

Lay Women in the Hospitals of Late Medieval Bergamo

Roisin Cossar

Throughout Italian cities in the later Middle Ages, civic and ecclesiastical authorities consolidated small hospitals primarily designed to house the sick, poor, and other social marginals into large institutions with a mandate to provide professional medical care to the entire community.¹ In many cities in northern Italy, hospital restructuring was accompanied by the establishment of *provveditori di sanità* – guardians of public health – to oversee the medical profession and prevent outbreaks of plague.² These changes were preceded by several decades of reform measures designed to bring hospitals more effectively under the control of civic and ecclesiastical authorities. Traditionally, historians have presented this period of reform as the triumph of Renaissance rationality over defective, corrupt medieval institutions. Examining hospital reform through the lens of gender complicates that view by revealing that the reform of medieval hospitals was accompanied by ambivalence among authorities towards the activities of lay women who had previously lived undisturbed within the institutions. Tracing the reasons for changes to perceptions of women in hospitals forces us to redefine the effects of hospital reform at the end of the Middle Ages.³

My study is based on examples taken from the city of Bergamo, one of the first cities in the north of Italy to undertake extensive restructuring of its hospitals. Bergamo is a useful site for a study of women in late medieval hospitals, since the social and pious landscape of that city was similar to that of many other medium-sized Italian

cities of the time.⁴ In the mid-fifteenth century, eleven small hospitals in Bergamo were absorbed into one large institution. This “Great Hospital of San Marco” was to be administered by the large confraternity of the *Misericordia Maggiore* at the request of both the bishop and the Venetian governors of the city.⁵ As elsewhere on the Italian peninsula, the governors of the new hospital argued that the charitable efforts of the small institutions of the thirteenth and fourteenth centuries had been marred by the “negligence” of their staff and the “misgovernment of the many men who [we]re necessary to run them”.⁶ The governors probably had in mind individuals like Ziliolus de Feracavallis, the minister of Bergamo’s hospital of S. Lorenzo, who in 1370 was accused of denying the poor food and shelter, threatening to kill his fellow brothers, and having a sexual affair with a woman in the hospital.⁷ But in ridding the hospitals of Ziliolus and his ilk, hospital administrators also set in motion a larger series of changes which involved reimagining the hospital as a male-dominated space in which women played a limited role.

Twenty years ago, it was possible to assert that women joined hospitals in the Middle Ages simply to fulfill their “natural propensity for compassion, more developed in women than it is in men.”⁸ Historians schooled in feminist principles now discredit this essentialist stereotype of women as nurturers. Many argue instead that hospitals appealed to women because they functioned as female religious communities, much like the *beguinages* of the thirteenth century, which gave women the opportunity to participate in the “busy, engaged piety” that Carolyn Walker Bynum has argued characterized women’s involvement in religion in that period.⁹ Roberta Gilchrist, among others, also sustains that hospitals provided lay women with an unusual opportunity to live out their religious ambitions in the later Middle Ages.¹⁰

Certainly hospitals provided women (and some men) with an opportunity to experience the vibrant religious movements of the twelfth and thirteenth centuries.¹¹ But locating hospitals within a dynamic religious environment should not blind us to the multifaceted nature of lay experience within the institutions. Hospitals provided lay people with opportunities for spiritual action, but the laity – especially unmarried and widowed women – also sought out hospitals for the shelter and physical security the institutions offered.¹² Furthermore, both men and women took advantage of the tax exemptions that accompanied oblation to hospitals.¹³ Most of the women entering hospitals in Bergamo were well-off, making donations of land and houses to the institutions on entrance, and leaving substantial estates behind. Thus,

hospital membership likely provided them financial, social, and pious benefits. In addition, as Anna Benvenuti Papi argues, the commitment to service that hospitals offered assisted women in overcoming what she sees as the miseries of their existence in the later Middle Ages.¹⁴

Hospitals may have offered women shelter and companionship, but within the institutions women could not escape conventional ideas about gender roles. Instead, gendered norms shaped women's and men's activities within the institutions. Roles for lay sisters in hospitals corresponded to the prevailing (elite) view that "good" women should be subject to restrictions on their movement. The women could serve the sick (although they seldom did) or live a life of contemplation within the institution, but they took on no responsibilities in the outside world.¹⁵ For women, then, hospitals resembled households, providing their female members with security, but also limiting their contact with the world outside the institution. In contrast, lay brothers in Bergamo, as in the hospitals of other Italian cities, took on a variety of roles inside and outside hospitals, administering them, working with the sick, and serving in other civic organizations. For example, Albertus de Payerolis, minister of the hospital of S. Vincenzo between 1341 and 1361, served as an official of the confraternity of the Misericordia Maggiore at the same time.¹⁶ Women could not have cultivated similar connections, because they could not hold positions as confraternity officials. Neither would it have been possible for a woman to carry out some of the other tasks Albertus took on as a minister of S. Vincenzo, including collecting bodies for burial.¹⁷ Albertus' importance within the civic religious community was made clear by the fact that when he died, the MIA spent the large sum of 11 lire on his funeral.¹⁸ No female members of hospitals were given such recognition.

Although they were subject to restrictions on their activities in the world outside the hospital, within the institutions lay sisters enjoyed both status and comfort. They were visible members of the hospital community, occasionally acting as administrators and voting with their male counterparts on decisions taken at chapter meetings. For instance, in the 1330s, two women, domina Anexia, the wife of dominus Paganus de Tresolzo, and Catarina, wife of the nobleman dominus Teutaldus de Suardi, served as co-ministers of the hospital of S. Vincenzo.¹⁹ A female member of the Third Order of the Franciscans served as minister of the hospital of S. Bernardo.²⁰ Testators founding hospitals also occasionally stipulated that their female relatives serve as administrators of the new institution. The founder of the hospital of S.

