Between St. Mark and St. Blaise: 
Late Medieval and Early Modern Dalmatian Hospitals

IRENA BENYOVSKY LATIN

Summary

This paper is an overview of the history of hospitals in the four largest cities – communes of the East Adriatic Coast – in Venetian Dalmatia and independent Dubrovnik (today’s Croatia). Hospitals of Venetian Dalmatia and of Dubrovnik were mostly founded in the thirteenth century, but soon their ways parted. And while in many aspects Dalmatian hospitals were similar to the hospitals in Venice (or towns under the rule of the Serenissima), they exhibit features determined by their geographical position and historical development. An entire network of hospitals was variously founded and administered by monastic orders, private benefactors, or the commune. Arguably the most prominent confraternities involved in hospitals in Dalmatia were those of Santo Spirito. The situation in Dubrovnik was different for the government represented by the Treasury which had control over the disposal of charitable trusts. Most Dalmatian hospitals were similar to almshouses and shelters and did not provide medical help. None of the hospital buildings survive, but the sources indicate that they were similar to Italian hospitals, if less opulent (most of the data is preserved in judicial documents, and testaments, and therefore many details remain unknowable).

Introduction

Recently medieval hospitals have been the subject of a significant amount of attention. The architecture, the social and gender composition of the patient’s body, the place of hospitals in medical practitioners’ careers and the

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1 I wish to thank Prof. John Henderson for his comments on earlier version of this paper.
continuous interaction between the religious and secular sphere, as well as
the activity of confraternities, have been extensively studied. The Italian city
hospital has come under the closest scrutiny, and studies of other Southern
and Western European countries have followed their example. However,
hospitals in countries east of Italy have remained a largely uncharted
territory, linked to the relative lack of primary sources and the inaccessibility
(or absence) of secondary literature.

This paper aims to fill this gap for at least part of the East Adriatic
Coast, by providing an overview of the history of hospitals in the four
largest city-communes of Venetian Dalmatia and independent Dubrovnik
in today’s Croatia. This study is a result of several years of research in the
State Archives in Zadar, Split and Dubrovnik, as well as in the Archbishop’s
Archives in Split and the Chapter’s archives in Trogir and Šibenik. Because
the documents of hospitals have not survived, I have had to reconstruct
their histories from confraternity records, apostolic visitations, testaments,
treasury records, legislative collections and other related sources. My aim
is to provide a chronological and geographical map, as well as to situate
the history of hospitals in their social context and to reveal the close links
between the political and the charitable spheres. Hospitals in Venetian
Dalmatia and in Dubrovnik were mostly founded in the thirteenth century,
but soon their ways parted. And while in many aspects they are similar to
the hospitals in Venice or towns under the rule of the Serenissima, they exhibit
features determined by their geographical position and historical
development.

Early beginnings

In the period between the seventh and the twelfth to thirteenth centuries
the Eastern Adriatic Coast saw massive population change. Croats, who had
arrived in the Eastern Adriatic Coast in the seventh and eighth centuries,
merged with the Roman population in urban settlements. Some cities continued to develop on the site of former Roman settlements – Iadera (Zadar - Zara) and Tragurium (Trogir - Traù), some were new – (Sebenico - Šibenik), and others were built in a new location, but followed the ancient civic tradition of a neighbouring town which was conquered by the Croats (Salona - Split, Spalato; Epidaurus – Dubrovnik, Ragusa). Dalmatian towns were much smaller than the towns on the other side of the Adriatic Sea. The smaller towns (such as Šibenik and Trogir) had around 2000 to 3000 inhabitants, and the larger (like Dubrovnik and Zadar) around 6000 to 8000 inhabitants.

From the start of the twelfth century to the beginning of the fifteenth century, except for a few brief periods, Dalmatian towns recognized the sovereignty of the Hungarian-Croatian kings, although they were subject to constant Venetian pressure from the sea. The privileges given by the kings provided free election of the bishop and city count. Croatian lords from the hinterland had considerable influence once they were appointed by Hungarian kings to control Dalmatian towns and in the thirteenth century to become counts of the communes. The thirteenth and Fourteenth centuries were a period of prosperity for Dalmatian cities when the urban population increased and the city space was reorganized. They were de facto independent of the Hungarian-Croatian kings.

The first hospitals appeared in precisely this period of accelerated urban growth and the emergence of a new culture. The complex social structure necessitated specialized solutions for different problems. Many aspects of urban life – economic, cultural, social and geographical – required the development of an institution to accommodate the marginalized, sick or poor. The foundation of hospitals was promoted by epidemics, but also by demographic expansion, urban growth, opening of new trade routes, and increase in travel. But besides the local context, in 1311/12, the church council in Vienne ordered that hospices for travellers and hospitals should be managed not only by clerics, but by lay people and that their work should be supervised by bishops.

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7 See Raukar, 1982a; See Raukar, 1982b.
9 Hubert, 1914.
In these first urban hospitals, ecclesiastical and secular spheres were tightly interwoven. In the largest Dalmatian commune of Zadar, the first known urban hospital, of St. Martin, was situated outside the city gates. It was founded in 1254 by Semitecolo, the abbot of the Benedictine abbey of St. Grisogono, who donated a house in the suburbs to the communal authorities to shelter the poor of the city. Even hospitals established by the laity often named a clerical order as hospital governors and administrators. For example, in 1296 the Zadar nobleman Cosa Saladin left a bequest for the foundation of a hospital for twelve poor men, and also ordered the building of a small friary for eight Franciscans, together with a church, pharmacy and a garden. Abbesses of the Benedictine monasteries of St. Mary and St. Nicholas governed the hospital of St. Bernardin, founded by a Zadar noble Luigi Matafari in 1303. It is not known what the life inside the hospitals was really like.

This ‘first wave’ of hospital foundations in the thirteenth and early fourteenth centuries did not affect the other cities of Dalmatia or Dubrovnik. There is no trace of hospitals inside the city walls – except for infirmaries inside Dominican and Franciscan friaries – nor any records of attempts to establish a hospital by the local nobility or by confraternities before the middle of the fourteenth century. Testaments of Dubrovnik citizens witness that as late as the 1340s the poor were sheltered in the Benedictine abbey on the island of Lokrum, near the city of Dubrovnik. Debates about the necessity for a communal hospital in Dubrovnik started in 1347 but the hospital was not founded until 1356. This hospital was later referred to as hospitale (hospedal) magnum or hospedal del comun.

**Going separate ways: Venetian Dalmatia**

The tumultuous fourteenth century saw Dalmatia bouncing back and forth between Venetian control and that of the Kingdom of Hungary and Croatia, to finally find itself in the early fifteenth century under Venetian rule. There it would remain until the Treaty of Campoformio and the fall

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11 Vatican Secret Archive: 80, ff. 93v-94.
12 State Archive in Dubrovnik, Opera pia, vol. 3, ff. 61-62, 70.
13 Tadić, 1939.
of Venice in 1797\textsuperscript{14}. Dubrovnik, by contrast, gained independence, which it would preserve until the arrival of Napoleon’s armies in 1806. Although these cities were superficially similar, the different political routes taken by Dubrovnik and Dalmatian cities in the fifteenth century affected all areas of life, including the history of hospitals. In the next sections I will examine the development of hospitals in four Dalmatian towns: Zadar, Split, Trogir and Šibenik.

