

ST JOHN'S HOSPITAL IN BRUGES IN THE SIXTEENTH AND SEVENTEENTH CENTURIES. REAL AND INTANGIBLE INTERACTIONS BETWEEN RELIGION, DEVOTION, CARE AND ART ARE THE INGREDIENTS NECESSARY TO CONSTITUTE A CONTINUOUS HOSPITAL HISTORY

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INTRODUCTION

The religious community of St John's Hospital in Bruges embodied a quest for spiritual perfection by perpetuating the *caritas* principle. Charity inspired hospital care. Hospital care had a dual nature. On the one hand there was the devotional care, which, in the sixteenth and seventeenth centuries, was influenced by the humanisation of the Catholic regime. On the other, there was the medical care, which was subject to a process of medicalisation during this same period.

Hospital management, art, architecture, medical care, the changing care procedures and the extended notion of charity, interacted during the Reformation and the Counter-Reformation. The hospital architecture and material heritage may look functional but at the same time they also had aesthetic value. The art collection, hospital construction and organisational motives provided a social context for the hospital's operations.¹

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¹ Goegebuier, Sibylla, «Passio et ratio. Het medisch en religieus erfgoed van het Sint-Jans-hospitaal Brugge vertelt een dubbelverhaal», in Peeters, P. & Montignie, A. (coord.), *Albarelli, chevrettes & Co. Le musée pharmaceutique Albert Couvreur s'invita à l'Hôpital Notre-Dame à la Rose*, Lessines, Wapica y ASBL Office Tourisme Lessines - Hôpital Notre-Dame à la Rose, 2016, pp. 36-39; Goegebuier, Sibylla, «The function of the religious St John's Hospital community in Bruges in the sixteenth and seventeenth century history of care. How does the intangible history of care translate itself into the tangible seventeenth-century art collection commissioned by St John's Hospital?», Fourth RefoRC Conference Bologna, Arts, Portraits and Representation in the Reformation Era, Bologna, May 15-17 2014 (in press); Goegebuier, Sibylla, «The Memling in Sint-Jan – Hospital Museum re-established as Sint-Jans-hospitaal Museum. A history of continuity», International Symposium Documentary and Visual sources for the historical study of hospitals, IRCVM-Universitat de Barcelona, l'Hospitalet de l'Infant-Barcelona, April 17-19 2013 (unpublished paper).

CARITAS, A MULTI-LAYERED PRINCIPLE

The notion of charity in a hospital context became layered. The meaning that Matthew attributes to *caritas* undisputedly continued to be the driving force for its functioning in a society which was confronted with a growing number of people who needed care and who became increasingly differentiated, along with the type of care. This is the supreme commandment in the law: the love for God. It relates to the second, equivalent commandment of charity, and also involves a sense of mercy. Charity was also incorporated in the humanist discourse about social problems. The charitable history of St John's Hospital is written as a result of the response of those who needed care and the society that made care necessary. Society increasingly wanted to centralise care. The position of those who needed care and those who provided it was increasingly confirmed in a secular context. The story can be called a success story on the one hand. The process of a policy of care for the poor, which was regulated and bureaucratised by the authorities and was fuelled by the government's sense of civic duty to provide a community service, was only accelerated.² Ordinances gave rise to a compromise instead of centralisation and confirmed the failure of the attempted reform.³ The religious hospital community understood very well that charity was part of a care industry.⁴ The poor were a functional part of this process.⁵ The care was also characterised by devotion. The contemplative line of action, which confirmed the way of life of the religious care providers in the hospital proved indispensable in the care process. Charity was undeniably subject to certain rules. It established a harmony between the secular and religious

² Dietl, Albert, «Die Kunst der praktizierten *caritas*. Bilder der Werke der Barmherzigkeit», in Petzel, K. (coord.), *Caritas. Nächstenliebe von den frühen Christen bis zur Gegenwart*, Paderborn, Petersberg, Erzbischofliches Diözesanmuseum, Michael Imhof Verlag GMBH & Co KG, 2015, pp. 190-192.

³ Dehaeck, Sigrid & Van Hee, Robert, «Van hospitaal naar virtueel ziekenhuis», in Tack, L. (coord.), *Architectuur van Belgische hospitalen, Monumenten & Landschappen, Cahier 10*, Brussel, Ministerie van de Vlaamse Gemeenschap, Afdeling Monumenten & Landschappen, 2005, p. 16.

