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The Role of Hospitals in the Teutonic Order

Klaus Militzer

The Teutonic Order arose from small beginnings in the twelfth century. Its foundation passed without ceremony; there was nothing to indicate that it would expand so rapidly in the first half of the thirteenth century. In 1190, during the siege of Acre, a hospital was founded by citizens of Bremen and Lübeck who were taking part in the Third Crusade. This hospital was dedicated to sick and wounded German crusaders, and according to the Order's own tradition the citizens stretched out a ship's sail in order to give shade to the care of sick and wounded.¹ We do not know exactly how the care of the sick was organized, but it seems certain that the newly founded hospital was managed by a lay fraternity with a master. A similar arrangement had been introduced into hospitals in German cities and was the most modern form of organization at that time.² Therefore it is possible that the citizens of Bremen and Lübeck committed the new foundation to the care of such a fraternity.

The form of organization adopted by the citizens did not remain in place for long. When Duke Frederick of Swabia arrived at Acre in October 1190 he took the hospital under his protection, and from that time on it played a role in Staufen politics. Perhaps the lay fraternity was transformed into an order, but we do not know the precise circumstances, nor when this happened; no rule of this order has come down to us. Then, in 1198, the hospital was transformed

¹ M.-L. Favreau, *Studien zur Frühgeschichte des Deutschen Ordens*, Kieler Historische Studien, 21 (Stuttgart, 1974), pp. 35–63; U. Arnold, 'Entstehung und Frühzeit des Deutschen Ordens. Zu Gründung und innerer Struktur des Deutschen Hospitals von Akkon und des Ritterordens in der ersten Hälfte des 13. Jahrhunderts', in *Die geistlichen Ritterorden Europas*, ed. J. Fleckenstein and M. Hellmann, Vorträge und Forschungen, 26 (Sigmaringen, 1980), pp. 81–107.

² S. Reicke, *Das deutsche Spital und sein Recht im Mittelalter*, Kirchenrechtliche Abhandlungen, 111–114 (Stuttgart, 1932), 1, pp. 53–71.

into a military order. The brethren were to observe the rule of the Templars in military affairs and the rule of the Hospitallers in matters of hospitality.³

Some historians maintain that military functions were assigned to the hospital before this transformation, referring to the fact that in 1193 Henry of Champagne had given the hospital a section of the defences of Acre next to the gate of St Nicholas. But as the hospital was obliged only to repair this part of the fortifications this obligation was more financial than military, and so we would suggest that there was no military involvement before 1198. After the transformation the military function became more dominant.⁴ Nevertheless, the Order continued to support hospitals even after 1198; it had and retained an official for caring for the sick. He was the *Spittler*, or hospitaller, who ranked among the *Großgebietiger*, the leading officials in the Order's headquarters under the Grand Master (*Hochmeister*).⁵ The first *Spittler* that we know of was a knight brother, Henry, in 1208.⁶ The main hospital of the Order remained in Acre until 1291, and was not moved when the Order's headquarters were transferred to the castle of Montfort.⁷

After the loss of Acre in 1291 the Grand Master transferred his headquarters to Venice; the *Großgebietiger* were also usually based there.⁸ According to the statutes promulgated by Siegfried of Feuchtwangen (1303–9) or Gottfried of Hohenlohe (1297–1303), a *Spittler* lived in the headquarters in Venice, and he was ordered not to cross the Alps without permission.⁹ But it is not clear from the statutes whether the Order supported a hospital in Venice or even whether it had a hospital there at all.¹⁰ The absence of any evidence for a Venice hospital suggests that its existence is improbable.¹¹

³ Favreau, pp. 64–73.