**Zadar**

Table 1

In the late medieval period Zadar had around 8000 inhabitants. Zadar, the centre of Venetian Dalmatia and pioneer of hospital foundations on the Eastern Adriatic, had the most complex ‘hospital scene’, with municipal, confraternity, private and monastery-ran institutions. At the same time, it suffered the most from the whims of Venetian policy. St. Martin’s hospital in Zadar was the one which was established by the commune, and the only one which could receive bequests from testaments, according to the communal statute\textsuperscript{15}. Possibly the most important hospital of the late Middle Ages was the one founded by the nobleman Nicola Piciha in 1333. He donated the hospital to the Benedictine monastery of St. Nicholas, but in 1420 it was taken over by the Venetian magistracy, renamed as the hospital of St. Marco and set up as the city hospital. According to Italian historians Bianchi and Benvenuti, it had its own pharmacy; in 1427 it employed a physician as well, and could accommodate fifty inmates\textsuperscript{16}. On several occasions, it served as a military hospital.

Other hospitals included the one founded by the rich merchant and benefactor Grgur Mrjanich in 1452, governed by the confraternity of St.

\begin{itemize}
  \item \textsuperscript{14} After 1420 Venice kept the old legal and administrative systems of Dalmatian communes (city councils, statutes etc.) but the count of the town and the bishop were sent from Venice. Dalmatia was part of the Venetian territory on the East Adriatic coast (from Istria to Albania), called Colfo/Culphum, as the province from the island of Krk to the island of Korčula. The province was under the rule of Venetian officials (general captain, captains of the Culphum, syndics). The decisions of the Venetian government were executed in the same way in the whole area of the Stato da mar. The government was sending the counts, captains or providures (called rectores) to govern each Dalmatian commune, and they were subordinated directly to the doge; Benyovsky, 2003.
  \item \textsuperscript{15} Kolanović, Križman, 1997, L. III, c. 14.
  \item \textsuperscript{16} Bianchi, 1877; Benvenuti, 1944; Zjažič, 1959, pp. 124 e 518.
\end{itemize}
Jacob of Galizia. In his testament, Grgur Mrganich explicitly demanded that no cleric should ever be permitted to take any part in the hospital management. The hospital carried the name of the founder who secured its finances by bequeathing money and real estate, such as agricultural land and residential buildings. Then, in the sixteenth century, the military hospital was founded, which was to offer professional medical help in Zadar.

Split

Early medieval Split developed inside the palace of Diocletian, after refugees from ancient Salona had settled there and in the fifteenth century Split had around 5000 inhabitants, 4000 inside the walls and 1000 in the suburbs. A 1564 document mentions a hospital of Santo Spirito in Split (hospedal di San Spirito). While it had been in continuous existence from the fourteenth century is provided by the books of the Santo Spirito confraternity, which are, after the dissolution of the confraternity in 1985, kept in the Archbishop’s Archives in Split. The small collection of documents of the Santo Spirito confraternity includes an eighteenth century transcript that lists bequests to the confraternity and donations and credits of the confraternity to its members, starting from as early as 1304. That list witnesses a sudden surge of bequests in the second half of the fourteenth century: many legacies were bequeathed “for the construction of the church”. It is possible that the church, and possibly the entire complex of Santo Spirito, that is still in existence in the north-western part of the city of Split and includes the hospital building, was built at that time.

The lack of interest of the central authorities in Venice in the social

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17 See Jelić, 1960.
18 See Jelić, 1963.
19 The 16th century apostolic visitation gives information about St. Jacob, St. Bernardin and St. Donat hospitals.
20 It is interesting that among scholars, including the best-known historian of Split Grga Novak, the opinion prevailed that Split did not have a hospital in the Middle Ages. This opinion was based on a 1604 document in which the Major Council complained to the authorities in Venice that the city was too poor to support a hospital, or indeed any sort of shelter for the poor; see Novak, 1961, III, p.1533.
22 Archbishopric Archive in Split, Archive of the Santo Spirito Confraternity, fasc. 10.
problems of its overseas colonies is painfully felt in a letter found in the archive of the *Santo Spirito* confraternity of Split probably from early 1500\(^{23}\). It was written by the *fratelli* of the *Santo Spirito* confraternity to the city rector, a Venetian magistrate, with a plea to remove army troops that were stationed in the hospital, thus depriving the city of its only institution for the poor and costing the confraternity money. The hospital survived the crisis of the Venetian-Ottoman war; when Augustin Valier visited Split in 1579 he again found a hospital, ran by two *zupani* (*i capi dei procuratori*) and two *gastaldi*, all members of the confraternity.

During the Counter Reformation the Church endeavoured to recover and strengthen its control over various aspects of religious and everyday life including hospitals. Hospitals were also “sacred places” that carried out pious works and bishops sought to exercise jurisdiction over them\(^{24}\). The hospital of *Santo Spirito*, according to Valier, accepted poor men and women, blind, lame, old, sick and even travellers. Goods were distributed among the poor in proportion to their need. A chapter of the confraternity’s *Mariegola*, named *Termination*, describes the duties of the brethren towards the people in the hospital: they should provide them the Comfortable Works: giving them food and drink (wine, bread, figs); eating and drinking with the sick (*chome il nostro Signore chomanda che debiamo amar il nostro proximo chome nostri medesimi*); clothing them and giving them firewood and even money\(^{25}\). According to a bequest of Boncius Marola’s wife, every bed was provided with a servant (*una schiavina ad ogni letto d’ospitale*)\(^{26}\). Medical care was provided by the communal physician: in 1579, Split’s communal physician was a Jew from Calabria. Although Valier tried to persuade Venetian authorities that the physician should be a Christian, he was told that the commune was more than satisfied with the Calabrian\(^{27}\). Valier laid down that all the inmates had to be confessed before they entered the hospital, as body and soul were closely linked and the condition of one could affect the other. It was believed that the confession of a sick person would cleanse the soul of sins so that the patient would become more

\(^{23}\) Archbishopric Archive in Split. Archive of the Santo Spirito Confraternity, fasc. 12.
\(^{24}\) See Gentilcore, 1998.
\(^{25}\) Archbishopric Archive in Split. Archive of the Santo Spirito Confraternity, fasc. 8, fol. 146.
\(^{26}\) Archbishopric Archive in Split. Archive of the Santo Spirito Confraternity, fasc. 10, fol. 3’.
\(^{27}\) “Il medico di questa città condotto dal publico è un’hebreo, salvo il vero, Calabrese. Io ho fatto molte volte instanza con ma magnifica comunità che ritrovino un medico cristiano, ma pare, che essi si contentino di questo, il quale tuttavia averito da me non continua la terza volta a visitare gli infermi, seno sono confessati.”
acceptable in the eyes of the God\textsuperscript{28}. In return, the poor and the sick had to behave morally and piously within the hospital walls, especially women. Thus, the hospital served as a moral remedy for the poor and the sick.

\textit{Trogir}

Trogir had around 2000-3000 inhabitants in the late medieval period. Until the fourteenth century there were only small infirmaries within monasteries and friaries included in Benedictine female monasteries of St. Nicholas and St. Peter\textsuperscript{29} and the male Benedictine monastery of St. John the Baptist\textsuperscript{30}. The communal hospital of Trogir, dating from 1357, was governed and probably founded by the confraternity of \textit{Santo Spirito}, the most powerful association in the city\textsuperscript{31}. The brothers of the \textit{Santo Spirito} in Trogir had different occupations: fishermen, woodworkers, stone-carvers, shoe-makers, butchers, blacksmiths, jewellers, painters, soldiers etc.\textsuperscript{32}.

The fraternities of Trogir were almost all closed in 1365, after the commoners rebelled against king Louis of Anjou\textsuperscript{33}, but the \textit{Santo Spirito} fraternity survived and continued to have an important social role as a communal hospital\textsuperscript{34}. In 1398 the patrician Sobota family gave their house for the use of the confraternity and the hospital of \textit{Santo Spirito}. The house was newly built in the southwest corner of the town, near the new city walls and the small city gate, and it is obvious that the hospital property holdings were linked to the housing projects of patricians and the development of the city\textsuperscript{35}. The confraternity estates increased during the fourteenth century, when testators bequeathed substantial legacies after the plague\textsuperscript{36}.

