery; this shows that not only the structures were physically separated, but also differentiated from an administrative point of view³². Then Ezio Barbieri reconstructed the consistency of Santa Giulia's archive before its dismemberment³³, from which studies have been made as regards functioning, hospitality and management of the charity in the hospital of Santa Giulia, confirmed by the registers published by Rosa Zilioli Faden³⁴, on which Gabriele Archetti worked, showing the relevance of the Early medieval monastic reception and of the hospital complex of Brescia in the context of Carolingian monasticism³⁵. Aspects taken up for the late Middle Ages by Elena Mazzetti, with reference to economic and administrative matters³⁶.

These surveys confirm the centrality of the *xenodochia* and *hospitalia*, favoured by the laws of the church and, in the Julian case, of a reality directly managed over time by nuns or by specially dedicated people related to the *coenobium*. Therefore, the comment on the rule of the French reformer Ildemaro of Corbie is particularly interesting in this context, especially for those aspects related to charity and hospitality, which, in the context of the Royal and Imperial Abbey of San Salvatore - Santa Giulia in Brescia, seem to take on exemplary character³⁷. Ildemaro arrived in Brescia around 840 following up the request of bishop Ramperto, to start the reform of the urban monastery of San Faustino; from here he retired to the

³² Mariella, *Le origini degli ospedali bresciani*, p. 8.

³³ Ezio Barbieri, *Indagini di storia monastica in Lombardia e a Brescia: il problema delle fonti pergamenacee*, in *Dove va la storiografia*, p. 249-257.

³⁴ Rosa Zilioli Faden, *Le pergamene del monastero di S. Giulia di Brescia ora di proprietà Bettoni-Lechi, 1043-1590, Regesti*, Fratelli Geroldi, Brescia, 1984.

³⁵ Archetti, *Per la storia di S. Giulia nel Medioevo*, p. 31-32; Idem, *Pellegrini e ospitalità nel medioevo*, p. 69-129.

³⁶ Elena Mazzetti, Note sull'amministrazione dell'Ospedale di S. Giulia di Brescia (ms. queriniano O.V.7), *Annali Queriniani*, IV (2003), p. 303-320; Eadem, *L'ospedale di Santa Giulia di Brescia. Vicende e patrimonio tra XIII e XV secolo*, Starrylink, Brescia, 2006.

³⁷ Gabriele Archetti, *Ildemaro a Brescia e la pedagogia monastica nel commento alla Regola*, in *San Faustino Maggiore di Brescia*, p. 113-179; Pius Engelberg, *Status quaestionis circa la tradizione del commento di Ildemaro*, in *Il monachesimo italiano dall'età longobarda all'età ottoniana (secc. VIII-X)*, Atti del VII Convegno di studi storici sull'Italia benedettina, Nonantola (Modena), 10-13 settembre 2003, edited by Giovanni Spinelli, Centro storico benedettino italiano, Cesena, 2006 (*Italia benedettina. Studi e documenti di storia monastica*, 27), pp. 47-66.

coenobium of Civate al Monte, where, around 845, he dictated the *Expositio Regulae*, a comment on the Benedictine rule that became the textbook of Carolingian monasticism³⁸.

This text reflects the evolution of the Benedictine observance after the reform of Aachen (816-817), at the time of Benedict of Aniane and Adalard, but it has very different characteristics from those of Smaragdo's *Expositio in regulam sancti Benedicti* - the first official comment composed shortly after 816 - because its structure is closer to customary texts, full of references to the concrete ways in which the rule was lived and interpreted in various monasteries (Corbie, Saint Gallo, Richenau, San Faustino in Brescia, Leno, Civate or Bobbio) during the Carolingian age, if compared to a uniformity of the rule that was taking hold as a result of the reform³⁹.

In Ildemaro's commentary charity, that is one of the duties of the monks, stands out. In fact, in the *Expositio regulae ab Ildemaro tradita* at chapter XXXVI it is quoted: «*Libera nobis erat intelligentia quod in omni paupere Christus esuriens pasceretur, sitiens potaretur, hospes induceretur in tectum, nudus vestiretur, infirmus visitaretur*»⁴⁰. Further on, it is made clear that these good actions, starting from those made to the youngest brothers, were made as to Christ himself. Saint Benedict confirms that «first of all and above all it is necessary to take care of the sick»; both terms "first of all" and "above all" are very significant, because they indicate the urgency and, at the same time, the will to offer a service to the weakest and most miserable. The obligation of the Benedictine rule lies in these terms, and it is expressed in the *humanitas* and in the *caritas* that is the care of the sick and the weakest. So, it explains that «*Ante omnia et super omnia, vult Sanctus Benedictus, ut antequam cetera, cura infirmorum fiat, cum majore dilectione et diligentia atque studio, quam cetera. Istud ante omnia et super omnia attinet ad domum, ad focum, ad victum atque potum et cibum et omnia necessaria infirmorum*»⁴¹.

