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Organized Institutions of Medieval Hungarian Healthcare: the Crusader Knights' Orders¹

In the Middle Ages, the hospitaller Crusader knight orders were church communities established on the basis of a rule, similar to the monastic orders, whose members, in addition to the triple oath of poverty, chastity and obedience, also undertook to nurse the sick and needy. These confraternities were special “non-profit organizations” created within the Jewish-Christian cultural circle, which, among their various “public benefit” activities, primarily aimed to care for the sick and ensure the peace of God (Treuga Dei). The paper presents the rules of St. Benedict and St. Augustine as the bases of the “memorandums of association” of these organizations, as well as medieval Hungarian medicine and their place and role in it.

Keywords: *hospitaller, Crusader knight order, rule, nursing, Hungary, medicine*

“Is anyone among you sick? Let them call the elders of the church to pray over them and anoint them with oil in the name of the Lord. And the prayer offered in faith will make the sick person well; the Lord will raise them up. If they have sinned, they will be forgiven.”

James 5:14–15

1. Introduction: the “workers of benevolence” and the challenges of relevant legal historical research

In the *Arpad*-era, in addition to the obligation of family and kinship care, which remained from the nomadic period, the church mostly carried out sick care and elderly care activities within an organized framework. Church care for the poor began already in the time of King *St. Stephen* (1000/1001–1038). The first social workers of benevolence in Hungary were the monastic orders, and among them the Benedictines were the first to settle. In Pannonhalma, Bakonybél, and then all over the country, their later founded monasteries without exception had hospital wards and baths. In the Benedictine monastery founded by King *St. Stephen* in Pécsvárad, for example, there were three rooms for passing guests and four for the sick.²

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¹ An abbreviated version of the paper was presented at the conference titled “*The Legal Relevance of Vetus et Novum Testamentum. Parallels between the Jewish-Christian and Roman Law Roots of our Legal Culture*” on June 9, 2023.

² FALUS, Ispotályos kereszties lovagrendek az Arpad-kori Magyarországon 33–34; FALUS, Szpitalne zakony rycerskie w czasach Arpadów na Węgrzech 42–43.

To care for the sick after the Benedictines during the reign of King *Geza II* (1141–1162), from 1142 the Cistercians, then from the time of King *Bela III* (1172–1196), from 1179 the Premontreians and from 1308 the Hungarian-founded monks, the Paulists, also got involved. In Hungary, the first crusaders orders appeared at the same time as the Cistercians and the Premontreans. In the summer of 1147, the armies starting the Second Crusade marched through Hungary under the leadership of king *Louis of France VII* (1137–1180), who became so friendly with King *Geza II*, and that he even became the godfather of his child. Among the crusaders passing through were many Knights Templar and Johannite knights, who got to know Hungary at that time and then established provinces. The king provided the settled knights with property grants, which laid the foundation for the construction and maintenance of their monasteries and hospitals.³

Among the orders of knights established exclusively or additionally for the purpose of caring for and curing the sick, we find seven that were present in the Kingdom of Hungary during the *Arpad*-era with certificates: St. Lazarus, Templar, St. John, St. Anthony, the Holy Spirit, the Hungarian-founded Order of *St. Stephen*, and the German (Teutonic) Knights for a short time. Several of them also engaged in activities of a different nature - in today's terms - considered of "*public benefit*", so they participated in the armed defense of the country, and some of them, through their authentication sights (*locus credibilis authenticus*) participated in the creation of official writing.

It is difficult to distinguish between the nursing crusaders because in many places, instead of indicating the patron St. of the order, only the words *cruciferi* and *hospitalis* (hospitaller) are used as designations, which, however, can be a common sign of all organizations. This is why the literature inconsistently attributes the same place to the house or hospital of one or another order of knights in several places, which hinders the systematization of the data.⁴ Here it is also necessary to mention the fact that in the literature of the Hungarian Middle Ages, we can read about the Stefanite order only since the 1970s. Following the researches of *György Györffy*,⁵ from then on we separate the Stephanites, the order of canons of the Hospitaller Crusaders of King *St. Stephen*, from the Johannites. The order was founded by *Geza of Hungary II* in the 1150s in honor of King *St. Stephen*, following the model of the European knight orders already operating at that time. The order maintained a hospital not only in Hungary, but also in the Holy Land until the fall of Acre in 1291.

Although several charters were lost or damaged during the Mongol invasion, a large number of documents have survived in the archives of the archbishop of Esztergom and some bishops, from which we can form an idea of the operation of the knight orders and their significant role in the society of the time. It seems obvious which of these organizations was the one that aimed exclusively at the task of nursing – in some cases specifically the care of people suffering from certain diseases – and which were the ones that, in addition to this, were involved in warfare, in the performance of certain clerical tasks, or in financial activities also distinguished themselves. The international literature on the subject - due to the specifically Hungarian nature

³ FALUS, Ispotályos kereszties lovagrendek az Arpad-kori Magyarországon 11; FALUS, Szpitalne zakony rycerskie w czasach Arpadów na Węgrzech 13.

⁴ JÓZSA, A kórházi ápolás kialakulása a 11–14. századi Magyarországon 19.

⁵ GYÖRFFY, István király és műve; BOROVICZÉNY, Cruciferi Sancti Regis Stefani. Tanulmányok a stefaniták, egy középkori magyar ispotályos rend történetéről 133–140.

of the topic selection – is poor. However, numerous works available in our country deal with the Crusades and the international data of the orders, except for the Order of *St. Stephen*, which was specifically founded in Hungary. Works summarizing the activity of this knight order in Hungary can only be found from 2015 onwards.⁶

“*Benevolence*” is evidently not accepted terminology in the field of modern law and ethics, yet, regardless of worldview, and its meaning lives on in the concept of “*public utility*” – so the legal history studies that arise in this area prove to be particularly timeless.

2. Nursing monks

2.1. The evolution of the monastic way of life

Ways of life similar to monasticism appeared even before Christianity, both in Europe – such as the Greek Pythagoreans – and in Asia within the framework of Hinduism and Buddhism. However, since Christianity cannot be derived from these antecedents, Christian monasticism can only be compared in certain elements to monasticism appearing elsewhere. During the history of the Jewish people of the Old Testament, which is considered the root of Christianity, it happened several times that prophets praised the wandering in the desert because of its ascetic nature and soul-purifying effect. The teaching of the *Prophet Elijah* finally reached its peak in the Essene movement.⁷ *St. John the Baptist* (†29 BC) acted as a new *Elijah*: he fasted, fed on locusts in the desert, dressed simply, and did not marry. In this regard, *St. John* was not only a harbinger of *Jesus Christ*, but his ascetic lifestyle also became an example of later Christian ascetics and hermits. Christian monasticism stems from the teaching of *Jesus Christ*, namely from his greatest commandment, the practice of love. Even in the very first Christian communities, there were disciples who wanted to live the first commandment of love (Mark 12:30–31), that is, love of *God* and neighbor as fully as possible.⁸ The voluntary undertaking of helping love was joined by the practice of poverty and humility, as well as self-denial: “*If anyone wants to be My follower, he must give up himself and his own desires. He must take up his cross and follow Me!*” (Matthew 16:24; Mark 8:34)

Eusebius of Caesarea, the first Christian historian, recorded this about *Apostle James* the leader of the community of Christians in Jerusalem: “*He did not drink wine or intoxicating liquor, he did not eat meat, he did not touch his head with a razor, he did not anoint his body with oil and he did not bathe. He was the only one allowed to enter the sanctuary, because he wore clothes made of linen, not wool. He entered the church alone and was always found kneeling and begging for forgiveness for the people, so the skin on his knees was as hard as a camel's, from the constant kneeling with which he worshiped God and begged for forgiveness.*”⁹

From the moment *St. Paul* the Apostle revealed it: “*There is neither Jew nor Gentile, neither slave nor free, nor is there male and female, for you are all one in Christ Jesus*”,¹⁰ women did not lag behind in practicing the evangelical counsels, nursing the sick, and caring for the poor. Parallel to the spread of Christianity, ascetics of both sexes spread and worked in the cities of the Roman

⁶ FALUS, Ispótyalos kereszties lovagrendek az Árpád-kori Magyarországon; FALUS, Szpitalne zakony rycerskie w czasach Arpadow na Wegrzzech; FALUS, Szentlélek ispotályok Magyarországon: Járvány idején, pünkösdre készülve 392–394.

⁷ FALUS, Ispótyalos kereszties lovagrendek az Árpád-kori Magyarországon 14; FALUS, Szpitalne zakony rycerskie w czasach Arpadow na Wegrzzech 17.

⁸ GALSI, Jakab, az Úr testvére. Jakab az ősgyülekezet és az ősegyház kontextusában 41–41.

⁹ GALSI, Jakab, az Úr testvére. Jakab az ősgyülekezet és az ősegyház kontextusában 41–42.

¹⁰ Galatians 3:28.

Empire. The first well-known hermit was *St. Anthony the Great* (†356), despite the fact that his contemporary, *St. Paul* (of Thebes) the First Hermit (†341), whom he visited at the end of his life, preceded him. *St. Anthony* lived in community with his fellow hermits, which meant joint work and prayer. In the same period, *St. Pachomius* (†346) founded similar communities in Southern Egypt, and also wrote rule for them, in which he regulated their way of life and their agenda.¹¹

In those areas where the influence of Hellenism prevailed, the strict lifestyle of the Egyptian hermits proved impossible to follow. The basic principles of Christian monasticism were therefore restated here by *St. Basil* (of Caesarea) the Great (†379). In connection with monastic life, he left two important writings for posterity. The *Moralia and Asketika* (sometimes mistranslated as Rules of St. Basil) are ethical manuals for use in the world and the cloister, respectively. The *Greater Asketikon*¹² of those is about the ascetic life, and the *Lesser Asketikon*¹³ answers the important questions of monastic life in 313 points, so as the corporal good deeds of mercy, such as hospitality and caring for the sick are also included there.¹⁴

2.2. The Rule of St. Benedict of Nursia as a “hospital rules and regulations” of the time

After the end of the power of the Western Roman Empire and the collapse of its institutions, monasticism in the modern sense appeared in the West in the 5th century. *St. Augustine of Hippo* (†430) gathered around him those striving for perfection in Africa at the beginning of the 5th century. *St. Martin of Tours* (†397), born in Pannonia, established two monastic communities in Gaul.¹⁵ The life of *St. Benedict of Nursia* (†547) was preserved for posterity in the Second Book of *Dialogues*¹⁶ by Pope *St. Gregory I the Great* (590–604). *Benedek* was born into a noble Italian rural family around 480 in the province of Nursia, in the mountains near Rome. During his studies in Rome, due to the disorder he experienced there, he decided to rest in a cave near the Anione (Teverone) river, where an old hermit introduced him to the world of asceticism, contemplation and penance. The news of his wisdom soon spread around the area and the nearby monks invited him to be their abbot. However, brothers soon rebelled against *Benedict's* strictness. He and some of his students therefore separated from them. They wandered south, where they found an ancient pagan temple on top of a high hill near Cassisum, halfway between Rome and Naples. *Benedict* and his companions demolished this church and built a monastery and a chapel in honor of St. Martin from its stones. Here, in Monte Cassino, *St. Benedict* organized the Benedictine community life, which consisted of prayer and work. Hence their motto: “*Ora et labora*”. In addition to his guidance, her sister, *St. Scholastica* († cc. 547), organised also a community of nuns nearby, whose spiritual leadership was also undertaken by *St. Benedict*. *St. Benedict* wrote his famous regulations for the communities: the *Holy Rule*.¹⁷ His work was influenced by the teachings of his early predecessors living in hermitage and monasticism: *St. Martin*, *St. Augustine*, *Cassianus*, and

¹¹ TÖRÖK, Szerzetes- és lovagrendek Magyarországon 3.

¹² NAGY SZENT BAZIL, RFT 29–168.

¹³ NAGY SZENT BAZIL, RBT 17–224.

¹⁴ TÖRÖK, Szerzetes- és lovagrendek Magyarországon 3.

¹⁵ TÖRÖK, Szerzetes- és lovagrendek Magyarországon 4.

¹⁶ ST. GREGORY, Dialogues 52–104.

¹⁷ ST. BENEDICT, The Holy Rule.

indirectly *St. Anthony the Great, St. Pachomius* and *St. Basil*, as well as the unknown author of the *Regula Magistri*.¹⁸

From the 8th to the 13th century, the monks were the people's doctors. They collected the healing science of the ancient Egyptians, Hellenes, and Latins, and supplemented the achievements of medical science with the practice of Christ's love to care for the needy. The Benedictines also proved to be pioneers in the field of medicine. The *Holy Rule of St. Benedict* contains the idea that taking care of the needy, the sick, the elderly, and children, comes before all other duties. Chapter XXXVI of the Rule deals with the care of sick brethren: *"Before and above all things, care must be taken of the sick, that they be served in very truth as Christ is served; because He hath said, 'I was sick and you visited Me' (Mt 25:36). And 'As long as you did it to one of these My least brethren, you did it to Me' (Mt 25:40). But let the sick themselves also consider that they are served for the honor of God, and let them not grieve their brethren who serve them by unnecessary demands. These must, however, be patiently borne with, because from such as these a more bountiful reward is gained. Let the Abbot's greatest concern, therefore, be that they suffer no neglect. Let a cell be set apart for the sick brethren, and a God-fearing, diligent, and careful attendant be appointed to serve them. Let the use of the bath be offered to the sick as often as it is useful, but let it be granted more rarely to the healthy and especially the young. Thus also let the use of meat be granted to the sick and to the very weak for their recovery. But when they have been restored let them all abstain from meat in the usual manner. But let the Abbot exercise the utmost care that the sick are not neglected by the Cellarer or the attendants, because whatever his disciples do amiss falleth back on him."*¹⁹

Chapter XXXVII codifies the care *"Of the Aged and Children"*: *"Although human nature is of itself drawn to feel compassion for these life-periods, namely, old age and childhood, still, let the decree of the Rule make provision also for them. Let their natural weakness be always taken into account and let the strictness of the Rule not be kept with them in respect to food, but let there be a tender regard in their behalf and let them eat before regular hours."*²⁰

Adorján Kálovics OSB, a historian-researcher member of the Benedictine Order (*Ordo Sancti Benedicti*) founded by *St. Benedict* himself, already in 1929²¹ drew attention to the fact that the Holy Rule, written by *Saint Benedict of Nursia* in the 6th century, is not a literary masterpiece, but it also holds its own as a classic Roman law book. Unlike the latter, however, this cannot be considered a relic of a bygone era, as it regulates the lives of thousands of monks to this day.

An important aspect of the Rule is that it stipulates that the sick are taken care of by *„appointed brethren"*.²² Chapter XXXVI Point 7 by creating this special duty as an independent form of activity, and by formulating the rules of care written in Chapters XXXVI and XXXVII, the Rule in the 6th century provided something like *"hospital rules and regulations"* of the time on the nursing activities of the monastic communities.

When creating their built environment, the Benedictines were also careful to promote compliance with the regulations of the Rule. Their monastery plan in St. Gallen determined the design of convents for centuries. Accordingly, the herb garden had to be installed directly behind the hospital. A separate building was also used for drying and storing herbs. The monastery hospitals and pharmacies were later formed from these. Their monastic medicine also proved to

¹⁸ TÖRÖK, Szerzetes- és lovagrendek Magyarországon 5–6.

¹⁹ ST. BENEDICT, The Holy Rule 46.

²⁰ ST. BENEDICT, The Holy Rule 47.

²¹ KÁLOVICS, A Regula forrásai. Szent Benedek műveltsége 15–33.

²² JUHÁSZ-LACZIK, „Vendége lehettem” 122–126.

be significant from a historical point of view, because the doctor-monks - being literate as well - created comprehensive professional works, several of which survived until the 19th century, such as the manuscripts of *Hildegard of Bingen* (†1179), or the *Macer floridus*. The latter is a doctrinal poem in hexameters with the original title *De viribus herbarum* and was written by a Benedictine monk named *Odo Magdunensis* in the second half of the 11th century.²³ *St. Hildegard of Bingen* was the abbess of the Benedictines of Disibodenberg and Rupertsberg. Already in her first manuscript, an explanation of the *Regula Benedicti*, she referred to *Galen*²⁴ in connection with medical care. Among her many works, she also created two medical-themed works: *Physica*²⁵ and *Causae et curae*.²⁶

Monastery hospitals were not only created for the purpose of caring for the religious sick. All sick and needy people were admitted within its walls. Patients were fed meat, milk, cheese and eggs. They also received wine, but not as an article of pleasure, but mixed with herbs rather than medicine. From contemporary sources, we can also conclude that the special treatment of patients led to the appearance of simulants and abuses already at the beginning of the Middle Ages. Especially during the fasting period, the number of such pseudo-patients suddenly increased, as the patients received their meat ration during this time as well.²⁷

During this period, the famous Salerno Medical School was also established south of Naples. The Benedictine motherhouse, Monte Cassino, is nearby, so the order maintained a kind of “*treatment site*” in Salerno, where both men and women worked: they taught and nursed, regardless of religious affiliation.²⁸

2.3. The Benedictines and King St. Stephen of Hungary

The Hungarians came into contact with Christianity through the Byzantine Church even before the conquest, and when they settled in the Carpathian Basin, they found converts to Christianity among the ethnic groups living here.²⁹ The first converts who came to Hungary from the west probably appeared as early as the 960s. There were both monks and lay priests among them. Applied to a monk, the name *Benedict* and the *Benedict order* – as a distinction from other monastic groups – have existed only since the 14th century.³⁰ According to King *St. Stephen's Greater Legend*³¹ which was completed around 1077, the ruler wanted to get collaborators for the conversion, so he spread the word about his wish with emissaries and letters: “*For this many priests and ecclesiastics, encouraged by the consoling Holy Spirit, decide to leave their seat and go on a wandering journey; abbots and monks, desiring no property, only wished to live according to their rules under the protection of such a*

²³ BINGEN, Macer Floridus de viribus herbarum; MAYER-UEHLEKE-SAUM, Kolostori gyógyászat 8.

²⁴ GALEN, On the Therapeutic Method.

²⁵ BINGEN, A természet patikája.

²⁶ BINGEN, Okok és Gyógymódok.

²⁷ MAYER-UEHLEKE-SAUM, Kolostori gyógyászat 25.

²⁸ MAYER-UEHLEKE-SAUM, Kolostori gyógyászat 26.

²⁹ TÖRÖK, Szerzetes- és lovagrendek Magyarországon 12.

³⁰ TÖRÖK, Szerzetes- és lovagrendek Magyarországon 13.

³¹ István király intelmei.

*deeply religious prince.*³² And later on: “*Everywhere the foundations of the holy churches are despised, the cloisters of the canons are raised, and the communities living in the monastic rule begin to flourish.*”³³

The St. Martin Monastery which is considered to have been founded by King *St. Stephen* (its modern name was created by *Ferenc Kazinczy*, and hereafter referred to as Pannonhalma) was already founded in the time of Prince *Geza of Hungary* (971–997), probably in 996. This is indicated by the foundation letter created in 1001 or 1002 which was issued on the occasion of the consecration of the monastery’s church. Since the charter only survived in a 12th-century transcript, certain points of its content are still debated by historians. However, it is certain that the first abbot of Pannonhalma, Anastasios, and the monks came from the Brevnov monastery founded by Bishop *Adalbert*. The charter also mentions that Pannonhalma received the privileges of the Monte Cassino monastery, meaning that its monks could freely choose their abbot. The abbey belonged directly to the country’s first high priest, the Archbishop of Esztergom, and received a tenth of the estates of the rebel Duke *Koppány (Cupan)* in Somogy.³⁴

The more prestigious Crusader knight orders, such as the Templars (based on the suggestions of *St. Bernard of Clairvaux*)³⁵ and the Johannites,³⁶ took *St. Benedict’s Rule* as a basis for creating their own regulations.

2.4. The Rule of St. Augustine

The Rule of *St. Augustine*, written around 400, is not only the basis for the operation of the Augustinian Order, but other begging and nursing monastic orders (such as the Brothers Hospitallers of Saint John of God, officially the Hospitaller Order of the Brothers of Saint John of God – abbreviated as OH),³⁷ as well as the Lazarite, Antonite, Stefanite Knights, and the Order of the Holy Spirit also built their own regulations on it.³⁸ This – much narrower – regulation also contains provisions specifically for the care of the sick, and also appoints brothers on duty for nursing: “*The care of the sick, whether during their convalescence or when suffering from any weakness, even if there is no fever, should be entrusted to some particular brother, so that he may obtain from the dispensary what he sees each one needs.*”³⁹

2.5. “Fighting monks” in patient care – the Hospitaller Crusaders

The members of the most special legal institutions, social organisations of the medieval era, the crusader knight orders, were secular knights living according to monastic rules. The evangelical teaching clearly condemns violence however in the case of the knight orders it seems as if the Church sanctifies violence. It is, however, necessary to clarify that the members of these orders

³² SRH 377–440; ÁLI 20.

³³ SRH 377–440; ÁLI 21.

³⁴ TÖRÖK, Szerzetes- és lovagrendek Magyarországon 18.

³⁵ FALUS, Ispotályos kereszties lovagrendek az Árpád-kori Magyarországon 66.

³⁶ HOMONNAI – HUNYADI, A johannita lovagrend regulája 175–186.

³⁷ FALLENBÜCHL, Az ágostonrendiek Magyarországon; MÁLYUSZ, Az ágostonrend a középkori Magyarországon 427–440.

³⁸ FALUS, Ispotályos kereszties lovagrendek az Árpád-kori Magyarországon 55, 77, 66, 91, 108, 114, 134–135.

³⁹ ST. AUGUSTINE, Rule.

were not monks who received permission to fight and shed blood, but secular warriors who lived their lives outside of warfare based on a monastic rules, which were typically based on that of St. Benedict, or the more lenient *St. Augustine's* rules. The “*memorandums of association*” formulated in this way were approved by the pope of the time - this meant the establishment of these “*legal entities*” in today’s sense.

Starting from the 11th century the continuation of the charitable activities initiated by the monastic orders were the knight orders whose goal was to care for the sick and the poor. These were the Hospitaller orders, whose roots grew out of the organization of the Hospitaller confraternities (*confraternitas*). However, brotherhoods developed from the lay institution of monasteries (*fratres conversi*) into an independent form of coexistence. Most of these formations also reached the Kingdom of Hungary.⁴⁰

From secular knights, the *bellatores*, to the orders of the Crusaders, there was a long road in the first centuries of the Middle Ages. Probably in connection with the Church’s efforts to ensure *God’s peace*, (*pax Dei, trenga Dei*) the brotherhoods and confraternities supported by the Church were the starting points of the movement. The members of the knight orders that later emerged from such confraternities took monastic vows in which they accepted obedience, poverty and virginity. These brotherhoods were held together by a common goal: to provide safe road conditions, as well as accommodation for the pilgrims to the Holy Land. Out of such knight orders, the nursing – hospitaller – orders emerged, whose scope of activity was supplemented by the care of sick travelers. The characteristic of this new form of community is the active life (*vita activa*) and the sanctity of life intended to be achieved within its framework, unlike the monastic orders that lead a contemplative life (*vita contemplativa*). Their way of life and order accordingly differed from the orders of monks and canons. They could not even accept the principle of the stability of the place of life to be lived (*stabilitas loci*), since their warrior lifestyle forced them to be constantly mobile.⁴¹

3. Patient care in the Arpad-era

3.1. The beginnings of patient care in Hungary

The first charitable institutions in Hungary are as old as the Hungarian Church, as there are records of the hospitals operating in the country from the reign of Prince *Geza of Hungary* and his son, King *St. Stephen*. In the last third of the 10th century, at the invitation of *Geza of Hungary* and after his son, *St. Stephen*, the influx of Western Christian converts and monastic orders began. The majority of hospitaller Crusaders established in the second half of the 11th century saw patient care as their primary task, rather than military activity.⁴²

The orders of knights and monks came to Hungary at the beginning of the 11th century settled almost exclusively along the Danube and in Transdanubia. The reason for this is probably, on the one hand, the fact that the Crusaders who took part in the Crusades arrived in Hungary from this direction, and on the other hand, that after the settlement until the fall of the Holy Land, the Hungarian houses of these knight orders had a lively relationship with their brothers in

⁴⁰ SOMOGYI, A középkori Magyarország szegényügye 20–21.

⁴¹ FALUS, Ispótyalos kereszties lovagrendek az Árpád-kori Magyarországon 28.

⁴² SZÁLLÁSI, Esztergomi gyógyító rendek az Árpádok alatt 1381–1382.

Jerusalem, and the pilgrimage route leading to them left the territory of the Kingdom of Hungary at Nándorfehérvár. In Transylvania, the Highlands, the Alföld (Great Hungarian Plain) and the Banat, monastic houses, together with their associated hospitals, appeared only at the end of the 11th century and then during the following centuries. In the first decades of the 11th century, the first monastic hospitals were established in Pécsvárad, Pannonhalma, Bakonybél, and Esztergom.⁴³ The hospital was built in Kolozsvár (now: Cluj-Napoca, Romania) at the end of the 11th century, which then continuously received patients until the last third of the 19th century.⁴⁴

The first doctors in Hungary were also the Benedictines, for whom *St. Benedict* himself prescribed the care of the sick (*cura infirmorum*) in his Rule. Their mother monastery, Monte Cassino, is inseparable from the name of *Constantinus Africanus* (c. 1020–1087), who made the intellectual heritage of such famous physicians as *Ali Abbas*, *Hippocrates*, *Galen*, *Theophilus*, and *Isaac Judaeus* accessible to the Western world through his Arabic translations.⁴⁵ In 996, the Benedictines also modeled the organization of their first monastery in Hungary, founded in Pannonhalma, on the model of the mother monastery in Monte Cassino.⁴⁶ The order's first domestic hospital was founded in Pécsvárad in 1002 by our King *St. Stephen*. The hospital integrated with the monastery was soon equipped with a water pipe, in contrast to, for example, the Buda Castle, whose first water pipe was only built centuries later, between 1414–1416.⁴⁷ The staff of the Pécsvárad monastery also included 4 nursing brethren and 6 bath attendants.⁴⁸

Most of the monasteries were built in the immediate vicinity of healing water and thermal water sources precisely because of the need for patient care. From the beginning of the 13th century, we can find references to the accommodation of guests (*hospites*) who fell ill during the journey regarding the monasteries in Lébény, Pannonhalm and Pécsvárad.⁴⁹ Soon, not only the king, but wealthy nobles and even noblewomen were willing to make donations for the benefit of these orders.⁵⁰ The Benedictines were soon followed by other nursing orders, such as the Cistercians, the Premontreans, the Carthusians, the Dominicans and the Franciscans, who settled there from the 12th century. At the same time as the Crusades, knight orders based on the monastic rule also became involved in their activities.

3.2. Hospitals

The word *hospital* (*domus hospitalis*) originally means “*guest house*”. The purpose of these buildings was to care for strangers - pilgrims, travelers - sick and fallen. Single elderly people were also cared for here. The *domus hospitalis* is essentially an urban phenomenon. Its establishment has become important in places where the population of the settlement has already stretched the possibilities of personal family-human relations. That is why it became necessary to institutionalize care for the disabled, the poor, the elderly and the sick.⁵¹

⁴³ JÓZSA, A kórházi ápolás kialakulása a 11–14. századi Magyarországon 11.

⁴⁴ JAKAB, Kolozsvár története 303–310.

⁴⁵ CZAGÁNY, Az európai orvos- és gyógyszerésztudomány feudalizmuskori befolyása a magyarországi orvoslásra 68.

⁴⁶ CZAGÁNY, Az európai orvos- és gyógyszerésztudomány feudalizmuskori befolyása a magyarországi orvoslásra 70.

⁴⁷ ZOLNAY, Buda középkori vízművei 29, 34, 37.

⁴⁸ KORBULY, Egészségápolás 359.

⁴⁹ SOMOGYI, A középkori Magyarország szegényügye 15.

⁵⁰ BÉLI, Women's Acquisition of Property during the Era of the Arpad Dynasty in Hungary 45.

⁵¹ SZULOVSKY, „Azra” ispotálya, avagy egy „azonosíthatatlan helység” azonosítása 141–144.

The medieval hospital accommodated pilgrims, the sick, the single poor and the elderly.⁵² Therefore, medieval hospitals mostly did not fulfill the function of hospitals in the modern sense, but rather “houses of loving care”.⁵³ It depended on local needs, social and geographical characteristics, where and which of its functions came to the fore. Where there was more demand for patient care, based on health considerations, these institutions were mostly located near rivers and baths. That is why we can find most of the medieval city hospitals at the lower end, i.e. next to the exiting section of the river water, in order to avoid the need for water for patient care and the epidemic.

The first hospital in Székesfehérvár began its operation in 1093, and was followed by the hospitals in Pozsony (now: Bratislava, Slovakia), Daróc (now: Šarišské Dravce, Slovakia), Csütörtökhely (now: Spišský Štvrtok, Slovakia), Selmecbánya (now: Banská Štiavnica, Slovakia), Lőcse (now: Levoča, Slovakia) and Kolozsvár (now: Cluj-Napoca, Romania). The first hospital in Székesfehérvár began its operation in 1093, and was followed by the hospitals in Pozsony, Daróc, Csütörtökhely, Selmecbánya, Lőcse and Kolozsvár.⁵⁴ The Nagyvárad (now: Oradea, Romania) hospital opened its doors in 1165, the Pannonhalma hospital in 1201, the Johannite hospital in Borza (now: Bârza, Romania) in 1211, and the Miskolc-Hévíz (now: Tapolca, Hungary) hospital in 1217.⁵⁵ The name of master *Sándor*, court physician of King *Andrew II* (1205–1235) appears in a document dated around 1217. We know about the nursing brethren of the hospital in Győrszentmárton (now: Pannonhalma, Hungary) from a charter from 1221, and the hospital in Nagyszeben (now: Sibiu, Romania) first appears in a document dated 1222. The Cistercians received a hospital in Bács (Bachiense, now: Bač, Serbia) in 1234, according to the sources, the hospital in Eger was already operating in 1240.⁵⁶ Minorite nursing brethren established a monastery in Szemenye (Scemenia) in 1248, and then opened their hospitals in Sopron and Selmecbánya in 1274–75. The Hungarian constitution of the Carthusians, written in 1259, directly stipulated that they must establish a pharmacy and employ a doctor in each of their monasteries.⁵⁷ The king from the *Arpad*-house, *Andrew III* (1290–1301), donated the hospital in Nagyszeben to the Order of the Holy Spirit in 1292 („*cibini Hospitale pro [...] debilibus*”). During this period, the Johannites and Templars already provided care for the needy in seventy convents. Cistercian monastic hospitals operated in Eger, Bács, Apátfalva, as well as those of the Dominicans on the Rabbits’ Island (today’s Margit Island).⁵⁸

The new orders of monks and knights that settled in the 12th century also changed the territorial distribution of the hospitals. While in the 11th century most patient care institutions were established in Transdanubia, in the 12th century only a few opened their doors in this area (Csurgó 1163, Veszprém around 1160, Buda 1187). The newer hospitals were built in the central and peripheral areas of the country: in Pozsony around 1100, in Eger in 1150, in Sente in 1163, in Nagyvárad in 1165, and in Olthévíz (now: Hoghiz, Romania) in 1186. In the 13th century, even more hospitals were established: in Miskolc-Hévíz in 1216, in Selmecbánya in 1224, in

⁵² KUBINYI, Ispotályok és a városfejlődés a késő középkori Magyarországon 188.

⁵³ PÁSZTOR, A magyarság vallásos élete a Jagellók korában 50.

⁵⁴ HINTSCH, A középkori orvostudomány 183, 189, 191.

⁵⁵ HINTSCH, A középkori orvostudomány 183.

⁵⁶ HINTSCH, A középkori orvostudomány 185.

⁵⁷ HINTSCH, A középkori orvostudomány 183, 185.

⁵⁸ CZAGÁNY, A budai orvosok és gyógyszerészek a feudalizmus korában 52.

Liebenbánya in 1208, in Borsa in 1211, in Daróc in 1288, in Besztercebánya (now: Banská Bystrica, Slovakia) at the end of the century; in Győrszentmárton in 1221, in Szemenye in 1248, in Füzfő in 1269, in Sopron in 1274/75, in Poroszló in 1216, in Bács in 1234, in Kalocsa in 1221, in Kompolt in 1280, in Bodrogkeresztúr and in Bát also at the end of the 13th century.⁵⁹

The rulers have always gladly supported the charitable activities of the church and knight orders. In 1238, for example, King *Bela IV* (1235–1270) exempted all the country's hospitals from the wine tax, and donated the baths in Győr and Esztergom to *St. Stephen's* Esztergom Crusaders, the Stefanites.⁶⁰

The dimensions of medieval Hungarian hospitals can be inferred from the parameters of the excavated buildings, data on food, and fragments from hospital regulations. Based on these, it can be concluded that the capacity of the patient care institutions did not or barely exceeded 20 people during this period. The St. Elisabeth hospital in Besztercebánya had a maximum of 24 beds, the Antonites' St. Ladislaus hospitals in Pozsony and in Sopron had 20 each, while the Szokolca (now: Skalica, Slovakia) hospital had 12 beds around the middle of the 13th century.⁶¹

By comparing the number of patient care institutions with the country's population, we can also infer how many residents were allocated a hospital bed. At the end of the 11th century, the population of Hungary was one million, after the 14th century it reached the two million.⁶² Based on the assumption that domestic hospitals in this period were able to care for 6–20 patients on average at a time, with an average of ten patients, at least 170 at the end of the 11th century and at least 700 hospital beds at the end of the 14th century accommodated those in need of care. At the end of the 11th century, there were 5,582 beds in the hospitals, but in the 14th century there were 2,500 inhabitants.⁶³ Knowing the social and social conditions of the era, as well as the average age, this number of hospital beds can be said to be sufficient. Children – who made up a third of the population – did not receive hospital treatment anywhere in the Middle Ages. The possibility of using hospitals did not arise among the nobility and the clergy, as they were cared for in their homes according to the standards of the time. However, those who did not have close relatives, the destitute, beggars, i.e. 15–20 percent of the population, claimed or needed hospital care during their illness.⁶⁴

Following *Lajos Körmendy's* statement, we can also deduce from the data of the excavation of the medieval cemetery of Bátmonostor, a settlement with a hospital during the *Arpad*-era, what kind of illnesses patients were admitted with during this time.⁶⁵ 11.0% of the 426 evaluable skeletal remains excavated in the Bátmonostor cemetery could have been disabled. Among them, 30 had ankylosis (stiffness of a joint due to abnormal adhesion and rigidity of the bones of the joint), indicating that the Bát hospital, which had been operating since the 13th century, cared for the disabled, infirm and immobile. In addition, the researchers also diagnosed additional bone changes, bone tumors and paralyzed limbs on the skeletons, from which they concluded that

⁵⁹ KÖRMENDY, Kalocsa orvostörténeti vonatkozásai az államalapítástól Hollós Mátyás haláláig 357–364.

⁶⁰ KORBULY, Egészségápolás 359.

⁶¹ SZÜCS, Városok és kézművesség a 15. századi Magyarországon 40.

⁶² GYÖRFFY, István király és műve 305–307.

⁶³ JÓZSA, A kórházi ápolás kialakulása a 11-14. századi Magyarországon 13.

⁶⁴ SOMOGYI, A középkori Magyarország szegényügye 83–84.

⁶⁵ KÖRMENDY, Kalocsa orvostörténeti vonatkozásai az államalapítástól Hollós Mátyás haláláig 357–364.

these patients remained residents of the hospital for the rest of their lives after being admitted to the hospital.⁶⁶

In the Middle Ages, not only in Western Europe, but also in Hungary, the isolation and treatment of lepers - more precisely, those believed to be thus - was a huge public health problem. King *St. Stephen* established the first known domestic leprosarium in Esztergom, and with the settlement of the Knights of St. Lazarus, the number of leprosy hospitals named after them, the *lazarettes*, began to increase rapidly. During a research in which more than 100,000 conquest-time and late medieval skeletons stored in the country's museums were analyzed for DNA, it was established that leprosy was diagnosed in only one of them based on bone changes, and in two other cases it was detected from DNA. If we accept the estimate that at the end of the *Arpad*-era, more than a hundred leprosy colonies were operating, and we assume that twenty to thirty were cared for in them, then we can estimate the number of patients truly considered to be lepers to be around 2.000 to 3.000. This did not even reach 0.5% of the country's population at the time, so it can be concluded that leprosy was not a national disease.⁶⁷ However, since the causative agent of leprosy was not yet known in the Middle Ages, people suffering from other symptoms accompanied by skin changes or mutilation were also referred to leprosariums, such as elephantiasis or psoriasis.⁶⁸

Medical historian *László Józsa* disputes *András Kubinyi*'s statement, according to which: "however, patient care was only a secondary task and only concerned the residents of the hospital, excluding, of course, leprosy homes and other institutions for epidemic patients."⁶⁹ The reason for this is partly that leprosy is caused by a bacterial infection and is not an epidemic disease, but on the other hand, it is also a fact that medieval epidemics, such as the plague or smallpox, were short-term diseases with mass deaths. Therefore, separate medical facilities were not established for those suffering from epidemic diseases, as it made no sense. During the 11–13th century leprosy colonies were mostly established in Hungary in regions where no other hospitals operated. However, there were a few exceptions: Esztergom and Buda, where the spa and hospital treated leprosy patients, and the Rabbits' Island, where later syphilis patients were treated.⁷⁰ After their arrival in Hungary, the Lazarus Knights took over the operation of several already functioning leprosariums.⁷¹ As a result of the decrease in the number of leprosy infections, hardly any new leprosy hospitals were built in the 14th century, but many of the old ones were also closed.

3.3. Medicine in the Arpad-era

The remnants of the seven mourning Hungarians from the Battle of Lechfeld in 955 – the "Poor of St. Lazar" (*Zent Lazar Ziginj*) – found shelter within the walls of the *Contubernium pauperum Sancti Lazari*, founded in 1000 in Esztergom.⁷² The Benedictine monastery hospital (*xenodochium*) in Pécsvárad, founded in 1002, was organized in 1007, and in 1015 a water pipeline made of

⁶⁶ JÓZSA, A kórházi ápolás kialakulása a 11–14. századi Magyarországon 15–16.

⁶⁷ JÓZSA, A kórházi ápolás kialakulása a 11–14. századi Magyarországon 15.

⁶⁸ JÓZSA, A honfoglaló és Árpád-kori magyarság egészsége és betegségei. A honfoglalás 1100. évfordulójára 120.

⁶⁹ KUBINYI, Főpapok, egyházi intézmények és vallásosság a középkori Magyarországon 253–267.

⁷⁰ JÓZSA, A kórházi ápolás kialakulása a 11–14. századi Magyarországon 16.

⁷¹ JÓZSA, A kórházi ápolás kialakulása a 11–14. századi Magyarországon 14.

⁷² HINTSCH, A középkori orvostudomány 183–184.

wooden pipes helped the nursing and healing activities.⁷³ There was also a need for river water, since from the 11th century epidemics and infections often struck our country, which spread to large areas. Beginning in 1006, for example, plague epidemics devastated Hungary several times. From 1011, the Benedictines of Pécsvárad admitted the mentally ill to their hospital as well.⁷⁴ The first data on scabies survive from 1061. Rye poisoning treated by the Antonites got mainly devastated Hungary in 1071–1089.⁷⁵

Despite the fact that based on the extant decree of *St. Stephen* from 1035, at that time witchcraft was considered to be the cause of diseases, medicine was already taught as a secondary subject at the clerical seminaries in Veszprém, Kalocsa and Esztergom.⁷⁶ According to *Elek Hintsch*,⁷⁷ the college in Veszprém, which was soon raised to university status on the basis of the Parisian model, already provided high-quality medical education after 1180. King *Bela III* (1172–1196) who introduced the Paris system in Hungary, in 1181 appointed Bishop Peter as archbishop of Spalato because of his merits in the field of medicine.⁷⁸

The development of Hungarian medicine can be traced in charters⁷⁹ created for other purposes. In the *Pray Codex* preserved in the National Széchenyi Library – which also contains the Funeral Sermon and Prayer, the oldest known and surviving contiguous Hungarian text, written by one scribal hand in the Latin script and dating to 1192–1195 – for example, there is the text of a 13th century blessing used to facilitate childbirth, which is described by *György Korbuly*.⁸⁰ The calendar of the Pray codex also contains additional medical historical interest. In addition to the individual months, there are medical advices on the edge of the page, in which ancient medicine probably lived on through the mediation of *Beda Venerabilis*. In addition to the diet, the advice also extended to cutting blood vessels, as it determined when it was recommended and when it was forbidden to use this popular medicinal tool of the Middle Ages.⁸¹

The legends of the saints and the minutes of the canonization processes also give an idea of the patient care of the time.⁸² The patients were placed in heated rooms in the hospitals and were regularly washed and bathed. From the legend of *St. Margit* (†1271), we learn that the helpless patient was rolled on a sheet.⁸³ This also proves that there were sheets under the patients. Those unable to feed themselves were given liquid food through a feather stem. This is the forerunner of today's tube feeding. There is a case description in the witness hearing report of the canonization process of Princess *Margit of Arpad*-house, according to which a nun named *Candida* was nursed by the Dominican monk *Rudolf* during her serious illness.⁸⁴ It can also be read here that the Franciscan doctor *Aginotus (Agnetus)* treated *Petrus Hungarus (Péter Tapolcai/Tapolcsányi/Magyar)*, who in 1257 was undergoing medical treatment in the hospital of the

⁷³ HINTSCH, A középkori orvostudomány 183–184.

⁷⁴ CZAGÁNY, A budai orvosok és gyógyszerészek a feudalizmus korában 50.

⁷⁵ CZAGÁNY, A budai orvosok és gyógyszerészek a feudalizmus korában 50.

⁷⁶ CZAGÁNY, A budai orvosok és gyógyszerészek a feudalizmus korában 50.

⁷⁷ HINTSCH, A középkori orvostudomány 185.

⁷⁸ HINTSCH, A középkori orvostudomány 185.

⁷⁹ CZAGÁNY, A budai orvosok és gyógyszerészek a feudalizmus korában 52.

⁸⁰ KORBULY, Egészségápolás 361.

⁸¹ TÖRÖK, Szerzetes- és lovagrendek Magyarországon 31.

⁸² JÓZSA, A kórházi ápolás kialakulása a 11–14. századi Magyarországon 15.

⁸³ RÁSKAY, Szent Margit legendája 13.

⁸⁴ CZAGÁNY, A budai orvosok és gyógyszerészek a feudalizmus korában 52.

Franciscans in Buda, but they could not cure him, and he only recovered at the grave of Princess *Margit* in wonderful circumstances. The testimony of *Péter Tapolcai (Tapolcsányi?)* was recorded in the protocol on July 26, 1276.⁸⁵ *Péter Tapolcai (Tapolcsányi?)* can probably be the same as *Péter Magyar*, a resident of Buda, who, on the recommendation of a Franciscan monk doctor, wore an iron belt against his hernia, but when he fell, his “intestines fell out”.⁸⁶ An interesting detail is that the surviving records also report that *St. Margit* of *Arpad*-house used a bedpan as early as 1271.⁸⁷ They also used the chamber pot in the room, as well as the underarm crutch, hand crutch, artificial lower limb and hernia bandages among the medical aids.⁸⁸

Information about later times can be found in the Buda Code of Law (*Ofner Stadtrecht*).⁸⁹ The code of laws was maintained for nearly two hundred years between 1244 and 1421. It prescribes, for example, the rules for the operation of surgeons,⁹⁰ but the first written legislation on Hungarian pharmacy can also be read here: “*pharmacists should only sell things that have long belonged to pharmacies [...] On Sundays and other holidays, they should not dare to sell anything in an open shop until the vesper bell has been rung, except for medicine for the sick to relieve themselves physically; these can be issued both during the day and at night.*”⁹¹

4. Conclusion: the Holy Crown as a symbol of patient care

The first symbol of the Hungarian Christian society, still effective today, is the Holy Crown. The Holy Crown is much more than a simple coronation symbol. Its symbols also serve as an explanation of how the Hungarian nation was able to survive and exist in the third millennium.

At the beginning of the “tire” part of the crown, under the image of *Jesus Christ*, *Michael* is on the right, *Gabriel* is on the left. Next to *Michael* is *St. George* (†303), the patron saint of soldiers, next to *Gabriel* is *St. Demetrius* († around 304/306), the soldier saint defending the country. Behind these saints, two doctors can be seen, namely *Saint Damian* (†303) on the left and *Saint Cosmas* (†303) on the right.⁹² *Saint Damian* and *Saint Cosmas* were two great saints of the Eastern Church, twin brothers. According to legend, they were born in Arabia and then studied medicine in Syria. They treated their patients for free, and they did not even accept money for the medicines. As a result of their piety and preaching, many were converted. Thanks to Emperor *Justinian* (525–565) – who attributed his recovery from a serious illness to them – after their martyrdom, their veneration spread throughout the eastern half of the Roman Empire.⁹³

In Hungary, the Holy Crown first became the symbol of royal power, and then, based on the doctrine of the Holy Crown, of the entire Hungarian statehood. The two doctor-saints standing on the crown protect the health of all members of the nation – the citizens – through the king, the government and the current leader of the nation. The fact that one of the main symbols of the unity of the Hungarian nation carries the two doctor-saints of the Christian

⁸⁵ KUBINYI, A király és a királyné kúriái a XIII. századi Budán 162.

⁸⁶ HINTSCH, A középkori orvostudomány 192.

⁸⁷ CZAGÁNY, A budai orvosok és gyógyszerészek a feudalizmus korában 52.

⁸⁸ JÓZSA, A kórházi ápolás kialakulása a 11–14. századi Magyarországon 15.

⁸⁹ BLAZOVICH, Buda város jogkönyve.

⁹⁰ CZAGÁNY, A budai orvosok és gyógyszerészek a feudalizmus korában 52.

⁹¹ CZAGÁNY, A budai orvosok és gyógyszerészek a feudalizmus korában 61.

⁹² CSOMOR, Szent István koronája nyomában 14.

⁹³ TARR, Élet és egészség, orvos és beteg, jog és erkölcs, az emberi méltóság fogalom szférájában 248.

Church symbolizes that, from the foundation of the state, church institutions of neighborly love, care and healing, including the order of the Crusader knight orders, were of prime importance.

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