Alessandro asked that one of his female relatives be named minister of the hospital if she survived him.²¹

All lay sisters, whether they served as hospital administrators or not, lived in comfortable, private accommodations within the hospital buildings. For example, when domina Gisla de Sivernatis went to live in the hospital of S. Vincenzo in the late 1320s, she furnished her room in the hospital with several items that were both functional and luxurious, including two chests, a feather mattress and a feather pillow, linen sheets and a lambswool cover. Her bed, covered with a wooden canopy called a *celonum*, was large enough to be made into three separate beds for poor residents of the hospital after Gisla died.²² Like Gisla, domina Marchisia della Fontana also furnished her room in S. Vincenzo with comfortable, attractive items, including a painted desk (*scripnum*), chests, a bed, and other household furniture.²³ Perhaps because hospitals offered them not only security but also status, sources ranging from oblation records to lists of those present at chapter meetings suggest that women formed the majority of lay oblates to hospitals in Bergamo in the early-to-mid fourteenth century. During that period, hospital officials voiced few concerns about the presence of women in their communities, even when landholding women apparently turned to the institutions as much to avoid paying taxes as out of pious need.

Before the mid-fifteenth century, hospital officials in Bergamo divided lay men and women joining hospitals into two groups: *familiares* and *conversi*. Each group initially appeared to have a different function. In accordance with their origins in monastic culture, *familiares* occasionally served the sick and poor residents of the hospital, and *conversi* sometimes took a spiritual or contemplative role in the institutions.²⁴ The religious status of *conversi* is evident in the character of their oblation ceremonies, which normally involved the new *conversus* kneeling before the altar of the church associated with the hospital. *Familiares* did not make such a gesture.²⁵ Members of the two groups were also distinguished by the nature of their property commitments to the hospital. *Conversi* committed all of their personal property to the institutions on entrance, while *familiares* promised to give only part of their property, and sometimes received a wage for their services. For instance, two women, Delaydina and Benvenuta, became *conversae* of the hospital of S. Lorenzo in 1350. During their oblation ceremony, the women dedicated “themselves and their goods” to the institution.²⁶ In contrast, in 1340, a married couple, domina Bergamina and her husband Albertus de Payarolis entered S. Vincenzo as *familiares*. Both were

charged with taking “good care” of hospital residents, and in return for their work, the hospital agreed to provide them with 6 lire annually.²⁷ This income was supplemented by rental income from two pieces of property the couple gave to the Misericordia Maggiore, which helped administer S. Vincenzo. During their lives they were to receive 8 lire each year from the property, which was to devolve to the hospital after their deaths.²⁸

Although in theory there were substantive distinctions between *conversi* and *familiars*, in reality there were few distinctions between *conversae* and female *familiars*.²⁹ Both *conversae* and female *familiars* were of a similar social rank; none came from the lowest strata of society, as evidenced by the fact that all had property to donate to the hospital when they joined it.³⁰ Most were also either unmarried or widowed. In addition, neither *conversae* nor female *familiars* actually gave up control of their property when they joined hospitals. Donation records created on the same day as the entrance ceremonies of many *conversae* in Bergamo reveal that their apparent outright donations of property normally came with *de futuro* conditions, allowing the women to “enjoy” the income from the property during their lifetimes.³¹ Domina Antonia de Sporzatica, who entered the hospital of S. Vincenzo as a *conversa* in 1337, stated her intention to donate *se et sua* to the hospital, but retained the usufruct of her property as part of an *inter vivos* bequest of land she made to hospital administrators. Furthermore, a year later she even sold a parcel of land to the officials for 61 lire, keeping the proceeds of the sale.³² Other women directed portions of their property elsewhere on oblation. For example, on her entry into the hospital of S. Bernardo, Bona, the widow of Benedicto de Foya, asked that one quarter of the proceeds of the sale of her house be given to her daughter Benedicta, perhaps so that the property might be used a dowry.³³

The one significant characteristic distinguishing female *familiars* and *conversae* was their age. Women who joined hospitals as *familiars* were often young, while *conversae* tended to be elderly.³⁴ For instance, Bergamina, the wife of Albertus de Payarolis, was still of child-bearing age five years before she became a *familiaris* of S. Vincenzo. At that time, her husband dictated a will naming any children she might bear by him as his principal heirs.³⁵ As well, some women who joined hospitals as *familiars* later became *conversae*, such as Marchisia de la Fontana, who remained at S. Vincenzo as a *familiaris* for more than thirty years after she joined it in 1335, and then became a *conversa* before her death. We can estimate the age of *conversae*

entering the hospital from other records in which they appear; in 1293, the newly-widowed domina Antonia de Sporzatica gave a donation to the confraternity of the Misericordia Maggiore in Bergamo, and then 44 years later she joined the hospital of S. Vincenzo as a *conversa*.³⁶ Oblation records also sometimes note the age of the person entering the hospital. For instance, domina Doratha da Rosciate became a *conversa* of the hospital run by the *fabbrica* of S. Maria Maggiore in 1413, when, she stated, she was over the age of 45.³⁷

We have seen that despite the differences in their ages, the identity of those women joining hospitals as *familiars* and *conversae* were quite similar. After they entered hospitals, members of both groups also retained control of property whose income provided them with a living. Further analysis reveals that as they bought and sold property together, female *familiars* and *conversae* created autonomous communities for themselves within the larger community of the hospital.

Hospitals were unusual sites for female friendship in the later Middle Ages, and an examination of property exchanges among *conversae* and *familiars* sheds light on the bonds uniting the women within these institutions. Records of these transactions, which include promises between some women to leave each other their property after death, and business agreements in which women shared substantial rental income during life, suggest that relations among the women were cordial, and sometimes very close. This closeness might suggest that the relationships in question included a sexual element. But rather than searching for evidence of sexual contact between these women, I would instead argue that the ties among *conversae* and *familiars* resembled those relationships that Judith Bennett has termed “lesbian-like”; intimate relationships which were not necessarily sexual.³⁸ Sometimes these friendships developed among women who met within the hospitals, at other times longstanding friends or even sisters joined the institutions together.³⁹ Three examples of property transactions among female inhabitants of the hospital of S. Vincenzo illustrate the diverse relationships which women established or maintained in hospitals during the mid-fourteenth century.

The first couple, Anexia de Longullo and Carina de Mazolis, were close friends whose concern for each other was evident in the commitments they made as they entered the hospital. In 1335, they became *conversae* of S. Vincenzo together, and their initial promises of property to hospital officials included the condition that on the death of one woman, the other would receive the usufruct of her estate for the

duration of her life.⁴⁰ After they joined S. Vincenzo, the women lived together inside the hospital, sharing a room and a separate kitchen, and bought and sold more property together, including, in 1339, a piece of land from a *familiaris* of S. Vincenzo, Caracosa de Sivernatis.⁴¹ Their mutual dependence was acknowledged and accepted by the community. For instance, in 1340, Vivianus, son of the late Teutaldus of S. Pilgrino, left the friends an annuity of 53 *soldi* in his will.⁴² The relationship ended on the death of Anexia in the early 1340s. In her will, Anexia made Carina her “universal heir”, leaving Carina the use of her estate after a few small bequests were given to others.⁴³

The case of two other women, Marchisia de la Fontana and Girarda de Nocha, *familiars* of S. Vincenzo in the 1340s, illustrates how women who became friends while in the hospital also developed close relationships. Marchisia joined S. Vincenzo in 1335 with her friend Paxina de Menalla, but Paxina died soon afterwards. In the early 1340s Marchisia and Girarda, who had also joined S. Vincenzo in the mid-1330s, began collecting rent jointly on a vineyard which Girarda had promised to the hospital on her death. Their agreement to share the income on the vineyard – close to 10 lire annually – suggests that they had pooled their resources and were making a life together within the hospital. Girarda died in the mid-1340s, and while her testamentary bequests did not mention Marchisia, other records show that she left her friend the right to continue collecting the income from the vineyard. Through the 1340s and 50s, Marchisia continued to rent the property herself, collecting both cash and two containers of grapes from the harvest each year, and stipulating the number of vines to be planted on the land. In the final redaction of her will in 1359, Marchisia promised the usufruct of the property to her sister Iacoba, while acknowledging the hospital’s claim to ownership of it.⁴⁴

Records also show that siblings joined hospitals together. The sisters Gisla and Caracosa de Sivernatis both became *familiars* of S. Vincenzo in the 1330s, and records of their property arrangements both together and separately suggest that within the hospital they were able to live together securely and comfortably. Gisla, the daughter of the late Ambrosius de Sivernatis, lived at S. Vincenzo in the 1320s and 30s, although she did not become an official oblate of the institution until 1335.⁴⁵ In 1335, several years after she had gone to S. Vincenzo to live, Gisla’s sister Caracosa joined her in the hospital. Caracosa’s arrival marked a change in Gisla’s status within the institution, since the sisters became *familiars* of the hospital together.⁴⁶ On the

same day as their oblation ceremony, Gisla made a will in which she named her sister as her universal heir. She also left 50 lire to S. Vincenzo on condition that it be invested in land and the income from the investment be given annually to Caracosa for the rest of her life.⁴⁷ Gisla probably died in 1339, but Caracosa continued to live in the hospital until her death in 1352 or 1353. In the years following her sister's death Caracosa lived on the income she earned from property in the neighbourhood of Borgo Canale that she bought in 1339 with Gisla's bequest and an investment of her own money.⁴⁸

Not only does evidence of these women's participation in the purchase, sale, and rental of property within hospitals suggest that membership in the institutions allowed women to make sound investments, it also suggests that women saw hospitals as places where they could enjoy the companionship of other women, both friends and sisters. The unusual relationships and financial enterprises of *conversae* and *familiares* appear to have developed with the tacit approval of male hospital officials. During the middle of the century, officials did not openly comment on the women's activities within the institutions, suggesting that hospitals in mid-fourteenth century Bergamo were female-friendly spaces. But nearing the end of the fourteenth century, as secular and ecclesiastical authorities began to call for the purification and professionalization of hospitals, officials of Bergamo's hospitals placed the lay communities within the institutions under closer control. Although all *conversi*, both male and female, came under scrutiny, evidence suggests both that lay women became particular targets of this reform movement and that they, more than their male counterparts, ceased to join hospitals in significant numbers. A broadly-based discourse about the specific threat posed by women within late medieval institutions changed the status of *conversae* and *familiares* in Bergamo's hospitals.

Throughout the Middle Ages, ecclesiastical and secular authorities frequently evinced negative attitudes to women, portraying them as sexually insatiable and unstable. By the fourteenth and fifteenth centuries, clerical and civic authorities throughout Italy constructed women's morality around their submissiveness to patriarchal authority, arguing forcefully that so-called good women should take a limited role in public life, instead remaining within their households as much as possible. Fears about the power of women to create disorder, especially within the religious realm, also became more pronounced in this period.⁴⁹ In addition, calls for the reform of hospitals became louder during the late fourteenth century. In Bergamo,

both the papacy and the Visconti governors of the city called for changes to the structure and functions of hospitals.⁵⁰ The intersection of calls for hospital reform with a more hostile view of women's autonomy led authorities to closely examine and problematize the former roles women had played within hospitals.⁵¹ In one instance in Bergamo, officials held a woman responsible for corruption within a hospital, arguing that she had tempted a male official into neglecting his duties. Furthermore, in the early fifteenth century, officials emphasized the need for lay oblates to work within the institutions, thus rejecting the contemplative roles lay women had previously played in hospitals. Likely in response to these changes, in the last years of the fourteenth century very few women joined Bergamo's hospitals as *conversae* and no women became *familiares*, even though the hospitals themselves remained significant pious and social sites in the city and male *conversi* remained active within them.⁵² Ultimately, as these examples indicate, reforming officials came to associate women's autonomy in hospitals with the corruption and negligent leadership of the institutions of the pre-reform period.