\textsuperscript{28} The Fourth Lateran Council of 1215 excommunicated all medical practitioners who treated a patient who had not made a full confession. Pope Innocent III stated that because the Eucharist washed eternal sins, it was a \textit{medicina sacramentalis}; see Rawcliffe, 1999, p. 103.

\textsuperscript{29} Archive of the Croatian Academy of Arts and Sciences in Zagreb, Testamenta, ff. 20', 30-32, 36'.

\textsuperscript{30} See Fiskovic, 1973.

\textsuperscript{31} See Belas, 1938.

\textsuperscript{32} Pecarski, 1960, pp. 147-148.

\textsuperscript{33} Crfr. Rismondo, 1978.

\textsuperscript{34} Chapter Museum Trogir, \textit{Mariégola of Confraternity of Santo Spirito.}

\textsuperscript{35} See Diana, 2004.

\textsuperscript{36} Karbic Marija, Ladice Zoran, 2001, ‘Oporuke stanovnika grada Trogira u arhivu HAZU’ [Testaments of the Inhabitants of Trogir in the Archive of the Croatian Academy], \textit{Radovi Zavoda za povijesne znanosti HAZU u Zadru}, 43, pp. 161-254. After 1420, commoners were allowed to assemble in those confraternities, which led to their constant grow. By giving the commoners higher social status in society, Venice also minimized the patricians’ strength.
The property of the hospital reflected its economic importance, and the city’s fifteenth century statute ordered every citizen of Trogir to leave it at least 10 solidos in their wills.\footnote{Statute of Trogir, Reformationes, II, cc. 18, 19; Karbič and Ladić, 2001, pp. 180-192; Zadar Archive (DAZd), Viviano, III, ff. 35’, 36-37, 37’-38, 38’-39, 41’, 41’-42, 42-42’, 42’-43, 43’, 45-45’, 46-46’, 48-48’, 50’, 51-52, 92-92’ (1450). In 1475 the noblemen Nicholas Vitturi founded the new hospital in the suburbs of Trogir; and the apostolic visitation from 1579 mentions that 6 hospitals were founded inside the walls.}

\textit{The role of Santo Spirito hospitals in Trogir, Split and Šibenik}

Whether the rise of the \textit{Santo Spirito} confraternities and their charitable activities in Split and Trogir were connected to the effects of the Black Death of 1348 is unclear: on one hand, the number of the poor was decreased by massive mortality, and on the other, surviving widows, orphans and the sick were left in great need.\footnote{Henderson, 2006, p. 35.} It should also be noted that while in Italy and elsewhere the network of \textit{Santo Spirito} hospitals spread from twelve century on and was governed by the clerical order of \textit{Santo Spirito} hospitellers, in Dalmatia there are no records of its existence before the fourteenth century. In other countries the activities of \textit{Santo Spirito} confraternities concerning hospitals were subjected to the control of hospital-brothers, in Dalmatia the government of hospitals was probably lay. In the fifteenth and sixteenth centuries, the election of the \textit{gastaldus} (the confraternity official) in the \textit{Santo Spirito} hospitals of Split and Trogir had to be approved by the city authorities. The admission and care of hospital inmates also remained in the hands of brothers of the confraternity, in accordance with the trend observed in cities of the Venetian mainland (Treviso, Udine). Both hospitals were located on the margins of the cities, in an area unsuitable for settlement, especially as the central areas were already built.\footnote{See Palmer, 1999.}

There was also a confraternity of \textit{Santo Spirito} in Šibenik,\footnote{Stošić, 1928; Zelić, 2001.} but it did not found the hospital as there was one that of Our Lady \textit{de Castello} in the neighbourhood (\textit{in contrada Sancti Spiritus}). The Mariegola of the Santo Spirito of Šibenik from the fifteenth century is preserved in Šibenik Bishop’s...
Archive, and its regulations ordered that the help should be provided to the poor of St. Lazarus. In Šibenik, in 1403, the patricians Zanin Barbo and Dizman Dobrincich established leprosoria extra muros that served for poor men. Zanin Barbo ordered in his last will the foundation of the St. Mary hospital for poor old women. Both hospitals were governed by the same prior.

The urban setting of Dalmatian hospitals

The urban setting and architecture of hospitals in medieval towns depended on the type of donated property – whether it was private, communal, or religious – and on the characteristics of patients: their gender and social standing. Most hospitals in Dalmatian cities, in particular those founded by individual benefactors, were small and in converted private or religious buildings. Less frequently, for instance in the case of communal hospitals, founders provided a larger endowment and constructed larger, purpose-built houses. Keeping a hospital with more than a bed and some food required more money than the majority of hospital founders could provide. The key solution was the creation of a single central fund instead of numerous smaller ones. This mid-fifteenth movement spread southwards from northern Italy, westwards to Spain, Portugal and France, and eastwards to the Eastern Adriatic Coast.

The elite who ruled Dubrovnik had a free hand to control citizens and their organizations such as confraternities. This firm control was partly for political reasons – fear of a mutiny – and partly because the city was so small. Dalmatian cities, among which Zadar was the leader in the number and the early date of foundation of hospitals, could not partake in this trend as the real power lay in Venice, tended to adopt policies which suited itself. In the uncertain times of maritime wars between Venice and the Ottoman Empire in the Adriatic in the sixteenth and seventeenth centuries local hospitals in Dalmatian coastal towns were often turned into shelters and infirmaries for sick and wounded soldiers. Consequently, the first hospitals offering professional medical care in Venetian Dalmatia were military hospitals, but their scope was limited.

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43 Ivi, pp. 112, 123.
44 Škarica, 1976.
Hospitals in the independent city of Dubrovnik

Before 1358 Dubrovnik followed the pattern of general political Dalmatian development, but afterwards the city became an independent republic although initially recognizing the sovereignty of the Angevin king\textsuperscript{46}. Dubrovnik was an aristocratic city-state ruled by male patricians who were members of the Major Council (\textit{Consilium Maius}), and elected the members of the Minor Council (\textit{Consilium Minus}) or “the government”: the Senate (\textit{Consilium Rogatorum}) and the Rector (\textit{Rector}) was appointed for a one-month period to prevent the concentration of power in the hands of one person\textsuperscript{47}. In the Renaissance, Dubrovnik had around 9000 inhabitants – 6000 inside the walls and 3000 in the suburbs.