⁴ U. Arnold, 'Vom Feldspital zum Ritterorden. Militarisation und Territorialisierung des Deutschen Ordens (1190–ca.1240)', in *Balticum. Studia z dziejów polityki gospodarki i kultury XII–XVII wieku, ofiarowane Marianowi Biskupowi w siedemdziesiąt rocznicę urodzin*, ed. Z.H. Nowak (Torun, 1992), pp. 27–8; A. Forey, *The Military Orders. From the Twelfth to the Early Fourteenth Centuries* (London, 1992), pp. 19–20.

⁵ F. Milthaler, *Die Großgebietiger des Deutschen Ritterordens bis 1440*, Schriften der Albertus-Universität. Geisteswissenschaftliche Reihe, 26 (Königsberg and Berlin, 1940), pp. 23–5, 39–40, 85–91.

⁶ *Tabulae Ordinis Theutonici ex regii tabularii Berolinensis codici potissimum*, ed. E. Strehlke (Berlin, 1869, repr. Toronto and Jerusalem, 1975), p. 35.

⁷ C. Probst, *Der Deutsche Orden und sein Medizinawesen in Preußen: Hospital, Firmarie und Artz bis 1525*, QuStDo, 29 (Bad Godesberg, 1969), p. 37.

⁸ Milthaler, pp. 43–4.

⁹ *SDO*, p. 145.

¹⁰ Thus Probst, p. 38 and Milthaler, p. 44.

¹¹ K. Forstreuter, *Der Deutsche Orden am Mittelmeer*, QuStDO, 2 (Bonn, 1967), p. 56, and U. Arnold, 'Der Deutsche Orden und Venedig', in *Militia Sacra*, ed. E. Coli, M. de Marco and F. Tommasi (Perugia, 1994), p. 149, state that in 1300 a *Spittler* named Conrad of Babenberg is mentioned in Famagusta. In fact, a careful reading of the relevant document reveals that he was probably in Venice: see the document printed in *Notai Genovesi in Oltremare: Atti rogati a Cipro di Lamberto di*

In 1309 the Grand Master transferred his headquarters to Marienburg in Prussia. The *Spittler* accompanied him but set up his residence in Elbing, where the Hospital of the Holy Ghost, which was already in existence by the middle of the thirteenth century, became the Order's main hospital.¹² The supreme hospitaller (*Oberster Spittler*), as he was called, did not manage the hospital by himself; that was the task of the under-hospitaller (*Unterspittler*).¹³ The supreme hospitaller had to govern the old commandery or preceptory of Elbing, which was also already in existence before his arrival. As a member of the *Großgebietiger* he belonged to the council of the Grand Master. So he was not a minister of public health nor an inspector general of all hospitals in Prussia;¹⁴ as the under-hospitaller's superior he was responsible for the main hospital of the Order in Elbing, but only with general oversight, not directly.

According to the rule of the Teutonic Order the *Spittler* could claim an exceptional position. Unlike other officials who had to render accounts for their office, he was not expected to render an account of the hospital's expenses. His hospital was financially independent with its own income and he could demand contributions without any interference from other officials of the Order, only being obliged to inform the Grand Master of the hospital's economic position now and then; this enabled the *Spittler* to give the best care to the sick and poor.¹⁵ These regulations, which were laid down for the headquarters and its hospital in the Latin East and were already valid about 1200, were written into the rule about 1250, and became standard for the Order's other hospitals. Many hospitals in other regions were financially independent with their own incomes, with no external control over their expenses. The possessions of these hospitals could be allocated specifically to them, for their use alone. These hospitals were able to develop into separate economic units, independent of the economies of the preceptories to which they belonged. An example of this development is the hospital in Nuremberg, the most important hospital in the bailiwicks under the *Deutschmeister*, the master of the Order's possessions in Germany.¹⁶ However, the Order did not usually distribute properties specifically to individual hospitals. For most of the hospitals in the bailiwicks such a development cannot be proven and probably did not occur. This may have been the result of a decision reached by the

Sambuceto (3 *Iuglio*–3 *Agosto* 1301), ed. V. Polonio, *Collana Storica di fonti e studi*, 31 (Genoa, 1982), no. 140 (pp. 156–7).

