

**From Jerusalem to Malta:  
the Hospital's character and evolution<sup>1</sup>**

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The origins of the Order of St. John remain somewhat obscure, and the homelands of the founder Girardus, perhaps an Italian, and of the first Master Fr. Raymond de Podio, possibly French or Provençal, are unknown. The emergence of the Hospital was an aspect of the profound religious revival in the West which generated a reformed papacy, monastic renewal based on Cluny, lay movements for the support of charity and hospitals, and the first crusade. Probably in about 1070 various merchants from Amalfi, and perhaps from elsewhere in Southern Italy, founded a hospice for Latin pilgrims in Jerusalem which was attached to the Benedictine house of Sancta Maria Latina; subsequently a second house was established for women. These hospices were for pilgrims and especially for the poor rather than for the medically sick. Their staff may have been lay brethren under some vow of obedience. The hospices seem not to have had their own incomes or endowments, their resources coming from the Amalfitans and the Benedictines and perhaps also from pilgrims and other visitors<sup>2</sup>.

The crusaders' conquest of 1099 brought fundamental change to Jerusalem which became a Christian city. The number of Latin pilgrims and poor increased, the Holy Sepulchre was occupied by Latin canons and the Greek Patriarch was replaced by a Latin one. The Benedictines of Sancta Maria Latina lost their predominance in Jerusalem. The Latin hospice survived under its competent leader Girardus; it was detached from Sancta Maria Latina and was somehow associated with the Holy Sepulchre nearby. It expanded greatly and reincorporated the female hospice, while support and donations were received in Syria and in the West, especially from those who had themselves benefitted from the Jerusalem hospital. For several years that organization was not entirely independent but formed part of a broad Holy Sepulchre movement which had inspired the crusade itself. This movement had several branches: an ecclesiastical group formed by the Canons of the Holy Sepulchre, a charitable element in the adjacent hospital, and a military wing consisting in the 1110s of knights owing obedience to the Prior of the Holy Sepulchre. These knights apparently lived in the Hospital quarters until 1120 when they moved to the Temple area and established themselves there as a military order, the Templars<sup>3</sup>.

In Syria the Hospital was accepted as a separate entity, but the earliest donations in the West showed monies for the Holy Sepulchre and the Hospital being collected jointly and men making gifts which were often addressed ambiguously to God, to the Holy Sepulchre, to Saint John, to the poor and sick in Jerusalem or to some combination of these. Many Western Latins knew that there was a hospital in Jerusalem but were slow to recognize it as an independent institution.

In 1113 Girardus secured an important papal privilege which recognized the Hospital's independence; its members were considered to be in some sense technically religious and they were given the power to elect their own ruler. This document did not create an "order"; indeed orders were not really defined before the thirteenth century. Nor did the privilege grant a "sovereignty", since the Hospital was always subject to the pope and even after 1113 it was still to some extent subordinate to the Patriarch of Jerusalem, who was in effect its bishop. The pope also confirmed the Hospitallers in possession of their properties both in Asia and the West; these were said to include a xenodochium or hospice at Saint Gilles in Provence and six others in Italy, but it seems likely that all or most of them did not exist or, if they did, that they were not in Hospitaller hands in 1113. The Hospital may have been attempting to secure various hospices which had been founded for, and sometimes dedicated to, the Holy Sepulchre; alternatively, certain xenodochia planned in 1113 had not yet been founded<sup>4</sup>.

What in particular was new about the Hospital was the idea of practical service to the poor and sick for their sake rather than the performance of charitable tasks as a means of securing the carers' own salvation<sup>5</sup>. For decades after 1113 the Hospital's activity was centred on its hospital. Travellers' accounts were full of admiration for its medical and charitable activities, and returning pilgrims and crusaders made generous donations to the Order. The doctors, medicines and diet in the hospital, and its size and efficiency were regarded with astonishment<sup>6</sup>. In 1143 a separate German hospice of Sancta Maria Alemannorum was subordinated to the Hospital of Saint John by the pope with the proviso that it continue to be managed by Germans and to serve them<sup>7</sup>. After the fall of Jerusalem in 1187 a central Conventual hospice and hospital were established in Acre, and after the loss of Acre in 1291, a Conventual hospital functioned at Limassol on Cyprus<sup>8</sup>.