In Dubrovnik the property of hospitals was administered by the city government\textsuperscript{48}. The Treasury, probably established on the Venetian model, had already existed in the thirteenth century\textsuperscript{49}, and it managed private trust funds (\textit{in perpetuum}). These trust funds provided a considerable source of income for the state fund, the \textit{Opera Pia}. Furthermore, the Treasury’s high level of independence and authority extended not only over private benefactors and their pious bequests, but also over confraternities. Thus a confraternity could not be named as the executor of a will: one had to specifically designate a lay person or else the right of the executor would be passed to the office of Treasury\textsuperscript{50}. The control of government over the property and operations of religious institutions extended to the Church itself, because even the

\textsuperscript{46} Budak, 1997, p. 185.
\textsuperscript{47} Buklijaš and Benyovsky, 2004; Mosher Stuard, 1992; Rheubottom, 1994; Krekić, 1972. The interpretation of the Major Council as “the parliament”, Minor Council as “the government” and the \textit{Consilium Rogatorum} as the Senate should be taken with reserve because the jurisdiction of each of those bodies was not strictly designated. Janeković-Römer, 1999, p. 96.
\textsuperscript{48} In the 18th century, the Treasury of St. Mary extended its realm to the entire finances of the Republic of Dubrovnik, as explained in the (still) most detailed analysis of the Treasury, a book by Vojnović, 1896.
\textsuperscript{49} It was first mentioned in the Dubrovnik Statute of 1272; Janeković-Römer, 1999, p. 219; Nedeljković, 1984, p. 142.
\textsuperscript{50} Državni arhiv u Dubrovniku (State Archive in Dubrovnik), \textit{Opera Pia}, series 92, 106. \textit{Libro della Fondazione ed Istituti dell’Amministrazione dell’Opera Pie della Tesoreria. Ex Libro Viridi}, Cap. 326 (30 January 1441). Confraternities and other citizens’ organisations (fratiglie, scola, collegio, universitas) were not permitted in their congregations to act or to use insignia that resembled the rituals and imagery of the city councils, such as gathering at the sound of the bell, voting with ballots, etc. See also Janeković-Römer, 1999, pp. 264-265.
archbishop could not freely dispose of diocesan property. Instead this right was granted to the procurators of the Treasury with the approval of the Minor Council\(^{51}\).

There were several types of hospital in medieval Dubrovnik. Most of the early hospitals were charitable institutions, oriented more to cure the soul than the body. Except for specialized institutions such as the leprosarium or lazaretto, in most medieval documents we find the term hospital (\textit{hospitale, ospedale}), or infirmary (\textit{infirmaria}). Infirmaries were usually connected with monasteries or friaries and had a medical role. Hospital, however, was the term used for several related institutions – almshouses, hospices for travellers and pilgrims, and institutions for the care of the sick. I will now discuss the different types of hospitals in Dubrovnik.

\textit{Friars’ infirmaries}

Today Dubrovnik is still flanked by two stately friaries: the Franciscan friary near the western city gate and the Dominican near the eastern city gate. Both friaries as they were incorporated in the city walls were required to supply medical personnel in the event of the attack or siege of the city, and the wounded could be placed in the infirmaries. This never happened but the Franciscan hospital took care of victims of epidemics\(^{52}\). The first mention of a Franciscan infirmary was in 1346 in the testament of Stefano de Sorgo, who ordered the infirmary to be built measuring 6.6 meters long and 30 meters wide, and with 6 rooms and 2 fireplaces\(^{53}\). The Dominican friary also had an infirmary, which is mentioned in the testaments of the mid-fourteenth century\(^{54}\). For instance, the testament of the noblewoman Dechia, daughter

\(^{51}\) Buklijaš and Benyovsky, 2004; Vojnović, 1896, p. 4. It should be noted here that the government strongly opposed appointing members of local aristocracy to the archbishopric of Dubrovnik, because it feared that it would cause a shift in the power balance among noble families. Archbishops were foreigners without a foothold in the Dubrovnik society and thus easily controlled, via bishops, vicars and (lay) procurators, by the government.

\(^{52}\) Jeremić and Tadić, 1940, p. 185.

\(^{53}\) \textit{item vollo et ordino che se faça in lo loco deli frari menori casa I per infermi in la qual si debia spendere ypp. IIII C et debia esser alta palmi XVI et longa passi IX et debia auer camare VI et II camini [...]}, Dubrovnik State Archive, Testamenta, IV, 30. In the testament of 1357 patrician Dobra de Gamba ordered chapel of St. Benedict to be build near St. Francis. In 1465, rich endowment was left for the hospital of St. Francis, and the medical staff is mentioned as well; Bazala, 1972.

\(^{54}\) \textit{Testamentum Rade uxor de Marin de Gondola: Item ancora alli frari predicatori per lauorer della infirmaria [...] ypp. XX;} Jeremić and Tadić, 1940, p. 185.
of ser Andrea de Sorgo, left a bed and bedclothes for the sick in the infirmary of St. Dominic.\textsuperscript{55}

\textit{Hospicies for travellers and pilgrims}

Several of Dubrovnik's medieval hospitals were hospices for travellers and offered no medical assistance\textsuperscript{56}. One of the first almshouses was on the island of Lokrum, and from the mid-fourteenth century was attached to the Benedictine monastery and the church of St. Mary and St. Benedict\textsuperscript{57}. The city council arranged with the abbot in 1359 to accept as many poor people as possible\textsuperscript{58}. There was one outside the western city gate (\textit{ad Pillas}) established probably in the second half of the fourteenth century; after the foundling hospital inside the town was destroyed it served as the new \textit{Ospedale della Misericordia}\textsuperscript{59}.

\textit{Leper houses and lazarettos}

As a city open to travellers, Dubrovnik faced continuous exposure to epidemics of contagious diseases. The leper house in Dubrovnik, mentioned in the city’s statute of 1272 in the regulation on \textit{Leprosi in civitate et districtu}, was provided a site outside the walls for the sick\textsuperscript{60}. After the third Lateran Council of 1179 it was decreed that lepers should be buried apart from the healthy\textsuperscript{61}. The fear of disease increased after the Black Death and lepers were even more stigmatised as ‘polluted ones’, even though leprosy was gradually

\textsuperscript{55} [\ldots] Item lasso uno lecto del penna et I matara ço et II linçoli et I coperturo alli frar predicatori li qual li debia tener per infermi [\ldots]; Jeremić and Tadić, 1940, p. 185.

\textsuperscript{56} The hospital for travellers and merchants was first built in Sponza. In 1360 it was built near the port and in the building on the main street. In the 15th c. there is no mention of it, and probably one of the hospitals for the poor took its function. Later, this ‘hotel’ is mentioned in documents as \textit{hostium} or \textit{hosteria}, \textit{hostaria} and \textit{ostaria de Platea}, \textit{Monumenta Ragusina}, I, 219-220, 254, 266; II, 49, 69, 163, 165, 220, 237; Medini, 1935, pp. 158, 297.

\textsuperscript{57} Božić, 1973.

\textsuperscript{58} Mentioned by the chronicle which describes 15\textsuperscript{th} c. Dubrovnik by Philippe Diversis; see Janešković-Römer; Bazala, 1972, p. 23.

\textsuperscript{59} Bazala, 1972, p. 22.

\textsuperscript{60} Jeremić and Tadić, 1940, pp. 114, 185; Reformationes (Rogatorum), XXIX, f. 84'; II, vol. 31, f. 23'; XXXIII, f. 151.

\textsuperscript{61} Risse, 1999, p. 177.
disappearing from Europe. In 1398 the city council decided to build separate wells for the lepers\textsuperscript{62}, to ensure a steady supply of fresh water for the sick, and to separate their source of water from that used by the healthy. In 1410 it was ordered that no more than 20 lepers could live together in a single leper community, and the leper house was allowed to build one more storey\textsuperscript{63}. This type of leper community was typical for the period: self-regulating and located near the city walls.

Dubrovnik suffered from severe plague epidemics in the fourteenth century (in 1347/1348, 1371, 1374, 1391, and in 1397). The Black Death arrived in the territory of the Republic of Dubrovnik in December 1347, on the island of Šipan (Zuppana). In order to provide sanitary control of commercial traffic and incoming pilgrims, seaports constructed sites reserved for the reception of people and merchandise coming from regions suspected of pestilence. Men and goods were isolated during a gestational period after which they were granted permission to circulate freely in the city. Building an isolation centre assumes the existence of awareness of the connection between sanitary conditions of humans and goods and infection, the political will and solid financial means. People and goods were isolated on two islands in the vicinity of Cavtat (Mrkan and Bobara)\textsuperscript{64}. Thus Dubrovnik became the first city in Europe to organize a quarantine in 1377\textsuperscript{65}, and the first lazaretto was founded in 1397 on the island of Mljet (in insula Mercanna)\textsuperscript{66}. In the fifteenth century the Republic of Dubrovnik organized a special public health magistrate, and the officials (cazzamorti) organized the quarantine. In 1430 a new lazaretto was built close to the city – to the west, on the Danée peninsula\textsuperscript{67}. From 1590 a new permanent facility was gradually built outside the eastern city gate (Ploče) and this is the only building preserved today\textsuperscript{68}.