¹² Probst, pp. 44–5, 64–7; B. Jähnig, 'Das Entstehen der mittelalterlichen Sakraltopographie von Elbing', *Beiträge zur Geschichte Westpreußens*, 10 (1987), 40–1.

¹³ Probst, p. 67.

¹⁴ Milthaler, pp. 87–91.

¹⁵ *SDO*, p. 107.

¹⁶ K. Militzer, 'Wirtschaftstätigkeit ländlicher und städtischer Deutschordenshäuser', in *Zur Wirtschaftsentwicklung des Deutschen Ordens im Mittelalter*, ed. U. Arnold, *QuStDO*, 38 (Marburg, 1989), p. 6; *Die ältesten Urbare der Deutschordenskommende Nürnberg*, ed. G. Pfeiffer, Veröffentlichung der Gesellschaft für fränkische Geschichte, 10.10 (Neustadt an der Aisch, 1981), pp. 81–153.

chapter general before 1289, by which smaller hospitals with only a few properties were managed by cellarers (*Kellnern*), who were obliged to render accounts.¹⁷ The properties of these hospitals were not separate from the goods of the preceptories to which they were attached.

Because of its emergence from a hospital fraternity the Teutonic Order was regarded as a competent manager of hospitals even after its transformation into a military order. Emperors, kings, lords, noblemen and citizens donated hospitals in Italy, southern France and in the German Empire. In 1200 the archbishop of Magdeburg and the burgrave of Magdeburg transferred a place near Halle on the River Saale to the Order for the building of a hospital.¹⁸ Two years later the citizens of Bozen (Bolzano) granted the Order their hospital¹⁹ and the following year the archbishop of Salzburg donated his hospital in Friesach.²⁰ In fact, by 1230 the Order had received at least twenty-six hospitals.²¹ In the years that followed the middle of the century the Order received another four hospitals, among them the hospital of St Elizabeth in Marburg²² and the hospitals in Lengmoos and Sterzing on the route to the Brenner Pass.²³ In the fourteenth century some small hospitals were added, such as those in Bilin (Bilina) in Bohemia in 1302,²⁴ in Neubrunn in Franconia in 1311,²⁵ and in Aken on the River Elbe in 1355.²⁶ The last three hospitals hardly expanded at all because the Order did not support them; we have only a small amount of evidence about other hospitals in Italy.²⁷ After the middle of the thirteenth century contemporaries no longer had any confidence in the

¹⁷ *SDO*, p. 137.

¹⁸ R. Wolf, *Das Deutsch-Ordenshaus St Kunigunde bei Halle an der Saale*, Forschungen zur thüringisch-sächsischen Geschichte, 7 (Halle an der Saale, 1915), pp. 6–10; *Urkundenbuch der Deutschordensballei Thüringen*, ed. K.H. Lampe, Thüringische Geschichtsquellen, new ser. 7 (Jena, 1936), pp. 1–2.

¹⁹ *Tiroler Urkundenbuch*, 2, ed. F. Huter (Innsbruck, 1949), no. 543; U. Arnold, 'Die Ballei und das Land. Mittelalter, in *Der Deutsche Orden in Tirol. Die Ballei an der Etsch und im Gebirge*, ed. H. Noflatscher, QuStDO, 43 (Marburg, 1991), p. 130.

²⁰ U. Arnold, 'Die Gründung der Deutschordensniederlassung Friesach in Kärnten 1203', in *Festschrift für Hans Thieme*, ed. K. Kroeschell (Sigmaringen, 1986), pp. 37–41.

²¹ Other figures: Probst, p. 39; Reicke, 1, pp. 112–32.

²² U. Braasch-Schwersmann, *Das Deutschordenshaus Marburg. Wirtschaft und Verwaltung einer spätmittelalterlichen Grundherrschaft*, Untersuchungen und Materialien zur Verfassungs- und Landesgeschichte, 11 (Marburg, 1989), pp. 6–15.