Meanwhile the Hospital's nature changed profoundly. Priest-brethren received papal sanction in 1154 and gradually it became a predominantly military or military-religious order. The holy land was in great need of military defence. From 1120 this function, and especially the protection of travelling pilgrims, was the special task of the Templars; that military force proved popular and the Hospital may have felt the need to compete with it for recruits and donations.

There was nothing unusual in an ecclesiastical corporation providing military service, but the notion of professed religious being bound to warfare and the shedding of blood went beyond the dilemma implicit in an armed crusade with religious motives, and it provoked some controversy. The Hospital gradually acquired castles and other military responsibilities, though these did not at first involve its own professed brethren in fighting<sup>9</sup>. The Order's Rule, probably datable to the 1130s, made no mention of fighting, of military members or of noble requirements for membership<sup>10</sup>, and as late as 1178 the pope was reminding the Hospitallers that their primary obligation lay in their charitable activities<sup>11</sup>. However the Hospital probably had its own military brethren by about 1160 and in 1168 the Master was leading Hospitaller troops in battle<sup>12</sup>. At some point in the decades before 1206 the Order's military brethren were divided into two separate classes, the milites or knights and the military sergeants<sup>13</sup>.

Hospitallers and Templars were not monks, since they did not live in a closed or cloistered community or devote themselves primarily to prayer; liturgically they followed the canonical ordo of seven hours rather than the monastic ordo of nine hours. They were religious who professed the vows of poverty, chastity and obedience according to a Rule approved by the papacy. They took part in many crusades of a certain type but not, technically, as crusaders. The crusade was a holy war but it was not perpetual; it took place for a limited period when, and only when, the pope proclaimed it; it might be directed against the infidel, or against schismatic Christians or, as in the majority of cases, against Latins who were enemies of the papacy. A man who took the vow of the cross could perform his crusading service, receive his indulgence and return to normal life. By contrast, the holy war of the military order was perpetual; it was directed exclusively against infidels rather than Christians; and it did not depend on any papal proclamation. A Hospitaller was not a crusader; he had taken a vow of obedience and was therefore not free to take the crusader vow; the cross on his habit was worn in remembrance of Christ's suffering and was not a crusading cross. The Hospitaller's participation in a crusade was not that of a crusader<sup>14</sup>.

The charitable institution which emerged from the Jerusalem hospital became, alongside the Templars, a great force in the Latin East, in its political affairs, its military expeditions and within its society as a whole. Its Eastern operations may at times have produced some wealth for the Hospital in the Levant, especially if it could profit from the Oriental spice trade or from local sugar production<sup>15</sup>. Basically, however, the Order relied on the Latin West for manpower, for funds and for political support. In Western Europe came donations, privileges and exemptions.

Lands were organized in commanderies, priories and provinces which recruited men and sent them to Syria and which created wealth and transferred it as responsiones or dues to the Convent in the East. The commandery had many functions: it was a centre of liturgical life; it managed estates to create surplus wealth; it recruited and trained brethren and it housed them in their old age; it maintained, in certain places, hospices, hospitals and parishes; and it played a part in local society, maintaining contact with, and securing support from, the public as a whole. Commanderies and priories varied greatly; in some regions the priories' estates and resources were very extensive indeed<sup>16</sup>.