\textsuperscript{62} Dubrovnik State Archive, Reformationes, II, vol. 31, f. 23'.
\textsuperscript{63} Jeremić and Tadić, 1940, pp. 114; Dubrovnik State Archive, Reformationes, XXXIII, f. 151.
\textsuperscript{64} Beritie, 1956, pp. 15-83.
\textsuperscript{65} Venice set up a lazaretto on the island of Santa Maria six years later, as a consequence of the epidemic of 1399-1400; see also Grmek, 1980.
\textsuperscript{66} Nedeljković, 1984, p. 78.
\textsuperscript{67} Jeremić and Tadić, 1940, p. 112; State Archive in Dubrovnik, Maioris Consilio, XIII, f. 11; State Archive in Dubrovnik, Consilio Rogatorum, XXVI, ff. 66'-67.
\textsuperscript{68} In 1451 there was a hospital for the sick citizens of Dubrovnik who lived in Byzantine Empire. Such permanent buildings appeared in Europe from 1500. The lazaretto was finished around 1627 and it consisted of eight buildings for the accommodation and five big courtyards. It was near the port and the eastern city gate, where most of the merchants from the Levant were entering the town.
In spite of these measures, there were plague outbreaks in 1415, 1422, 1464, 1526 and 154069.

_Private hospitals and poorhouses_

Table 2

Most of the aforementioned hospitals founded in the late thirteenth century and the beginning of the fourteenth century, that is before the Black Death, provided temporary accommodation and were located in the suburbs of the city. During the late fourteenth and early fifteenth century numerous new hospitals were established. All of them were founded by private endowment of Dubrovnik noblemen; many left bequests in money or goods (such as blankets, clothes, furniture and food) to help sustain hospitals70. Some of them aimed to provide care for wealthier citizens and noblemen. All hospitals were established by Episcopal license, and were all attached to a church, tending to use burial and other facilities already available. As such, they were the focus of charitable giving in the area together with the church. In spite of that, noblemen retained control over hospitals, as in the case of other ecclesiastical and lay institutions in Dubrovnik. Although the private hospitals were very small, and easy to administer and control, the Treasury managed the finances of not only ‘public’ hospitals such as _Domus Christi_, but also hospitals established by private benefactors. This system protected hospitals from financial catastrophe because any money which arrived in the _Opera Pia_ fund was easily diverted to the institution in need. Furthermore, although hospitals were regarded by the religious authorities as a constituent part of the network of religious institutions, as seen in the records of the 1573 visitation71, they were fully controlled and administered by the city via municipally appointed procurators. Benefactors tried to achieve a continuous and stable endowment.

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69 Harris, 2006, p. 211.
70 Cohn, 1997, p. 43.
71 The first post-Tridentine visitation to Dubrovnik took place from the 8th October 1573 to the 26th April 1574. Pope Gregory III appointed Joannes Franciscus Sormano, bishop of Montefeltro, as the commissioner licensed to execute orders of the Council of Trent in the archbishopric of Dubrovnik. The first stop of Sormano’s tour was the cathedral and the diocesan clergy, followed by male and female monasteries and churches in and around Dubrovnik (especially those that were seats of confraternities), as well as lay institutions and persons that were in some way involved in religious affairs: physicians and surgeons, the notary of the archbishopric curia, booksellers, and the teacher of the local school. See Benyovsky and Buklijaš, 2005; see also Sopra, 2001.
As we can see from Graph II, there was a considerable increase in the number of new hospitals in the late fourteenth (such as the one founded by Jacob de Sorgo) and the first half of the fifteenth century (such as St. Peter founded by ser Marin de Bodacia in 1406 and St. Nicholas founded by Ser Johanis de Volzo in 1451). In some cases there is no surviving data on the year of foundation and the name of the founder (St. Peter and St. Stephen are first mentioned in 1406 and 1407; St. John in 1438, St. Jerome in 1450 and St. Thomas in 1462). They were all very small with the number of inmates up to 13. One of those 9 private hospitals St. Theodosius is mentioned only once – in 1544. Long and stable existence of some hospitals was not possible, as the benefactor could not ensure its existence in perpetuo. One exception was St. Theodore founded in 1543; it served as a sort of retirement house, and included some medical care. Women from the St. Lazarus confraternity who lived in St. Theodore received some funds from the confraternity, and the rest from the government.

In contrast to St. Theodore, which was established for noblewomen, the

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75 See Bazala, 1972.
76 Dubrovnik State Archive, Testamenta Notaria, XXXIXa.
77 State Archive in Dubrovnik. Testamenta, XXXIX, f. 184'-189. “Questo hospitale è della compagnia de sacerdoti como l’altro detto di sopra et in questo solamente si recetta le donne inferme le quale si governano dell’entrata della compagnia predetta et anche del l’elimosine che si racogliono nelle ghiese (!) quando si predica e di tutto se ne rasse conto nella visita della compagnia predetta.”; Visita apostolica, 879r. As papal legate in the 16th c. – Francisco Sormano described it, St Theodore women’s hospital for poor widowed or unmarried women predominantly from noble or respectable commoners’ families. In the 16th century Visitation, besides the City hospital, Sormano visited and described the women’s hospital of the priest confraternity in contrata sancti Stephani – in the 16th c it was a female counterpart to Domus Christi because it catered for sick women. The building was also destroyed in the earthquake of 1667, later it was reconstructed, but finally destroyed in a fire of 1782; Bazala, 1972, p. 26.
78 It had two storeys and 16 rooms. In 3 rooms, three “good women” lived who took care of the old women when they were sick.
papal legate Sormano described three women’s hospitals for the poor: St. John in contrata sancti Iohannis, hospital alle Pille (outside the city walls) and the hospital in the southern part of the town. The latter two provided only accommodation so the poor had to work for food. Sormano was reluctant to call the institution in contrata della Campana de Morti a hospitale and suggested that it was perhaps a *hospitium* (a house of shelter)\(^79\). In one testament from 1544 it was bequeathed *5 perperi alli cinque hospitali delle povere donne dentro in Ragusa*: St. Jacob, St. Nicholas, St. Peter, St. John and St. Stephen\(^80\). St. Thomas was mentioned in 1462 as “the new hospital across from St. Thomas” (a Benedictine nunnery – for noble women)\(^81\). The monastery was located near the city walls, and the hospital was incorporated in the monastery complex in 1508\(^82\).

Graph II shows that half of all Dubrovnik hospitals were located in the part of the town (*sextiera*) called Pustierna. At the time this part of the town was encircled by city walls and thus separated from the rest of the city. It was also the most private area, as most houses and palaces were private property which was not the case in the rest of the city. The architecture of hospitals in Dubrovnik is not easy to describe as there are almost no architectural sources and all our knowledge is based on the fragments of written documents, according to which most were small, simply constructed buildings, attached to a church. Some descriptions provide the data on the number of rooms and the inner organization of buildings. The changing economic and social circumstances of the later Middle Ages were reflected in considerable changes in the plan and design of hospitals.

