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*Alternative forms of remuneration at the Holy Spirit Hospital
of Marseille in the fourteenth century*

1. Introduction

Very early on, intellectuals realized that currency was a principal ingredient of economic growth. Aristotle recognized how money made it possible to exchange goods easily and to store wealth, and was a main driver behind the emergence of civilization, but argued that real economic growth was limited to what the natural world could produce.¹ Although medieval theologians looked with suspicion on professionals dealing with money (merchants, money-changers, bankers), none envisioned banning the use of currency. Nicolas Oresme, a fourteenth-century theologian who eventually became Bishop of Lisieux, preceded Jean Bodin, Thomas Gresham and John Maynard Keynes by several centuries in his formulation of the role of monetary policy in fostering economic stability and well-being (Oresme 2020). Building on Aristotle, Adam Smith pointed out that currency facilitated not only exchange but also investment and specialisation of labour, the primary components of economic development (Smith 1776, I, ch. 4). Even Jean-Baptiste Say, though pointing out that cash plays only an intermediary function, since goods are ultimately exchanged for other goods, recognized the fundamental importance of money in transactions and economic growth (Say 1826, I, 249-251). Yet, the monetization of the economy throughout the medieval period was not a linear process and did not strictly follow the same path as economic growth. Many forms of payment in kind, in particular for services, lasted well into the modern era in an otherwise highly monetized economy (Grenier 1996, 255-57).

Labour relations in particular were affected by many considerations other than simple economic efficiency, and the forms of remuneration often reflect social relations more than economic value. Indeed, Marx and Engels underscored how the alienation of the means of production from labourers, who were subsequently remunerated in cash for their efforts, reduced the majority of human beings to mere commodities (Marx and Engels 1848, I, 30). According to Arnold Toynbee,

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¹ Aristotle commenting Solon's quotation «Man can without limit increase his wealth» (*Politics*, Book I, Chapter 3) argues that because greed is unlimited, demand is unlimited, and money allows merchants to store unlimited amounts of wealth. But real, or natural, wealth is that which is actually produced and consumed by people, and is therefore limited by the natural capacity of the earth (Aristotle 1874, 38-42).

nineteenth-century British historian, the essence of the Industrial Revolution was the substitution of competition for medieval forms of production, in particular when money was used to remunerate workers, creating a “cash nexus” which replaced human relations (Toynbee 1884, 85-93, 189; Jones 2002, 62). It is thus important to examine the multiple ways in which services were remunerated to understand how value was perceived in non-monetary terms and how the forms of remuneration reflected social relations between employers and workers.

Of particular interest is how the forms of remuneration evolved over time to determine whether they in some way influenced or were affected by economic growth or decline, and the fourteenth century is an ideal period to observe such trends. It marks a major transition from two centuries of economic growth to a period of stagnation and decline. A series of external shocks (climate change, epidemics, famines and wars) makes it possible to observe how economic agents adapted to a rapidly changing context (Campbell 2016, chap. 4; Aurell 2005, chap. 8). This is also a century which has been associated with changing relations between lords and peasants in the rural economy (Bailey 2014). Moreover, it was at this time that the majority of regions around Europe began intervening in labour affairs by imposing a variety of regulations, many of which outlined the forms of remuneration that were authorized and forbidden (Braid 2003; Cohn 2007; Bennet 2010; Whittle 2023). It has been observed by historians familiar with the English archives that, once cash wages were capped by law, employers resorted to other methods of payment to circumvent the new legislation. (Thorold Rogers 1866, I, 274; Hatcher 1994). Even if non-cash forms of remuneration were often offered prior to the epidemic, their use increased dramatically afterwards but was not clearly entered in the accounts which recorded only the cash portion of the wage, rendering most of the wage data for this period quite misleading (Phelps Brown and Hopkins 1956, 202; Hatcher 2018). The stagnation of real wages due to rapid inflation during the quarter century after the Black Death, observed by many economic historians (Bridbury 1973, 578; Bolton 1980, 61-62; Farmer 1991, 778; Clark 2007, 104), may therefore be a form of money illusion as overall compensation was higher than is apparent thanks to alternative forms of remuneration which were not clearly indicated in the accounts.

Non-monetary forms of remuneration, therefore, represent a type of alternative currency in that they facilitate exchange. Remuneration in kind (clothing, shoes, cloth, grain) can be formally considered an alternative currency in the sense that it was transferable to a third party in exchange for something else (cash or another good or service). Other types of in-kind payments (food, shelter, healthcare) were non-transferable and are therefore not officially an alternative form of currency. Still, both transferable and non-transferable forms of payment fulfilled a primary function of currency in that they enabled an exchange by providing agents with a greater degree of flexibility than money in an otherwise tightly regulated market. Once cash wages were fixed by law, economic agents in certain regions reverted to payment in kind for more leeway in the labour negotiation. Cash was only liquid in the sense that it was transferable, but it lacked flexibility. The imposed rigidity on nominal wages rendered remuneration in kind a more fluid option, as the precise amount of food, clothing, etc. could be easily modified without infringing on institutional constraints.

In addition, in every society, there are a number of individuals who perform very valuable services for the community for which they receive no tangible form of remuneration. Many people organize charitable works, take care of children, the elderly and the sick, help neighbours and even strangers without receiving any direct form of remuneration. Even if they receive some small monetary or material reward for this service, this often takes the form of a token payment and does not represent full compensation for the services rendered to the community. These people perform such services not to increase their financial or material wealth, but to fulfil their civic duties and improve their social standing within the community. The non-tangible payment for their services can be considered a form of 'social currency'.

The concept of «social capital» was introduced in the early twentieth century, but mostly developed starting in the 1980s by sociologists. (Bourdieu 1986; Bourdieu & Wacquant 1992; Coleman 1988; Putnam 1995; 2000) It has become a key concept driving innovative analysis in fields such as economic inequality (Putnam 2016), social mobility (Corak 2013; Chetty 2022), racial inequality (Manduc 2019), public health (Carrell 2011) and economic development (Fukuyama 2001, Eagle 2010). Scholars have generally focused on how individuals use the social advantages that they have already accumulated or inherited to improve their chances of success and which more generally allow a community to function efficiently. Studies often overlook, however, how such capital is accumulated in the first place. This paper introduces the concept of «social currency» which can be defined as a non-tangible remuneration exchanged for services rendered or goods given by people who hope to improve their social standing. Like any other form of currency, social currency can be accumulated and stored as social capital and cashed in for some financial or material gain in the future. The future reward may even include a more comfortable afterlife. It can be transferred to a third party, since people often benefit from the social capital accumulated by family members and friends. It can even be instantly consumed by providing an agreeable feeling of belonging to a community and fulfilling one's civic or moral duties. Although it is impossible to measure precisely the relative value of social currency, it will be argued that certain institutions that foster economic and social development are only able to carry out their mission because they can rely on the services rendered and gifts given by a number of individuals who are more interested in acquiring social currency than cash through the exchange, thereby reducing the institutions' operating costs.

The archives of Marseille have conserved many sources that allow historians to observe the evolution of various forms of remuneration (cash, payments in kind and social currency) during the fourteenth century. Francine Michaud has examined in depth the vast numbers of notarial and judicial records that attest respectively to the agreements and the disagreements between long-term employees or apprentices and their masters during the fourteenth century (Michaud 2016). These employment contracts and disputes indicate in some detail the various forms of remuneration possible and how they evolved in time. The municipal archives of Marseille also house numerous registers of local deliberations of the city council which attempted to regulate the remuneration of workers during these turbulent times, in particular that of day labourers who generally do not appear in either notarial or judicial records. Indeed, despite a relative absence of such regulations in the first half of the fourteenth

century, city officials very closely monitored the wages of workers and other labour practices immediately after the Black Death. These regulations can also be compared with similar measures enacted at the central level by the Senechal and Estates of Provence in 1348 and with the regulations of other municipal authorities in the region.

An even richer source of information comes from the account registers of the Holy Spirit Hospital in Marseille. This hospital was founded in 1188 to receive the sick and the abandoned children of the city. Subsidiary houses under the control of this hospital were subsequently opened in Martigues and Aubagne. By the mid-fourteenth century, the hospital had capacity for roughly 65 men and 25 women. The municipal council nominated two members to oversee the financial decisions of the hospital and control the accounts. Shortly after the plague arrived in Marseille, the municipal council started holding its sessions in one of the rooms of the hospital, and remained there until the end of the Fifteenth century (Fabre 1973, 39-43, 74-78). Registers recording the accounts are housed in the Departmental Archives of the Bouches-du-Rhône in Marseille. Two registers date from as early as 1304 and 1306, and the series becomes relatively regular from 1330. There are at least 8 registers from the two decades preceding the Black Death, one register recording the activities of the hospital during the epidemic, ten registers in the two decades following the plague, and dozens more covering the next three centuries. These registers record all of the expenses of the hospital (food, clothing, shoes, furniture, tools, agricultural labour, repairs to the building, medical services, etc.), lists of its possessions and the revenue that came from rentals as well as the sale of various goods (wine, pigs, grain, etc.). The direct exploitation of the hospital was relatively small, employing at most a dozen or so workers per day during the harvest, in addition to about five to ten servants on long-term contracts, the terms of which are generally recorded at the end of each register for the period before the Black Death. It also employed medical personnel to take care of patients and up to a dozen women a year to nurse abandoned infants. These records are extremely useful for understanding the employment practices of a mid-sized urban estate. They are particularly insightful relative to questions of the evolution not only of the amount of pay but also of various forms of remuneration for different types of services. These records are all the more revealing since the administration of the hospital was monitored by municipal officials. There is no way that the individuals in charge of controlling the accounts would be ignorant of the municipal regulations concerning wages, or even have any interest in trying to avoid them, as it has been suggested by certain historians examining manorial accounts in England, thereby increasing the likelihood of observing reliable data. This direct administration also means that the council members of Marseille were very aware of the concerns of employers of labour, a situation which may have led to a more practical approach to the issue of labour regulation.

Not every service rendered to the hospital, however, was recorded in these registers. Because the main objective of the registers was to keep track of the cash flow, certain transactions in kind may have escaped record-keeping. The wine, grain and pigs produced by the hospital were certainly consumed by the members of the household, including staff, but the consumption of its own produce was not recorded by the hospital in the accounts. Although it is also possible that some payments

indicated in monetary terms may really have been paid in non-monetary forms, these accounts usually indicate rather clearly whether the payment was in cash or kind. Both direct and indirect evidence in these accounts allows one to assess whether the hospital was supplying workers with payments in kind in addition to or as a replacement for cash. Moreover, many services were rendered by various individuals from outside the hospital as well which never appear in these registers because they were not paid for at all. It is thus the absence of certain mentions in these registers that tells us the most about non-monetary forms of retribution for service. Indeed, the hospital's mission of community service allowed it to incentivize people to work for no tangible remuneration, or perhaps for a token payment, but indirect evidence makes it possible to recognize the relative value of such volunteer services.

This paper will therefore attempt to trace the evolution of the forms of remuneration at the Holy Spirit Hospital of Marseille during the mid-fourteenth century, a period marked by recurrent famines, a massive epidemic in 1348 as well as subsequent waves starting in 1361, the introduction of local and central labour legislation and civil strife. It will examine the remuneration of various types of long-term employees (sections 2-4) and that of casual labourers employed for short periods (section 5), as well as the services rendered by volunteers whose remuneration is unrecorded (section 6). It will be argued that the reward for many services was paid in *social currency*. Very valuable services were rendered to the hospital that do not appear to have been remunerated at all in any commercial sense, or at a significantly below-market rate, by individuals seeking to increase their social capital. This form of remuneration could possibly be used to advance one's other commercial interests outside of the hospital or be cashed-in for some spiritual reward in the afterlife, or simply consumed immediately by procuring a feeling of being useful to society. Without such services, which remain practically invisible in the account registers monitoring monetary transactions, but which can be clearly inferred, there would have been no hospital at all to take care of the sick people and orphans, manage the estate and render the very accounts used for this study.

2. Qualified professionals

As the primary function of the hospital was to care for the sick, qualified staff was hired to visit the patients. Each year one doctor and one surgeon were employed to care not only for the patients, but also for the permanent members of the household, referred to in the registers as *sains* (the healthy) as opposed to the *malades* (the sick). The barber-surgeon hired in December 1342, Master Johan Bedas, was to receive £5 to come at least once a day to visit, cure and shave the beards and heads of not only the patients but also the brothers and sisters for the entire year.² The hospital also hired a doctor that same year, Master Elies, to visit twice a day and to "serve" all the sick, as well as the brothers, sisters, employees and anyone else residing at the hospital, for an annual salary of £5.³ Although these entries do not include any

² Archives Départementales des Bouches-du-Rhône (Arch. dép. BdR) 1 HD E71 f. 66.

³ Arch. dép. BdR, 1HD E71 f. 66 v.

indication of a payment other than cash to these professionals, they make clear that the long-term agricultural and domestic employees of the hospital also received healthcare services that were not specified in their contract.⁴

The remuneration of the doctors and barbers of the hospital (generally called a *selari*) was paid in cash.⁵ Occasionally, a professional could receive a payment in kind in lieu of the cash amount specified in the contract. Master Giraut, barber-surgeon, was hired in November 1338 to cure and shave all of the sick men and women of the hospital for one year and was promised £3 15s for his salary.⁶ He received a first instalment (*tes*) in cash worth £1 3s 4d., then he received his second instalment towards the end of his contract, on 19 October, but in kind (4 *eminas*⁷ of oats worth £2). The treasurer also reimbursed brother Peire Rollan who had paid Giraut the remaining 6s 8d in cash (*contans*). The same year, the hospital agreed to pay Master Guilhem Louc, physician (*mege fezesian*), £3 15s to come once or twice per day to check up on the patients in all of the houses belonging to the hospital.⁸ If he couldn't be present he had to find a competent replacement. He received a first instalment of one-third of the full amount (£1 5s.) mid-December, another third in June, both in cash. The final third he received from another member of the hospital in the form of cloth of the same value. Sometimes, payment in kind was specified in the recorded contract. In 1336, Master Peire Miquollan, barbier, was hired for an annual salary of £2 10s, plus all his expenses (*totas sas mesions*).⁹ He received £1 5s in cash (*contans*) in December, and the remaining £1 5s at some point the following year, but it is not clear what form his expenses took and there is no mention of their value. In general, however, the hospital paid their hired healthcare professionals in cash, and the fact that their contracts indicate clearly that they were to come to the hospital to check on the patients suggests that they were not housed by the hospital. Soon after the Black Death, it became almost impossible to hire qualified medical personnel on year-long contracts, so the hospital hired doctors on a casual basis, their fees always paid in cash.

More interesting than the type of remuneration received (cash or kind) is the relative value of the total amount received. The annual fee of doctors and barbers was equivalent to only a few weeks' wages for an average day labourer. (Tab. 1 & 2) In the 1330s, an agricultural labourer would only have to work one or two days per month to receive the same amount as a doctor or surgeon. In the 1340s, they would have to work at most one week per month to earn an equivalent income. These fees hardly seem commensurate with the service rendered by the doctors and surgeons who were to visit the sick usually once or twice a day for an entire year. The cash fees of doctors and barbers may therefore be considered to have been complimented by *social currency*. This is particularly true immediately after the Black Death. In 1348-49,

⁴ The provision of healthcare for workers is sometimes specified in employment and apprenticeship contracts recorded in notarial registers (Michaud 2016).

⁵ The word most often used to indicate the salary of long-term domestic servants, even those paid exclusively in cash, was *loguier* (normally 'rent').

⁶ Arch. dép. BdR, 1HD E7, f. 22 v.

⁷ One *emina* was 32.6 liters (Coulet, 1988, 1067).

⁸ Arch. dép. BdR, 1 HD E7, f. 22.

⁹ Arch. dép. BdR, 1 HD E68, f. 78 v.

the barber's fees actually declined slightly relative to their level in the early 1340s while wages paid to agricultural workers soared. In 1350-51, the fees paid to doctors only doubled while the wages paid to labourers more than tripled. It is difficult to imagine that during and immediately after an epidemic the services provided by healthcare professionals would have declined in value relative to those of agricultural workers. The ability to rely on social currency, however, did not last long after the Black Death. The hospital encountered great difficulty in hiring medical personnel in the years following the Black Death and resorted to cash payments for occasional medical services rather than an annual contract with qualified personnel. By 1365, the situation became so critical that the municipal authorities had to step in to seek out and remunerate qualified medical professionals.¹⁰ Whether it was because of the epidemic or the civil conflict in the region, qualified medical staff seemed to be increasingly interested in cash relative to social currency.

Tab. 1. Doctors' annual salaries compared to day wages of male agricultural labourers

Year	Doctor's salary		Male labourer wage		Equivalent days/month	
	year (£)	month (d.)	min (d.)	max (d.)	max	min
1330-1331	1.5	30	16	24	1.9	1.3
1336-1337	1.5	30	14	20	2.1	1.5
1338-1339	3.75	75	14	30	5.4	2.5
1342-1343	5	100	16	26	6.3	3.8
1350-1351	9.6	192	60	60	3.2	3.2

Source: Arch. dép. BdR, 1 HD E 2, 68, 7, 71, 73.

In 1330-1331, a male agricultural labourer would have to work less than 2 days per month to earn the same salary as the doctor. In 1350-1351, an agricultural labourer would have to work only 3.2 days per month to earn the same salary as a doctor.

¹⁰ Archives Communales (Arch. com.) de Marseille, BB24, f. 180v.

Tab. 2. **Barbers' annual salaries compared to day wages of male agricultural labourers**

Year	Barber's salary		Male labourer wage		Equivalent days/month	
	year (£)	month (s.)	min (d.)	max (d.)	max	min
1330-1331	1	20	16	24	1.3	0.8
1336-1337	2.5	50	14	20	3.6	2.5
1338-1339	3.5	70	14	30	5.0	2.3
1342-1343	5	100	16	26	6.3	3.8
1348-1349	4.8	96	40	80	2.4	1.2

Source: Arch. dép. BdR, 1 HD E 2, 68, 7, 71, 10.

In 1330-1331, a male agricultural labourer would have to work about one day per month to earn the same salary as the barber. In 1342-1343, the lowest paid agricultural labourer would have had to work 6.3 days per month to earn the same salary as a barber.

Occasionally, other types of qualified professionals were hired on a long-term contract. Just after the plague a number of people were hired for jobs that were not normally included in the account registers, probably because the volunteer staff who normally filled that role perished in the epidemic. On 19 October 1348, Peire de la Fargua was hired as the scribe for one year and was promised £10 for his service. After receiving virtually all of it up front (£9 2s), he fled taking his salary with him (*que enportet quant sen fugi*). Troubled times could also require exceptional services. On 19 October 1348, for example, the hospital hired Peire de Freju Gabos to guard the door, offering him £6 per year, though he only served for four months. He received £1 up front, and another £1 one month later, which represents the pro rata for his 4 months of service. In March 1349, the hospital made an agreement (*avem faj covenant*) with Master Guilhem Quastillon, teacher, to tutor Bertrand de San Chamas, son of Thomas de San Chamas, for one year. He was to receive 16s annually, of which half was paid up front. Thomas must have died, leaving young Bertrand orphaned and it would seem that he had left the hospital property that brought it rent in exchange for the care of his son.¹¹ The register also indicates that Bertrand had been in the custody of Sen. Guilhem Blanc from sometime in 1348 until 20 March 1349, for which he received £1 7s from the hospital.¹² The contract with the teacher was concluded just one week after Bertrand comes back to the hospital. Despite the relatively high level of skill one would need to perform this service during this period, the tutor was only paid an annual sum that was equivalent to less than 4 days wages for an average agricultural labourer. It is perfectly conceivable that the funds were used to purchase supplies for the lessons rather than as any form of compensation for the service; the hospital was simply to «give» Guilhem 16s, without any mention of the words that would indicate that it was a remuneration for service (*selari, lognier*, etc.).

¹¹ Arch. dép. BdR, 1 HD E10, p. 38.

¹² Arch. dép. BdR, 1 HD E10, p. 39.

One may wonder to what extent qualified professionals agreed to perform services for the public hospital for *social currency*, to fulfil their civic duties and maintain a good reputation, more than as a source of income. The fact that the scribe abandoned his position, taking his entire annual salary, suggests that maintaining the value of social currency may have been challenging after the Black Death. In any case, it is pretty clear that the function performed by the scribe who was paid a healthy salary (double what they paid to the barber that year) was previously carried out for free by volunteer staff who perished during the epidemic. The brothers and sisters of the hospital did not have the skills necessary to perform the services of doctors and surgeons, but as it will be shown, they provided for free a number of other high-skill services which were never remunerated in financial or monetary terms without which the hospital would not have been able to function.

3. Wet-nurses

As the other fundamental mission of the hospital was to care for orphans, it employed the services of a number of local women to breastfeed infants, referred to in these registers as *baillas*. Children past the age of infancy were kept at the hospital, though the traces of this activity are only indirect. Payments were made to tailors and shoe-makers to supply clothing and shoes for the children of the hospital. In 1331, for example, the hospital paid a cobbler 10s to repair 12 pairs of shoes for the children of the hospital; these were clearly not for the infants who were sent out to be breastfed. One inventory indicated a room as the one where the children slept, though it only contained 2 wooden beds. At least three contracts were made with women to feed and take care of children in the hospital on an annual rather than monthly contract. Taking care of the children living at the hospital most likely was the responsibility of the sisters. Because these women were volunteers and were not paid, there is hardly a trace of their valuable services. The only clear information about child-care concerns the wet-nurses (another service that the volunteer staff of the hospital could not perform) for whom there are numerous written contracts in the registers.

These contracts provide a great deal of information concerning the women employed, their remuneration and the children they took care of. All of the children entrusted to the wet-nurses are referred to simply as *enfants*, indicating only whether the child was female or male.¹³ The sex of the child does not seem to make any difference in terms of the pay. In some years, all wet-nurses received the same set monthly fee whether they were taking care of a boy or a girl. In years where the fees received were different, the difference does not seem to be correlated to the sex of the child. Many contracts indicate the name of the husband, and often payment was made to him rather than to the wet-nurse herself. Even when the name of a husband is not indicated, one should not assume that the woman was unmarried. In September 1339, the hospital hired a servant by the name of Frances, husband of one of the hospital's wet-nurses (*marit de la bailla que ten i enfant dellespittal*) though his name

¹³ It is odd that the scribe felt the need to indicate the sex of the child since the name was invariably gender specific. The addition of *masle* and *femell* was thus redundant, but almost systematically indicated.

appears nowhere in any of the women's contracts that year.¹⁴ Indeed, in order to breastfeed an orphaned infant, the woman would have already had to be pregnant with her own child, which is why the volunteer sisters of the hospital could not fulfil this function. Generally, the registers also record the approximate address of these women, perhaps in order to know where to go to inspect on the well-being of the child. A significant proportion of these abandoned infants died while in the care of these women, thereby putting an end to the contract. Though efforts were made to prevent it, in particular by paying substantial fees to wet-nurses to feed abandoned children, infant mortality was quite high. In 1331-1332, for example, the hospital spent over £9 to have nine infants breastfed, six of whom died while in the care of the wet-nurses. The women may receive only a portion of their monthly fee if the child died during that month, but the child's death did not represent a reason never to entrust them with another child. After all, there were a limited number of women who had the ability to breastfeed the foundlings and without their services the infants had no chance of survival at all.

Despite the oligopoly that wet-nurses had on feeding infants thanks to their biological circumstances, their services were not remunerated excessively well, at least not to feed foundlings and not until the 1340s. (Tab. 3) In the 1330s, a woman would have to be employed in agricultural activities between three and nine days to earn as much as a wet-nurse did for a month's service. In the 1340s, it would take between seven and thirteen days to earn the equivalent of a wet-nurse. Immediately after the plague, although wages in all sectors surged, the increase in fees for wet-nurses by far surpassed the gains for workers in other sectors. After the plague, women would have to work between thirteen and twenty days in agricultural labour to make the equivalent of the monthly fee for wet-nurses. Breastmilk was clearly at a premium after the Black Death, and wet-nurses were paid well to provide it, even to orphans. Caley McCarthy argued that that wet-nurses hired by the hospital were performing this service in part to fulfil a moral or civic duty (McCarthy 2019, 63-64). If that is true, the value of this *social currency* declined dramatically relative to cash in the aftermath of the Black Death.

The remuneration of the women hired by the hospital to breastfeed infants was invariably in cash. Though the amount of the fee increased dramatically after the Black Death, the fact that it was settled in cash was not affected. In the central ordinance of September 1348, these women are referred to as *bajule seu puerorum nutrices* and were to receive *pro salario* £6 per year. (Braid 2003, 479) This salary was 2.4 to 3 times more than what was specified for the other kinds of female domestic servants, though it is not clear whether or not these wet-nurses were also to be fed and housed in addition to their salary. The legal salary for wet-nurses was exactly the same as the one indicated in the ordinance for male agricultural servants (oxherd, muleteer, full-time bakers and other annual *mercenarii*). It is therefore likely that the ordinance considered that all the male servants were housed, fed and clothed, as well as the female domestic servants, thereby significantly increasing their net annual income, but not the wet-nurses. Although wet-nurses could live inside the home with the family who hired them (Michaud 2016, 140), it is clear in the case of the foundlings that, unless

¹⁴ Arch. dép. BdR, 1HD E7, f. 28.

otherwise specified, these women lived outside the hospital. Nor did the hospital offer wet-nurses any other form of remuneration. Indeed, the only payment in kind to a wet-nurse recorded seems to be when the hospital hired a live-in nurse.

Tab. 3. Fees for nursing compared to day wages of female agricultural labourers

Year	Wet-nurse monthly fee (d.)	Female labourer wage		Equivalent days	
		min (d.)	max (d.)	max	min
1330-1331	60	7	20	8.6	3.0
1338-1339	60	7	16	8.6	3.8
1342-1343	100	8	14	12.5	7.1
1349-1350	320	24	24	13.3	13.3
1353-1354	320	20	24	16.0	13.3
1363-1364	400	20	32	20.0	12.5

Source: 1 HD E 2, 7, 11, 13, 71, 78.

In 1330, a woman working in agricultural labour for 7d per day would have to work 8.6 days to earn the equivalent of a wet-nurse's monthly fees that year. In 1349, a woman doing the same task was paid 24d, but would have to work 13.3 days to earn the fees wet-nurses earned. By 1363, the same agricultural task was paid only 20d per day, while wet-nurses' fees continued to increase making it necessary for a female labourer to work up to 20 days per month to earn what wet-nurses were making.

The case of live-in nurses reveals not only certain payments in kind for their services, but also the fact that their services were generally provided by volunteer staff. In March 1349, immediately after the Black Death, Alazas Barbarina was hired to feed the children at the hospital, rather than in her own home. For her services, she was to receive only £12 per year, which, although significantly higher than the fees paid to either the doctor or barber, was 25% less than what the other wet-nurses received that year to work from home, so it would appear that food and housing were deducted from her fees. Alazas received her first instalment of £3 4s after almost two months of service, and another 16s after that. In August, she was paid in clothing (*li paguem en rauba*) worth £1 15s, which was also deducted from her pay. She remained in service for six months and was paid the remaining 5s in cash.¹⁵ This case of payment in kind to a wet-nurse was exceptional. Her replacement, Laura Folquanesa, seems to have been paid only in cash.¹⁶ In addition to her wages in cash and kind, Alazas was also able to procure a job as servant at the hospital for her son, Peiron Farant, that same year. The connection with the hospital which led to her son's employment may have been the real reason she accepted a lower rate of pay than the other wet-nurses working from home. Indeed, in 1339, another nurse, Gaufreza, had been hired to live in the hospital to feed abandoned children (*la qual mesem en l'espital per noiri et sostenir los enfantz gitaž*) at a rate of £5 per year, or 8s 4d per month.

¹⁵ Arch. dép. BdR, 1HD E10, p. 74.

¹⁶ Arch. dép. BdR, 1HD E73, f. 58.

As this amount was significantly more than all of the other nurses working from home that year, food and housing clearly were not deducted from her pay.¹⁷ Alazas's full reward, therefore, may be seen as including a certain component of social currency which cannot be clearly expressed in the accounts. Most years, however, no woman was hired to take care of the children who were housed by the hospital. Live-in nurses were only hired when there were too many orphans relative to the number of sisters. All other years, these valuable services were provided by volunteer staff, rewarded almost exclusively in social currency, thus greatly reducing the operating costs of the hospital. The volunteer staff of the hospital, however, were not physically able to breastfeed the infants so the hospital had to pay external wet-nurses, always in cash.

4. Agricultural and domestic servants

If payment in kind was extremely exceptional for wet-nurses, for male servants it was the norm. In order to provide a steady flow of funds to finance its operations (hiring doctors and wet-nurses, purchasing food and clothing, repairing the building, etc.), the hospital held various properties, some of which it rented out for money, others it exploited directly. To work this land, but also to help out with various chores in the hospital, a team of about ten men were hired on annual contracts each year - no women other than wet-nurses were hired on a long-term contract.¹⁸ Brief summaries of the agreements reached with these men are indicated along with those for the doctor, barber and wet-nurses. One man was specifically in charge of the mules (*mulatier, menar las bestias*), another in charge of the pigs (*porquier*), and another was often in charge of collecting donations (*quistan, far la quista*). One year, one young man was hired to do this and carry water (*far la quista e portar aigua*). Most, however, were hired on very vague terms concerning what they were meant to do (*per far totas las fazenas dins e deforas dellespital, per far tot servize della mazon*). Some were indicated as *obrador* or *fazenador*, with no real precision about the type of service this worker was supposed perform for the hospital. Some were simply hired *per estar sains*, meaning to be a member of the household staff as opposed to one of the patients. The form of their remuneration, on the other hand, was very clear.

There was no specific term used to indicate their salary. The section in which all of these agreements were recorded was always titled *mesions de mesage* (expenses for servants). Like doctors and barbers, the muleteers sometimes received a *selari*, which was generally expressed in cash. For the other servants the accounts simply indicate that the hospital was to give the worker something (*deven li donar*) or that individual was to have it (*deu aver*). Since the exact composition of the remuneration is clearly specified, there is no need to rely on the specific term to understand how a worker was paid.

Contrary to the doctors, barbers and wet-nurses who received cash fees for their services, most long-term male employees were paid some combination of cash, cloth,

¹⁷ Arch. dép. BdR, 1HD E, f. 12.

¹⁸ This finding is consistent with Michaud's observations of notarial records: out of the 103 contracts for agricultural labour, none were for women (Michaud 2016, 110).

clothing and shoes. Although there is no explicit indication in these contracts, one may assume that they were generally housed and fed by the hospital as well. Indeed, when a worker left his service before the end of his contract, it is usually indicated that he fled (*sen fugi*) or left the house (*isi della mazon*), and when a worker was fired the scribe wrote that they threw him from the house (*gitem lo della mazon*). In 1338, the hospital hired Peiron lo Rasquas to serve the hospital inside and out (*dedins e deforas*) for one year. In exchange for this service, he was promised £2 10s and sheets, but it was clearly stipulated in his contract that he must provide his own shoes, clothing, food and drink (*de mangar e de beure*).¹⁹ This type of mention is extremely rare in these accounts, which suggests that it was understood that servants were generally fed by the hospital. The expenses for food (*mesions de boca*) were made for all members of the household (*per sains e mallantes*) and long-term employees were sometimes referred to as *sains*. This term was not a sign of any particular status. Guilhem Guigo, for example, was hired *per estar sains* in 1343 for an annual salary of £8 (significantly more than the doctors), while Hugo was also hired *per estar sains* the same year for only £1 5s, making him one of the lowest paid employees that year. Regardless of the particular function they performed for the hospital, it may be assumed that both were part of the household and were entitled to food, lodging and healthcare services, in addition to whatever payment is stipulated in their contract. Nine out of ten notarial contracts for long-term employees, which are much more explicit than these short transcriptions of labour agreements, generally include the phrase *cum potu et cibo*, and the ones that do not probably assume it is obvious that the worker will be fed (Michaud 2016, 160-61). This is most probably also the case of all the male servants on long-term contracts with the Holy Spirit Hospital.

Virtually all of these employees received some amount of remuneration in cash as well. These wages went from a few shillings in 1330 to a few dozen pounds after the Black Death. The amount paid to employees did not simply adjust to inflation - the salaries offered to workers varied greatly in any given year. In 1342, the annual salaries offered in only cash ranged from £1 to £8. In 1348, although they all increased, they ranged from £3 to £13 12s. By 1350, the hospital was promising servants between £5 and £32. Some employees, however, were paid only in kind. In 1336, Rasquas was employed *per far fazenas della mazon* for one year and the hospital promised him shirts, trousers and shoes, but no cash. The same year, Robin Engels was to receive 2 *canas* of cloth, a shirt, trousers and shoes for his annual salary. The pig-keeper that year received the same payment in kind as Robin plus 15s in cash, while other workers also received such goods and 20s, while still others only cash. Robin was hired regularly, though not every year, over the next decade improving his income and increasing its cash component. In 1338, he received shoes and trousers worth 4s 8d, and £1 4s in cash. By 1348, he received £8, strictly in cash. Robin was probably young in 1336 and his cash wage increased as he matured. For most long-term employees, cash was almost always part of their remuneration.

Payment in kind was also usually, though not always, part of the contract. In general, cloth, clothing and shoes were explicitly stated as part of the annual salary of long-term employees. Since the amount of cloth promised was systematically 2 *canas*,

¹⁹ Arch. dép. BdR, 1 HD E7, f. 23v.

each *cana* being roughly 2 meters in length, and because they also generally received clothing, one can assume that the cloth was for the sheets of an employee who was to live in the household. Indeed, occasionally an employee may receive a small amount of cash “to make his bed” (*per far sa quama*) in lieu of the cloth. The entries recording the payment of wages, which appear just below each contract, sometimes specify the value of the payment in kind. But such mentions do not appear often enough to be able to compare the relative value of these payments among the employees, and it is dangerous to compare prices from one year to the next. Moreover, shoes and clothing can be of widely different quality and therefore value. In the central ordinance of 1348, the legal rates for shoes range from 2s 3d to 5s a pair, and different types of men’s clothing can range from 6d to 7s 6d. Entries in other parts of these registers also record purchases of shoes for members of the household, not only the employees but also the brothers and sisters living at the hospital. In the general expenses section of the register covering 1364, among purchases for oil, paper, grain, pears and the like, the hospital apparently also purchased a pair of shoes intended for the pig-keeper worth, 6s 9d, and another pair of shoes for the muleteer worth 12s, in addition to their cash wages.²⁰ In 1330, the hospital promised to pay Andrieu Arsell 15s, 2 *canas* of cloth, shirts, trousers, and shoes, but under his contract it is only indicated that he received 15s in cash.²¹ In the same register, in the section specifically dedicated to shoe expenses, it is indicated that the footwear purchased for him was worth a total of 7s 6d. That same year, it is indicated under the contract of Jacmo Laguzat that he received in April shoes worth 4s 4d, but in the shoe section it appears that he also received other footwear worth a total of 12s.²²

Payment in kind, therefore, was a highly flexible form of payment and not always precisely indicated in the records. Some scholars have observed that, thanks to this fluid and often obscure nature of payment in kind, casual labourers were increasingly remunerated in kind after cash wages were capped by law (Hatcher 1994, 2018). At the Holy Spirit Hospital of Marseille, however, only long-term staff received this form of payment and agricultural day labourers were paid in cash both before and after the Black Death. Contrary to what is observed in England, reliance on cash payment of servants’ wages actually seems to increase after the Black Death. If shoes remain a regular component of servants’ wages, remuneration in cloth and clothing become rare after the epidemic.

The addition of clothing, shoes and sheets in the pay package was often advantageous to the employees, but also to the employer. One may suppose that the clothing and shoes were provided so that the employee would be correctly dressed and presentable while in the service of and living at the hospital. Whereas wet-nurses and day labourers lived separately and did not represent the hospital in any way, long-term live-in servants were members of the household. Doctors and barbers did not live in the hospital and, though the fees paid by the hospital were rather low, one

²⁰ Arch. dép. BdR, 1HD E13, ff. 51-51 v.

²¹ Arch. dép. BdR, 1HD E2, f. 51v.

²² Arch. dép. BdR, 1HD E2, ff. 25v-26, 52. Such discrepancies remind historians eager to calculate wages to track living standards over time that the account registers we rely on for such information do not always accurately or clearly record all payments to their workers.

may assume that they had sufficient means to provide for their own clothing. Christopher Dyer observed that English aristocrats supplied servants and other household members with “liveries” which identified them as belonging to a particular household (Dyer 1989, 53). It is not at all certain that the administrators provided clothing to their employees with any particular insignia that clearly identified them with the hospital, but it is not unreasonable to think that they preferred that their full-time staff be correctly fed, clothed and shod. These amenities were an alternative to a purely money wage that, at least before the Black Death, seemed to benefit both the hospital and the servants. Casual laborers belonged to a separate category of employee altogether.

5. Casual Labour

In addition to a team of full-time and long-term employees, the hospital had recourse to a vast array of casual labourers, both men and women, and even children. Most were hired by the day, but many were also employed by the week or for piece-work. Some entries simply indicate the type of person, the task and the number of days worked in a given week, making it difficult to determine how many people were employed and over how many days.²³ Some received payment for both their labour and raw materials supplied, making it impossible to estimate the value of the service provided. The labourers who had a particular skill may be indicated by their name, but most of these labourers remained anonymous, so it is difficult to track an individual's total earnings. It seems clear, however, that the vast majority of them were paid strictly in cash.

Throughout the registers, there are payments for various artisans. Tailors and cobblers received payments to repair clothing and shoes, with no indication of the time spent on such tasks. Remuneration for labour calculated in days was generally only paid to construction workers. In 1337, for example, Michael Bermon, master carpenter, received 4s per day for the five days he spent at the hospital making repairs. Another master carpenter received only 3s 6d per day for similar work and one of Michael's relatives, Bernard Bermon, stoneworker, received 3s 6d per day for repairs to the hospital for five days that same week.²⁴ Many other entries indicate that construction workers were also often paid for piece work, making the daily rate impossible to determine. Historians looking at the accounts of large construction sites in other regions have observed that building wages depended on the length of the day, increasing in summer when the days are longer. Indeed, in 1332, the building wages paid by the hospital were 36d per day between December and April, and 42d per day from May to July.²⁵ In 1337, however, this does not seem to be the case since master

²³ For example, an entry such as «per far foyre la vinha xxii homes a v s viii d lome ... vi℥ 4s 8d» does not mean that 22 men were employed on one day, but rather that a handful of workers were employed that week, several of whom worked a couple days, totalling 22 days of work. Although the amount the hospital paid for a day's work is given, it is possible that there may have been a bit of redistribution among the workers. Arch. dép. BdR, 1 HD E14, f. 43 v.

²⁴ Arch. dép. BdR, 1 HD E68, f. 32.

²⁵ Arch. dép. BdR, 1 HD E2.

masons were paid about 42d per day in March, less than 32d in April, and over 50d per day in September. The modifications of the central ordinance of 1348 made by the town council of Brignoles also indicated different rates for workers according to the season, but not relative to the number of hours of sunlight. Rather, the high seasons for builders were generally during the grape-harvest which was closer to the autumn equinox than the summer solstice. For certain agricultural workers in this ordinance, the period when they could receive higher wages was in the months following the winter solstice and the low season was during the months preceding it. It was thus an increase in demand for labour, rather than an increase in the number of daylight hours, that drove wages.²⁶ Regardless of the amount of the wage paid, the form of remuneration to artisans was almost invariably in cash before the Black Death. After the epidemic, however, when it was increasingly difficult to find qualified workers, the hospital would occasionally add in-kind perks to the certain worker's pay. By 1365, a local ordinance established regulations allowing construction workers to receive food and drink (*e pan e beure*) in addition to their daily wage, a provision not indicated for agricultural workers.²⁷

Construction workers and artisans in other regions around Europe could also receive an occasional supplement in kind but did not usually receive free meals. On building sites in Gerona, employers sometimes offered wine to mark a special occasion in the building process, or perhaps to encourage a worker to accept a particularly difficult or risky task, and sometimes workers who had to come a long way were offered housing, but feeding construction workers was not a typical part of the pay package (Victor 2014, 261-262). Some large construction sites set up food stands so that workers did not have to go far for their meals and could get back to work quickly, but employers did not supply the food for free (Pinto 1984, 1991, 2014). In some account registers from the Florentine wool industry, the amount indicated was the overall value given to the worker; deductions from this amount were made when the employer provided housing, shoes or meals (Franceschi 2001, 2014). Construction workers and other artisans hired by the Holy Spirit Hospital for short periods received only cash until the 1360s when they also began to receive meals in addition to their wages.

Most of the casual labourers hired by the hospital, however, were employed to work in the vineyards and these expenses were generally kept separately in the account registers in a section entitled *vinhas e teras*. Throughout the winter, men were hired to hoe between the grapevines to expose the roots allowing them to absorb the rain (*foyre*) and also to prune the vines (*podar*), while women were hired to collect and bind the vine shoots (*liar vitz*).²⁸ In the spring time, men were employed to cover up the roots to protect them from the sun (*reclaire*) while women were hired to pull weeds (*selclar*).²⁹ In about early September, women were hired to pick-grapes. Other workers were hired to supply extra animals during the harvest season, but the rates

²⁶ A similar situation can be found in other regions around Europe (Braid 2003, 459-61).

²⁷ Arch. com. de Marseille., BB25, f. 54.

²⁸ These vine shoots could be sold but were probably mostly used as fuel for the hospital since there are no significant payments for firewood or for anyone to cut wood for this purpose.

²⁹ For a detailed explanation of these various agricultural chores, see Coulet 1988, 151-80.

indicated clearly cover the rental of the animal rather than simply the wage of the man steering them. The long-term servants no doubt accompanied these casual labourers throughout the year in the various tasks, but since they were paid an annual salary, their numerous and varied contributions do not appear separately.

Men were hired in much greater numbers than women, and most tasks were gender specific, though there were exceptions. In 1350, for example, men were hired to bind vine shoots rather than women and received a significantly lower wage than the other men who pruned and hoed that year (30d rather than 60d), but still received more than female grape-pickers the previous September (24d), or female binders a few years later (24d). Boys or adolescents (*guasons*, *mendics*) were also occasionally employed to do various tasks usually assigned to women and were paid a comparable wage. In 1331, for some reason, the hospital employed mostly *guasons* and *mendics* to bind the vine shoots and paid them slightly more than women for the same task and about half the wage given to men for pruning and hoeing.³⁰ But young men and boys were not systematically performing women's work at lower wages. In October 1331, for example, one *mendic* received exactly the same daily wage as the men employed that week to help repair the walls of a vineyard.³¹ The amount of wages seems to depend more on the type of work performed than on the person performing it. In 1331, men were only paid 15d per day to repair the walls in a vineyard in October, and 22d to hoe in the spring, while boys stomping grapes in September received 2s. Women generally received twice as much to bind oats and other grains than to bind vine shoots or even to pick grapes. Although women occupied a position in society that was inferior to that of men's during the Middle Ages, their wages reflected primarily the perceived utility of the work they performed. Indeed, the hospital paid significantly more to hire a mule for a day than to employ the most qualified artisan.³² Regardless of the amount they received, it is quite clear that they received only cash for their labour.

One could imagine that casual labourers received meals in addition to their cash wage, as it was the case in other regions, but this does not seem to be supported by the evidence in the account registers in Marseille. There is no clear correlation between peaks in food payments and peaks in hiring. Payments for food by the hospital increased dramatically the week before Christmas (except in 1347 when the plague had just entered the city limiting festivities), and troughed systematically during lent, highlighting the household's observance of religious practices. When the number of casual day labourers hired by the hospital was highest expenses on food stayed stable. When the peak hiring season corresponded with Lent, the expenses for food still dropped as in any other year. There is no indication in the food expenditures or the labour expenditures sections that food was being systematically purchased to feed casual workers.

³⁰ Arch. dép. BdR, 1 HD E2, section *Vinbas e teras*.

³¹ Arch. dép. BdR, 1 HD E2, f. 62.

³² Thomas Aquinas makes a clear distinction between market value and spiritual value by pointing out that horses fetch a higher price than slaves on the market, though they are clearly less valued in God's eyes. He concludes that market value is proportionate to the *utilitate* people get from a service, not from the status of the person providing it. (Thomas Aquinas, *Summa Theologica*, II-II, 77, 2 ad. 3).

There are a few entries, however, which demonstrate that food was occasionally offered to certain agricultural workers. In 1364, the hospital paid 1s 4d for white bread for the winnowers, in addition to their cash wage of 11s 2d, thereby increasing their overall income by 12%.³³ Meals (*vianda*) worth 18s 1d were given to other workers who ground grain under the hooves of their animals (*calcadors*) and wine worth 1s was offered to porters. Because the daily wage of these workers is not clearly specified, it is impossible to understand how these perks affected their overall remuneration. It is simply important here to point out that such payments in kind were possible and were registered in the accounts, but they were exceptional.

Sometimes it is clearly indicated that a worker was invited to the table of the hospital (*e dem li la vianda de lostal*), and in those cases the cash wage offered was significantly below the average. In 1349, for example, in addition to the many other workers hired to prune vines, two men were hired for the same task who were fed by the hospital, one for nineteen days and the other for three. The first was paid 24d per day and the second on 20d per day, thus less than half the rate which was paid to all other workers for this type of task that year.³⁴ Another man was employed for four days in 1364, ate his meals at the hospital, and was paid only 20d per day in cash for his labour, just one-third the daily rate for any male worker that year (roughly 5s).³⁵ If we can assume that they were normally qualified workers and should have been able to receive an average wage, taking their meals at the hospital cost them roughly one-half to two-thirds of what they would have received in cash. The fact that such a high proportion of a labourer's wages was dedicated to his own food that day, it seems highly unlikely that they would have been able to support his wife, much less a family, unless she as well worked, thus underscoring the importance of female wage-earning in the pre-industrial economy (Humphries and Weisdorf 2015). In any case, it is quite clear that when day laborers were fed, or offered some other perk, it was written in the accounts and deducted from the cash wage.

Local regulations in the region seem to suggest that payment in cash for casual labour was the norm. The central ordinance of 1348 indicates almost no remuneration in kind and mentions nothing about meals, and the amendments made to this legislation by the town of Brignoles only indicated payment in kind for a few long-term servants; all day rates in this legislation are expressed in cash only. Some local authorities observed that workers attempted to avoid legislation capping wages by demanding various types of perks in addition to their cash wage. During the plague, the town of Sisteron set the wages of day labourers and dispatched workers around the area according to where they were needed most; shortly afterwards, the town officials observed that workers had begun demanding meals in addition to their wages and forbade such supplements.³⁶ Some workers desired extra leisure time. City official in Aix regulated the workday after the Black Death, requiring agricultural workers to work from sun-up to sun-down as they did before the plague.³⁷ After

³³ Arch. dép. BdR, 1 HD E13, f. 88 v.

³⁴ Arch. dép. BdR, 1 HD E10.

³⁵ Arch. dép. BdR, 1 HD E13, f. 90 v.

³⁶ Arch. com. de Sisteron, BB 10 (9 March 1348), BB 81 (23 April 1351).

³⁷ Arch. com. d'Aix, BB 28, f. 17.

capping wages again in 1366, city officials of Sisteron noticed that workers were reducing their work hours and had to regulate those as well.³⁸ Similar problems can be observed in other regions around Europe (Braid 2003).

The local regulations controlling the labour market established by the municipal council of Marseille focus primarily on casual agricultural labourers and the remuneration for their services is only indicated in cash. Just after the plague, the city council not only capped wages, but regulated worker mobility, limited the numbers of workers an employer could hire, organized how workers would be dispatched around the territory and stipulated on which days labourers had to work for wages.³⁹ After the second wave of plague hit the city in 1361, officials again passed a series of similar measures.⁴⁰ In an ordinance regulating prices and wages established in December 1365, the city council published an extensive list of wages and fees workers could charge; whereas construction workers could receive food and drink, all of the agricultural wages were expressed solely in cash.⁴¹ Although workers' demands for higher salaries lead local officials to cap wages of agricultural and other workers regularly in the second half of the fourteenth century, demanding payment in kind to increase their earnings does not seem to be an issue in Marseille.

Medieval scholars of other regions have observed regular food payments to casual agricultural labourers on seignorial manors (Thorold Rogers 1886, Bois 1976). Some have noticed a marked increase in such payments after the Black Death, lending credence to the observations of contemporaries about the demands of workers in order to circumvent the laws capping their cash wages. (Hatcher 1994, 2018). Others, however, have noticed that payments of food and other amenities seem to disappear from the accounts around the middle of the fourteenth century (La Roncière 1982). Similar to the fees received by wet-nurses and contrary to salaries of long-term agricultural servants, although they could occasionally receive some type of perk after the Black Death in addition to their wages or meals in lieu of their wages, agricultural day labourers were paid by the Holy Spirit Hospital in Marseille almost exclusively in cash throughout this period.

6. Non-remunerated services

As is often the case in history, the most important information comes by interpreting what is not explicitly revealed in the documents, rather than what is stated. There is no mention in these registers, for example, of payments for some of the most basic services without which the hospital could not function. No cooking staff was hired, no fees were paid for cleaners, no money was spent on laundry. Although it is possible that the male servants may have helped with some of these tasks, because these chores were typically performed by females in the Middle Ages, one can assume that they were taken care of primarily by the sisters of the hospital who appear

³⁸ Arch. com. de Sisteron, Livre Vert, f. 47.

³⁹ Arch. com. de Marseille, BB 20, ff. 36, 39 v, 55, 61, 63 v., 107, 147, 153.

⁴⁰ Arch. com. de Marseille, BB 24, f. 205, BB 25, f. 54 - 55.

⁴¹ Arch. com. de Marseille, BB 25, f. 54.

only fleetingly, and often anonymously, when the hospital provides them with shoes or clothing. The sums paid for these amenities are not clearly higher than for any other of the paid employees who are also part of the household and who were also paid cash. The inventories of the rooms they occupied reveal rather monastic living conditions. One can also well imagine the energy and effort that was put into running this hospital which could take care of up to 80 patients at any given time, buried the ones who did not survive, found women who were willing to breastfeed abandoned infants, fed, clothed and looked after the other orphans, organized a permanent staff of a handful of long-term employees, managed the work of scores of casual labourers throughout the year, organized the sale of the produce of the hospital's property, and managed the accounts. Although these individuals appear only tangentially in the accounts, not as direct recipients of payment but acting as intermediaries for a payment of some kind, most are found there over a period of many years, indicating long-term dedication and service to the community. The brothers and sisters were not clerics, though they took vows of obedience and poverty. They did not take vows of chastity and several of them lived martially with other brothers and sisters. In addition, there are a number of individuals who appear regularly managing the affairs of the hospital who are not referred to as brother, sister or *donat*, indicating that there were numerous other volunteers. Whether they were life-long members of the household or simply regular volunteers, these were people who performed incredibly valuable services for the community in exchange for no tangible form of remuneration.

Rather than any monetary or material reward in exchange for their services, the Holy Spirit Hospital of Marseille was able to offer these volunteers *social currency*. Various approaches to social capital have developed since the 1980s. Like economic and cultural capital, Pierre Bourdieu identifies social capital as a personal possession, unequally distributed among individuals, which improves one's relative power in society, but his concept of social capital focuses on the institutions that are deliberately created to bestow advantages on certain individuals relative to others and to reproduce these social inequalities (Bourdieu 1986, Bourdieu & Wacquant 1992). Bourdieu's is thus a zero-sum or beggar-thy-neighbour concept of social capital. Robert Putnam, on the other hand, considers social capital as a common good, or a characteristic of society, which leads to positive outcomes for all. Trust among members of a community reduces transaction costs and allows individuals to operate efficiently leading to economic development (Putnam 1995, 2000). It must be remarked, however, that such a conception creates a clear insider-outsider dilemma reducing the capability of individuals who are not members of the group to access the same advantages. Based on rational choice theory, James Coleman addresses both the individual as well as the collective aspects by examining how individuals operate within a particular social structure in their own self-interest, responding to social obligations and expectations, acting with a set of social norms and benefiting from a network of information channels (Coleman 1988). Glaeser et al. approach social capital from the standpoint of an investment strategy in which an individual's decisions can lead to an accumulation or a loss of social capital, analysing how age, occupation, mobility,

skills and even homeownership affect one's stock of social capital (Glaeser 2002). Contrary to Bourdieu's underlying assumption that social capital is inherited and reproduced, in a sort of rent-seeking manner, and Putnam's analysis which describes social capital as a type of infrastructure favouring economic and social development, Glaeser allows for human agency in the accumulation of social capital. Assuming that certain actions tend to increase one's stock of social capital, depending greatly on the precise historical context, one may consider that services rendered in order to increase social capital were remunerated with *social currency*.

Although one may be born with a certain degree of social capital thanks to family relations, geographic location, and even racial bias, it is possible to increase or decrease one's social capital stock through a number of actions. Participating in charity events, organizing social gatherings, doing favours for neighbours, etc., which are beneficial to others and the community, are also ways to improve one's total stock of social capital. Each addition to this stock may be considered a form of *social currency*. Generally social currency is offered in lieu of other forms of remuneration. Charging a neighbour a fee to borrow one's ladder, for example, would eradicate all the potential social currency one could have otherwise obtained. As the value of financial assets can be eroded by inflation if there is no return on the investment, and productive capital may depreciate with use unless it is repaired and parts replaced, and human capital diminish with time unless workers practice old skills and learn new ones better adapted to the technological environment, the value of social capital can decline in time if not regularly replenished with the addition of fresh social currency. Although precise measurements of social capital and currency are difficult, by comparing the remuneration of different individuals performing services at the same institution it is possible to observe the high value certain people place on social currency relative to other forms of currency.

As concerns the Holy Spirit Hospital of Marseille, it is clear that many services were being rendered for social currency rather than any other form of remuneration. Doctors could have chosen to perform agricultural work for the hospital and earned more than what they gained through their fees, but still chose to perform services as a qualified professional. One could suggest that manual labourers were receiving a premium for getting their hands dirty, but it is more reasonable to argue that the difference between labourers' wages and doctors' fees constitute a form of social currency. The doctor's social standing is maintained by not having to get his hands dirty and, more importantly, by providing a valuable service to his community for a nominal monetary fee. The many volunteers who took care of the sick and the orphans and managed the affairs of the hospital, receiving only clothing and food for their services, also received a form of social currency. They were considered brothers and sisters of the hospital and remained in service for years. In return for their loyalty and service, they received only food, clothing, shelter and healthcare services like any other member of the household (servants and patients alike), but they received no other tangible form of remuneration. Rather than receive payment in cash like normal employees, they received social currency for their very valuable services.

Once accumulated, as other scholars have pointed out, this social capital could be cashed-in to procure favours to advance one's personal wealth or material well-being. But it could also be used simply to enhance one's social standing in a community, secure more favourable conditions in the afterlife, or simply provide an individual with a feeling of fulfilment experienced when helping fellow human beings. Because the sense of belonging to this community that they derived from their service was more valuable to volunteers than a cash remuneration, the hospital was able to significantly reduce its operating costs. When the volunteer in charge of keeping the accounts died during the Black Death, a professional scribe had to be hired for the significant annual fee of £10. Some years, the hospital did not have enough volunteers to take care of the children, so it hired live-in nurses for a salary worth between £5 and £12. If doctors charged for their services the same daily rate as agricultural labourers, their annual salaries would have to be multiplied by between four and twelve times what the hospital was actually paying them. In most cases, however, it is impossible to measure directly the relative value of this social currency that was being paid to volunteers for their services. It is necessary to recognize, however, its importance in the operations of the institution. Indeed, it is difficult to imagine how the hospital would have managed were it necessary to compensate these people to the full extent of their contribution to the community with some financial or material reward.

As social capital helps to reduce transaction costs by increasing trust among members of a community, social currency can reduce labour costs for certain institutions which fulfil a particular social function. The hospital's social utility could be leveraged to motivate individuals to provide services at below market rates or even for free, which they probably would not do for a private household other than their own. Such social currency, however, is less valuable for some people who were primarily motivated by money or some material reward, in particular those who needed to work for wages to support themselves or to provide for a family. These are the services which are primarily recorded in the registers, though it is possible to infer the existence of other valuable services for which no fees were paid. If the hospital had to remunerate every individual who performed a service with some form of financial or material reward, to the full extent of the market value of that service, there would have been no hospital at all and no one to care for the sick people and orphans of the city.

7. Conclusion

Jean-Baptiste Say argued that products are ultimately exchanged for other products and that currency merely facilitated this exchange. An examination of the accounts of the Holy Spirit Hospital of Marseille, however, suggests that the method of payment for services (cash wage, remuneration in kind or social currency) held particular importance in the relationship between the hospital and its employees and staff. The main distinction among individuals providing services for the hospital

seems to lie in whether or not they were members of the household and lived under the hospital's roof. Agricultural and domestic servants hired on annual contracts usually had payments of sheets, clothing and shoes stipulated in their contract, and it is clear that they also received food, shelter and healthcare benefits from the doctor and barber employed by hospital. Due to the long-term nature of the relationship between the hospital and these employees, it was important to ensure that all of them were properly taken care of. Most of these employees also received cash, and certain long-term servants could receive their remuneration exclusively in cash. Those employees who lived outside of the hospital (casual labourers, wet-nurses, doctors, barbers) almost invariably received remuneration in cash for their services, with occasional substitutions of clothing or cloth, or perhaps exceptional in-kind perks such as food or wine. Contrary to the situation in other regions, the form of remuneration does not seem to have changed after labour legislation capped money wages. The only category of worker who, starting in the 1360s, began to receive meals in addition to their cash wage were construction workers.

More importantly, there were many members of the household, the sisters, brothers and other administrators, who provided valuable services for which they received no cash at all. These men and women received food, shoes and clothing, but it would be difficult to argue that the value of such amenities fully compensated the contributions of these people. At the same time, other individuals, namely the patients and orphans, were the beneficiaries of these services for which they provided no payment, though the hospital was entitled to their clothing if they died which was often sold to fund the operations of the hospital. Others, while never providing nor benefiting from any service, gave large donations of land or cash to help the hospital fulfil its mission. The volunteer staff of this hospital, and many other institutions like it, in exchange for providing incredibly valuable services to the community, though they received no remuneration per se, received a form of reward they valued more highly: social currency. Doctors and barbers received a small financial compensation for their services which was well below what one might expect for their level of skill, and wet-nurses provided an essential service to the community for a relatively low sum when compared to other forms of paid labour. The difference between the market rate and what one was willing to accept from the hospital, one can assume, was remunerated in social currency. After the Black Death, however, the fees paid to wet-nurses rose dramatically relative to wages for other forms of service, and healthcare professionals no longer accepted to commit themselves to annual agreements with the hospital for a small fee as they had before. It would seem that the value of social currency dropped significantly after the epidemic.

Although sociologists and economists have attempted to measure how social capital is used to increase one's wealth or improve one's material well-being, much of the social currency gained from performing volunteer services was used to improve one's social standing, fulfil one's civic and spiritual duties, and procure a feeling of belonging to a community or of being useful by helping fellow human beings. As is often the case in the world today, because they were not directly remunerated for these services in anything for which a monetary value could be assigned, the incredible contribution to society provided by these women and men almost goes unnoticed. It is only recently that economists have begun to attempt to evaluate the unpaid

contributions to households and society made by housewives, grandparents, volunteers and other unremunerated individuals. Such contributions escape quantitative analysis which focus on financial rewards yet are a key element of well-being and development. (Fukuyama 2001) It is only appropriate that historians take such valuable contributions into account when assessing the development of the medieval economy, rather than simply those services for which fees were paid or goods given in exchange. As Aristotle very clearly pointed out over two millennia ago, real economic development, based on the well-being of the individuals in society, may be facilitated by the use of money, but depends on much more.

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