A little further, at chapter LIII of the rule, Ildemaro says that «*Omnes supervenientes hospites tamquam Christus suscipiantur*» ("all

³⁸ *Vita et Regula SS. Benedicti una cum Expositione regulae*, III. *Expositio regulae ab Ildemaro tradita et nunc primum typis mandata*, Pustet, Ratisbonae, Neo-Eboraci et Cincinnatii, 1880 (= Ildemaro); Archetti, *Pellegrini e ospitalità nel medioevo*, p. 69-129.

³⁹ Smaragdi abbatis *Expositio in Regulam s. Benedicti*, ed. Alfred Spannagel, Pius Engelbert, Apud Franciscum Schmitt, Siegburg, 1974 (*Corpus consuetudinum monasticarum*, VIII); Archetti, *Ildemaro a Brescia*, p. 121-123.

⁴⁰ Ildemaro, p. 404.

⁴¹ Ildemaro, cap. 36, p. 404.

guests arriving at the monastery must be welcomed like Christ")⁴². All means *everybody*, without distinction of social class, economic condition or origin. The reception in the *coenobia* of the time was intended in that way. If in ancient times it was possible and practicable to welcome all pilgrims, however, when only a few knocked on the monastery's doors, later such a habit had become difficult to practice - Ildemaro observes - because of the high number of pilgrims and poor, who arrived at *coenobia*. He even claimed that if in those days Saint Benedict had still been alive, he would have shut down the monastery door, because of too many guests and insufficient financial resources to accommodate them all⁴³. In this spiritual climate, the foundation of the *xenodochium* of Santa Giulia and the adjoining chapel dedicated to San Remigio were planned.

Of course, we have to remember the gospel precepts that «every time you have done these things to one of my littlest brothers, you have done the same to me» (Mt 25,31-46)⁴⁴ and also «charity is patient, benign, it is not envious, it does not swell, it does not seek its interest, it endures everything» (1 Cor 13,4-7), as well as «through charity be at the service of one another» (Gal 5,13). Considering charity towards the poor, it is necessary to remember the precept «you will love the stranger as yourself» (Lv 19,34), but also «you won't close your hand in front of your needy brother» (Dt 15,7-11) or «help the oppressed» (Is 1,17), «always have the poor with you» (Gv 12,8), «by working you have to help the weak» (At 20,35) and, finally, «they pray us to remember the poor» (Gal 2,10). Christ himself said «I was a guest and you welcomed me» (Mt 25,35): on these bases all the *coenobia* were committed to receiving the pilgrims. There were anyway guests of different kinds; in fact, the reception was not the same for everyone, there was a distinction based on social background, status and role. The rich were not to be treated like the poor, because that would not honour the monastery, in addition to causing derision for practices reserved to the noble, thus, the washing of the feet, the beans or simple foods did not suit the wealthy, to whom uplifting readings, refined foods and plenty of water to bathe were reserved. So, the guest was to be received according to the specific quality of the person, but Saint Benedict was against it, if it meant discrimination, because he stated that everyone should be given the same honour and above all a prompt care had to be given to pilgrims especially to the poor. The monks

⁴² Ildemaro, cap. 53, p. 501.

⁴³ Ildemaro, cap. 53, p. 501.

⁴⁴ Ildemaro, cap. 53, p. 501-502.

were required to do charity works to enter the kingdom of heaven, so each guest was to be welcomed and the poor preferred to the rich.

The rule reminds that the guest, once announced, was received by the prior or by the confreres with every charity service, being it both spiritual and material; humanity was realized in corporal ones, including the handing out of bread, wine, food, a shelter and a warm bed. The abbot had to pray together with the guests, entertain them, stop fasting and pour water for ablution in their hands; moreover, as all his congregation, he was obliged to wash the guests' feet. The reception differed then in the case of bishops, priests, canons or laity; always different according to the person⁴⁵.

Christ was prayed by the guests, who arrived at or left the monastery, after tilting their head or prostrating the whole body to the ground; the abbot received the guests according to a strict code of conduct, which required a different level of prostration depending on the rank of the guests. Kings, bishops, abbots were to be welcomed prostrated on the ground following the example of the prophet Natan, who greeted King David in the same way; while when a monk met a queen, he was not obliged to greet her prostrating himself, but only kneeling on the ground or lowering his head. Moreover, the greeting prostrated on the ground was reserved for their own abbot; towards the confreres, priests and other monks it was enough simply to lower the head⁴⁶.

These forms of ceremonial reverence were also carried out in the *hospitale nobilium* of Santa Giulia, place chosen to receive high-ranking guests, starting from the Royal court and the great officials of the empire, counts or dukes, often welcomed at the abbey⁴⁷. It was a building separated from the women's monastery, but close to it, built around a *claustrum* or central courtyard overlooked by the *palacium* or main residential building, equipped with accommodation distributed at court, the church dedicated to San Remigio, the *domus* consisting of housing facilities distributed at court, the *curia communis* in which the fountain and numerous other service rooms, such as the kitchens, warehouses and the stables, were located⁴⁸. If the first *xenodochia* were «buildings typologically not distinguishable» from the churches and monasteries to which they were connected, in the Julian case it was a rectangular *domus* of

⁴⁵ Ildemaro, cap. 53, p. 502.

⁴⁶ Ildemaro, cap. 53, p. 505.

⁴⁷ Archetti, *Pellegrini e ospitalità nel medioevo*, p. 92.

⁴⁸ Zani, *Lo xenodochio di S. Giulia*, p. 245-251; Archetti, *Pellegrini e ospitalità nel medioevo*, p. 105-106.

about 220 square meters, organized according to the “hall” model and renovated in the Romanesque style of the *palacium* at the end of the 12th century, articulated on two floors, with an east-facing façade, towards the monastery and the streets that made it easy to access⁴⁹.

At the beginning of the 13th century the hospital was operating thanks to a community of lay brothers and sisters, headed by a superior nun called «*prelata hospitalis*», mistress, rectrix or administratrix, appointed directly by the abbess of Santa Giulia, in whose hands the *sorores* and the *fratres* promised their religious profession. The *domina hospitalis* reported to the abbess about the administration and functioning of the institution, she was among the guests at the banquet organized by the superior nun on Saint Stephen’s day together with the clerics of Saint Daniel in her *palacium*, while, on the occasion of the celebration of San Remigio, the nuns gathered together with the *sorores* to celebrate the office *ad hospitalem*, followed by a banquet offered to all the people present⁵⁰. The appointment of the *ministra* by the abbess took place with the consent of the majority of the hospital’s lay sisters and brothers, then the newly elected one knelt at the feet of the abbess and swore loyalty in her hands, ensuring integrity in the management of the hospital assets and the full compliance with monastic decisions; in return she got the keys with which to open and close the hospital doors; in her turn she received the promise of obedience of lay sisters and brothers, who recognized her as «*ministram et reatricem*».

During the years of absence, the abbess ran directly the hospital until the appointment of the *ministra* who, from that moment on, had full autonomy on the assets of the institution, provided that they were used for the poor; real estate disposals were forbidden, without the consent of the abbess⁵¹. This means that the actions had to be carried out for the hospital sake, whose economic and capital resources were managed by the *prelata* or *ministra*, sometimes with the expertise of lay brothers or collaborators. To have an idea of its size, just remember that between the 13th and 14th centuries the other town hospitals did not exceed three units, while

⁴⁹ Panazza, *La documentazione storica*, p. 22; Andrea Breda, *Via Piamarta 4. Scavo di un edificio medievale*, in *Notiziario della Soprintendenza Archeologica della Lombardia*, Soprintendenza Archeologica della Lombardia, Milano, 1990, p. 162-165.

⁵⁰ Brescia, Biblioteca Queriniana, ms. H.VI.11, ff. 26v, 28v, 33v, *Rituale del monastero* (a. 1438); ms. O.V.7, f. 42r (a. 1402).

⁵¹ Mazzetti, *L’ospedale di Santa Giulia di Brescia*, p. 34-47.

the Julian community was usually made up of more than ten members and could meet the needs of a hospital with at least fifty beds or maybe even more⁵², revealing a huge charitable effort, welcoming «*omnes supervenientes hospites tamquam Christus*» (RB 53,1).