As we can see from Graph II, the names of the founders are preserved together with the foundation document of the hospital. For the hospitals indicated by ‘first mention’, the name of the founder is unknown. The endowment of a hospital gave devout noblemen the opportunity to improve their spiritual condition: by purchasing indulgences, they could join the priests in their role to commend the living and remember the dead. In

\(^79\)Vatican Secret Archive. Congregazione Vescovi e Regolari, Visite apostoliche, ff. 886v-887r.
\(^80\)State Archive in Dubrovnik, Distributiones 1495-1499, f. 29. Testamenta de Notaria, f. 14, f. 105; Distributiones, 14, ff. 84-84v. It is always mentioned in a group of 5 other hospitals (only for women).
\(^81\)Dubrovnik State Archive, Consilio Rogatorum, XXX, f. 11v; Reformationes, XXXIV, f. 44; Distributiones, XIII, f. 102v.
\(^82\)Dubrovnik State Archive, Consilio Rogatorum, XXXI, f. 11v.
return the grateful poor provided perpetual commemorative prayers and masses for the founder and his family. Most of the hospitals were destroyed during the seventeenth century earthquake\textsuperscript{83}, but we can assume that they possessed images and altars, to provide the cure of the soul, as well as of the body. Usually, remains of founders were displayed in the hospital chapel, to inspire and remind the grateful prayers of the poor\textsuperscript{84}. Benefactors founded hospitals in their private houses often without an attempt to create a religious space for the liturgy.

In such a small city-state the growth of number and size of trusts for pious purposes called for the attention of the city authorities. We should keep in mind that Dubrovnik during its demographic peak in the sixteenth century with several thousand citizens and perhaps 25000 inhabitants in the entire territory of the Republic of Ragusa was no match to commercial competition from great Italian towns. The key for successful functioning of the city was strict centralization of resources. Following the Venetian model, in the fourteenth century Dubrovnik established the institution of procurators of properties of churches, monasteries and hospitals – city officials who governed funds of religious institutions. They were called \textit{thesaurarii Sanctae Mariae} (the Dubrovnik cathedral was devoted to Virgin Mary). However, while in Venice procurators were magistrates of flawless reputation who had completed careers of public service with liberty to manage funds, in Dubrovnik \textit{thesaurarii Sanctae Mariae} were chosen among still active, respectable patricians directly subordinated to the Minor Council to whom they had to report the exact amount of the endowed money\textsuperscript{85}. On 30\textsuperscript{th} January 1446, according to the \textit{Ordo pro declaratione ordinis pro beneficio Thesauraria}, the authorities forbade all lay associations (\textit{fratiglie, scuole, collegii}) to act as collective executors of testaments, under the threat of imprisonment. Instead, testators were ordered to nominate executors of the will, or the \textit{thesaurarii Sanctae Marie} were appointed as executors. In the preamble of the laws, it is clearly explained that the motivations of the office of \textit{thesaurarii} were both secular and religious: salvation of souls but moreover the benefit of the city of Ragusa and support of the poor and needy.

\textsuperscript{83} Beritić, 1956, pp. 15-83, 64, 78-79.
\textsuperscript{84} Rawcliffe, 2004, p. 25.
\textsuperscript{85} Although the enactment \textit{Ordo pro affictibus ecclesiarum, hospitalis communis et sancti Blasii vendendis} from February 27\textsuperscript{th} 1425 included only the communal hospital and four major city churches (St. Mary, St. Blaise, St. Lawrence and St. Peter and Andrew), it was certainly not the only way that the city endeavoured to control the money (source and use) bequeathed to pious causes.
Confraternity hospitals

The largest confraternities of Dubrovnik were those of St. Anthony and of St. Lazarus, and they were the only ones that founded and maintained hospitals. The *Antunini* had the *Spedal di Antulinij*, and the *Lazarini* built the church of St. Lazarus on the site of the former leper house, which was moved in 1463. As mentioned in the previous section, members of this confraternity had rooms for their sick in the hospital of St. Theodore. Finally, priests had their own confraternity of St. Peter, which maintained a house for old priests, first mentioned in the document of 1495, located near *voltas ecclesie Sancti Petri Maioris*. The city kept a watchful eye on confraternities as any uncontrolled grouping of citizens was a potential source of mutiny against the existing social order. Thus in the same legal decision it was ordered that confraternities could gather only according to the custom of Dubrovnik (*à son de Campana et a Bussoli*) indicating that the authorities were aware of all associations in the city.

Foundling hospitals

A kind of orphanage had existed since 1290 in the nunnery of St. Claire - for rejected and poor women and children, but it was not until 1432 that the specialized hospital for foundlings and orphans, *Ospedale della misericordia*, was established in a separate building. It mostly catered for abandoned...
illegitimate patricians’ children. The hospital was established in 1432 by the

*Ordo et provedimentum hospitalis pro creaturis que adjicenatur inhumaniter*\(^92\) recognising that:

\[
{\ldots}\text{considering what an abomination and inhumanity it is to cast out little}
{\ldots}
\]

human beings who, because of poverty or some other reason, are thrown out around the city like brute beasts without knowledge of their parents, for which reason they often die without the sacrament of baptism, or some other ill – and for reverence for Jesus\(^93\).

The act provided premises; the government donated the house that was located near the Franciscan friary. The old building had to be adapted for its new function: it was built on two storeys with an attic, a well in the inner courtyard, and separate rooms for the officials\(^94\), a gate in the courtyard, a stone well for water, nine windows of different shapes, two balconies and a sewage system\(^95\). Also, the window was equipped with a stone turntable (ruota)\(^96\). Even today, one can read the inscription with the 39th Psalm of David above the hospital door\(^97\). The orphans were to stay in the foundling hospital until the age of five, and then were put up for adoption.

*The City hospital*

The city hospital (*hospital del commi*) developed from the main hospital that served both the poor and sick. It seems that its first function was to accommodate foreign merchants together with their goods near the city port.

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\(^92\) Nedeljković, 1984, pp. 103, 171.
\(^93\) Translation by Robin Harris in Harris, 2006, p. 213.
\(^94\) Jeremić and Tadić, 1940, p. 201 \[…\] _Si debbia con prestezza lavorare e levare in doi palmenti et in terzo la coperta et in esso far si debbia una cisterna \[…\] come surra di bisogno et parera alli officiali a cio ordonati \[…\].
\(^96\) It was based on the model of Venetian foundling hospital of the *Pietà*. Those *ruotae* were made for the convenience of accepting the children. When the baby was put on the outer half of the *ruota*, the person who brought the baby would ring the bell and the baby would be rotated on the second inner half in such a way that the person who brought the baby and the one who accepted could not see each other. This discretion and the city regulation that nobody was allowed to stop the person with a baby approaching the foundling, shows high social awareness in fifteenth century Dubrovnik.
\(^97\) Sormano also mentioned the city’s foundling hospital of the *Misericordia Infantium* located in *platea publica*. *Visita apostolica*, ff. 880r-882v.
The city hospital (later *Domus Christi*) was founded in 1347 *per beneficio dei poveri amalati*. First it was decided that the hospital for foreigners (*bospitium*) had to be built near the church of St. Nicholas and the city walls. For its construction six wooden houses were to be torn down. Probably the project was too demanding and the Council decided to find a more convenient place; it was founded in 1348 near St. Clare’s.

In 1540, *Domus Christi* was reconstructed as a state hospital (*xenodochium seu hospitale pro usu pauperum infirmorum*). According to the regulations for the organization and construction of the hospital – *Ordo super erectione novi hospitalis, et eius regimen* – the new hospital house had to be more comfortable, larger and some walls and small rooms were torn down. The official who led the work on the hospital lived in the house which belonged to the friars (former house *Sorgo*) near the hospital. Also, in the hospital, there was the kitchen for the poor, and a separate room for the officials. The sick were situated on the ground floor and the officials on the first floor. The hospital had its own chapel, and mass was celebrated there every day by a chaplain. A city barber was made available, and he came from quite close by in the street of St. Mark. The complex of the hospital was large and built against the city walls with a big garden. It is mentioned in the documents that the place for old women was now located separately.