⁴ Vervaet, Lieve, *Goederenbeheer in een veranderende samenleving. Het Sint-Janshospitaal van Brugge ca. 1275-ca.1575*, University Gent, 2014 (unpublished doctoral dissertation), pp. 31-48.

⁵ Oexle, Otto, «Zwischen Armut und Arbeit. Epochen der Armenfürsorge im Europäischen Westen», in Petzel, K. (coord.), *Caritas. Nächstenliebe von den frühen Christen bis zur Gegenwart*, Paderborn, Petersberg, Erzbischofliches Diözesanmuseum, Michael Imhof Verlag GMBH & Co KG, 2015, p. 73.

aspects of the hospital history, combining the tangible and immaterial hospital world into a legible essay. Devotion was part of a charitable spirituality in accordance with the hospital rules. The way in which the hospital sisters have transposed the power and significance of faith into the hospital's operation for centuries and the way in which they have also enabled the hospital's medical operation as a care institution help us identify a large number of cornerstones of the universal care story. The institution's material heritage and the hospital's architecture in particular made the history of devotional care and health care eminently recognisable. They were instruments of propaganda and memory. The hospital was a protagonist in the civil and religious care network.⁶

A SENSE OF TRADITION—THE NEED FOR INNOVATION

The sixteenth and seventeenth centuries were a period of change and of consolidation, marked by an awareness of the importance of tradition and the need for innovation. This was combined with the three-dimensional notion of upscaling. Local care for the sick and poor had to compete with a globalising care process. Upscaling meant generating innovation. The upscaling also took place in the area of devotional care. The humanisation of care, combined with a hospital policy which was gently manipulated to become more targeted, created a pattern of a hospital with devotional roots, which increasingly had a medicating function. In that sense it also dictated the functioning of the convents and of the hospital pharmacy, which opened in 1644, in line with social change. An effectively operating hospital pharmacy had to be able to rely on the knowledge of a pharmaceutical network, which extended beyond the walls of the hospital complex. In Bruges the profession of pharmacist was heavily regulated. The hospital pharmacy apparently

⁶ The St John's Hospital also created a charity network. The publication by Caroline Bowden, *The Chronicles of Nazareth (The English Convent), Bruges, 1629-1793*, Catholic Record Society, Boydell Press: Woodbridge & Rochester NY, 2017, speaks about the charity contributions made by the St John's Hospital towards the English Convent. The enclosed, religious community of the English Convent created a kind of 'support' network, which enhanced the opportunity to bypass enclosure. Eleonora Goossens, prioress of the sisters of the St John's Hospital (1630-1654), is mentioned in the Chronicles as benefactress. The Phd research I started, entitled *The prioresses from the St John's Hospital in Bruges in the Sixteenth and Seventeenth century: Their agency in the city, Tridentine Catholicism and Care for the sick*, will answer to the question about the possible existence of a similar support and charity network.

did not have to heed these regulations. While the zeitgeist was changing, the nuns-pharmacists maintained an Apollonian independence and continual dignity.⁷

A number of events in Bruges and in St John's Hospital pointed to a changing mindset and relationship between the religious and administrative powers. The grip of religious power fluctuated between stable and firm, whereas the structure of the hospital community was both stable and fragile. Income and expenditure were influenced by the social-political circumstances. In turn, all these developments influenced the art and architecture produced by and for the hospital, and from the perspective of the hospital, the art appreciation.

An ordinance from 1573, which was drafted by the town magistrate, aimed to curtail the lifestyle of the nuns and friars, which was deemed too worldly.⁸ The revised articles of association of the Sisters of St Janshuus in Bruges, which incorporated the Rule of St Augustine, were published in 1598. This record clarified the roles of the nuns and the friars in the community: «from now on, a woman shall run the hospital whereas previously a man did».⁹ The bishop paid great attention to convent reforms. The construction of the nuns' convent and the separation from the friars, and the subsequent disappearance of the friars was completely in line with the reform of the religious community. Generally speaking, the efficiency and sustainability of an important objective of the convent's operations, namely to be a reflection of Celestial Jerusalem on earth, was thereby controlled. Following the above mentioned material and intangible changes, the tools for this control system were available. The Council of Trent did have a hand in these events.