The need of responding to requests of reception from clerics, monks or noblemen - without however subtracting the goods for the poor - urged the identification of other resources, which were found with the establishment on the “ninth”, a portion corresponding to the share of the same monastic income (this explains the presence in the documentation sometimes of the expression “ninth and tenth”)⁵³. Ildemaro explains that «of all what is brought to the monastery, that is gold, silver, copper, wood, wine, fruit, animals or something else, or everything that is manufactured in the monastery, the tenth part of those products has to be destined for the hospital of the poor, in order for them to be fed», instead, resources for the hospital of nobles had to be found elsewhere.

The *hospitale nobilium* was financed by the “ninth” part of the Julian incomes, while the *hospitale pauperum* was fed by the “tenth” part of the revenue; originally it had to be probably located in the opposite area of the *coenobium* (exactly to the south-east, at the urban gate of Sant 'Andrea, that allowed access to pilgrims arriving to town from the east)⁵⁴. Good management was fundamental and in general, according to Ildemaro, the *hospitale pauperum* was directed by the *eleemosinarius* monk⁵⁵, while the *hospitale nobilium* was coordinated by the *hospitalarius* with different styles of hospitality and rooms. The *hospitale nobilium* was coordinated by the *hospitalarius* with different styles of reception and places, as the name of monastic assignments indicates.

The *hospitale nobilium* more than a place of charity appeared as a hotel or a welcoming structure for the patrons of the abbey, high prelates and influential people, accompanied by their representatives, with whom the nuns established profitable “public relations”.

In 868 Ludovic II had entrusted the women’s monastery of Brescia to his wife Engilberga together with all the monasteries and *xenodochia* that depended on it⁵⁶; also, the king Burgred of

⁵² Archetti, *Pellegrini e ospitalità nel medioevo*, p. 110-111.

⁵³ RB 66,1-2; Archetti, *Pellegrini e pellegrinaggi*, p. 87.

⁵⁴ Archetti, *Pellegrini e pellegrinaggi*, p. 104.

⁵⁵ For the term *eleemosinarius* until the 12th century, Wollasch, «*Eleemosynarius*». *Eine Skizze*, p. 972-995.

⁵⁶ *Die Urkunden Ludwigs II.*, ed. Konrad Wanner, in *Monumenta Germaniae Historica, Diplomata Karolorum*, IV, Hiersemann Vaduz, München, 1994, p.

Mercia and his wife Aethelwith spent some time in San Salvatore as indicated by the *Liber vitae* and a stopover in Lombardy, and more specifically in Brescia, was an obligatory passage to continue the pilgrimage to Rome. The sons of the king of the Angles, Alfred and Aethelred, together with the French abbot Marcuard were also housed in the guest house or *hospitale nobilium*⁵⁷ in the monastery of Brescia.

Instead, the *hospitale pauperum* for the poor and pilgrims was situated in the eastern part, where monastic service rooms were located. The reception task was a competence of the cellarer, who, if necessary, could stop doing his normal duties, not neglecting his *hospitalitas* ones. During the busiest periods he was joined by other people, who took care of the welcome, continuing receiving bishops, abbots, counts and clerics, canons and monks from other communities. As regards the number of poor people and pilgrims, it was corresponding to that of available beds, whereas for the rich they also had to provide a place to their retinue, made of men and animals⁵⁸. The *hospitalarius* was the monk in charge of hospitality; if his workload was heavy, he was joined by two or three brothers; moreover, the service by the hospital was an obligatory passage for everyone aspiring to cloistered life, who had to spend at least two months in the *hospitum* cell and perform his service humbly⁵⁹. There, he was welcomed by the monk in charge and under his supervision he carried out the humblest works; after the probation period, he could make his entry into the monastery chapter. The time spent in the hospital was not supposed to be simple but it was an exercise both for the regular discipline and the charitable commitment; for example, the monk was not allowed to entertain the guests without the abbot's permission, «but if he met them or saw them, he had to greet them humbly and after asking for blessing, pass by» so not to get lost in pointless chatter⁶⁰. Finally, exceptions to the daily timetable were allowed for the abbot engaged in entertaining guests.

From the second half of 12th century the structures of *hospitale nobilium* underwent a deep institutional renewal, consistent

159-161.

⁵⁷ Archetti, *Pellegrini e pellegrinaggi*, p. 88-89; Janet Langhland Nelson, *Viaggiatori, pellegrini e vie commerciali*, in *Il futuro dei Longobardi. L'Italia e la costruzione dell'Europa di Carlo Magno. Saggi*, edited by Carlo Bertelli, Gian Pietro Brogiolo, Skira, Milano-Brescia, 2000, p. 163-171.

⁵⁸ Ildemaro, cap. 53, p. 507.