In the sixteenth private charitable institutions became more specialized by gender, social and economical status, the nature of the illness. This was a local expression of a trend observed in Italian cities from the mid-fourteenth century onwards, as two categories in particular, women and orphans, became especially important. That did not, however, stop the medicalization of

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99 Jeremić and Tadić, 1940, p. 179.
100 Called in documents *hospitale magnum or hospitale diretto le pulzelle, hospitale del comun*, later only *Domus Christi*. Jeremić and Tadić, 1940, pp. 179-180. In 1356 it was decided that *ostaria* for the foreigners would be built near Sponza, opened in 1358. In 1389 *Domus Christi* was enlarged by private endowment. In 1420 the pharmacy was build near the hospital, behind the nunnery of St. Claire. State Archive in Dubrovnik, Reformationes, XXXIII, f. 166; Reformationes, XXVIII, f. 130’.
101 Jeremie and Tadiæ, 1940, p. 181.
102 At the beginning of March the Senate decided *de sumendo hospitali magno pro computu hospitalis infirmorum*. A new location had to be found for the old women who lived in the hospital. Large windows on the first and second floor were to be built, in order to allow air and light to enter freely. One part was destined for the officials of the hospital. State Archive in Dubrovnik, Consilium Rogatorum, XI, f. 294.
hospitals (such as Domus Christi) as in other European cities\textsuperscript{103}. Domus Christi was the first hospital on the territory of Croatian part of Eastern Adriatic Coast dedicated to the medical care for the curable sick poor (\textit{li poveri infermi di medicabile infirmità})\textsuperscript{104}. The founding act, \textit{Ordo super errectione novi hospitalis et eius regimine} included a paragraph on the medical service in the hospital that consisted of at least two visits per day of communal physicians and surgeons and one permanent post for a barber\textsuperscript{105}.

\textit{Conclusion}

The function of the earliest Dalmatian hospitals is not clearly defined, and their continuity depended on the income provided by the state or individual donors. The officials who led hospitals were usually patricians (always in Dubrovnik) and members of the city council that ruled the town. Even though hospitals were attached to a church or a chapel, their foundation, organization and administration was always in the hands of secular (noble) authority. Fraternities in Dubrovnik, except St. Anthony and St. Lazarus, were not in a position to become too strong. Most of the fraternities were attached to a chapel or a small church, and the documents mention the poor that were taken care of in those institutions. Hospitals in Dalmatian cities were frequently managed and funded by confraternities. Of those confraternities involved in hospitals in Dalmatia, arguably the most prominent ones were the confraternities of \textit{Santo Spirito}. These confraternities originated from the hospital order of Santo Spirito and were responsible for a whole network of hospitals throughout France and Italy, as well as the Dalmatian coast\textsuperscript{106}. In all these areas \textit{Santo Spirito} confraternities were involved in the process of “communalisation of hospitals” whereby hospitals were originally attached to the hospital order, and then the confraternity, became communal institutions. This process may be observed in the examples of Trogir and Split.

\textsuperscript{103} Henderson, 1989, p. 70.
\textsuperscript{104} Nedeljković, 1986.
\textsuperscript{105} The administrators of the hospitals had power to decide upon admission which patients had curable disease and which were incurably sick and therefore inadmissible.
\textsuperscript{106} The hospital order of \textit{Santo Spirito} was founded by Guy de Montpellier in 1180 and encouraged by Innocent III who confirmed its rule in 1213. The largest Santo Spirito hospital was the one in Rome, Hubert, 1968.
On the other hand, in Zadar, the capital of Venetian Dalmatia and consequently in terms of its size, economic power and political importance much larger and more significant than Trogir or Split, there was no confraternity monopoly over hospital administration. An entire network of hospitals was variously founded and administered by monastic orders, private benefactors, or the commune. Sources on Zadar hospitals demonstrate the complexity of these relationships: hospitals could be founded and managed by monastic orders, or founded by lay persons and then presented to monastic communities for administration, or founded by lay benefactors and administered by confraternities. In all these cases, it seems that the communal authorities did not interfere in the funding or administration of hospitals.

I have shown in the previous sections that Dubrovnik was different. The government represented by the Treasury had the control over the disposal of charitable trusts. Finally, the reconstitution of the communal hospital in the sixteenth century as a medical institution should be regarded as a local expression of trends towards specialisation of charitable institutions observed in Italian cities from the fourteenth century onwards. However, while on the other side of the Adriatic Sea, new medical hospitals offered opportunities for medical practitioners to elevate their social status by partaking in charitable acts, to advance themselves professionally by treating larger numbers of patients and finally to earn an additional income, in Dubrovnik this was not the case. In contrast to Italian cities, Dalmatian hospitals remained small, admitting under twenty patients. But their number was quite big in relation to the number of inhabitants: in most the European cities of the fourteenth century, the ratio was about one hospital for every 1000 inhabitants.

Keeping a hospital that supplies with more than a bed and some food required more money than the majority of hospital founders (private persons, confraternities) could provide. The key solution was creation of a single central

\[\text{[107] Jelić, 1963.}\]
\[\text{[108] The St. Martin hospital in Zadar was established by the commune and was the only which could receive bequests from the testaments. The main hospital in Zadar was the hospital of St. Mark established in 1289 but reorganized and reconstructed in 1420 to accommodate 50 inmates; Zadar Statute, L. III, c. 14; Zjačić, 1959, pp. 124, 518.}\]
\[\text{[109] Jelić, 1960; Bianchi, 1877.}\]
\[\text{[110] Buklijaš and Benyovsky, 2004.}\]
\[\text{[111] Ibid.}\]
\[\text{[112] Henderson, 1989, p. 67.}\]
fund instead of numerous smaller ones. This mid-fourteenth movement that spread from northern Italy southwards, westwards (to Spain, Portugal and France) but also eastwards to the Eastern Adriatic Coast, found its echo in Dubrovnik. The elite that ruled the city operated on all levels in a strictly centralized manner so it had free hands to control citizens and their organizations such as confraternities. This firm control was partly for political reasons – fear from a mutiny – but partly from necessity that stemmed from the smallness of the city. Dalmatian cities, among which Zadar by far held the primacy in the number and early date of foundation of hospitals, could not partake in this trend as the real power was in Venice. While they certainly had a certain level of freedom and self-management, in the times when the needs of the center did not overlap with needs of the periphery (cities), Venice did as it suited itself (times of maritime wars etc.).

None of the hospital buildings survived, but the sources indicate that they were similar to Italian hospitals, but less opulent. Most of the data is preserved in judicial documents, and testaments, and therefore many details may be unknown. Most Dalmatian hospitals were similar to almshouses and shelters in the context of other charitable or religious institutions, and without providing medical help. For Domus Christi in Dubrovnik which was the only medical hospital from the sixteenth century, Dalmatian hospitals were multi-purpose institutions – for the poor, sick and old. As this paper is a result of current research on medieval hospitals in Dalmatia, future research will, hopefully, provide more information about specific institutions and their role in Dalmatian urban communities and Dubrovnik.