A graphic example of concerns about one woman's power within a hospital is found in the records of a court case involving accusations of corruption against Ziliolus de Feracavallis, the minister of Bergamo's hospital of S. Lorenzo in 1370. That case included the testimony of witnesses from in and around the hospital criticizing the activities of a woman, Andriola da Culzinate, also a resident of the hospital. It is not clear whether Andriola had ever joined the hospital in a formal act of oblation, but this situation was not unprecedented. We have seen that other women, too, had lived in the city's hospitals for lengthy periods before officially becoming members of the institutions. Despite her apparent status as an outsider within the hospital, Ziliolus stated that Andriola had a formal role to play in it: she was responsible for transacting its "business" [*negotia*]. Others supported this claim, telling the court that they had seen Andriola engaging in tasks such as helping with the wine harvest on the hospital's properties.⁵³ But according to the witnesses, including male administrators of the hospital, members of the clergy, the hospital's poor inhabitants, and men and women from the neighbourhood of S. Lorenzo, Andriola's greed had led to the ruin of the hospital and the departure of its poor inhabitants. Witness after witness stated that Andriola defrauded the hospital for her own financial benefit. As one woman complained, "she sells the goods of the hospital and makes money from them, and then keeps the money for herself."⁵⁴ An inhabitant of the hospital reported that Andriola had told him that he must buy the sheets for his bed.

Others complained that Andriola cooked meat for herself and Ziliolus without sharing it with either the *conversi* or the poor.⁵⁵

But the witnesses' most damning criticism of Andriola was that she was the minister's "lover and concubine". Ziliolus apparently made no secret of his affair with Andriola. One *conversus* of S. Lorenzo told the court he had seen the two having sex "many times" in the hospital and outside, while another reported that Ziliolus had said he had had sexual relations with the woman "twice on Holy Saturday" one year.⁵⁶ Andriola, these witnesses suggested, was as responsible as Ziliolus for the affair and the damage it did to the hospital. They depicted her as a powerful force who had used her sexual relationship with Ziliolus to manipulate him into turning the poor away from the hospital's doors so that he might live alone with her. As a result, the witnesses charged, one man had died and several others had nearly starved.⁵⁷ Others claimed that Andriola, acting alone, had further contaminated the hospital through her sexual transgressions. For instance, one witness accused Andriola of running a brothel within the walls of the hospital. She claimed that Andriola had a secret door built into the rear of the hospital which gave access to a "pretty room" where she invited men and women "to do evil".⁵⁸

The witnesses' detailed descriptions of Andriola's activities suggests that members of the community commonly scrutinized hospitals and their residents – perhaps paying special attention to female residents – in the later fourteenth century. As well, the witnesses' willingness to blame Andriola for Ziliolus' misdeeds hints at a broader concern about the power of women's sexuality to lead men astray and thus damage the hospital. There is no direct evidence to support the conclusion that witnesses or officials saw Andriola as the extreme version of all female inhabitants of the hospital. However, other evidence does support the view that officials and members of the community criticized women's autonomy in hospitals at the end of the fourteenth century.

Evidence from early fifteenth-century oblation records suggests that concerns about wealthy women's use of hospitals as sites for shelter and companionship grew during that period. Specifically, as they redefined the status of lay oblates, hospital officials implicitly criticized women's lack of engagement with the poor and sick in the institutions. Officials now expected *conversae* to work within hospitals. For example, when *domina* Doratha da Rosciate became a *conversa* of the hospital of the *fabbrica* of S. Maria Maggiore in 1413, the officials of the hospital noted that she

was a good, worthy and honest person, adding that the hospital admitted only lay people of upright character so that it would not be exposed to harm. But Doratha's good character was not the only focus of officials' concern. They also emphasized that she was joining the hospital to work [*ad deservendum*], and that she was "necessary to the hospital."⁵⁹ The redefinition of the hospital as an institution staffed by worthy servants was markedly different from its former incarnation as a site where property-holding individuals – mostly women – could find shelter without taking an active role in serving the poor or sick. As they emphasized the need for oblates to work, officials also rejected the role that most women had played within hospitals during the fourteenth century.

The gradual decline in the number of male and female *conversi* on the Italian peninsula (in both hospitals and monasteries) during the fourteenth century has been linked to the rise of other religious options for the laity – namely, the growing popularity of confraternities.⁶⁰ But my analysis of the experiences of *conversae* and female *familiars* in Bergamo suggests instead that the diminishing number of female oblates in hospitals was the result of an attempt by authorities to increase their control over the institutions. The governing structure of Bergamo's hospitals changed significantly in the late fourteenth century, emphasizing the authority of male officials drawn from the ranks of the city's clergy and its largest confraternity, the *Misericordia Maggiore*.⁶¹ Accompanying officials' tightening of control over hospitals, as we have seen, was a new emphasis on the institutions as sites for service that had been purged of their unsavoury elements. Women's former construction of autonomous communities within hospitals represented disorder and potential danger to the increasingly rigid and bureaucratic institutions.

The narrowing opportunities for women in Bergamo's hospitals during the fourteenth century were part of a larger trend. Towards the end of the Middle Ages, women, both religious and lay, were subjected to increasing restrictions on their pious and social activities. In the thirteenth century, ecclesiastical authorities throughout Europe restricted the autonomy of nuns, notably with the publication of the papal bull *Periculoso* in 1298, which called for the strict enclosure of nuns in monastic houses.⁶² Changes to ecclesiastical and theological organization also placed new controls on lay women in the thirteenth century and after. Dyan Elliott has argued that a new emphasis on the need for regular individual confession after Lateran IV disempowered lay women by placing them in a subservient relationship to their

male confessors.⁶³ As well, clerics attempted to restrict women's access to sacred spaces, for instance barring women from entry into the chancels of English churches in the fifteenth century.⁶⁴ In Bergamo, as ecclesiastical and secular authorities worked to restructure hospitals according to a professional model, they came to associate women with the hospitals of the fourteenth century, those loosely-organized groups whose members enjoyed a significant level of autonomy. In the reformed institutions of the fifteenth century, oblates were scrutinized more closely and were required to undertake the same kinds of activities. In practice, this meant that hospitals could no longer serve as a substitute household for lay women.

The preceding discussion has underscored the argument that the history of hospital reform in the later Middle Ages needs to be analyzed through the lens of gender. The redefinition of hospitals as spaces for professional activity whose (male) governors exercised strict control over their members marginalized those lay women who had previously created their own communities within the institutions. Such conclusions undermine the master narrative of hospital history, a narrative which is imbued by a sense of the rationality and rightness of the changes of the fifteenth century. In the words of Michel Mollat, late medieval hospitals were "ill adapted to the new forms of poverty" endemic in Europe in the fourteenth century, and therefore "renewal, reform, and new leadership were needed".⁶⁵ A reappraisal of these changes demonstrates that the administrative housecleaning of which Mollat writes allowed hospital officials to address new forms of need at the beginning of the early modern period, but at the same time, it resulted in a lost opportunity for women.

University of Manitoba

Notes

- Earlier versions of this paper were given at the Medieval Academy of America meeting in Minneapolis in April, 2003 and at the New College Medieval and Renaissance Studies conference (Sarasota) in March, 2004. Thanks to participants in those sessions, particularly Debra Blumenthal and Nick Terpstra, for their thought-provoking questions. I am also grateful to Brenda Austin-Smith, Olive Cossar, and

Len Kuffert for comments on earlier drafts of this paper, to the SSHRC and the University of Manitoba for research fellowships, and to Roberta Frigeni and Maria Mencaroni Zoppetti for assistance with research.

- 1 On the centralization of hospitals throughout the West in the fifteenth century, see Michel Mollat, *The Poor in the Middle Ages: An Essay in Social History* trans. Arthur Goldhammer, (New Haven: Yale University Press, 1986) 282-286. On the history of hospitals in Lombardy during the fifteenth century, see Giuliana Albini, “Sugli ospedali in area padana nel Quattrocento” and “La Riforma Quattrocentesca degli ospedali nel ducato di Milano” in *Carità e Governo delle Povertà (secoli XII-XV)* (Milano: Unicopoli, 2002) 231-252 and 253-266; also see her *Città e ospedali nella Lombardia medievale* (Bologna: CLUEB, 1993). Still on Lombardy, see Brian Pullan, *Rich and Poor in Renaissance Venice*, (Oxford: Blackwell, 1971) 202-206, espec, 204. On the effects of centralization in other Italian cities and an argument for the “secularization” of hospitals after the Middle Ages, see Emilio Nasalli Rocca, *Il Diritto Ospedaliero nei suoi Lineamenti Storici* (Milano: Biblioteca della Rivista di storia del diritto Italiano, 20, 1956), 79-94.
- 2 On these officials, see Carlo Cipolla, in *Public Health and the Medical Profession in the Renaissance* (London: Cambridge University Press, 1976).
- 3 There is a tendency among historians of hospitals to disparage the activities of medieval hospitals implicitly as they argue for the effectiveness of the institutions in the fifteenth century. See, for instance, Gian Maria Varanini, “Per la storia della istituzioni ospedaliere” in Allan Grieco e Lucia Sandri, eds., *Ospedali e Città: l’Italia del Centro-Nord, XIII-XVI secolo* (Firenze: Le Lettere, 1998), 107-155.
- 4 For a survey of Bergamo’s history in the thirteenth and fourteenth centuries, see *Storia economica e sociale di Bergamo: il comune e la signoria* (Bergamo: Fondazione per la Storia Economic e Sociale di Bergamo, 1999). The exact population of Bergamo in the fourteenth centuries is unknown, but estimates place it at about 10,000 people. Maria Ginatempo and Lucia Sandri, *L’Italia delle città. Il popolamento urbano tra Medioevo e Rinascimento (secoli XIII-XVI)* (Firenze: Le Lettere, 1990), 76. Cited in François Menant, ‘l’Identità Civica’, in *Storia economica e sociale di Bergamo*, 40. For background to

earlier hospital foundations in Bergamo, see Maria Teresa Brolis, “All’origine dei primi ospedali in Bergamo: l’iniziativa dei laici nel XII secolo” *Rendiconti dell’Istituto Lombardo* (1994); 53-77 and Maria Mencaroni Zoppetti, ed. *L’Ospedale nella Città: vicende storiche e architettoniche della Casa Grande di S. Marco* (Bergamo: Fondazione per la Storia Economica e Sociale di Bergamo, 2002).

- 5 Although founding documents dated the creation of the new hospital to 1457, the hospital building was not begun until 1474. Maria Mencaroni Zoppetti, ed. *L’Ospedale nella città*, 39.
- 6 Cited in Pullan, *Rich and Poor*, 204.
- 7 For the record of the trial of Ziliolus – discussed below – see Archivio della Curia Vescovile di Bergamo (hereafter ACV BG), CAP 47, 189r-203v.
- 8 Daniel Le Blevec, “Le rôle des femmes dans l’assistance et la charité” *Cahiers de Fanjeaux* 23 (1988), 179.
- 9 Bynum, “The Mysticism and Asceticism of Medieval Women: Some Comments on the Typologies of Max Weber and Ernst Troeltsch” in *Fragmentation and Redemption: Essays on Gender and the Human Body in Medieval Religion* (New York: Zone Books, 1991), 54. On the rise of the Beguines and questions about their status in the thirteenth century, see Herbert Grundmann, *Religious Movements in the Middle Ages*, Steven Rowan, trans. (Notre Dame: Notre Dame University Press, 1995), 139-152 as well as, most recently, Walter Simons, *Cities of Ladies: Beguine Communities in the Medieval Low Countries, 1200-1565* (Philadelphia: University of Pennsylvania Press, 2001).
- 10 Roberta Gilchrist, *Gender and Material Culture: the Archeology of Religious Women* (London: Routledge, 1994), 172-176.
- 11 On the religious significance of hospitals for the laity, see Antonio Rigon, *S. Giacomo di Monselice nel Medio Evo* (Padua, 1972). On women’s commitments to hospitals in Florence, see Anna Benvenuti Papi, “In Domo Bighittarum seu Viduarum’: Pubblica Assistenza e Marginalità Femminile Nella Firenze Medievale” in *Città e Servizi Sociali*, (Pistoia: Centro Italiano di Studi di Storia e d’Arte, 1990).