Along with a great expansion in the Hospital's power and importance came a change in its leadership. The Templars had from their foundation been knights, some from leading families, but the social origins of the earliest Hospitallers were obscure and only a limited number of the Hospital's brethren were *fratres milites*. There was great diversity between the priories and it was, in any case, extremely difficult to define a secular miles or knight. The 1206 statutes distinguished between milites and the socially inferior and normally less wealthy sergeants, and they referred to the knighting of sons of gentils homes. Thirteenth-century statutes spoke not of nobility but of the obligation that a brother-knight be a knight before being received into the Order or, if he were not yet knighted, that he be of knightly birth<sup>17</sup>. By the mid-fourteenth century a knight-brother was supposed to be noble through both parents<sup>18</sup> but in practice many were country gentry or belonged to an urban patriciate of rich townsmen who may indeed have claimed a form of nobility or at least of knighthood. In addition to the three categories of priest-brethren, milites and sergeants, there were also Hospitaller sisters whose numbers were not inconsiderable. For example, in England in 1338 there were approximately 116 professed brethren plus a few more on Rhodes or elsewhere, and they included 31 milites, almost all of them from relatively obscure families, 34 priests, 47 sergeants and also 50 *sorores*; of these, seventeen sergeants and six priests held commanderies<sup>19</sup>. The sisters did not fight or serve in hospitals or hospices and they seldom paid responsiones or attended chapters, but they could be important in maintaining the Hospital's contacts with noble or gentry families who provided donations or recruits for the Order.

The end of Latin Syria came in 1291 with the fall of Acre, for which the military orders received much, rather unfair, blame. The Teutonic Order retreated to Venice and then in 1309 to Prussia. The Templars were attacked in 1307 and in 1312 were abolished by the pope. The Hospital, uncomfortable and inactive on Cyprus, invaded the Greek island of Rhodes in 1306; the inhabitants surrendered on terms, probably in 1309.

The Hospital thus acquired a secure base, and after 1312 it was greatly enriched by the lands of the Temple. In practice, Rhodes had been surrendered by the Greeks; in theory, the island was given to the Order by the pope, who had the power to suppress the Hospital at any moment if he so wished. Technically Rhodes was held from the pope but the Order, safe on an island it could defend, was virtually independent. The Master granted lands, raised taxes, sent ambassadors, coined money, governed the Greek church and generally acted like a prince on his own island. If on Rhodes he ruled as Master of an Order with a central metropolis in the East, his powers were much more limited in the Order's many priories, in effect its colonies, in the West, that is in outremer or overseas in Hospitaller parlance. The Hospital was an oligarchy; the Master was bound by the Rule and statutes, and he had to govern the Order with the counsel and consent of its leading officers who had elected him. The Master who acquired Rhodes, Fr. Foulques de Villaret, ignored these restrictions and in 1317 he was deposed and almost assassinated.

The Hospital's policies on Rhodes were most effective. The order-state or Ordensstaat par excellence was that in Prussia where a military-religious order created and governed an extensive, efficient and wealthy state with a large population, but Teutonic Prussia was doomed to failure, for if it succeeded in Christianizing its neighbours it could no longer attack them; it lost its purpose and during the fifteenth century it gradually declined. The Hospital's unique form of "island order state" employed a subtler formula which endured for many centuries. An island could be defended relatively cheaply; it had no Christian frontiers but the Turks were close by and provided the Hospital with a *raison d'être* to justify the receipt of its Western revenues. An element of warfare against the infidel was necessary as a type of propaganda exercise, but as long as sieges could be resisted, as they were at Rhodes in 1444 and 1480 and at Malta in 1565 though not at Rhodes in 1522 or at Tripoli in 1551, the Order survived. The organization of the "island order state" was conducted effectively: one or two guard galleys were maintained; Greek slaves from the mainland were imported to settle the island and expand its agriculture; trade was encouraged in the safe harbour at Rhodes in order to create wealth which could be taxed; military and naval services were imposed on the population; massive stone walls defended the Convent; the piratical corso secured profitable booty; and good relations with the Greek population ensured its collaboration<sup>20</sup>.

The Order, always dependent on Western support, had an effective sideline in the lucrative pilgrim traffic which called at Rhodes, where the size and magnificence of its Conventual hospital created effective propaganda for the Hospitallers.