In the seventeenth century, the emphasis continued to be on protecting the hospital's own medical and religious world. A visitation report from 1620 shows that St John's Hospital continued to work relatively independently. The Council of Trent's influence still was apparent in the level of control of the lives of the nuns, with respect for the efficient operation of the hospital, which pointed to a more humane and sensitive approach to the hospital as an institution. In effect, the document slightly redefined and even confirmed the existing profile of a nuns' community that was also prevalent in the sixteenth century.¹⁰

⁷ Goegebuer, Sibylla, «Passio et ratio...», *op. cit.*, pp. 36-39.

⁸ Copy of the ordinance by the town magistrate of Bruges, 20 November 1573, Brugge, Archives Sisters St John's Hospital, Map I, n.º 78.

⁹ Geldhof, Jozef, «De kloostergemeenschap van het Sint-Janshospitaal, 1459-1975», in Lobbelle, H., & Goetinck, M. (coord.), *Sint-Janshospitaal 1188/1976*, Deel 1, Brugge, Die Keure, 1976, pp. 174-176.

¹⁰ Triest, Antonius, Official visitation report St John's Hospital Bruges, 1620, Bruges, State Archives, TBO 123-475/BIS.

A NEW CONVENT FOR THE HOSPITAL SISTERS

The tension between the needs for separate living quarters for the nuns and a public hospital space and the desire for a moderate clausura in the Bruges hospital context became intense. Architectural projects with a more pragmatic perspective and religiously-inspired achievements fulfilled both these needs. The architecture and art, which were commissioned by the religious community, also played a symbolic role. They corresponded to a growing need for recognition of the social significance of a female, religious community, which claimed its place on the social ladder. They bore witness to the changing care process, which transcended the original, religious aspect of the principle of charity. It was therefore not unusual that a new conventional nunnery –in terms of its structure– was built in the years between 1539 and 1544, which was however completely separate from the monastery for the friars. Throughout the various phases of construction until the seventeenth century, the convent became larger, encompassing more than just the original living quarters for the nuns in the hospital's attic, above the wards. As a result of its rather separate position in the hospital fabric and because its exterior is considered an example of the influence of civil architecture on a religiously inspired institution, it was a rather veiled attempt at building a faux palace (photography 1). The harmonious ensemble has a refined yet simple architecture, with traditional monastic quarters, which were concealed behind so-called closed walls (photography 2). The care providers entered a space, which wanted to compete with civilian-aristocratic residences in terms of style and allure when it came to its external appearance. The relevance of the physical clausura, the solidity and the boundaries of the site's accessibility, the church decorum, which Carolus Borromeus stressed in his *Instructionum fabricae et supellectilis ecclesiasticae*, (Milan, 1577), were beautifully interpreted in reality in the Bruges hospital context.

The hospital and the convent managed to survive in a city marked by an urgent need for care. They engaged in the intensive care debate. Strangely enough, the first construction phase of the convent happened during a period of financial volatility.¹¹ The town magistrate and the clergy struggled over who was responsible for managing the convent's resources.

¹¹ Survey of houses in possession by the St John's Hospital Bruges in REG. B 46 (1547), f° 114-116; REG. D 15 (1547), f° 4-6-9v, Archives of the Public Social Welfare Centre Bruges, St John's Hospital Foundation.

Archives of the Public Social Welfare Centre Bruges, St John's Hospital Foundation, Rekeninghe (Account), 1579-1583, f° 3-4. A document from 1579 in which Bruges legislation granted the

The global social and religious evolutions meant that a situation of nuns and friars operating together in one institution, in one hospital with shared but equivalent responsibilities was however no longer tenable.¹² The distinction between religious and medical care and the lives of friars and nuns as men and women and as people of the cloth, in one hospital building, became more sharply defined. This marked the commencement of the hospital's modern history.

THE INTERACTIVE HOSPITAL HISTORY AS TOLD IN ONE WORK OF ART

«The Madonna with saints and two hospital sisters» attributed to Jacob van Oost the elder (1601-1671), dated 1664, is one example of a work of art that gives material evidence of the real and intangible interactions between religion, devotion, care and art (photography 3).

The religious art and architecture, which were commissioned by the female religious community, were multifunctional. They were an expression of the faith of the religious care providers and the devotional aspect of charity. The nuns also seemed to use the works as symbols of their independence, just like they used the construction of the new convent as a way of displaying their self-esteem. They identified themselves with the art and architecture they commissioned. Certain artworks are evidence that these women, who were keenly aware of the changes in society wanted to be recognised. They did not seem intimidated by the intentions of the clausura.¹³ However, the content of these works is first and foremost religious. That said, aesthetic-decorative qualities and a sense of grandeur also seem to tie in perfectly with works with a religious-devotional message. Until well into the seventeenth century, Gabriele Paleotti still whispered a few words on the figurative arts from his *Discourse on sacred and profane images*,¹⁴ as well as Johannes Molanus from his *De Picturis*. Personal and collective pleasure became more widely accepted.

convent the permission to sell land outside the city estates, that the proceeds from this sale were destined to be used to pay various large debts.