*Riassunto*

Questo saggio rappresenta uno studio della storia degli ospedali in quattro grandi città (comuni della costa adriatica orientale) della Dalmazia veneta e della Repubblica indipendente di Dubrovnik (l’attuale Croazia). Gli ospedali di questa regione furono fondati nel XIII secolo, ma assunsero presto caratteristiche diverse. Per diversi aspetti gli ospedali della Dalmazia assomigliavano infatti a quelli veneti (o a quelli dei borghi che erano sotto il dominio della Serenissima), ma per altri presentavano delle peculiarità dovute alla loro posizione geografica e al loro sviluppo storico. Venne fondata in Dalmazia una vasta rete di ospedali gestita da ordini monastici, da benefattori privati o da singoli comuni. Le confraternite di maggior rilievo coinvolte in
questa gestione erano quelle del Santo Spirito. A Dubrovnik invece la situazione era diversa. Il governo, rappresentato dal Tesoro, aveva il controllo sui lasciti delle associazioni caritatevoli. La maggior parte degli ospedali della Dalmazia assomigliava a degli ospizi per i poveri e a dei ricoveri nell’ambito di istituzioni caritatevoli o religiose, e non forniva cure mediche. Anche se nessuna delle strutture ospedaliere di quel tempo è sopravvissuta, le fonti disponibili indicano che queste strutture erano simili a quelle italiane, solo meno sontuose. La maggior parte dei dati è conservata in documenti giudiziari e in testamenti, quindi molti dettagli potrebbero essere sconosciuti.

Keywords: Dalmatia, Dubrovnik, hospitals, Renaissance

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Unpublished Sources:
<table>
<thead>
<tr>
<th>Hospital</th>
<th>St Martin</th>
<th>St Martin de Burga</th>
<th>St Nicholas</th>
<th>Nicholas Michovius hospital</th>
<th>St Bernardin</th>
<th>Megasich hospital/St Jacob</th>
<th>St Mary Magdalene</th>
<th>St Dimitrius</th>
<th>St Nazaret</th>
<th>Pudenti hospital</th>
<th>St Trinity/St Donat</th>
<th>St Maria Majors</th>
<th>St Catherine</th>
<th>St Simonon</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year of foundation (c.)/Year of 1st mention (c. m)</strong></td>
<td>11th c. closed in 152</td>
<td>1254 ruined in the 11th c after the burning of the city</td>
<td>1322</td>
<td>1302</td>
<td>f. 1452</td>
<td>Destroyed in 1447 by the archbishop of Venetian to widen the square</td>
<td>13th c. (11, 1st, m. 1386)</td>
<td>1466</td>
<td>15th c</td>
<td>1443</td>
<td>14th c</td>
<td>14th c</td>
<td>14th c</td>
<td>14th c</td>
</tr>
<tr>
<td><strong>Founder</strong></td>
<td>Britulacchi family in 15th c</td>
<td>Skeliscio Gritti in 15th c and Zuki Ferro</td>
<td>Benetice monastery St Grisogono in the 10th c under Venetian control</td>
<td>Nicholas Petka After 1430 under Venetian control</td>
<td>Nichi Drapanus Nicholas Michovius</td>
<td>Sir Ludovico Mattarri Run by the sisters of St Mary</td>
<td>Gregor Mijanich</td>
<td>unknown</td>
<td>unknown</td>
<td>unknown</td>
<td>unknown</td>
<td>unknown</td>
<td>unknown</td>
<td>unknown</td>
</tr>
<tr>
<td><strong>Gender of the inmates</strong></td>
<td>Men and women</td>
<td>men</td>
<td>unknown</td>
<td>unknown</td>
<td>women</td>
<td>women</td>
<td>women</td>
<td>unknown</td>
<td>unknown</td>
<td>unknown</td>
<td>unknown</td>
<td>unknown</td>
<td>unknown</td>
<td>unknown</td>
</tr>
<tr>
<td><strong>State of the inmates</strong></td>
<td>Poor foreigners</td>
<td>Poor</td>
<td>Poor</td>
<td>Poor</td>
<td>Poor</td>
<td>Poor</td>
<td>Poor</td>
<td>unknown</td>
<td>unknown</td>
<td>unknown</td>
<td>unknown</td>
<td>unknown</td>
<td>unknown</td>
<td>unknown</td>
</tr>
<tr>
<td><strong>Number of inmates</strong></td>
<td>unknown</td>
<td>unknown</td>
<td>12</td>
<td>13</td>
<td>13</td>
<td>unknown</td>
<td>unknown</td>
<td>unknown</td>
<td>unknown</td>
<td>unknown</td>
<td>unknown</td>
<td>8 in 1627</td>
<td>unknown</td>
<td>unknown</td>
</tr>
<tr>
<td><strong>Location of the hospital in the city</strong></td>
<td>Contra-St Dominic</td>
<td>near church of St Martin</td>
<td>near monastery of St Nicholas</td>
<td>near the main square</td>
<td>near the small gate of St Mary</td>
<td>on the square of St Anastasia</td>
<td>near St Donat</td>
<td>near the monastery of St Dimitrius</td>
<td>near the Citadelle and the church of Madonna of Nazaret</td>
<td>unknown</td>
<td>unknown</td>
<td>unknown</td>
<td>unknown</td>
<td>unknown</td>
</tr>
</tbody>
</table>
### Graph of Dubrovnik private hospitals

<table>
<thead>
<tr>
<th>Holly Trinity/ St Jacob</th>
<th>St Peter</th>
<th>St Stephen</th>
<th>St John</th>
<th>St Jerome/ St Jacob de putois?</th>
<th>St Nicholas</th>
<th>St Theodosius</th>
<th>St Thomas</th>
<th>St Theodore</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year of foundation (f.)/ Year of the 1st mention (1st m.)</strong></td>
<td>f. 1387</td>
<td>f. 1406</td>
<td>1st m. 1407</td>
<td>1st m. 1438</td>
<td>1st m. 1450</td>
<td>f. 1451</td>
<td>1544 (the only mention)</td>
<td>1st m. 1462</td>
</tr>
<tr>
<td><strong>The founder</strong></td>
<td>Ser Jacob de Sorgo</td>
<td>Ser Marin de bozi</td>
<td>unknown</td>
<td>unknown</td>
<td>unknown</td>
<td>Ser Johannes de Volto</td>
<td>unknown</td>
<td>unknown</td>
</tr>
<tr>
<td><strong>Gender of the inmates</strong></td>
<td>Men and women</td>
<td>men</td>
<td>women</td>
<td>women</td>
<td>women</td>
<td>women</td>
<td>women</td>
<td>women</td>
</tr>
<tr>
<td><strong>State of the inmates</strong></td>
<td>poor and old</td>
<td>poor</td>
<td>paupers commoners</td>
<td>poor</td>
<td>poor</td>
<td>poor</td>
<td>paupers</td>
<td>paupers</td>
</tr>
<tr>
<td><strong>Number of inmates</strong></td>
<td>unknown</td>
<td>17 (1504)</td>
<td>12 (in 1423) / 10 (1584)</td>
<td>9 (in 1459)</td>
<td>23 (1504)</td>
<td>6 (1504)</td>
<td>unknown</td>
<td>unknown</td>
</tr>
<tr>
<td><strong>Setting of the hospital in the city</strong></td>
<td>strada de calzolari</td>
<td>rear St Peter close to Pusterna quarter</td>
<td>Pusterna quarter</td>
<td>near St Jerome strada de calzolari</td>
<td>Pusterna quarter near the founder’s house and the cathedral of St Mary</td>
<td>Pusterna quarter</td>
<td>Pusterna quarter near the Benedictine monastery of St Thomas</td>
<td>Pusterna quarter</td>
</tr>
<tr>
<td><strong>The name of the church attached</strong></td>
<td>Via aurifcum</td>
<td>St Peter</td>
<td>St Stephen</td>
<td>St. John</td>
<td>St Jacob de putois</td>
<td>St. Mary</td>
<td>unknown</td>
<td>Benedictine monastery of St Thomas</td>
</tr>
</tbody>
</table>