- 12 Hospitals provided lone women with security in a world which viewed them with suspicion. On pressures on widows to marry or stay with their natal families in late medieval Florence, see Christiane Klapisch-Zuber, "The Cruel Mother: Maternity, Widowhood, and Dowry in Florence in the Fourteenth and Fifteenth centuries" in *Women, Family, and Ritual in Renaissance Italy*, Lydia G. Cochrane, trans. (Chicago: University of Chicago Press, 1985), 119.
- 13 Osheim, "Conversion, Conversi and the Christian Life in Late Medieval Tuscany" *Speculum* 58,2 (1983):371.
- 14 Benvenuti Papi, "In Domo Bighittarum..." 345.
- 15 Maria Grazia Cesana notes a similarly gendered structure in the hospitals of Como, asserting that in their enclosure, the *sorores* of Como's hospital of S. Vitale "vengono messe... sullo stesso piano dei poveri..." while the brothers of the hospital were free to move about the city collecting alms. "Comunità Ospedaliere di Como" in *Uomini e Donne in Comunità* (Verona: Cierre Edizioni, 1994), 149.
- 16 Archivio di Stato di Bergamo (ASBg), Notarile, Gerardus Soyarius, busta 8, 112 and 152, and busta 10, 21-22. For his assistance to the MIA on hospital business, see, for example, Notarile, Gerardus Soyarius, busta 10, 294.
- 17 He arranged a burial for a man killed in the vicinia of S. Pancrazio in 1361. Biblioteca Civica "Angelo Mai", Bergamo (BCBg), AB 229, 123v.
- 18 BCBg, AB 229, 124r.
- 19 ASBg, Notarile, Gerardus Soyarius, busta 7, 185
- 20 BCBg, MIA archivio 1383 bis.
- 21 BCBg, MIA pergamene 1184.
- 22 For the will listing these objects, see ASBg, Notarile, G Soyarius, busta 6, 22-24.
- 23 ASBg, Notarile, G Soyarius, busta 7, 367.
- 24 In monasteries, the conversus was an individual who had made a religious vow to the institution as an adult. The familiares, on the other hand, was an

individual who lived outside the monastery but assisted it with donations. Cosimo Damiano Fonseca notes that the familiares in canonical communities, like those in monasteries, also lived outside the community and helped administer its finances and property holdings. Fonseca, “I Conversi nelle Comunità Canonicali”, in *I Laici nella Societas Christiana dei secoli XI e XII* (Milano, 1968), 282. I am grateful to Isabelle Cochelin for explicating the differences between the two groups. On the status of the conversus, see the *Dictionnaire de Droit Canonique* (Paris, 1949), 575.

- 25 For an example of sacred elements in the entrance ceremony of conversi, see that of domina Bona fq Alexandri de Palazollo de Villa de Lemene, who became a conversa of S. Vincenzo at the Dominican church of S. Stefano in 1350. ASBg, Notarile, G Soyarius, b. 10, 379-380.
- 26 ASBg, Notarile, G Soyarius, busta 10, 349.
- 27 This is the only such agreement I have identified for any hospital in the city during the fourteenth century. Most familiares made no promises to work in hospitals on oblation.
- 28 ASBg, Notarile, G Soyarius, busta 8, 64.
- 29 We know much more about the activities of women in Bergamo’s hospitals than we do about their male counterparts, since there are few extant records describing the experiences of male conversi and familiares. Some of the experiences of conversae and female familiares I describe here must have been shared by men, although it is unlikely that men needed to look to hospitals to provide them with security and companionship that they could not find in the outside world. It is also unlikely that male conversi or familiares participated in property transactions together; I have certainly found no such records in the notarial instrumenta.
- 30 Osheim also argues that Tuscan conversi were more likely to be from wealthy, not poor backgrounds. “Conversion,” 378-380.
- 31 Cosimo Damiano Fonseca notes that conversi in canonical communities also reserved themselves the usufruct of their properties on oblation. Fonseca, “I Conversi nella Comunità Canonicali” *I Laici nella Societas Christiana*, 264.

- 32 ASBg, Notarile, G Soyarius, busta 8, 203.
- 33 ASBg, Notarile, G Soyarius, busta 8, 18.
- 34 Duane Osheim suggests that *conversi* were normally married and elderly, but he admits that it is difficult to know their exact ages. Osheim, "Conversion", 380.
- 35 ASBg, Notarile, G Soyarius, busta 7, 146-148.
- 36 See her *pro anima* donation of alms to the MIA in 1293 in BCBg, MIA archivio 718, 214v and her entrance to S. Vincenzo in 1337 in BCBg, MIA pergamene 7339.
- 37 BCBg, MIA pergamene 3520.
- 38 Bennett emphasizes that "sexual behavior is certainly important, but it need not be defining" for membership in either the category of "lesbian" or "lesbian-like." "'Lesbian-Like' and the Social History of Lesbianisms" *Journal of the History of Sexuality* 9/1-2(2000), 16. Also see the remarks on identifying lesbians in the past in Martha Vicinus, "Lesbian History: All Theory and No Facts or All Facts and No Theory?" in *Radical History Review* 60 (1994): 59. She remarks: "I find it ironic that "lesbianism" continues to depend upon the evidence of sexual consummation, whereas heterosexuality is confirmed through a variety of diverse social formations" including, as she points out, relationships in which sexual consummation never occurs. My thanks to Adele Perry for this reference.
- 39 The theme of friendship in a religious environment is the subject of several studies by Brian Patrick McGuire, including *Friendship and Community: the Monastic Experience* (Kalamazoo: Cistercian Publications, 1988). McGuire suggests that erotic friendships could exist without genital contact within monasteries.
- 40 ASBg, Notarile, G Soyarius, busta 8, 220-221.
- 41 ASBg, Notarile, G Soyarius, busta 8, 221.
- 42 ASBg, Notarile, G Soyarius, busta 8, 188-189.