¹² Lambrecht Mathias, Rules Sisters St John's Hospital Bruges, 25 July 1598, 1r-2r Introduction, 3r-15r Rule St Augustine, 16r-30r Articles of Association, Archives Sisters St John's Hospital Bruges.

¹³ Triest, Antonius, *op. cit.*, Bruges, State Archives, TBO 123-475/BIS.

¹⁴ Prodi, Paolo & Mc Cuaig, William (coord.), *Discourse on sacred and profane images, Gabriele Paleotti*, Los Angeles, Getty Institute, 2012, p. 15; Bianchi, Ilaria, *La politica delle immagini nell'età della Controriforma. Gabriele Paleotti teorico e committente*, Bologna, Editrice Compositori, 2008, pp. 9-13.

A muted sense of splendour and beauty pervaded the hospital community which struck a controlled balance between a contemplative life and an active, dual care policy that took precedence over everything else. The nuns surrounded themselves with precious and appealing objects that dangerously transcended the boundaries of monastic decorum. They embraced the morals of poverty, but this by no means affected their sense of comfort and decoration. The hospital sisters preferred to live in a privileged zone. The medieval tradition that had produced valuable monastic art lived on. In addition to the spiritual significance, however, the aesthetic appeal and the confirmation of the authority of female leadership within the urban care network became more manifest in the artworks they commissioned.

The painting portrays Isabelle Dailly (1630-1695) kneeling on the extreme left, her hands folded in prayer. Next to her is Isabelle Briellmans (1629-1680),¹⁵ holding a prayer book in her right hand. St Elizabeth of Hungary protects Isabelle Dailly. Isabelle Briellmans is presented to Mary by an until now unidentified saint. She might be St Elisabeth of Portugal. Like St Elisabeth of Hungary, she is a charitable-spiritual model of kindness. Dailly is listed as a sacristan and worked in the hospital pharmacy. Briellmans also was a hospital pharmacist.¹⁶ St Augustine is seen kneeling to the right. The artist has painted St John the Evangelist in the centre, who recommends the nuns with a gesture of his arm.

Van Oost's artwork combines the portraits of nuns and saints, of the earthly and celestial world. The painting perpetuates the veneration of saints, which has taken place for centuries in the hospital. The work promotes the spiritual welfare of the nuns and confirms the identity of the hospital community. The portrait emphasises the significance of the continuity of the hospital's operation to the outside world as being blessed by God and the saints. It confirms the value of the hospital community's identity to the religious and city authorities. Much like the Council of Trent supported the visual tradition of previous centuries through its directives about the veneration of saints and relics and the portrayal of saints, the nuns also did this on a local level. They assured continuity, which was vital for self-preservation and was a guarantee that tradition would be preserved.

The saints and nuns have been portrayed in a tranquil *sacra conversazione*. This devout scene exemplifies the intimate, religious connection, to which the hospital's nuns were granted privileged access. The work was displayed in the

¹⁵ Demuynck, Miet, *Inventaris van het archief van de hospitaalzusters van Sint-Jan te Brugge*, Non-published inventory, Brugge, 1998, p. 191.

¹⁶ *Ibidem*, pp. 133 and 146.

chapter room of the new convent.¹⁷ Saints and nuns are portrayed in the immediate, almost tangible proximity of the central, divine-celestial scene. They are led by the rules of the religious play. They appear as solo protagonists and refused to be relegated to the side-lines, on side panels. The painting thus becomes a narrative. The colour dynamics of the celestial scene with the Virgin Mary and her Son are tempered by the simple colour palette of the presentation scene with the sisters. The painter acted in the name of the nuns-commissioners, promoting a display of faith. However, he succeeded in duly dividing his attention in accordance with the rules of religion thanks to a cleverly thought out composition and the rhythm of the colours. The narrative must bring about the nuns' salvation. However, it also has a social function. It showcases the convent's prestige and wealth, the hierarchical-social ladder on which the nuns-pharmacists found themselves.¹⁸ The portraits veer between a muted display and disciplinary piety. The work of art is a *mise en image*, in which the religious and social ambitions of the nuns who commissioned the works were conveyed. The devotional portrait perfectly fulfils its role. It shows how these women prayed the ideal prayer. The notion of the presence of a perfect, immortal prayer raises the work to an immaterial level. It represents a mental vision which the portrayed experienced in prayer.¹⁹ They modestly gaze at the saints and hold a prayer book or have folded their hands. This alludes to the spiritual action of praying. The portrayed wanted to experience the sacred and feel united with God. The patron saints that present them only underscore the scene's divine nature. The natural surroundings, the stage, the position of the throne, the still-life in the foreground, the physical contact with the saints on the stage refer to a spirituality which had its foundation in the Middle Ages. This is more than a mental vision. There are no two adjacent worlds. Here the two worlds converge. The vision becomes a real encounter or