Medical service and the care of the “poor of Christ” remained at the core of the Hospitallers' spiritual ideology which required that there should always be a hospital in the Convent or headquarters. In 1314 the chapter-general allotted the considerable sum of 6750 florins a year to the hospital. An incomplete budget of 1478 apportioned 7000 florins, or 7.5 percent of a total of 92,000 florins, for the hospital, the doctors and the pharmacy, together with other sums for foodstuffs, for nurses, for leprosy cases and for foundlings and orphans. At first the hospital on Rhodes was in an existing house by the sea; then it was in a relatively modest building; and finally, late in the fifteenth century, came the great hospital with its licensed doctors, its medical certificates and its tradition of care. In the West the story was different. Money and manpower were short while in many cases secular local government was taking over welfare and medical activities. Apart from a few centres such as the great commandery at Genoa, hospitals and hospices together with the giving of alms, went into sharp decline in much of Western Europe<sup>21</sup>.

Rhodes increasingly came under attack in the fifteenth century as the Ottomans advanced into Anatolia and the Balkans. After the 1480 siege the fortifications of Rhodes were enormously strengthened to resist the ever-heavier Ottoman cannon. Since the Order could hire mercenary troops, the defence of the city required only a limited number of Hospitaller brethren. These were attracted to Rhodes largely by means of a system of service and reward by which men, predominantly knight-brethren, who went to serve in the Convent acquired there an *ancienitas* or seniority which gave them rights to vacant commanderies or priories in the West. A few opted instead for careers in the Convent, hoping for office in the East or possibly even the Mastership<sup>22</sup>.

After 1347, the first year of successive great plagues, the major economic and demographic crisis of the fourteenth century meant that the Hospital's incomes were seriously reduced, that recruitment was down and that the average age of brethren rose dramatically. Hospitallers began to need several commanderies in order to secure a satisfactory income, competition for benefices increased and the eventual consequence was that access to the Order came to be much more carefully regulated. There was a general trend in European society towards the emergence of a more clearly-defined noble class, and the Hospitallers had practical reasons for regulating entry to the Order. By the early fifteenth century some brethren were seeking to exclude rich merchant candidates; the Order evolved a system of proofs of nobility, or at first simply of knightly origin, in order to create a class or caste of families with access to the Order as milites. Statutes of 1428 and 1433 reasserted the requirement that recruits must submit to an inquiry to prove their origins as “gentlemen”<sup>23</sup>.

In 1442 Giovanni Martinelli of Florence was received as a miles of the Italian langue on Rhodes, but only on condition that within one year he provide authentic proofs from the Prior of Pisa and others that he belonged to the knightly class — *appartene ali stabilimenti di esser fra chavalier*<sup>24</sup>.

In 1530 the Hospitallers moved to a new island but, with comparatively insignificant variations, they simply reproduced on Malta their successful Rhodian “island order state”<sup>25</sup>. In a sense the history of Hospitaller Malta from 1530 to 1798 had been organized on Rhodes between 1309 and 1522. The career of a man like Fr. Pietrino del Ponte, an important figure at Rhodes and the first Master elected in Malta, demonstrated such continuities<sup>26</sup>. A later Master, Fr. Philippe de la Valette, had fought in the final siege of Rhodes in 1522 and his experience proved invaluable during the siege of Malta in 1565. Enjoying less independence than Rhodes, Malta was held as a fief of the Sicilian kingdom on which it depended for its grain supplies; its population was Catholic rather than Greek; and the pope could interfere more effectively on Malta. However Birgu, and later Valletta, were fortified; the Turks were beaten back; the corso was maintained; a great hospital was built; society and commerce were prosperously organized; and the Order continued to be useful as it resisted or deterred Turkish assaults and Barbary pirates. Until the collapse of the *ancienne régime* in France in and after 1792 the essential incomes from the Western priories largely continued to reach Malta. Thereafter Napoleon expelled the Order from the island in 1798 and it ceased to be military, except in the rather special sense that it remained noble.

For some decades after 1798 all seemed lost, but the tradition survived. The social appeal of nobility could be exploited; a convenient doctrine of sovereignty was evolved; and, above all, renewed emphasis was placed on medical and charitable activities. In the age of the Red Cross, of the United Nations, of NATO and other such bodies, multinational institutions have become attractive. In many countries, Britain for example, the welfare state is increasingly unable to meet constantly expanding demands for medical and other care, and in consequence the various branches of the Order of Saint John have acquired an ever more important role as efficient alternatives. This can be seen, for example, with the Malteser Hilfsdienst and the Johanniter in Germany or with the Saint John's Ambulance Service in Britain. That means that the image of the ancient Hospitaller tradition must be propagated in order to mobilize public support not just by means of museums and other heritage activities, but also through the systematic, scientific history of the Hospital's past and through its effective presentation<sup>28</sup>.

1 This brief study seeks merely to outline certain approaches developed elsewhere. The best overall history is H. Sire, *The Knights of Malta* (New Haven, 1994), though it is not always reliable on points of detail. For the early periods, J. Riley-Smith, *The Knights of St. John in Jerusalem and Cyprus: ca. 1050-1310* (London, 1967), and J. Delaville le Roulx, *Les Hospitaliers à Rhodes jusqu'à la mort de Philibert de Naillac: 1310-1421* (Paris, 1913); for the post-1421 period, G. Bosio, *Dell'Istoria della Sacra Religione et Illustrissima Militia di San Giovanni Gerosolimitano*, ii (2nd ed: Rome, 1629) [the first edition should not be used].

2 R. Hiestand, "Die Anfänge der Johanniter", in *Die geistlichen Ritterorden Europas*, ed. J. Fleckenstein - M. Hellmann (Sigmaringen, 1980); A. Beltjens, *Aux Origines de l'Ordre de Malte: de la Fondation de l'Hôpital de Jérusalem à sa Transformation en Ordre militaire* (Brussels, 1995); A. Luttrell, "The Earliest Hospitallers" in *Montjoie: Studies in Crusading History in Honour of Hans Eberhard Mayer*, ed. B. Kedar et al. (Aldershot, 1997).

3 A. Luttrell, "The Earliest Templars", in *Autour de la Première Croisade*, ed. M. Balard (Paris, 1996).

4 Luttrell (1997), 44-52. Historians of the Order and of its priories have always accepted the existence of the seven supposed xenodochia; this puzzling problem requires further research.

5 G. Lagleder, *Die Ordensregel de Johanniter/Malteser* (St. Ottilien, 1983), 76-78.

6 A new text is in B. Kedar, "A Twelfth-Century Description of the Jerusalem Hospital", in *The Military Orders, ii: Welfare and Warfare*, ed. H. Nicholson (Aldershot, 1998); summary in J. Riley-Smith, *Hospitallers: the History of the Order of St. John* (London, 1999), 19-30. The archaeology of the Hospital quarter in Jerusalem is frustrated by wholesale modern clearances which have left only traces of the foundations.

7 Excavated and restored since 1967 but not yet satisfactorily published; for its history, M.-L. Favreau-Lilie, "Alle Origini dell'Ordine Teutonico", in *Militia Sacra*, ed. E. Coli et al. (Perugia, 1994).

8 A. Luttrell, *The Hospitaller State on Rhodes and its Western Provinces: 1306-1642* (Aldershot, 1999), item X, 66-68. Extensive and as yet unpublished excavations at Acre have yet to establish precisely the site of the medical and pilgrim wards; nothing is known of the Limassol hospital.

9 The chronology of the militarization process is still under debate; summary and hypotheses in Riley-Smith (1999), 30-37.



10 The Rule referred to the three religious vows of poverty, chastity and obedience, and also to the *servitium pauperum*: *Cartulaire général de l'Ordre des Hospitaliers de S. Jean de Jérusalem: 1100-1310*, ed. J. Delaville le Roux, 4 vols. (Paris, 1894-1906), i, no. 70 para. 1. The phrases *obsequium pauperum et tuitionem fidei* and *ad augmentum fidei et tuitionem christiani nominis atque pauperum obsequium* were apparently inserted in 1489 into what was purportedly the original Rule: Guillaume Caoursin, *Proemium in Volumen Stabilimentorum Rhodiorum Militum Sacri Ordinis Hospitalis Sancti Johannis Hierosolymitani* (Ulm, 1496), f. 23, 25v-26. Sire, 212, attributes the addition of the phrase *Tuitio Fidei* to the first Master Fr. Raymond.

11 *Cartulaire*, i, no. 527.

12 H. Nicholson, "Before William of Tyre: European Reports on the Military Orders' Deeds in the East, 1150-1185", in *Military Orders*, ii. 116.

12 Statutes of 1206 in *Cartulaire*, ii, no. 1193 (pp. 39-40), which may, however, date somewhat earlier: cf. A. Luttrell, "The Hospitallers' Early Written Records", in *The Crusades and their Sources: Essays Presented to Bernard Hamilton*, ed. J. France - W. Zajac (Aldershot, 1998), 150-151.

13 *Cartulaire*, i, no. 527.

14 A. Luttrell, "The Military Orders: Some Definitions", in *Militia Sancti Sepulcri*, ed. K. Elm - C. Fonseca (Vatican, 1998); for a different emphasis, J. Sarnowsky, "Der Johanniterorden und die Kreuzzüge", in *Vita Religiosa in Mittelalter: Festschrift für Kaspar Elm zum 70. Geburtstag*, ed. J. Felten - N. Jaspert (Berlin, 1999). Technically the Hospitallers were not monks, not crusaders, not *Vasalli Christi* and not members of a chivalric order, whose members were not professed religious; nor were most of them knights.

15 A large quantity of the special pottery used in sugar production has recently been discovered in the excavations of the Hospital's great palace at Acre.

16 Most priories have been neglected by historians, some having lost their archives; they require much more study.

17 *Cartulaire*, ii, nos. 1143 (pp. 39-40), 3039 # 19 (1262); the precise dating of these statutes is open to debate.

18 A. Luttrell, *The Hospitallers in Cyprus, Rhodes, Greece and the West: 1291-1440* (London, 1978), item XIV, 511.

19 L. Larking, *The Knights Hospitallers in England being the Report of Prior Philip de Thame to the Grand Master Elyan de Vilanova for A.D. 1338* (London, 1857), provides slightly imprecise statistics, some brethren being of uncertain status; these are discussed in G. O'Malley, *The English Knights Hospitallers: 1468-1540* (unpublished Ph.D. thesis: Cambridge, 1999), 27-28.

20 A. Luttrell, *The Hospitallers of Rhodes and their Mediterranean World* (Aldershot, 1992), item XIX.

21 Idem (1999), item X.

22 Idem (1999), item VII.

23 Idem (1999), item XIX, 217-218; idem, *Latin Greece, the Hospitallers and the Crusades: 1291-1440* (London, 1982), item 1, 264 n. 87. J. Mol, "The 'Hospice of the German Nobility': Changes in the Admission Policy of the Teutonic Knights in the Fifteenth Century", in *Mendicants, Military Orders and Regionalism in Medieval Europe*, ed. J. Sarnowsky (Aldershot, 1999), 122-125.

24 Luttrell (1999), item XIX, 228-229.

25 Idem, "Malta and Rhodes: Hospitallers and Islanders", in *Hospitaller Malta 1530-1798: Studies on Early Modern Malta and the Order of St. John of Jerusalem*, ed. V. Mallia-Milanes (Malta, 1993); this is the best single volume covering the whole Malta period.

26 L. Schiavone, *Pietrino del Ponte nella Storia dell'Ordine Gerosolimitano* (Asti, 1995).

27 The best treatment of the post-1798 period is in Sire, 243-279.

28 The Order's historiography lacks systematic coordination: A. Luttrell, "Gli Ospedalieri Italiani: Storia e Storiografia", *Studi Melitensi*, vi (1998); the opportunities for the newly-established Accademia Internazionale Melitense are evidently extensive.