- 43 For the rental agreement with Caracosa de Sivernatis, see ASBg, Notarile, G Soyarius, busta 8, 223-224. For the women's room in S. Vincenzo, see ASBg, Notarile, G Soyarius, busta 9, 66-67.
- 44 ASBg, Notarile, G Soyarius, busta 9, 124.
- 45 ASBg, Notarile, G Soyarius, busta 6, 22-24.
- 46 ASBg, Notarile, G Soyarius, busta 7, 146.
- 47 ASBg, Notarile, G Soyarius, busta 7, 144-145.
- 48 ASBg, Notarile, G Soyarius, busta 8, 207-210 and 237-239 and ASBg, Notarile, G Soyarius, busta 11, 186.
- 49 The bibliography on this subject is large. For a general discussion of the perception that all women were in thrall to their sexual desires and were thus potential agents of disorder, see Ruth Mazo Karras, "Sexuality in the Middle Ages" in Peter Linehan and Janet Nelson, eds., *The Medieval World*, (London: Routledge, 2001), 279-293, espec. 289. Katherine Jansen discusses the connection between fears of women's sexuality and attempts to control women within the religious realm. See *The Making of the Magdalen*, 168-196. Also see Michael Rocke's "Gender and Sexual Culture in Renaissance Italy" in *Gender and Society in Renaissance Italy*, (London: Longman, 1998), 153. Brenda Bolton has argued that associations of religious women met with ecclesiastical hostility during the later Middle Ages because women were thought to "inevitably contribute to indiscipline", adding that "as the church became increasingly institutionalized so it was less able to tolerate any disruptive force in its midst." Bolton, "Mulieres Sanctae" in Susan Mosher Stuard, ed. *Women in Medieval Society* (Philadelphia: University of Pennsylvania Press, 1976), 143.
- 50 On hospital reform in fifteenth-century Lombardy, see the work of Giuliana Albini, cited in n. 1 above.
- 51 For a further example of authorities' attempts to control religious women on the Italian peninsula, see Mario Sensi's study of ecclesiastical attitudes to female penitents in central Italy in "Anchoresses and Penitents in Thirteenth and Fourteenth-Century Umbria" in Roberto Rusconi and Daniel

Bornstein,eds., *Women and Religion in Medieval and Renaissance Italy* (Chicago: University of Chicago Press, 1996), 57-83.

- 52 See, for instance, records from the hospital of S. Vincenzo between 1370 and 1399 in ASBg, Notarile, G Fanconi, busta 117a, 416-424; b. 117b, 423-425; b. 118a, 432-434. None mention conversae or familiares.
- 53 ACVBg, CAP 47, 189r-203v.
- 54 ACVBg, CAP 47, 191r.
- 55 ACVBg, CAP 47, 191v.
- 56 ACVBg, CAP 47, 194r.
- 57 ACVBg, CAP 47, 191v/192r.
- 58 ACVBg, CAP 47, 191r.
- 59 The document reads in part: ...dominam Doratham condam domini Zoanotti de Roxiate esse bonam et ydoneam ac / honestam personam et necessariam dicto hospitali ad deservendum in dicto hospitali et cupientes / ipsum hospitale bonus et honestis personis popolare, ne ipsum hospitale detrimentum et lesionem / patiatur... BCBg, MIA Pergamene 3520
- 60 Osheim, "Conversion", 389.
- 61 For an example of the way in which confraternity officials asserted sole authority over hospitals in the later fourteenth century, see records of the Misericordia Maggiore's governance of S. Vincenzo in ASBg, Notarile, G. Fanconi, busta 118b, 152-158.
- 62 On efforts to control nuns, see Johnson, "The Cloistering of Medieval Nuns" in *Gendered Domains: Rethinking Public and Private in Women's History*, (Ithaca: Cornell University Press, 1992), 39 and *Equal in Monastic Profession: Religious Women in Medieval France* (Chicago: University of Chicago Press, 1991), 252. On *Periculoso*, see Elizabeth Makowski, *Canon Law and Cloistered Women: Periculoso and its Commentators, 1298-1545* (Washington D.C.: Catholic University of America Press, 1997).

- 63 See “Women and Confession: From Empowerment to Pathology” in *Gendering the Master Narrative: Women and Power in the Middle Ages* Mary C. Erler and Maryanne Kowaleski, eds. (Cornell University Press, 2003), 31-51
- 64 Christine Peters, *Patterns of Piety: Women, Gender and Religion in late Medieval and Reformation England* (Cambridge: Cambridge University Press, 2003), 19.
- 65 Mollat, *The Poor in the Middle Ages*, 271.

Works Cited

- Albini, Giuliana. *Carità e Governo delle Povertà (secoli XII-XV)* (Milano: Unicopoli, 2002).
- Albini, Giuliana. *Città e ospedali nella Lombardia medievale* (Bologna: CLUEB, 1993).
- Bennett, Judith. ““Lesbian-Like” and the Social History of Lesbianisms” *Journal of the History of Sexuality* 9 1-2 (2000): 1-24.
- Benvenuti Papi, Anna. “‘In Domo Bighittarum seu Viduarum’: Pubblica Assistenza e Marginalità Femminile Nella Firenze Medievale” in *Città e Servizi Sociali* (Pistoia: Centro Italiano di Studi di Storia e d’Arte, 1990) pp. 325-353.
- Bolton, Brenda. “Mulieres Sanctae” in *Women in Medieval Society* ed. Susan Mosher Stuard (Philadelphia: University of Pennsylvania Press, 1976) pp. 141-158.
- Brolis, Maria Teresa. “All’origine dei primi ospedali in Bergamo: l’iniziativa dei laici nel XII secolo” *Rendiconti dell’Istituto Lombardo* (1994): 53-77.
- Bynum, Carolyn Walker. “The Mysticism and Asceticism of Medieval Women: Some Comments on the Typologies of Max Weber and Ernst Troeltsch” in *Fragmentation and Redemption: Essays on Gender and the Human Body in Medieval Religion* (New York: Zone Books, 1991) pp. 53-78.
- Cesana, Maria Grazia. “Comunità Ospedaliera di Como” in *Uomini e Donne in Comunità* (Verona: Cierre Edizioni, 1994) pp. 145-160.