⁵⁹ Ildemaro, cap. 58,4, p. 553.

⁶⁰ Ildemaro, cap. 53,23-24, p. 501.

with the movements taking place in the urban society, with the development of the municipality and the functions dictated by the new social requests related to charity and poverty support. Thus, the Benedictine dictate was renewed, adapting it to the new needs, becoming a reference point in the social field until the end of the 15th century. This charitable-welfare institution able to «welcome, give, take care», became therefore a hospitalization centre for needy people, a place of distribution of alms and care, according to the “multifunction” criterion, dictated by the needs of the poor⁶¹ and by the civil engagement to the benefit of the population⁶².

The nuns carried out their service in charity, institutionalized in a hospital centre that was the largest and most important in Brescia until when the various hospitals existing in town were united and the Major hospital built. In this way, its nuns interpreted the dictate of the rule, offering their help to the needy, the poor and pilgrims. This hospital is still attested in 1561 in the register of the town sources, in a quotation which states that «a fountain that goes to the hospital of Santa Giulia and its opening is close to that hospital». It was by then the persistence of a toponym, dear to the collective memory, because it evoked an entity, which had been a point of reference and example of humanity. On 11th April 1615 the “hospital house”, next to the monastery, was rented to Claudio Franzini and the charitable structures of the nuns’ abbey changed their function and destination⁶³. A story got to an end, but not its Christian meaning and the 1641 surveying documents do not mention the hospital in any way, but they merely indicate the church of San Remigio and “other small houses” in Santa Giulia’s district, at a time when social welfare function was left to public structures of the town municipality.

⁶¹ Albini, *Città e ospedali nella Lombardia medioevale*, p. 19-62.

⁶² Irma Bonini Valetti, *La Chiesa dalle origini agli inizi del dominio veneziano: istituzioni e strutture*, in *Diocesi di Brescia*, p. 43-48.

⁶³ Brescia, Biblioteca Queriniana, ms. G.I.4, Giovanni Andrea Astezati, *Indice alfabetico storico-cronologico-perpetuo dell'archivio dell'insigne e real monastero novo di San Salvatore e Santa Giulia di Brescia della Congregazione Cassinese*, p. 224, at the note “Contrada di Santa Giulia, locazioni di case e di terre”, there is the last record of what was left of the hospital: a house, or better, a complex of rented facilities.

DOBROTVORNOST I GOSTOPRIMSTVO U SAMOSTAN

Sažetak

Rani srednjovjekovni cenobitski običaj, polazeći od drevnih samostanskih pravila, razvio je temelje na praksi milosrđa, koja odražava društvene prilike i mentalitet svojstven svome vremenu. Zapovijed ljubavi prema drugima ističe se i u brizi za bolesnike kojima je potrebna pomoć, goste koji dolaze u samostan i siromahe koji kucaju na vrata ili lualice koje traže smještaj.

Benediktinsko pravilo kaže da gosta prihvaća prior ili braća sa svim milosrđem, te s njima zajedno mole. Podjela kruha, hrane, vina i dodjela ležaja određuje se promišljeno. To je evanđeoska zapovijed monaškog života.

Prema Pravilu sv. Benedikta (*Regula Benedicti*) koje je predao Hildemar iz Corbija, *hospitale pauperum* vodi monah *eleemosynarius*, dok *hospitale nobilium* izgleda kao prenoćište u kojem se mogu smjestiti pokrovitelji opatije, visoki prelati ili utjecajne ličnosti, s kojima redovnici uspostavljaju korisne javne odnose.

Struktura bolnice Santa Giulia, povijesno i arheološki proučavana kroz neobjavljene dokumente, bila je široka i prikladna za ovaj zadatak. Uključivala je središnji *claustrum* nad kojim je bio *palacium* ili glavna zgrada, opremljena smještajima raspoređenim po dvoru, crkvu posvećenu San Remigiu, *domus* koji se sastojao od smještaja, *curia communis* i mnoge druge uslužne prostore. Monahinje, koje je ponekad potpomagala ravnateljica (*retrix hospitalis*), obavljale su svoju službu u dobrotvornoj ustanovi u bolnici koja je bila najveća i najvažnija u Bresciji, sve do sredine XV.

Cilj istraživanja je bio analizirati funkcije i međupovezanosti s društvenim i političkim životom na dijakroničan način, ali i pokazati primjer srednjovjekovne institucionalizirane dobrotvornosti.

Ključne riječi: dobrotvornost, gostoprimstvo, samostanska bolnica, siromasi, hodočasnici