²³ F.-H. Hye, 'Die Ballei an der Etsch und die Landkommende Bozen', in *Der Deutsche Orden in Tirol. Die Ballei an der Etsch und im Gebirge*, QuStDO, 43, pp. 330–1.

²⁴ *Preußisches Urkundenbuch* (hereafter *Preuß. UB*), 1.2, ed. A. Seraphim (Königsberg, 1909), no. 776; *Regesta diplomatica nec non epistolaria Bohemiae et Moraviae*, 2.6, ed. J. Emler (Prague, 1874), no. 1927.

²⁵ K.H. Lampe, 'Die Entstehung der Deutschordenskommende Prozelten', *Wertheimer Jahrbuch für Geschichte, Volks- und Heimatkunde des Main-Tauberlandes*, 1955 (1956), 41–2.

²⁶ E. Behr, 'Zur Geschichte der Deutschordenskommende Aken', *Geschichtsblätter für Stadt und Land Magdeburg*, 31.2 (1896), 222–6.

²⁷ Probst, pp. 37–9; M. Tumler, *Der Deutsche Orden im Werden, Wachsen und Wirken bis 1400* (Vienna, 1955), pp. 75–7.

Order's management of hospitals; it had lost its credibility as a hospital order and its competence in that field.

In 1289, two years before the fall of Acre, the chapter general had to impress upon the brethren that the sick and poor were their masters, whom they had to serve.²⁸ Burchard of Schwanden, the last Grand Master to have resided at least for part of his magistracy in Acre had to admonish the commanders of bailiwicks (*provinciales*, or *Landkomture*), that the hospitals were reserved for the poor and the sick and not for the brethren. If a house was burdened with too many brothers, they should be sent to other houses. On no account were the incomes of hospitals to be used for the upkeep of the brethren.²⁹ This instruction was repeated by Burchard's successor, Conrad of Feuchtwangen, in 1292, but he restricted its application to those houses with ancient hospitals.³⁰

Some historians link these instructions to the reduction of hospitality in the Teutonic Order after the end of the thirteenth century, others to the loss of the Latin East by the Christians, because, they say, many brethren fled from the Latin East to the bailiwicks, occupied the hospitals and consumed their incomes.³¹ Such a view can hardly be supported, as most of the brethren in the Latin East lost their lives fighting against the Muslims; in fact, it is probable that no brothers of the Teutonic Order escaped from the besieged and conquered city of Acre in 1291.³² Therefore refugee brethren from the Latin East cannot be the reason for the decline of hospitality in the bailiwicks. Symptomatic of the decline may be the fact that the Teutonic Order did not care for the refugees of Acre in Cyprus as did the Hospitallers and even the Templars.³³ So we must ask whether the Teutonic Order reduced its involvement as a result of the loss of its headquarters and main hospital in Acre, or whether it began to reduce it before the fall of Acre, this event merely accelerating an already existing development.

In recent years Klaus van Eickels, who has published a book about the bailiwick of Koblenz, has argued that the Teutonic Order had used the income of the hospitals for its military engagements and not for the sick and poor alone. As he has dealt with this subject, I refer the reader to his work.³⁴

²⁸ *SDO*, p. 137.

²⁹ *Ibid.*, p. 140.

³⁰ *Ibid.*, p. 141.

³¹ See, for instance, Probst, p. 39.

³² U. Arnold, 'Deutschmeister Konrad von Feuchtwangen und die "preußische Partei" im Deutschen Orden am Ende des 13. und zu Beginn des 14. Jahrhunderts', in *Aspekte der Geschichte. Festschrift für Peter Gerrit Thielen zu seinem 65. Geburtstag*, ed. U. Arnold, S. Schröder and G. Walzik (Göttingen, 1990), pp. 22–42.