- Cipolla, Carlo. *Public Health and the Medical Profession in the Renaissance* (London: Cambridge University Press, 1976).
- Dictionnaire de Droit Canonique* (Paris, 1949).
- Elliot, Diane. "Women and Confession: From Empowerment to Pathology" in *Gendering the Master Narrative: Women and Power in the Middle Ages* ed. M Mary C. Erler and Maryanne Kowaleski (Ithaca: Cornell University Press, 2003) pp. 31-51.
- Fonseca, Cosimo Damiano. "I Conversi nelle Comunita Canonicali" in *I Laici nella Societas Christiana dei secoli XI e XII* (Milano: Vita e Pensiero, 1968)pp. 262-305.
- Gilchrist, Roberta. *Gender and Material Culture: the Archeology of Religious Women* (London: Routledge, 1994).
- Ginatempo, Maria and Lucia Sandri. *L'Italia delle città. Il popolamento urbano tra Medioevo e Rinascimento (secoli XIII-XVI)* (Firenze: Le Lettere, 1990).
- Grundmann, Herbert. *Religious Movements in the Middle Ages* tr. Steven Rowan, (Notre Dame: Notre Dame University Press, 1995).
- Jansen, Katherine. *The Making of the Magdalen: Preaching and Popular Devotion in the Later Middle Ages* (Princeton: Princeton University Press, 2000).
- Johnson, Penelope. *Equal in Monastic Profession: Religious Women in Medieval France* (Chicago: University of Chicago Press, 1991).
- Johnson, Penelope. "The Cloistering of Medieval Nuns" in *Gendered Domains: Rethinking Public and Private in Women's History* ed. Dorothy Helly and Susan Reverby (Ithaca: Cornell University Press, 1992) pp. 27-39.
- Karras, Ruth Mazo. "Sexuality in the Middle Ages" in *The Medieval World* eds. Peter Linehan and Janet Nelson (London: Routledge, 2001) pp. 279-293.
- Klapisch-Zuber, Christiane. *Women, Family, and Ritual in Renaissance Italy* tr. Lydia G. Cochrane (Chicago: University of Chicago Press, 1985).

- Le Blevet, Daniel. "Le rôle des femmes dans l'assistance et la charité" in *La Femme dans la vie religieuse du Languedoc (XIII-XIV s.)* ed. Marie-Humbert Vicaire et al *Cahiers de Fanjeaux* 23 (1988) pp. 171-190.
- Makowski, Elizabeth. *Canon Law and Cloistered Women: Periculoso and its Commentators, 1298-1545* (Washington D.C.: Catholic University of America Press, 1997).
- McGuire, Brian Patrick. *Friendship and Community: the Monastic Experience* (Kalamazoo: Cistercian Publications, 1988).
- Mollat, Michel. *The Poor in the Middle Ages: An Essay in Social History* tr. Arthur Goldhammer (New Haven: Yale University Press, 1986).
- Nasalli Rocca, Emilio. *Il Diritto Ospedaliero nei suoi Lineamenti Storici* (Milano: Biblioteca della Rivista di storia del diritto Italiano, 20, 1956).
- Osheim, Duane. "Conversion, Conversi and the Christian Life in Late Medieval Tuscany" *Speculum* 58 2 (1983): 368-390.
- Peters, Christine. *Patterns of Piety: Women, Gender and Religion in late Medieval and Reformation England* (Cambridge: Cambridge University Press, 2003).
- Pullan, Brian. *Rich and Poor in Renaissance Venice: the Social Institutions of a Catholic State* (Cambridge: MA, Harvard University Press, 1971).
- Rigon, Antonio. *S. Giacomo di Monselice nel Medio Evo* (Padua: 1972).
- Rocke, Michael. "Gender and Sexual Culture in Renaissance Italy" in *Gender and Society in Renaissance Italy* (London: Longman, 1998) pp. 150-170.
- Sensi, Mario. "Anchoresses and Penitents in Thirteenth and Fourteenth-Century Umbria" in *Women and Religion in Medieval and Renaissance Italy* ed. Roberto Rusconi and Daniel Bornstein (Chicago: University of Chicago Press, 1996) pp. 57-83.
- Simons, Walter. *Cities of Ladies: Beguine Communities in the Medieval Low Countries, 1200-1565* (Philadelphia: University of Pennsylvania Press, 2001).

Storia economica e sociale di Bergamo: il comune e la signoria (Bergamo: Fondazione per la Storia Economic e Sociale di Bergamo, 1999).

Varanini, Gian Maria. “Per la storia della istituzioni ospedaliere” in *Ospedali e Città: l’Italia del Centro-Nord, XIII-XVI secolo* ed. Allan Grieco e Lucia Sandri (Firenze: Le Lettere, 1998) pp. 107-155.

Vicinus, Martha. “Lesbian History: All Theory and No Facts or All Facts and No Theory?” in *Radical History Review* 60 (1994): 57-75.

Zoppetti, Maria Mencaroni. ed. *L’Ospedale nella Città: vicende storiche e architettoniche della Casa Grande di S. Marco* (Bergamo: Fondazione per la Storia Economica e Sociale di Bergamo, 2002).