¹⁷ Meulemeester, Jean-L., *Jacob Van Oost de Oudere en het zeventiende-eeuwse Brugge*, Brugge, Uitgaven West-Vlaamse Gidsenkring Vzw, 1984, p. 337; Descamps, Jean B., *Voyage pittoresque de la Flandre et du Brabant avec des réflexions relativement aux arts et quelques gravures*, Paris, Desaint, 1769, p. 300; Everaert, Jean, *Inventaris C.O.O.*, Deel 1, Brugge, Leden der Burgerlijke Godshuizen, 1864.

¹⁸ Falque, Ingrid, «Mise en mots» et «Mise en image» de la progression spirituelle. Vers une nouvelle approche du portrait dévotionnel dans la peinture flamande de la fin du Moyen Age», in Dekoninck, R., Guiderdoni, A. & Granjon, E. (eds.), *Fiction sacrée. Spiritualité et Esthétique durant le premier Age Moderne, Art & Religion 1*, Leuven, Peeters, 2013, pp. 301-303; Wilson, Jean, *Painting in Bruges at the close of the Middle Ages. Studies in Society and Visual culture*, Pennsylvania State University Press, 1998, pp. 41-84.

¹⁹ Harbison, Craig, «Visions and Meditations in Early Flemish painting», *Simiolus. Netherlands quarterly for the history of art*, 15 (1985), pp. 87-118.

in any event, a desired, imagined, mentally experienced *conversazione*, with Christ symbolising the achievement of this spiritual quest. The artwork becomes a tool for conveying in images what happened on the mental level. The nuns are literally just a step away from the spiritual ideal. The spectator was invited to interpret the composition in a dynamic manner. All the motives visualise the spiritual process. The work shows the ultimate, durable compensation for the nuns' efforts as well as the larger part of the path to spiritual perfection which they had already covered. The spiritual unification with God above all is an encounter.²⁰ The painting is a bargaining tool.

IN CONCLUSION

The history of charity in St John's Hospital in the sixteenth and seventeenth centuries describes a cultural and social revolution. It relates to power, the laws of the control bodies of the care sector, conflict management, disputes between a diverse audience of care providers, on the local level but also recognisable in care across Europe. It is impossible to separate the architectural interventions and art commissions from faith and devotion and from a changed outlook on life. The nuns' need to live separately, unhindered, on the hospital site no longer expressed a desire to live in seclusion for exclusively epidemiological and social motives.²¹ Certain art and architectural commissions epitomise the independence and self-awareness of the women who commissioned them. The trifecta of art, devotion and care evolved to the rhythm of the society.

²⁰ Falque, Ingrid, «Mise en mots"...», *op. cit.*, pp. 304-317.

²¹ Coomans, Thomas, «De middeleeuwse kloosterinfirmierie: synthese van spirituele, medische en praktische beschouwingen», in Tack, L. (coord.), *Architectuur van Belgische hospitalen, Monumenten & Landschappen, Cahier 10*, Brussel, Ministerie van de Vlaamse Gemeenschap, Afdeling Monumenten & Landschappen, 2005, p. 40.



Photography 1. To the right, the sixteenth- and seventeenth-century convent for sisters in St John's Hospital Bruges (Photo Arnout Goegebuer).



Photography 2. The corridor of the sixteenth and seventeenth century convent for sisters in St John's Hospital Bruges (Photo Jens Compennolle/Sightways Photography).



Photography 3. Jacob van Oost the elder (1601-1671), attributed to, *The Madonna with saints and two hospital sisters*, 1664, oil on canvas, H 1,57 m x B 2,48 m.

(Archives of the Public Social Welfare Centre Bruges.

Photo Jens Compernelle/Sightways Photography).

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