³³ M.-L. Favreau-Lilic, 'The Military Orders and the Escape of the Christian Population from the Holy Land in 1291', *Journal of Medieval History*, 19 (1993), 223.

³⁴ See his article in this volume, 'Knightly Hospitallers or Crusading Knights? Decisive Factors for the Spread of the Teutonic Knights in the Rhineland and the Low Countries, 1216–1300'. See also his *Die Deutschordensballei Koblenz und ihre wirtschaftliche Entwicklung in Spätmittelalter* (Marburg, 1995).

The Order used its hospitals in this way not only in the bailiwick of Koblenz but in other bailiwicks too, although it is necessary to qualify this statement. In Nuremberg in Franconia, for instance, it appears that the Order had established its own hospital rather than acquiring it from the citizens.³⁵ But even if the Order did obtain the hospital in this way, it extended and developed it at its own cost. This became the Teutonic Order's most important hospital in the German Empire, the main hospital in the region of the *Deutschmeister* and of the branch of the Order in the bailiwicks.³⁶ The hospital in Marburg was also extended by the Order: about the middle of the thirteenth century a new hospital building was erected. However, the Order then lost interest in the foundation.³⁷ Both hospitals, in Marburg and in Nuremberg, had already needed the attention of Grand Master Burchard of Schwanden. In 1284 or 1285 he transferred the Order's preceptory in Griefstedt near Erfurt to support the hospital in Marburg and in 1287 the preceptory in Hüttenheim to support the hospital in Nuremberg.³⁸ Yet Burchard of Schwanden was an exception in the sequence of masters, and his successors did not follow his example. In the fourteenth century the citizens of both towns, Marburg and Nuremberg, complained that the Order was not doing its duty and was receiving rich beneficiaries in the hospitals rather than caring for the sick and poor.³⁹ In Nuremberg, Conrad Groß deemed it necessary to found the Hospital of the Holy Ghost in 1331 because the Order's existing hospital had failed to provide adequate welfare in a large medieval town.⁴⁰ The new hospital soon became more important than the old one.

As in Nuremberg and Marburg, all the hospitals which the Order maintained became institutions for providing for the wealthy. This became a continuous trend but there were notable exceptions. In the main hospital in Nuremberg, for instance, care for the sick and poor continued, although, as we have seen, the new Hospital of the Holy Ghost superseded the Order's older Hospital of St Elizabeth. In 1340 Henry of Zipplingen, commander of the preceptory in Donauwörth, established ten new prebends and – more important for our subject – five beds for sick people in the Order's hospital at Donauwörth. The five beds were reserved for those ill with fever, raving madness or dysentery. These beds still existed in the sixteenth century, when the city's council

³⁵ Thus D.J. Weiß, *Die Geschichte der Deutschordens-Ballei Franken im Mittelalter*, Veröffentlichungen der Gesellschaft für fränkische Geschichte, 9.39 (Neustadt an der Aisch, 1991), p. 34.

³⁶ K. Militzer, 'Der Deutsche Orden in den großen Städten des Deutschen Reichs', in *Das Verhältnis des Deutschen Ordens zu den Städten in Livland, Preussen und im Deutschen Reich*, ed. U. Arnold, QuStDO, 44 (Marburg, 1993), pp. 196–7.

³⁷ Braasch-Schwersmann, p. 233–4.

³⁸ K. Militzer, *Die Entstehung der Deutschordensballeien im Deutschen Reich*, QuStDO, 16 (Marburg, 1981), pp. 97, 116.

³⁹ Braasch-Schwersmann, pp. 235–6; see also Weiß, pp. 363–4.

⁴⁰ U. Knefelkamp, *Das Heilig-Geist-Spital in Nürnberg vom 14.–17. Jahrhundert*, Nürnberger Forschungen, 26 (Nuremberg, 1989).

obtained a right to reserve them.⁴¹ In 1340 the *Deutschmeister*, Wolfram of Nellenburg, probably one of the few reformers to hold this office, founded a new hospital in Mergentheim in Franconia. This hospital was not managed by the Order's brethren, however; it was only under the superintendence of an official of the Order.⁴² Wolfram's foundation was more typical of its age than that of Henry of Zipplingen. With only a few exceptions, new foundations were no longer managed by the Order's brethren.

In 1242 the cardinal legate William of Modena decided that all hospitals in Prussia should be under the direction of the Teutonic Order.⁴³ The hospital in Thorn was under the Order's control from 1257, but the hospital in Elbing was managed by *provisores*, perhaps a lay confraternity.⁴⁴ When the Grand Master transferred his headquarters from Venice to Marienburg in 1309, the supreme hospitaller took up residence in Elbing and the hospital there accordingly became the Order's principal hospital. Another hospital, in Preußisch-Holland ('Prussian Holland'), in the territory of the commandery of Elbing, was managed by a lay *provisor* under the supreme hospitaller's superintendence. Other hospitals in Prussia were associated with houses of the Order and included in the administration of the preceptories. In other cases, such as Danzig and Königsberg, the Grand Master held the superintendence.⁴⁵ Besides the Order, bishops and cities supported and managed hospitals.⁴⁶ In the fourteenth and fifteenth centuries new hospitals were erected under the superintendence of the Order. During this time the Order's hospitals in Prussia continued to develop along the same lines they had followed earlier in the West. In the fifteenth century the people of Prussian cities were complaining about the Order's hospitals just as people living in the German Empire had done, and were making the same criticism that only the rich were admitted as beneficiaries.⁴⁷

The achievements of Byzantine and Arab medicine were not introduced into Germany and Prussia. For instance, physicians did not serve in the hospitals, either in the bailiwicks or in Prussia, not even in the main hospitals. However, physicians would examine the Grand Masters and important officials, and from the mid-fourteenth century there were physicians attached to the Master's court.⁴⁸ Sometimes they were sent by the Masters to the preceptories to examine sick brethren, but they were not sent into the ordinary hospitals, which

⁴¹ Weiß, pp. 249, 364.

⁴² *Ibid.*, pp. 223, 331; K. Heck and A. Herrmann, *Der Deutsche Orden und Mergentheim* (Mergentheim, 1986), p. 35.

⁴³ *Preuß. UB*, 1.1, ed. R. Philippi (Königsberg, 1882), no. 138 (pp. 102–3).

⁴⁴ Probst, pp. 43–5.

⁴⁵ *Ibid.*, pp. 48–50.

⁴⁶ *Ibid.*, pp. 86, 89.

⁴⁷ *Ibid.*, pp. 90–2.

⁴⁸ *Ibid.*, pp. 160–75.

generally continued to be the homes of wealthy beneficiaries as in the bailiwicks and did not develop into hospitals in a modern sense. The Hospitallers in Rhodes were more progressive than the Teutonic Order in the bailiwicks or in Prussia.

In Livonia the Order of the Swordbrothers was founded as a military order; it did not found or support hospitals. After losing the battle at the Saule in 1236, it was incorporated into the Teutonic Order in 1237. The Teutonic Order followed in the Swordbrothers' footsteps and did not found or support hospitals in Livonia. In contrast to the Prussian branch under the *Landmeister*, and after 1309 under the Grand Master, the Livonian branch had no hospitals throughout its history until its end in 1562.⁴⁹

All preceptories had their own infirmaries for their brothers, which were separated from the hospitals. According to the statutes, brethren who suffered from particular illnesses such as fever, dysentery, diarrhoea or festering wounds had to enter the infirmary.⁵⁰ The ruins at the base of the castle of Montfort were formerly believed to be the infirmary of this convent; but in fact the building seems to have been a mill and later on a guest house for important visitors,⁵¹ although this is not quite certain. In Montfort and Acre the grand commander (*Großkomtur*), not the supreme hospitaller, governed the infirmary. We do not know much about separate buildings for sick brethren in the preceptories of the German bailiwicks. It seems that the infirmaries were integrated into the preceptory building complex. For most of the thirteenth century there were no infirmaries in the combat area of the Baltic region, although surely the Order cared for its wounded and sick brethren. Those who were no longer capable of bearing arms were sent back to the bailiwicks to end their lives in a preceptory.⁵² It was probably after the last rebellion of the Prussians at the end of the thirteenth century that the Order started to build infirmaries in Prussia. In the fourteenth century there was no preceptory without an infirmary, which was usually situated in the castle's inner courtyard and reserved for knight, sergeant and priest brothers.⁵³ Sometimes there were infirmaries for lay servants in the outer courtyards of the castles.⁵⁴

⁴⁹ M. Hellmann, 'Der Deutsche Orden und die Stadt Riga', in *Das Verhältnis des Deutschen Ordens zu den Städten in Livland, Preussen und in Deutschen Reich*, QuStDO, 44, p. 10; see also F. Benninghoven, *Der Orden der Schwerbrüder. Fratres Milicie Christi de Livonia*, Ostmitteleuropa in Vergangenheit und Gegenwart, 9 (Cologne and Graz, 1965), pp. 54–62.

⁵⁰ SDO, p. 70; Probst, p. 105.

⁵¹ W. Hubatsch, 'Montfort und die Bildung des Deutschordensstaates im Heiligen Lande', *Nachrichten der Akademie der Wissenschaften in Göttingen*, Phil.-hist. Klasse 1966, 5 (1966), 186–99 and Probst, p. 109 speak of an infirmary; for a different opinion see R.D. Pringle, 'A Thirteenth-Century Hall at Montfort Castle in Western Galilee', *The Antiquaries Journal*, 66 (1986), 68–75.

⁵² Probst, p. 111.

⁵³ *Ibid.*

⁵⁴ *Ibid.*, pp. 118–30.

Infirmaries were built in Livonian preceptories too, but we know little about them. For instance, a *Spittler* was caring for the sick and old brethren in Fellin during the fifteenth century.⁵⁵ There must have been such infirmaries in other castles of the Livonian branch of the Order.

To sum up, from the thirteenth century onwards the Order took over hospitals for their goods and income, which it wanted to use to support its wars in the Latin East, Prussia and Livonia. Some hospitals remained, as in Marburg or Nuremberg, but they changed their character and became homes for rich beneficiaries, who could buy a bed or room with food and clothing included. These hospitals were no longer houses for the sick and poor. Exceptions such as the foundation in Donauwörth were rare. From the fourteenth century the city councils tried to obtain influence over these hospitals – with success. They supported their own hospitals, which replaced those of the Order; caring for the sick and poor had become a municipal task in the cities.

We can observe the same trend in Prussia with a certain time lag. The supreme hospitaller was not a minister of public health. He only had to manage the main hospital in Elbing, assisted by an under-hospitaller. In Livonia the Order supported no hospitals. In both countries, from the end of the thirteenth century the Order was developing infirmaries for sick and old brethren. In the subsequent period nearly every preceptory had its own infirmary situated in the inner courtyard of the castle; but only the Grand Master had paid physicians living in the Order's headquarters. These physicians could be sent to officials or brethren in Prussia, but they did not practise in public hospitals. The Teutonic Order never reached the standards of medical care the Hospitallers employed in Jerusalem or in Rhodes.⁵⁶

⁵⁵ L. Fenske and K. Miltzer, *Ritterbrüder im livländischen Zweig des Deutschen Ordens*, Quellen und Studien zur baltischen Geschichte, 12 (Cologne, Weimar and Vienna, 1993), p. 757.

⁵⁶ See B.Z. Kedar's article in this volume, 'A Twelfth-Century Description of the Jerusalem Hospital' (Chapter 1).