CHARITABLE BOUNDARIES?
Defining the social & economic territory of small urban hospitals in 14th century Brabant.

Hospitals in 14th Century Brabant

The cities of the duchy of Brabant witnessed like many other in the Low Countries a wave of hospitals creation during the 14th century. Following a relatively calm period, the new era brought a burst in the foundation movement. The new establishments were characterized by their small sizes and their higher degree of specialization. Doing so, they followed a trend we can observe in many other countries. In the highly urbanized context, this phenomenon is mostly predominant in the large urban center, namely the four main cities of the Duchy: Louvain, Brussels, Antwerp, and Bois-le-Duc, but also Mechelen, outside the Duchy but strongly linked with it.

In those cities, several small institutions added then up to each other in enclosed urban spaces. The spatial extent of their action is difficult to apprehend and often overlooked as it is assumed that they served the city as a whole. Each of them addressed nonetheless with their charitable mission, or the many other services they offered, a portion of the urban population, but also of the urban territory. We’ll try to identify the framework in which the hospitals displayed their activities, sketch the outlines of their social and economic territory and determine whether there was a competition between them.

In order to sketch the outlines of their area of influence and interest, several approaches are used. Different elements displaying the social and economic ties of the hospitals are brought on a map and "spatialized".

Administrators residences

The place of residence of the administrators represent an interesting testimony of the involvement of local notables in the institution. The recurrence of the proximity over time and the continuity allow us to assert the existence of a quarter or a space within which the hospital possess a peculiar status.

In some places like Saint-Julian in Brussels, the founders of the hospital assured this proximity by appointing relatives living in the same parish as administrators and making the parishioner responsible for the following appointments. In other, like Mechelen, the link with the parishioners wasn’t an explicative factor. The residence of most of the hospital trustees for the second half of the 14th c. is situated next to the hospital. It is interesting to notice that many of them pursued a political career beside or after their appointment as administrator. Several notables of the city had therefore perceived the importance of the office. Their mandate at the head of a local charitable institution allowed them to legitimate their social position.

Mapping the assets

The analysis of the real estate assets and their distribution on the urban territory provides another interesting clue in our attempt to circumscribe the social territory of the hospitals. The capital of these small institutions was indeed mainly urban and constituted both by gift and by purchase. On the maps presented here, one can see two main patterns:

- Assets confined to the parish
- Assets excluding the centre

For the hospitals of St Julian in Brussels and Mechelen, the real estate assets is almost exclusively confined within the boundaries of the parish, with or without strong link with the institution. In Leuven, for Gent-Niklaas and Sint-Vijve, both in the same parish, the same was true for approximately 2/3 of the assets.

Conclusion

The hospitals social and economic territories sketched here shows that their areas of influence were always smaller than the territory of the city itself and were overlapping each other. However, there doesn’t seem to have been any competition between the different institutions. Their small size and small asset prevented them to become concurrent. They sustained however a separate and individual relationship towards the urban structure of the city. In this sense the asset of hospitals might be seen as a reflection of their history. The relationship between medieval urban hospitals and the spatial structures they grew up in but also the different spaces they contributed to create wasn’t neutral as some structure were integrated in the sphere of influence of the hospitals while, in some cases, others were excluded. The same can be said of their ties with social groups.

Social and Economic Space


Bibliography: